Well-Being and Resiliency:
Evaluation Framework

Alberta

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Vision

An Alberta where individual, family and community strengths are recognized and where all infants, children and youth are respected, valued and supported in their home communities.

Mission

Ensure that infants, children and youth are safe and resilient by working together with caregivers, families and communities to develop nurturing and supportive environments.

The Well-Being and Resiliency Framework supports Government of Alberta staff, Indigenous communities including Delegated First Nation Agency staff as well as contracted service providers who provide prevention and early intervention programming by:

- articulating the Government of Alberta's approach to prevention and early intervention (the means to achieving well-being and resiliency for infants, children, youth and families);

- defining the well-being and resiliency model and the key elements of the prevention and early intervention continuum of services;

- identifying the desired outcomes for prevention and early intervention activities;

- supporting decision-making on funding and service delivery; and

- promoting an understanding of how trauma impacts development.

Background

The Well-Being and Resiliency Framework

The Government of Alberta oversees activities related to the promotion of healthy families and the prevention and early intervention of child maltreatment by decreasing risk factors while enhancing protective factors and building resiliency. The Well-Being and Resiliency Framework builds upon the former *Prevention and Early Intervention Framework for Children, Youth and Families* (2012) by capturing emerging research and leading practices and reflecting the cultural diversity of our province. The Framework also incorporates Indigenous perspectives on well-being and resiliency and offers an interconnected perspective by sharing insights about how well-being and resiliency are promoted from both western and Indigenous world-views.

Alberta's approach to well-being and resiliency has been formed by three complementary documents: the Well-Being and Resiliency Framework, the *kâ-nâkatohkêhk miyo-ohpikinawâwasowin* (miyo) Resource and the Evaluation Framework. Common elements across all three documents form the foundation and direction of Alberta's approach, including:

- Infants, children and youth are a collectively held responsibility.

- Evaluating activities requires a diverse set of tools, to be implemented in contextually appropriate ways. The goal is to assess meaning and measurement.

- Service delivery is appropriate and contextualized to the local community; uses leading practices, practice-based evidence and promising healing practices; and is informed by Indigenous ways of knowing.

These documents work together and build on one another to define and implement Alberta's approach for service delivery staff and agency partners.

The overarching Well-Being and Resiliency Framework provides rationale for and describes the ways of working to promote well-being and resiliency in the Government of Alberta. It defines the key elements of the prevention continuum of services, identifies desired outcomes, supports decision-making regarding funding and service delivery and promotes an understanding of how trauma impacts development. The framework captures emerging research and leading practices and reflects the cultural diversity of our province. It also incorporates Indigenous perspectives on well-being and resiliency, based on the understanding that western-held prevention strategies are not an appropriate or effective approach when working with Indigenous communities.

The Well-Being and Resiliency Framework

outlines the importance of policies, services and programs that prevent and/or aim to reduce the impacts of early adversity by promoting the development of well-being and resiliency.

The miyo Resource discusses foundational beliefs and approaches of Indigenous peoples to promote well-being and resiliency and outlines an evaluative process that honours an Indigenous worldview. This document supports provincial implementation of the Well-Being and Resiliency Framework by outlining an evaluative framework that recognizes culturally-based practice and assesses program effectiveness and the achievement of outcomes in a meaningful way. It recognizes that western-based evaluation practices are generally not effective when working with Indigenous communities. It includes a model for service delivery and outcome and performance measurement that accurately and culturally assesses the impact and value of culturally designed services provided by and for Indigenous client populations.

The Evaluation Framework describes the desired results of the Well-Being and Resiliency Framework and outlines ways to monitor progress towards and understand meaning of outcomes. It supports provincial implementation of the Well-Being and Resiliency Framework by serving as a platform for ongoing monitoring, adaptation and continuous improvement. The evaluation framework will ensure the desired outcomes identified in the Well-Being and Resiliency Framework are clearly articulated to be specific, measureable, reasonably achievable, relevant and timely. The evaluation framework includes indicators and measures for the defined continuum of services; processes to measure and report on outcomes and effectiveness of well-being and resilience programs provincially; and supports regular reporting on the achievement of the overarching outcome of helping children and youth be safe and reach their full potential.

Within these three resources, the term Indigenous refers to First Nations, Métis and Inuit peoples in Alberta. We recognize and honour that the Indigenous population in Alberta is distinct and diverse. These resources honour and encompass all First Nations, Inuit and Métis individuals, communities, bands, nations, organizations and urban populations in Alberta.

Purpose of the Evaluation Framework

The purpose of the evaluation framework is to demonstrate the extent to which programs and services funded by Children's Services are achieving well-being and resiliency outcomes. The framework describes the context in which well-being and resiliency occurs, identifies key theoretical foundations and provides a monitoring and evaluation framework to support ongoing delivery of services and evaluation of overall impact.

Monitoring and evaluation is a critical process that is used to understand program outcomes, demonstrate program impact and improve program design. By understanding both successes and areas for improvement, monitoring and evaluation is a mechanism for program growth and evolution. An evaluation framework, specifically, is a way to articulate desired outcomes and then pair them with measures needed to assess progress against those outcomes, as a result of a program or activity.

A Further Note on Terminology

As referenced in the background section, the term Indigenous is used throughout this document to inclusively refer to First Nations, Métis and Inuit peoples due to the use of the term Indigenous on an international level such as the United Nations and growing use of the term among Indigenous scholars. However, we recognize that each community is distinct and has a unique culture and history. When a referred source directly used a different term (e.g., Aboriginal, First Nations, Inuit or Métis) the same term will be used.

For the purpose of this document, children refer to infants (0–3), preschool (4–5) and middle-years (6–12). Youth refers to those aged 13–30.

Well-Being and Resiliency

Alberta's future rests with the infants, children and youth of today. The policies and programs that promote resiliency and well-being are the key to ensuring the province flourishes—now and in future generations.

Well-being and resiliency are inextricably linked. Well-being is achieved when infants, children and youth are physically and emotionally safe, have secure, healthy relationships, connection to culture and community and opportunities to grow and develop to their full potential. Well-being encompasses physical, cognitive, social, emotional and spiritual health, as well as factors like safety and security, supportive and nurturing relationships, a sense of purpose and belonging within a family and a community.

Resiliency is the ability to maintain or quickly return to a state of well-being, even in the face of significant hardship, adversity or stress.

Principles of Effective Prevention Programs

Effective prevention and early intervention programs will embed the following Child Intervention Practice Framework principles:

Indigenous Experience

Indigenous peoples have always had ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.

maya kiizhay ottiziwin (how to be a kind human being) and **maya chikendun abinoojii** (the child has to know its spirit)

– Indigenous concepts of childhood

Preserve Family

We believe children and youth should be safe, healthy and live with their families; therefore, we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

Strength-based

Our approach is reflective, culturally responsive and strength-based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

Connection

Children and youth are supported to maintain relationships that are important to them, to be connected to their own culture, to practice their religious or spiritual beliefs and, for those with involvement, to have a plan for their care where they are included in the decision making process.

Collaboration

We are child-focused and family-centred. We collaborate with families, community agencies and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and provide individualized, flexible and timely services to support these efforts.

Continuous Improvement

Our casework is transparent and we share information appropriately. Our approach is outcome-oriented and evidence-based; therefore, we support innovative practice, evaluate our performance and strive for continuous improvement.

