

Benefits and Challenges in Implementing a Positive Parenting Approach in Child Welfare



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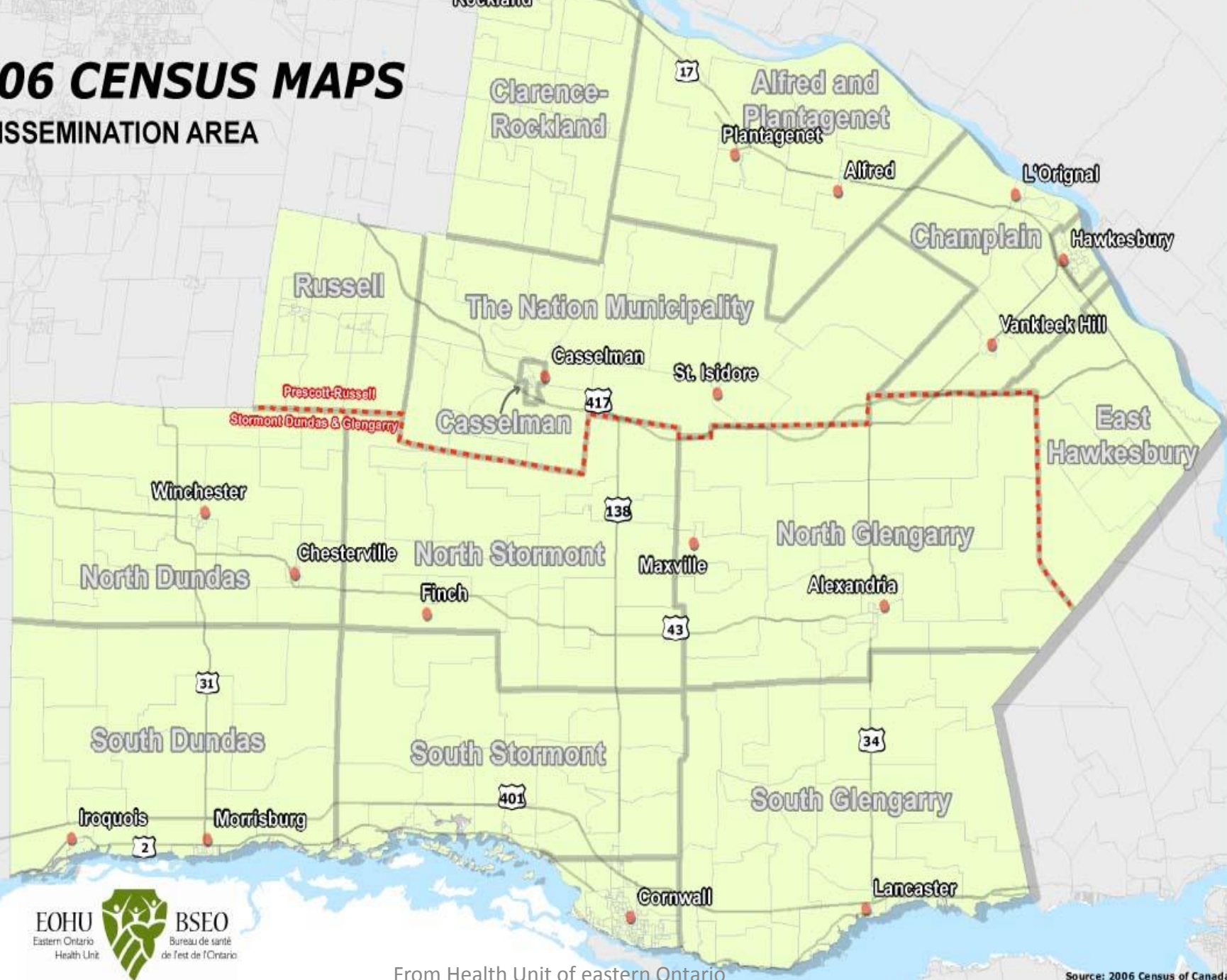


Some background information

- We are from a Child Welfare Agency mandated to protect children from abuse and neglect. We are from Canada - from the province of Ontario, in the far east of the province in a region called the United Counties of Prescott Russell and of Stormont, Dundas & Glengarry. We are located one hour from Ottawa- capital of Canada.
- We border the United States and the province of Quebec.
- We have a combined population of close to 200,000 in a mostly rural area with one urban center (Cornwall). We also have an Aboriginal reserve (Mohawk) bordering our territory.
- 70% of our population speak English and 30% speak French.
- Socio-economic factors include a high level of poverty, high number of single parent families, low levels of education, high numbers of teen pregnancy and high rates of children that have a poor level of school readiness (EDI).