Theory of Change

A theory of change is defined as the explanation for how and why activities are understood to produce a series of results that contribute to achieving the final intended impacts (Rogers, 2012). It connects activities, ways of working, intended outcomes and diverse stakeholders together.

Building evaluation upon a theory of change supports the use of short-term outcomes that the interventions can influence as a proximal measure of long-term outcomes or desired impact. These findings suggest an important role of program theory in informing complex and multi-faceted interventions.

As the overarching Well-Being and Resiliency Framework describes, Harvard University's Center on the Developing Child is guided by the theory that we must build the capabilities of adults in order to achieve significant outcomes for the children and youth in their care. These same capabilities also enhance adults' employability and increase the economic and social stability of the family, thereby further reducing sources of family stress. Expanding adult capabilities also improves their capacities as caregivers, enabling them to help young children build effective coping skills to overcome adversity and strengthen the foundations of lifelong resilience. Building on this evolving theory of change, communities in which families raise children and youth are important contexts for designing and testing new strategies for enhancing protective factors and reducing identified sources of toxic stress *(Figure 1 below).*

In Alberta, to ensure infants, children and youth are well, we deliver services in the domains of **child development and well-being, caregiver capacity building and resilience and social connections and supports.** We believe these are the ingredients families and children need to be well.

We work in specific ways: ensuring delivery is **appropriate and contextualized** to the local community; using l**eading practices, practice-based evidence and promising healing practices**; and informed by **all kinds of evidence and Indigenous ways of knowing**; and by understanding we are one player in a larger dynamic system.

We do this because we know that **infants, children and youth are a collectively-held responsibility** and that everyone has a key role to play in keeping infants, children and youth safe.

Figure 1. Theory of Change to promote and enhance well-being and resiliency

Well-being and resiliency activities are organized into service domains: child development and well-being, caregiver capacity building and resilience and social connections and culturally relevant supports. It is important to note that there is overlap in these service domains. In most cases, program delivery will fit into multiple areas of service delivery.

	Social Connections and Support – Supports and services that promote positive connections between infants, children, youth, parents, families, caregivers and communities. Programs may be universal or targeted but are intended to build protective factors primarily by developing natural, culturally relevant supports and creating responsive and nurturing environments.	• Parents and caregivers have increased connection to family and natural supports. • Parents and caregivers know about and have access to relevant community supports and services and resources. • Families experience strong, supportive and responsive relationships.
	Caregiver Capacity Building – Supports and services aimed at developing and strengthening caregivers and/or parenting skills and knowledge and building resilience to enable them to create safe, responsive and nurturing environments and support healthy child development.	• Parents and caregivers have knowledge about child development and parenting skills. • Parents and caregivers have positive and nurturing parenting skills. • Parents and caregivers are resilient and know how to problem solve.
	Child Development and Well-being – Supports and services promote a child's social, physical, emotional, cognitive and spiritual wellbeing in order to assist the child to reach his or her developmental potential.	• Children meet developmentally appropriate milestones. • Children experience increased executive functioning through social and emotional development.

Outcome Domains

The outcomes outlined in the theory of change above are achieved through the principles of effective prevention programs described above.

These outcomes were developed to align with emerging and leading practices and with the perspectives of key informants and other sources of evidence captured in the environmental scan (Appendix A). It is hypothesized that when culturally safe services are consistently available, aligned, effective and accountable, it will lead to anticipated outcomes for individuals and families; however, a complex initiative, with many community partners and external conditions does not result in linear or causal pathways. This is particularly true when interventions are tailored to specific needs of children and their families.

Individual and family program outcomes describe how certain elements of an individual or family's life or experience change as a result of participating in a program or receiving a service. These outcomes include:

• Children and families are more socially connected and linked to culturally relevant supports

• Parents and caregivers have knowledge about parenting and child development

• Parents and caregivers are resilient

• Children and youth experience healthy social and emotional development

Systems outcomes describe how certain processes have changed as a result of the established goals, elements or principles. These outcomes include:

• Services are consistently available, aligned, effective and accountable

• Programs are delivered by competent and knowledgeable staff

• Programs are culturally safe and inclusive

Together, these outcomes all contribute to the long-term impact of strong children, youth, families and communities, as indicated by:

• Reduced child abuse and neglect, as measured in total number of children referred to Child Intervention services who may be at risk or in need of supports.

• Expanded services to be more inclusive of Indigenous families to better provide support and contribute to reductions in the number of Indigenous children involved in the Child Intervention system.

Outcome Domain:
Individual and Family Program Outcomes

The first set of outcomes are linked directly to program activities and occur at the individual (e.g., infant, child, youth, parent and caregiver) and family level. Many of these outcomes are linked to increasing protective factors and decreasing risk factors that contribute to individual, family and community wellness.

Funded prevention and early intervention programs and services will address these program outcomes. Each program or service is linked to a specific service domain, which is aligned with a specific set of outcomes.

Children and families are more socially connected and linked to culturally relevant supports

Social connectedness refers to the ways in which families, both as family units and as individual members, are connected to friends, family members, neighbours and others who provide a range of supports. These types of supports are diverse and family-centred and can range from emotional supports such as conversations between friends about parenting challenges, to day-to-day help such as a family friend taking children to a local recreational centre. These positive connections help build the protective factor of natural supports and build the social emotional competence of children, which is influenced by secure adult relationships (Harper Browne, 2014). Social connections also reduce isolation, which is a risk factor in child maltreatment.

This outcome also includes connections to organizational or institutional supports. Engagement with appropriate services and community environments (e.g., the child's school) is an important aspect of social connections. It facilitates knowledge and skills development, coping mechanisms and participation in mutual support (Harper Browne, 2014). Family-led connectedness is especially important, as families are understood to be experts in their own lives and able to identify what supports they need.

In all cases, the ability of parents and caregivers to identify and access resources in the community during times of need may help prevent the stress that sometimes precipitates child maltreatment. This may also help to prevent the unintended neglect that may occur when families lack necessary resources such as food, clothing and housing, or essential services such as culturally safe health care and mental health services.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Parents and caregivers have increased connection to family and natural supports. Families experience strong, supportive and responsive relationships.	• Parents, caregivers and families connect to supports. • Parents, caregivers and families reach out to extended family for positive support and teachings. • Parents, caregivers and families are less isolated. • Parents, caregivers and families are less reliant on professional support. • Parents, caregivers and families are connected to other family members, their community and Elders. • Children sustain interpersonal connections.
Children and families have a good knowledge about what supports they can access if they need help. Parents and caregivers access relevant community support services and resources.	• Parents and caregivers request resources. • Parents, caregivers and families have made connections to formal supports (e.g. agencies, organizations, resource centres). • Children know how to ask for help in times of need. • Parents and caregivers access culturally appropriate and knowledgeable resources such as Elders, speakers, or traditional people.
Parents, caregivers and families know how to recognize when they need help and how to access help.	• Improved help-seeking skills and behaviour among families/parents who are at-risk. • Parents, caregivers and families access culturally appropriate and knowledgeable resources such as Elders, speakers, or traditional people.

Parents and caregivers have knowledge about parenting and child development

A key caregiver outcome is confidence in parenting, rooted in increased parent knowledge and skills around child development. This is based on building parent and caregiver capacity through education. Education ensures parents and caregivers have accurate information about raising children, developmentally appropriate expectations for their behaviour and knowledge of positive guidance techniques. It is important that capacity strengthening also occurs within the context of Indigenous and other culturally specific practices, as there is significant strength in these approaches to child development. This understanding builds protective factors related to knowledge of parenting and child development and gives parents and caregivers the capacity to create safe, responsive and nurturing environments for their children. Families with this protective factor are more likely to nurture their child's healthy development.

The environmental scan and interview participants cited outcomes including parent and caregiver knowledge of child development as an outcome that could be measured and raised the importance of a strengths-based approach. A strengths-based approach as defined by Harper Browne (2014) is "being grounded in the belief that all families possess and have the ability to use strengths" (p.10) and can be captured by framing outcomes in a way that focuses on strengthening and mobilizing existing capacity of the family. These outcomes can also reflect Indigenous knowledge and practice of child development that is grounded in holistic approaches to nurturing children.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Parents and caregivers have a good knowledge about the stages of child development, parenting skills and other relevant knowledge for a healthy family.	• Parents and caregivers demonstrate knowledge of child development and parenting skills. • Children reaches developmentally appropriate milestones. • Parents and caregivers understand the physical, mental, emotional and spiritual realms and see them as interconnected. • The impacts of intergenerational trauma and colonialism are recognized.
Parents and caregivers feel confident and competent in their parenting role. Parents and caregivers have positive and nurturing parenting skills.	• Parents and caregivers positively engage with their children. • Parents and caregivers have healthy attachments to children.
Indigenous parents understand community-based child rearing.	• Parents and caregivers have access to culturally safe and specific programs and services related to child development. • Parents and caregivers share traditional teachings, values and language with their children.

Parents and caregivers are resilient

Resilience in this context refers to the ability of parents and caregivers to cope with challenges, problem-solve, rise to these challenges with a positive attitude and recover from them. Life experiences influence resilience and can change over time. When parents or caregivers are resilient, they are better able to provide a supportive and nurturing environment for their children. In return, children are more likely to become resilient themselves.

Resilience is interwoven with:

- Parent and caregiver knowledge and skills
- Links to natural and formal supports
- Well-being and self-care

Together these enable parents and caregivers to remain positive and promote their child's development when faced with adversity or stress.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Parents and caregivers have knowledge and skills to build resilience.	• Parents and caregivers demonstrate nurturing caregiving practices.
Parents and caregivers have social connections to provide support during times of stress or adversity.	• Parents and caregivers engage with supports. • Parents and caregivers engage with family, community members and Elders when they need support.
Parents and caregivers are resilient in the face of challenges, knowing how to problem solve and recover from challenges.	• Parents and caregivers participate in self-care and well-being activities. • Parents and caregivers demonstrate problem-solving and stress management skills. • Parents and caregivers actively approach and manage challenges. • Parents and caregivers participate in ceremony or other healing practices.

Children experience healthy social and emotional development

Child outcomes focus on child development and well-being, which is one of the service domains identified by the Government of Alberta and is supported by The Strengthening Families™ approach under the protective factor of social and emotional competence of children (Harper Browne, 2014). Interviews connected strengthened protective factors and reduced risk factors to improved child development. Child outcomes in the academic and grey literature include:

- Physical health

- Mental health

- Socio-emotional well-being

- Early detection of health and developmental concerns

- Educational accomplishments

- Spirituality and cultural continuity

Children who experience healthy social and emotional development are those who can interact positively with others and communicate their emotions effectively. Helping children develop socially and emotionally has a positive impact on the interaction between children and their parents or caregivers.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Children experience increased social and emotional learning. Children experience increased executive functioning.	• Children demonstrate improvement developmentally appropriate milestones. • Children have strong physical, social, spiritual and emotional outcomes. • Children have improved executive functioning. • Children learn about Indigenous worldviews, culture, traditions, values, ceremony and language.
Children have enrichment opportunities. Children are guided by trusted adults in their learning and development.	• Children are engaged in their community. • Children feel safe in their environments. • Children learn useful skills for later life stages and have opportunities to demonstrate their independence. • Parents, caregivers, family, community members and Elders share stories. • Children have their voices heard and are included in decisions that affect them. • Children feel safe, secure and have stability and access to the necessities of life.

Outcome Domain: Systems Outcomes

The second set of outcomes is linked to how programs are delivered. Many of these outcomes describe how certain processes have changed as a result of the established goals, elements or principles of effective prevention.

Services are consistently available, aligned, effective and accountable

Consistency in availability and delivery of prevention and early intervention programs and services across the province is essential.

Each funded program is also aligned with the service domains and their respective program types, core service delivery and outcome areas. Alignment contributes to consistency in delivery because programs are rooted in the same program logic and theory. They are aligned with the Child Intervention Practice Framework values.

Effectiveness and accountability are reflected in the program's responsibility to measure outcomes regularly and ensure data integrity. Data is used at a program, regional and provincial level to understand what is working well and where there are opportunities for adaptation and improvement in service delivery. Data feedback loops are also in place, so staff understand the significance of measurable program effectiveness.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Programs and services are consistently available, aligned, effective and accountable.	• Programs and services align with outlined service domains, specific outcomes. • Programs and services are family-focused, holistic and strengths-based. • Indigenous families have equitable access to culturally relevant and respectful programs and services. • Indigenous youth, Elders, families, community members, designers, deliverers and funders guide programs and services in their community. • Staff know, understand and have time to reflect on the program's principles, goals and objectives. • Programs adhere to provincial standards and guidelines.

Programs are delivered by competent and knowledgeable staff

The strength and efficacy of any service lays in the capacity of staff to provide effective supports to families. Ensuring well-being and resiliency services are delivered by competent and knowledgeable staff supports the individual and family outcomes outlined above. A strong workforce is one that has the necessary knowledge, skills, abilities and resources to deliver the services within its mandate.

The following have been outlined as key areas of knowledge and skill:

- **Trauma Informed.** Service providers informed about the effects of trauma on children's development are better equipped to meet the children's needs and support them to address the root causes of behavioural issues and child maltreatment.

- **Loss and Grief.** Service providers' ability to support infants, children, youth and families who have experienced loss is essential.

- **Knowledge of Child Development.** The need to respond in a developmentally appropriate manner is critical to well-being.

- **Family Violence.** Service providers' understanding of family violence dynamics and the ability to address issues of violence improves capacity to support families.

- **Indigenous Healing Practice.** Service providers' understanding and promotion of Indigenous healing practices improves successful outcomes among Indigenous families.

- **Indigenous History and Impacts of Colonization.** Service providers' knowledge of historical and colonial impacts is essential for enabling access to services by Indigenous families.

- **Inclusion.** Service providers' acknowledgement and respect for diversity, including culture and/or language, gender, sexual orientation, abilities, appearance, social and economic circumstances and values and beliefs are necessary for inclusive services.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Staff have support, training and resources to provide effective programs. Staff possess the necessary knowledge, skills, abilities and resources to deliver services.	• Personnel policies for the program and service reflect prioritization of competent, knowledgeable staff. • Processes are in place for ongoing learning and reflective discussion. • Staff understand and incorporate Indigenous worldviews, culture, tradition, values, ceremony and language. • Professional development activities reflect both core trainings for staff, as well as specialized learnings as appropriate. • Informal learning opportunities are available (e.g., group learning, job shadowing).