2006 CENSUS MAPS

BY DISSEMINATION AREA



Why did we choose Triple P?

- There are many different community organizations in our area (mental health, developmental services, health unit, school boards, different policing organizations, child protection and many more).
- Many of us service the same families - often to help with parenting issues.
- We realized that many of us were giving contradictory advice on parenting, confusing and frustrating most of our families.
- There were waiting lists and parents could not always access parenting help when it was most needed.
- We needed to find a program/strategy that could be used by all organizations regardless of their mandate (health, mental health, child protection), where we would use the same language to help families regardless of the age of their children and which was immediately accessible.



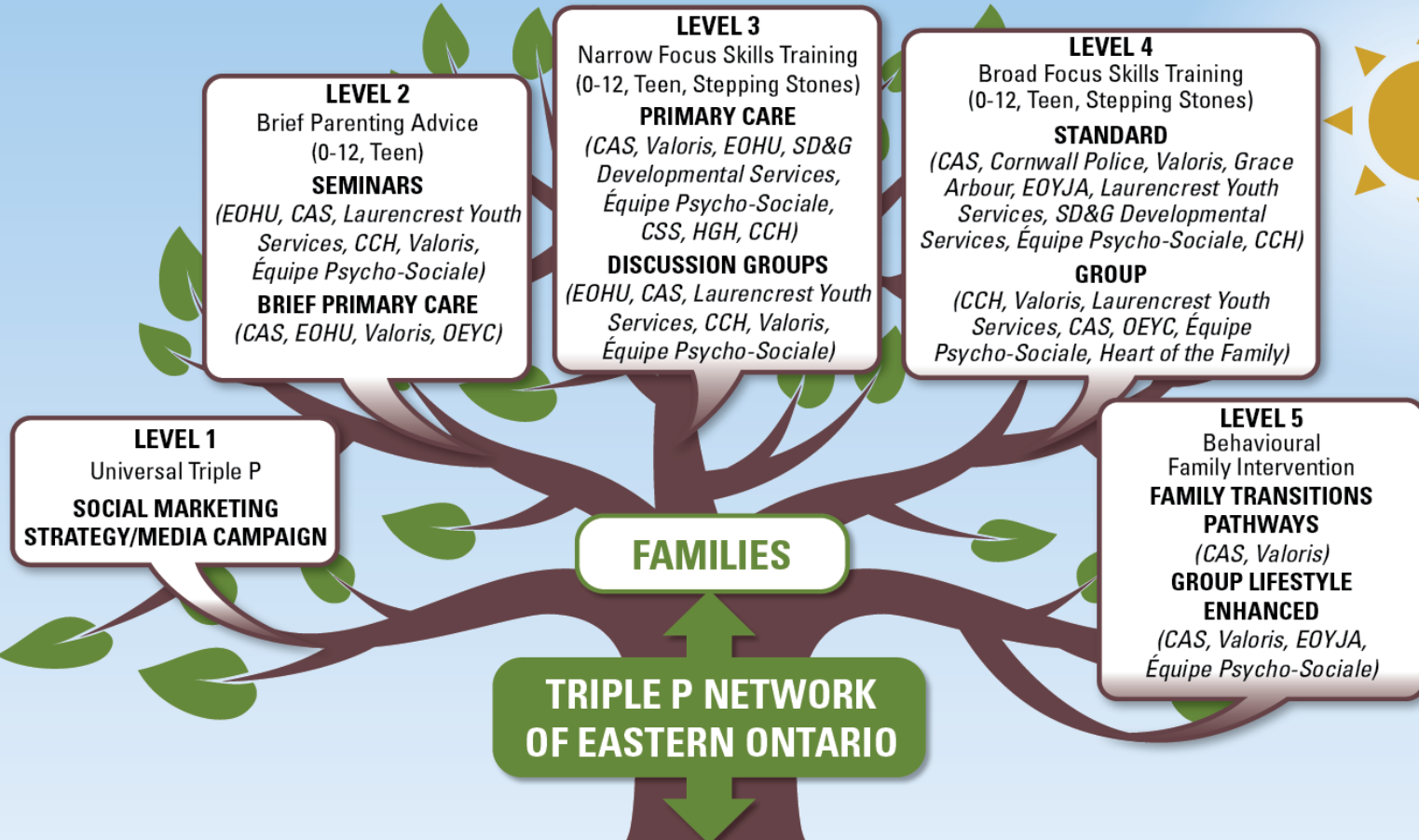
Our implementation process

- It has been a long adventure to say the least. We spent many months mobilizing community partners and explaining what Triple P was about.
- Three agencies took the lead and invested in the creation of a Regional Coordinator position.
- We did massive amounts of training – trying to reach as many organizations as possible. We were creative in covering the cost for other organizations through year-end surpluses and with larger organizations paying for entire sessions and opening up training spaces for smaller agencies.
- We officially launched Triple P in our community in spring of 2014 - but most of us have been delivering Triple P for almost three years.
- We currently have 357 Practitioners trained in multiple levels of Triple P and we have the capacity to offer all levels for all age groups in our five counties.
- We spent a huge amount of time getting organized and ready for the community launch, but once that was done we quickly realized a lot more has to be done to sustain and promote Triple P in our communities.



TRIPLE P IMPLEMENTATION MODEL

Prescott-Russell, Stormont Dundas & Glengarry, Akwesasne and the City of Cornwall



STEERING COMMITTEE
Planning, Sustainability and Quality Assurance

EVALUATION

EDUCATION SECTOR

TRIPLE P ONTARIO NETWORK

PRACTITIONER SUPPORT NETWORK

SUPERVISORS' NETWORK

INTAKE
(All Agencies)

TRIPLE P INTERNATIONAL
(Debbie Easton)

MARKETING

TRAINING
(Formal and Informal)

From Health Unit of eastern Ontario

023-0376E CH-8447 (13) 2013-10-09



Regional Coordinator