Programs are culturally safe and inclusive

Alberta is made up of diverse communities. Thus, availability and access to programs and services that are inclusive and meet cultural beliefs and practices is important. Offering programs in culturally safe spaces delivered by staff with appropriate training is beneficial.

Inclusive practices refer to service delivery that acknowledges and respects diversity amongst users. Service participants are respected for their diversity, including culture and/or language, gender, sexual orientation, abilities, appearance, social and economic circumstances, or values and beliefs. Responding appropriately requires that staff have knowledge about how to provide inclusive programming and respond to cultural needs.
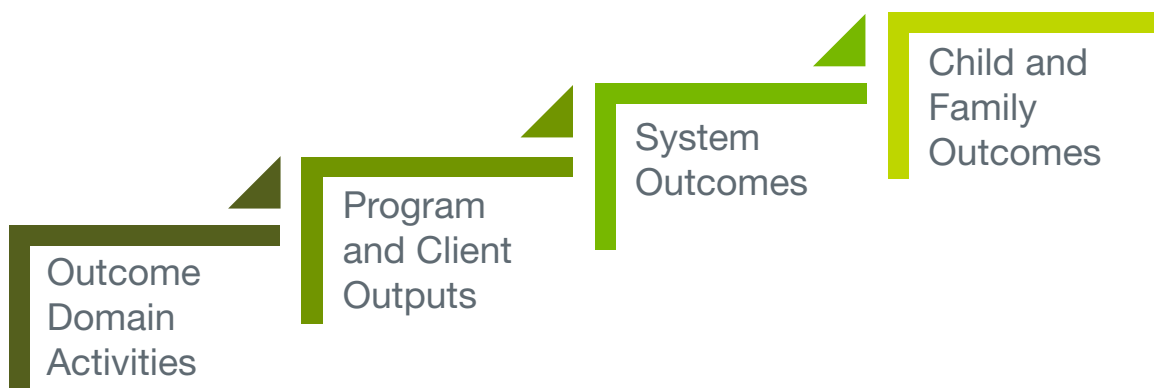
Cultural safety refers to feeling emotionally, physically and socially safe, regardless of cultural identity. At the crux of cultural safety, service providers reflect on their own identity and power, in which "relationship[s] between a professional and a consumer is unique, power-laden and culturally dyadic" and often involves interactions where there are "differing colonial histories, ethnicities or levels of material advantage" (Kearns & Dyck, n.d., in Papps & Ramsden, 1996). This significantly shifts the way services are provided. For Indigenous service users, this means acknowledging the unique culture and history of each First Nation, Métis and Inuit community. Similarly, for refugees, newcomers and immigrants, it means acknowledging cultural history and experiences in their home country. Supportive approaches build on strengths and address the needs of the entire family unit and address how historical and colonial impacts continue to have an effect on present-day family life. Cultural safety training can support staff providing services. Understanding of and willingness to engage in Indigenous and other cultural healing practices allows for inclusive programming and services. This includes working to preserve cultural identity, family and support opportunities for success.

A growing number of new Canadians are settling in Alberta through immigration and refugee programs. Supportive approaches reflect diverse cultural and religious groups and are responsive to trauma that may have been experienced in their home countries. Culturally rooted supports, as well as connections within families and communities are important elements of inclusive programming and services.

Outcome *What do we hope to achieve?*	Indicator *What would we notice?*
Programs and services specifically and intentionally engage with diverse groups (e.g., cultural, gender, sexual orientation, abilities). Programs/services intentionally engage with Indigenous stakeholders and participants to encourage participation. Programs and services have staff that are trained in cultural competencies and inclusive practice.	• Programs reflect the demographics of the larger population. • Participants see themselves reflected in programs and services. • Barriers to access are understood and addressed. • Services are provided by delegated Indigenous agencies where possible. • Staff are trained in cultural competencies. • Programs and services align with participants needs. • Agencies collaborate with Indigenous families to create services that are specific to community needs. • Traditional approaches are incorporated into programs and services (e.g., circle teaching, four realms). • Newcomer and refugee families are accessing supports. • The impacts of intergenerational trauma are recognized. • Relationships between agencies and Indigenous and other. diverse families is respectful and reciprocal.

Data Collection

Data from multiple sources supporting well-being and resiliency work across the province will be collected. The data will focus on outputs, program and client outcomes, the client experience, Indigenous indicators, operational and community-level changes, as well as system and process goals.

Child and Family Outcomes

System Outcomes

Program and Client Outputs

Outcome Domain Activities

Data collection may include the following:

Individual and Family		
Type of data	Description	Collection tool(s)
Program Outputs	Focused primarily on operational outputs, these measurements quantify program delivery, such as how many people are being served through key service areas and basic demographic information.	Program data Nominal roles
Program Outcomes and Client Outcomes (provincially determined)	These types of measurements often utilize client baseline data collected upon intake into the program to measure changes across time. Ideally, key program areas would be aligned with a standardized set of outcomes to be used province-wide, which allows for the possibility of aggregating and comparing. Early Childhood Development (ECD) outcomes, Parent Link Centre (PLC) and Home Visitation standards and guidelines could be included.	Client baseline data: Data collected from the target population prior to their participation in the program. Establishing a baseline is an important part of understanding how the program has helped to change client outcomes and the impact of the program as a whole on the target population. Baseline data can also help to better understand the target population, who they are and how they have changed over time and how the program can be adapted to best meet client needs. Self-assessment tools in programming, goal setting, case management, program outputs, screening tools (interpersonal violence, pregnancy related depression, substance use), PLC participants survey; pre/post surveys on specific indicators for Indigenous Programming; storytelling; other meaning-making/measurements.
Program Outcomes and Client Outcomes (region- and agency-determined) Impact / Client Experience Stories (client and program)	Regions and agencies could likewise determine additional program and client outcomes to track, with the intention of using this data for program improvement, as well as sharing it with the province. These may focus on community-level issues (e.g., communities with larger subset populations like immigrants/refugees), specific programming (e.g., locally-developed) or other region- and agency-determined issues. Programs and services are encouraged to capture stories, notable events or achievements and key moments in the life of both clients and of the program's community. These anecdotes are a significant pairing with outcomes data outlined above and are a key tool for explaining complex situations or clients that are not captured in standardized reporting tools.	PLC Surveys ECD Outcomes Narrative reporting, story-telling, photo-voice, quotes. Note that reporting tools could encourage stories of both a positive nature, such as client achievements and celebrations and of a learning nature, such as program changes or impact of larger community forces.

Individual and Family		
Type of data	Description	Collection tool(s)
Indigenous Specific Indicators	These measures recognize cultural identity and include family and community, including Elders. Measures also incorporate the four realms: mental, emotional, spiritual and physical. Programs and services are encouraged to capture story and storytelling as a way of teaching and sharing knowledge.	Narrative reporting, oral history, story-telling, photo-voice, quotes, traditional language, ceremony.

System		
Type of data	Description	Collection tool(s)
Operational Changes	Measurements around the design and delivery of the program that inform how the program is functioning.	Provincial and regional self-reflection.
Community-level Changes	Using aggregated data, community-level changes could be considered, as a program has likely made a contribution to outcomes that other programs and agencies are contributing to as well. Data sharing agreements and other ways of sharing information will be useful for understanding these changes.	Administrative data
System and Process Goals	Determining system and process goals, such as reporting, clarity on goals and cross-ministry collaboration.	Provincial and regional self-reflection

Indigenous Ways of Knowing

There are opportunities to incorporate culturally-relevant indicators and processes to accurately and culturally assess the impact and value of culturally-designed services provided by and for Indigenous client populations. There are a wide range of culturally-appropriate ways to gather knowledge and understanding about program delivery. In particular:

- Creating space for multiple methodologies and tools, including generating practice-based evidence. Practice-based evidence refers to research built on Indigenous methods and practices of wisdom seeking, including client-based evidence such as surveys and interviews; practice-based evidence including Elder interviews, ceremonies, expert opinion; and research-driven evidence including journal articles and participatory research.

- A focus on meaning-making, particularly through stories.

- Framing outcome and performance measures within Indigenous ways of knowing and living that align with the four realms of circle teachings, including mental, emotional, physical and spiritual dimensions of well-being.

- Ensuring there is a feedback loop of collected knowledge returned back to the community.

- Differentiating best and leading practices from promising healing practices. In this re-framing, promising healing practices are a range of culturally appropriate, holistic activities and services. These healing practices support individuals to move toward healing and well-being, which leads toward a collectively strengthened community and ultimately, de-colonization (Family and Community Support Services, 2014).
- Use of culturally-sensitive indicators to evaluate Indigenous programs.

Refugees, Newcomers and Immigrants

Many lessons about Indigenous ways of knowing can be applied to refugees, newcomers and immigrants and vice versa. This section outlines additional considerations for gathering culturally-appropriate knowledge and understanding. In particular:

- Recognizing and incorporating strong cultural parenting practices into indicators (Caring for Kids New to Canada, 2018)
- Providing access to translators or making data collection tools for caregivers easily understandable, recognizing that English may not be the first language (Chow, Gokiert, Parsa, & Rajani, 2009)
- Creating space for alternative methodologies such as storytelling and oral history
- Determining culturally-appropriate interactions between non-family members when collecting data from parents and caregivers
- Using culturally-sensitive indicators that reflect specific cultural activities to evaluate programs

Data Collection Tools

A number of primary and secondary data collection tools are currently used and can be used. While the following is not an exhaustive list, it includes common and, where appropriate, validated tools (see **Appendix B** for a full summary of the tools).

Qualitative Tools

There is significant value in capturing client experience. Qualitative tools are often used to collect this type of information, as they provide opportunity for personalized responses that other data collection tools might not capture. Using these methods to capture client experience allows for unexpected outcomes and culturally relevant ways of sharing. For example, but not limited to:

- Interviews allow all clients to share, in their own words, their experience and benefits received.
- Storytelling is an important source of knowledge and wisdom among Indigenous people.
- Mapping allows program participants to visually create goals, capture concerns and track their progress.

Home Observation for Measurement of the Environment (HOME)

Home Observation for Measurement of the Environment (HOME) is a semi-structured observation and interview of the child and their parents or caregivers that occurs in the home. The purpose of the tool is to "measure, within a naturalistic context, the quality and quantity of stimulation and support available to a child in the home environment" (Totsika & Sylva, 2004, p. 25).

There are seven versions of HOME which are used depending on the child's age, if they are in the care of a relative, or if they have a diagnosed disability. A home visitor completes HOME with both the parents or caregivers and the child present.

Extensive research on HOME has been conducted, showing strong psychometric properties. Additionally, HOME focuses on families' strengths to develop an intervention plan and provides a comprehensive understanding of overall family functioning (Caldwell & Bradley, 2003; Totsika & Sylva, 2004).

Protective Factors Survey

The Protective Factors Survey (PFS) was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in collaboration with the University of Kansas Institute for Educational Research and Public Services in 2004 (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). PFS is an assessment tool that uses a survey to measure protective factors in families receiving child abuse prevention or family support programs.

PFS covers family functioning and resiliency, social support, concrete support, nurturing and attachment and knowledge of parenting and child development. The survey is divided into two sections: one section for staff to complete and one section for program participants to complete.

The survey provides agencies with information about families accessing services, changes to family protective factors and areas for staff to focus on with the families (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017).

The PFS measures multiple protective factors related to child abuse and neglect and the data can be aggregated across multiple agencies and implementation sites (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). The survey has been evaluated for reliability and validity and is available at no cost on the FRIENDS National Center for Community-Based Child Abuse Prevention website.

Family Assessment Form

The Family Assessment Form (FAF) is a tool to help agencies plan and monitor program outcomes (FAF, 2016). The tool allows for goal setting, documentation of assessment results, creating service plans and reporting. FAF uses a strengths-based approach and captures five protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development and social and emotional competence of children.

The tool can be used at multiple levels, from caseworkers and supervisors, to agencies and funders. FAF has been tested for cultural sensitivity and versatility with positive outcomes. Other studies have shown strong reliability and validity.

Ages and Stages Questionnaire and Ages and Stages Questionnaire-Social and Emotional

The Ages and Stages Questionnaire (ASQ-3) is the newest version of the questionnaire (published in 2009) and is made up of 21 questions that screens children between one month and 5-½ years for developmental delays (Ages and Stages Questionnaire, 2017).

The screen examines the following skills:

1. Communication;
2. Gross motor;
3. Fine motor;
4. Problem solving; and
5. Personal-social development.

Similarly, the Ages and Stages Questionnaire-Social and Emotional (ASQ-SE) was developed to track children's progress through developmental stages and focuses on social and emotional behaviour (Early Childhood Development Support Services, 2015). ASQ-SE can be used for children between the ages of 1 and 72 months (Ages and Stages Questionnaire, 2017). It screens for self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect and interaction with people.

Parents or caregivers complete the ASQ-SE, which is then scored by professionals or paraprofessionals. It takes approximately 10–15 minutes to complete. Studies conducted found that the questionnaire has high validity and test-retest reliability.

Use of the ASQ-SE requires some training. There are a number of options including one-day introductory training, two-day comprehensive training, Training of the Trainers and ASQ DVDs.

Looksee Checklist (Formerly Nissiping)

The Looksee Checklist is a developmental tool that follows children from one month to six years (ndds, 2018). Parents, caregivers or a professional complete the checklist. The purpose of the tool is to track the child's development and promote communication between parents or caregivers and professionals.

The checklist covers the developmental areas of emotional, fine motor, gross motor, learning and thinking, self-help, social, communication and vision and hearing. Additionally, the checklist has been tested for cultural sensitivity and "clearly identif[ies] items with cultural considerations" (ndds, 2018, n.p.).

Well-being Indicator Tool for Youth (WIT-Y)

The WIT-Y is a self-assessment tool developed by the Center for Advanced Studies in Child Welfare at the University of Minnesota, in partnership with Anu Family Services (Center for Advanced Studies in Child Welfare, 2014). It is designed for youth between the ages of 15 and 21 years that currently have or previously had contact with the child welfare system.

The assessment contains eight domains: safety and security, relationships, mental health, cognitive health, physical health, community, purpose and environment. The tool is youth-driven and allows youth to make their own decision about if and with whom they will share their results.

The Wellbeing Wheel and Wellbeing Indicators

The Wellbeing Wheel and Wellbeing Indicators is a toolkit to "assess and plan supports for vulnerable children" (Integrated Children's Services Aberdeen, 2012, p. 27). It is part of the Scottish Government's national practice model called "Getting it Right for Every Child" meant to improve child outcomes (GIRFEC, 2015).