The role of a Regional Coordinator is essential to develop and sustain a community-wide network of partners. The Coordinator works from a big-picture approach. The Coordinator:

- Recruits partners from as many community agencies as possible, secured through a Memorandum of Understanding
- Provides overall support to the Steering Committee
- Is a member of the Board of Directors
- Develops and oversees the community training plan
- Acts as liaison between the local network and TPI
- Coordinates sub-committees
- Participates in the development of the Terms of Reference
- Oversees the promotion and communication aspects of Triple P
- Maintains a database of trained practitioners

Outreach Worker

We created a second position to take on the growing number of identified tasks such as:

- Promoting Triple P within the five counties
- Coordinating all staff training activities (registration, scheduling, transportation, venues for training, including pre-accreditation and accreditation)
- Coordinating all parent training activities (venues for all seminars, groups and discussion groups, scheduling of sessions)
- Liaising with community agencies with respect to facilitators for parent training
- Managing and updating the My Triple P web calendar of upcoming sessions and answering calls/requests by parents concerning Triple P
- Promoting Triple P through family events and community events
- Promoting upcoming Triple P sessions locally in the weeks prior to the sessions
- Managing the supply of Triple P resources
- Organizing and supporting the network sub-committees
- Participating in the creation, implementation and support of the evaluation process of Triple P in SDG & PR

Committees

- **Healthy Families Coalition** - Board of Directors - Created in Fall 2014 - Governing body to manage system level issues that could threaten the sustainability of the program. Members are inclusive of multiple sectors such as child welfare, the Eastern Ontario Health Unit, Cornwall Community Hospital and Cornwall Police
- **Steering Committee** - Ensures implementation and maintenance of the program, guides the work and roll-out of the community model, and ensures equitable service delivery across the community. Members must have decision making authority for their respective agencies.
- **Evaluation Sub-Committee** - Focus has been on formative and summative evaluation to date with planning for how individual organizations and the community can measure outcomes. We have recently decided to adopt the *Triple P Ontario Client Scoring Tool*. The tool was developed by the Sault Ste. Marie Innovation Centre.