There are eight indicators to assist with identifying a child or youth's strengths and concerns, develop plans and collect or analyze data. The wheel and indicators can be used starting pre-natally and encourage those using the tool to reflect on a number of questions to determine who they can support with healthy development.

Child and Youth Resilience Measure (CYRM)

The Child and Youth Resilience Measure (CYRM) is "a screening tool to explore the resources (individual, relational, communal and cultural) available to individuals, that may bolster their resilience" (CYRM, 2016, n.p.). It was designed as a component of the International Resilience Project started by Dr. Michael Ungar at Dalhousie University, School of Social Work and can be used in multiple contexts and cultures. There are a number of versions for children (ages five to nine), youth (ages 9 to 23) and adults.

Data Collection – Individual and Family Program Outcomes

The following indicators are focused on both qualitative and quantitative data collection, Indigenous and other cultural knowledge, as well as capturing anecdotal experiences and stories from programs that reflect the complexity of clients in a way that other data gathering tools may not. Tunstill and Blewett (2015) support this perspective, stating that what is important to families cannot be captured in a single set of outcomes. This supports remarks made by interview participants around the need for a common set of outcomes for well-being and resiliency programs, but a monitoring and evaluation framework that allows flexibility at the community level to tailor interventions within their context.

Children and families are more socially connected and linked to culturally-relevant supports.

| Indicators
What would we notice? | Potential Measures
How would we know? | Potential Tools
How would we capture? |
|---|---|---|
| Parents and caregivers have increased connection to family and natural supports.
Families experience strong, supportive and responsive relationships. | | |
| • Parents, caregivers and families connect to supports.
• Parents, caregivers and families reach out to extended family for positive support and teachings.
• Parents, caregivers and families are less isolated.
• Parents, caregivers and families are less reliant on professional support.
• Parents, caregivers and families are connected to other family members, their community and Elders.
• Children sustain interpersonal connections. | • Proportion of parents and caregivers that report connections to family and natural supports.
• Proportion of parents and caregivers that report feeling less isolated.
• Proportion of children that report connections to peers, family and other trusted adults. | • PFS
• FAF
• WIT-Y Guide |
| Children and families have a good knowledge about what supports they can access if they need help.
Parents and caregivers access relevant community support services and resources. | | |
| • Parents and caregivers request resources.
• Parents, caregivers and families have made connections to formal supports (e.g. agencies, organizations, resource centres).
• Parents and caregivers access culturally appropriate and knowledgeable resources such as Elders, speakers, or traditional people.
• Children know how to ask for help in times of need. | • Number of new resources provided to parents, caregivers and children.
• Number of informational referrals: Informational referrals involve PLC staff providing an individual with external information, including names of organizations, contact persons, phone numbers, time of service, or print material.
• Number of relationships with other community organizations (both informal agreement terms for referrals and formal contracts).
• Number of community events hosted.
• Proportion of parents or caregivers that have an increase in protective factors. | • PFS
• FAF
• Storytelling, Interviews
• WIT-Y Guide |

Children and families are more socially connected and linked to culturally-relevant supports, *continued*

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Parents and families know how to recognize when they need help and how to access help.		
• Improved help-seeking skills and behaviour among families/parents who are at-risk. • Access culturally appropriate and knowledgeable resources such as Elders, speakers or traditional people.	• Proportion of parents and caregivers that report knowledge of community resources. • Proportion of parents, caregivers and families that seek supports.	• PFS • FAF • Storytelling, Interviews

Parents and caregivers have knowledge about parenting and child development.

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Parents and caregivers have a good knowledge about the stages of child development, parenting skills and other relevant knowledge for a healthy family.		
• Parents and caregivers demonstrate knowledge of child development and parenting skills. • Children reach developmentally appropriate milestones. • Parents and caregivers understand the physical, mental, emotional and spiritual realms and see them as interconnected. • The impacts of intergenerational trauma and colonialism are recognized.	• Proportion of parents and caregivers that demonstrate knowledge of child development and parenting skills. • Proportion of children reaching developmentally appropriate milestones. • Proportion of families that receive parent education.	• PFS • FAF • HOME
Parents and caregivers have positive and nurturing parenting skills. Parents and caregivers feel confident and competent in their parenting role.		
• Parents and caregivers positively engage with their children. • Parents and caregivers have healthy attachments to children.	• Proportion of parents and caregivers that demonstrate nurturing parenting skills.	• PFS • FAF • HOME • Storytelling, Interviews
Parents and caregivers feel confident and competent in their parenting role.		
• Parents and caregivers positively engage with their children. • Parents and caregivers have healthy attachment to children.	• Proportion of parents and caregivers that report feeling confident and competent in their role. • Proportion of parents and caregivers that demonstrate positive parent-child relationships.	• PFS • FAF • HOME • Mapping
Indigenous parents and caregivers understand community-based child rearing.		
• Parents and caregivers have access to culturally safe and specific programs and services related to child development. • Parents and caregivers share traditional teachings, values and language with their children.	• Number of parents and caregivers that have knowledge of and access to culturally specific child development or parenting programs and services.	• FAF • Storytelling, Interviews

Parents and caregivers are resilient.

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Parents and caregivers have knowledge and skills to build resilience.		
• Parents and caregivers demonstrate nurturing caregiving practices (e.g., serve-and-return).	• Proportion of parents that demonstrate nurturing caregiving practices.	• PFS • FAF • HOME • Storytelling, Interviews
Parents and caregivers have social connections to provide support during times of stress or adversity.		
• Parents and caregivers engage with supports. • Parents and caregivers engage with family, community members and Elders when they need support.	• Proportion of parents and caregivers that have social connections for support.	• PFS • FAF • Storytelling, Interviews
Parents and caregivers are resilient in the face of challenges, knowing how to problem solve and recover from challenges.		
• Parents and caregivers participate in self-care and well-being activities. • Parents and caregivers demonstrate problem-solving and stress management skills. • Parents and caregivers actively approach and manage challenges. • Parents and caregivers participate in ceremony or other healing practices.	• Proportion of parents and caregivers that demonstrate problem-solving skills. • Proportion of parents and caregivers that have increased protective factors. • Proportion of parents and caregivers engaged in self-care or well-being activities.	• PFS • FAF • Mapping • Storytelling, Interviews

Children are experiencing healthy social and emotional development.

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Children experience increased social and emotional learning. **Children experience increased social and emotional learning and executive functioning.**		
• Children improve towards developmentally appropriate milestones. • Children have strong physical, social, spiritual and emotional outcomes. • Children have improved executive functioning. • Children learn about Indigenous worldviews, culture, traditions, values, ceremony and language.	• Proportion of screening follow-ups. • Proportion of children developing according to EDI measures. • Proportion of children that learn about their culture.	• ASQ-SE • Looksee Checklist • Storytelling, Interviews • Child and Youth Resiliency Measure
Children have enrichment opportunities. **Children are guided by trusted adults in their learning and development.**		
• Children are engaged in their community. • Parents, caregivers, family, community members and Elders share stories. • Children feel safe in their environments. • Children learn useful skills for later life stages and have opportunities to demonstrate their independence. • Children have their voices heard and are included in decisions that affect them. • Children feel safe, secure and have stability and access to the necessities of life.	• Number of learning opportunities for children. • Proportion of children engaged in their community. • Proportion of parents and caregivers that have knowledge and skills for child development.	• ASQ-SE • Looksee Checklist • PFS • Storytelling, Interviews • Child and Youth Resiliency Measure • WIT-Y Guide • Wellbeing Wheel and Wellbeing Indicators

Data Collection – System Outcomes

Services are consistently available, aligned, effective and accountable.

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Programs and services are consistently available, aligned, effective and accountable.		
• Programs and services align with outlined service domains, specific outcomes. • Programs and services are family-focused, holistic and strengths-based. • Indigenous families have equitable access to culturally-relevant and respectful programs and services. • Indigenous youth, Elders, families, community members, designers, deliverers and funders guide programs and services in their community. • Staff know, understand and have time to reflect on the program's principles, goals and objectives. • Programs adhere to provincial standards and guidelines.	• Quality of early intervention programs. • Increase in services for children six years of age and older. • Number of programs who report that evaluation questions are appropriate for their program and captures what their program does. • Number of programs that are delivering outcomes as expected. • Proportion of clients that report program satisfaction. • Number of programs and services who collect and report data.	• Annual Reports

Programs are delivered by competent and knowledgeable staff.

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Staff have support, training and resources to provide effective programs. Staff possess the necessary knowledge, skills, abilities and resources to deliver services.		
• Personnel policies for the program and service reflect prioritization of competent, knowledgeable staff. • Processes in place for ongoing learning and reflective discussion. • Staff understand and incorporate Indigenous worldviews, culture, tradition, values, ceremony and language. • Professional development activities reflect both core trainings for staff, as well as specialized learnings as appropriate. • Informal learning opportunities are available (e.g., group learning, job shadowing).	• Proportion of personnel policies that specify core competencies, required education and/or training. • Proportion of programs with a specified professional development policy. • Number of annual Professional Development activities staff have engaged in. • Number of staff that have utilized coaching and mentorship opportunities.	• Supervision Records • Staff Reports

Programs and services are culturally safe and inclusive.

Indicators *What would we notice?*	Potential Measures *How would we know?*	Potential Tools *How would we capture?*
Programs and services specifically and intentionally engage with diverse groups (e.g., cultural, gender, sexual orientation, abilities).		
• Programs reflect the demographics of the larger population. • Participants see themselves reflected in programs and services. • Newcomer and refugee families are accessing supports. • Barriers to access are understood and addressed.	• Proportion of participants that identify as Indigenous or other diverse groups. • Number of culturally specific and inclusive programs.	• Staff Reports • Site Visits
Programs and services intentionally engage with Indigenous stakeholders and participants to encourage participation.		
• Participants see themselves reflected in programs and services. • Programs and services align with participants needs. • Traditional approaches are incorporated into programs and services. • Agencies collaborate with Indigenous families to create services that are specific to community needs. • Services are provided by delegated Indigenous agencies where possible.	• Proportion of participants that identify as Indigenous. • Number of culturally specific and inclusive programs. • Proportion of Indigenous families that report being engaged by agencies.	• Staff Reports • Site Visits
Programs and services have staff that are trained in cultural competencies (e.g., Aboriginal Awareness Training) and inclusive practice.		
• Staff are trained in cultural competencies. • The impacts of inter-generational trauma are recognized. • Traditional approaches are incorporated into programs and services (e.g., circle teaching, four realms). • Relationships between agencies and Indigenous and other diverse families are respectful and reciprocal.	• Proportion of staff that have received cultural training. • Proportion of families that experience increased cultural identity.	• Supervision Records • Site Visits

Implementation Considerations

The Well-Being and Resiliency Framework, the Evaluation Framework and the Miyo Resource work together and build on one another to define and implement Alberta's approach. As stated above and like the Well-Being and Resiliency Framework, this Evaluation Framework is a living document that will change over time to reflect leading practices and lessons learned. As practice evolves and alignment in service delivery occurs, it will be captured in new iterations.

The Government of Alberta oversees well-being and resiliency activities related to ministry mandate and priorities. The following outlines implementation considerations for the evaluation framework.

Collaboration with staff and agency sector partners

Various programs and services exist to promote well-being and resiliency. Continued collaboration with senior leadership, staff and service delivery partners will support continued implementation and capacity strengthening for evaluation at program, regional and provincial levels. Senior leadership and staff could contribute to streamlined data collection processes across partners, thus promoting evaluation implementation. Opportunities also exist to build capacity among partners to complete evaluation through shared professional development, training and lessons learned.

Align Service Delivery with Outcome Areas

Selecting focused areas of impact is important for successful evaluation. Outlining activities, outputs and outcomes taking place in the area of well-being and resilience provides accountability for service providers, regions and the Government of Alberta. Mapping these programs and services to create an inventory is useful for understanding what is offered throughout the province, including what programs are being funded, types of services offered and the populations they serve and their link to the outcomes identified in the evaluation framework.

Enhance System Outcomes

Systems outcomes and reporting can be enhanced by aligning them with existing internal quality assurance documents. These documents can guide the use of principles, cultural competency practices and data, which will inform future program or service delivery and funding criteria.

Create Consistent Reporting Templates

Developing a clear protocol, perhaps embedded in a contract or schedule for reporting program outcomes will be beneficial. This protocol would establish timing or intervals for data reporting and what format data should be inputted.

Further considerations could include:

- Standardizing data collection using a form, tool or database that can capture both the required information on outcomes and allow for reporting on program-specific outcomes.

- Undertaking a review of tools to provide additional or customizable data collection options that reduce barriers for agency staff.

- Reporting consistent program and service outcomes to the Children's Services' region, which would be aggregated up to the provincial level.

Promote Staff Training

Implementing changes, including new indicators, can be facilitated through education and discussions between Children's Services' regions and agencies, contributing to a cultural shift that enables ongoing data collection and analysis as a key component of program delivery. For example:

- Provide a range of educational and training tools for staff that clearly presents outcomes, their rationale and the associated data collection tool.

- Acknowledge that collecting data accurately and completely takes time and demonstrate why this time is important to set aside. Incorporate record keeping into standard practice.

- Address barriers related to data collection and entry. Easy-to-use tools, clear templates and basic protocols can govern data entry for frontline staff.

- Build capacity among agencies to collect and analyze data through professional development and educational opportunities.

- Recruit knowledgeable and skilled staff.

- Provide staff coaching and supervision.

Enhance Analysis and Reporting Back

It is important that data reporting is viewed as a reciprocal exchange of information to increase understanding, improve effectiveness and inform decisions. One of the keys to managing data is to ensure feedback loops are in place and that staff understand how data is used and what story it is telling. This provides opportunities for learning and reflection. For example:

- Return data to Children's Services' regions and agencies on a regularly scheduled basis in an easy to understand format that can be used by all stakeholders. This data feedback loop also demonstrates the mutual commitment of the province, regions and agencies to the importance of data.

- Report initial outcomes in alignment with provincially determined outcomes.

A standardized process contributes to the province's ability to establish a baseline, track trends over time and move toward increased wellness for Alberta's children.

Additionally, aggregated data facilitates decision-making and prioritization of programs and services. Disparities in outcomes between populations can be identified and addressed.