Committees

- **Clinical Supervisors' Network** - Quarterly meetings with Clinical Supervisors to exchange knowledge, improve clinical supervision and increase partnerships.
- **Practitioners' Network** - Collaborate and exchange knowledge; create a sense of connectedness across the various agencies; create workshops/training days.

Implementation at the Children's Aid Society

- Some Children's Aid Societies in Ontario have four or five staff trained in one level of Triple P.
- We trained 105 staff in all levels so that every family could have immediate access to the right level of intervention (principle of minimal sufficiency). We trained our social workers and our family and child educators.
- Supervisors audited some courses.
- Some staff are extremely knowledgeable about Triple P and provide a full range of services fluidly and with confidence.
- Some staff waited before beginning to deliver Triple P. They became fearful to begin and started to lose their skills.
- We needed to do something differently.

Implementation at the Children's Aid Society

- Triple P Champion Committee - Child welfare practitioners that support one another in implementation by providing mentorship, helping with documentation, providing workshops, developing an internal website with information on how to access TPI and local website, providing information on the levels of Triple P and other relevant information.
- Web page with all the pertinent information to deliver Triple P - what to print, how to prepare for each session.

Benefits of Triple P in Child Welfare Practice

- More than 90% of our families are involved with us due to some sort of deficiency in parenting. Triple P is a tool that provides parenting tips/strategies that parents can implement now and in the future without the need for Children's Aid Society services.
- Because sessions are co-delivered with partnering agencies, there is increased comfort, confidence and improved peer relationships when working with mutual clients. Caregivers benefit as they receive consistent messaging from partnering agencies. Groups can be used a way to reach more families and create networks.
- Triple P is in line with Ontario's Child Welfare mandate. It supports the safe and healthy development of children within their family and community. It honours the fact that parents are the experts of their situation. It encourages a customized approach to child welfare service delivery with a goal of helping families remain intact while reducing re-occurrences.



for every parent

Challenges of Triple P in Child Welfare Practice

- Workers feel Triple P is an “add-on” to their role rather than a new way to deliver service. Some workers have spent over a year getting through a Level 4 Program with a family.
- Getting buy-in from across the entire agency while also ensuring staff feel empowered and knowledgeable.
- We are a bilingual community and agency. Many Triple P resources are not available in French so they cannot be offered to Francophone families.
- Supervisors are not trained in Triple P. This situation has created challenges with workers feeling in need of support to implement Triple P into regular practice.
- Personal characteristics of the parent can create challenges in delivery of Triple P, such as level of education, cognitive ability, level of engagement in the program and whether the courts are ordering the parents to participate in Triple P.
- Challenge to measure how Triple P contributes to outcomes as it is offered as part of our service delivery model.
- Challenges with engagement as parents fear being judged because of our mandate = fear of not being the perfect parent.



Challenges of Triple P in Child Welfare Practice

- Workers are unsure how to balance a compliance focus with an outcome focus. Many child welfare workers struggle to understand that “*early intervention may reduce parental stress, prevent abuse and neglect, and promote early child development*” (Nair et al, 2003), the very essence of child protection.
- There is no road map for how to clarify and confirm the “*range of child welfare services; strengthening and improving direct services and streamlining administrative processes to maximize agency and worker capacity for providing services to children, youth and families*” (Lewis, Thomson & Underwood, 2010, p. 9). As we are the first Triple P community in our province, our agency cannot look to others in the province to learn how to make these changes in order to achieve the desired outcomes with Triple P within child welfare practice.

Where we are today- Frontline Perspective

- Lorna - Frontline perspective using Triple P with families receiving Protection Services
- Stephanie - Frontline perspective using Triple P with Foster Parents

Our next phase...

- While we are well on our way with implementation, we still need to work on the promotion of Triple P within our community. There is much work to be done.
- Evaluation process - We have committed to using the Triple P Ontario Client Scoring Tool. We look forward to analyzing outcomes for our community, individual agencies and families and having the ability to determine if there are differences in rates of re-occurrence for families that have learned to parent using a Triple P approach.
- We need to resolve issues related to whether parents should receive Triple P from individual agencies or through the co-facilitated community groups.

Questions?



Thank you - Merci!