Demonstrate Effectiveness and Quality

As mentioned previously, data can be used to continuously improve performance. Articulating how data is reviewed and findings used to improve programs or services, reiterates the importance of data collection for staff and connects data to practice in a meaningful way. Data could also play a key role in ministry annual reports and other public-facing publications to demonstrate effectiveness and articulate evidence behind decisions.

Additional considerations for the ministry include how cross-ministry data sources can be leveraged to gain a full picture of child well-being (e.g., data gathered by Alberta Health, Alberta Education).

Collection of these outcomes will likely evolve over time with the ministry weighing the strengths and challenges of consistency over time and between jurisdictions. New measures and data sources can be used to continually update the framework in order to align with current trends and focus on capturing the greatest areas of impact.

Future Considerations

This section addresses future considerations for well-being and resiliency work to support ongoing improvement.

Supporting Cross-Sectoral Collaboration

Evidence shows that systems working to build well-being and resiliency and prevent child maltreatment are complex (Schorr & Marchand, 2007; Babington, 2011). Families access services at different points and across sectors depending on factors such as need and referral source. Sectors may also address different issues including housing, addictions and mental health, or family violence. As such, cross-sectoral collaboration is an identified strategy for promoting well-being and resiliency in families.

Considerations for cross-sectoral collaboration:

- Approach child well-being and resiliency as a collectively-held responsibility.
- Develop common principles and shared language.
- Support information sharing across sectors through communication strategies.
- Contribute time and resources that support leadership of cross-sectoral work at all levels of an organization or ministry.
- Define roles and responsibilities.

- Include communities in collaborative efforts.

Conclusion

The purpose of this document was to outline an overarching provincial evaluation framework that aligns with the overarching Well-Being and Resiliency Framework.

The evaluation framework focused on the three service domains of child development and well-being, parent and caregiver capacity building and resilience and social connections and support. These domains are guided by principles of Indigenous experience, family preservation, strengths-based approaches, connection, collaboration and continuous improvement. Importantly, this framework incorporates cultural ways of knowing and child development practices, taking into account Indigenous communities, refugees, newcomers and immigrants.

The timeframe, indicators, measures and data collection tools were set out for each outcome. The outcomes are:

- Children and families are more socially connected and linked to supports.
- Parents and caregivers have knowledge about parenting and child development.
- Parents and caregivers are resilient.
- Children experience healthy social and emotional development.
- Services are consistently available, aligned, effective and accountable.
- Programs are delivered by competent and knowledgeable staff.
- Programs are culturally safe and inclusive.

Outcomes were determined through extensive consultation with stakeholders across Alberta with the goal of improving well-being and resiliency in families.

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Appendix A: Methods

Various forms of data guided the development of the Well-Being and Resiliency Evaluation Framework.

Environmental Scan

The environmental scan was made up of three components: a rapid review, interviews and document review.

Rapid review

A rapid review of academic and grey literature was conducted to identify relevant outcomes from other jurisdictions. Academic literature was collected from ERIC, CINAHL Plus and Google Scholar. The grey literature search used Google and the Child Welfare Information Gateway. Literature from Canada, United States, United Kingdom and Australia was included as they reflect well-being and resiliency work in Alberta.

Since the academic literature search did not retrieve articles specific to evaluating prevention and early intervention frameworks with Indigenous populations, an additional search was conducted in the Indigenous Informit database; however, no articles meeting the inclusion/ exclusion criteria were found. Literature situated in an Indigenous context was retrieved primarily through the grey literature search, including child and youth well-being frameworks from other jurisdictions in Canada.

Interviews with stakeholders and key informants

Internal interviews with provincial and regional staff provided a better understanding of current outcomes measured, outcomes that could be measured at regional and provincial levels, supports and challenges of outcome measurement and considerations for working with Indigenous communities. Interview participants were recruited through purposive sampling, with a list of potential interview candidates provided by the ministry who were e-mailed an invitation to participate by PolicyWise. Five internal interviews were conducted with provincial and regional staff.

External interviews were conducted to gain insight into well-being and resiliency evaluation in other jurisdictions. Potential interview candidates were identified through the environmental scan, with 14 e-mail invitations sent from PolicyWise. Eight interviews were conducted with representation of jurisdictions in Canada and Australia, as well as two organizations working primarily with Indigenous communities and one organization that had developed an Indigenous child and youth framework.

All interviews followed a semi-structured format, were conducted over the phone and lasted 30 to 60 minutes. The majority of interviews were one-to-one; however, a few interviews included two participants from the same organization. With verbal consent, each interview was recorded and transcribed for data analysis.

Document Review

Documents provided by the ministry were reviewed to inform the history of the framework, service domains and subsequent process of re-developing the Well-Being and Resiliency Framework. Thirteen documents were reviewed in total.

Regional and Agency Feedback

Deliberative discussions were held to collectively, with regional and agency partners, refine overarching outcome domains and clearly articulate measureable outcomes and common indicators that can be consistently collected across regional programs and routinely reported on by funding recipients.

Relevant stakeholders attended three deliberative discussions across the province. Potential outcome domains were presented to participants and they were asked to reflect, provide feedback and identify potential indicators and measures for each. Feedback was consolidated and analyzed to inform the evaluation framework. A survey and one-on-one interviews were available to those interested in participating, but unable to attend the deliberative discussions. Both the survey and interviews asked similar questions to the deliberative discussions. Regular feedback from key stakeholders (e.g., The Well-Being and Resiliency Working Group) was engaged throughout. Collectively, approximately 130 unique contributors provided feedback on the evaluation framework.

Appendix B: Data Collection Tools

Home Observation for Measurement of the Environment (HOME)

Description

Originally developed in 1977, Home Observation for Measurement of the Environment (HOME) is a semi-structured observation and interview of the child and their parent(s) that occurs in the home. Both the observation and interview are completed from the child's perspective and scored using yes or no answers (Caldwell & Bradley, 2003). Accordingly, "the primary goal of the instrument is to measure, within a naturalistic context, the quality and quantity of stimulation and support available to a child in the home environment" (Totsika & Sylva, 2004, p. 25) HOME also measures the effectiveness of an intervention. There are seven versions of HOME (Caldwell & Bradley, 2003):

1. Infant/toddler (0-3 years): 45 items and 6 subscales, including parental responsivity, acceptance of child, organization of environment, learning materials, parental involvement and variety of experience;

2. Early childhood (3-6 years): 55 items and 8 subscales, including learning materials, language stimulation, physical environment, parental responsivity, learning stimulation, modeling of social maturity, variety in experience and acceptance of child;

3. Middle childhood (6-10 years): 59 items and 8 subscales, including parental responsivity, physical environment, learning materials, active stimulation, encouraging maturity, emotional climate, parental involvement and family participation;

4. Early adolescent (10-14 years): 60 items and 7 subscales, including physical environment, learning materials, modeling, instructional activities, regulatory activities, variety of experience and acceptance and responsivity;

5. Short form: a structured interview usually completed with other surveys such as the National Longitudinal Survey of Youth;

6. Child care HOME Inventory: for use with relative care where the child spends a significant amount of time. It is a combination of the infant/toddler and early childhood inventories; and

7. Disability HOME Inventory: for children with disabilities to assess their environments.

Use

During a home visit, taking approximately 45 – 90 minutes, HOME is administered by a trained home visitor with both the parent and child present. Adapted versions, as noted above, can be used for children that are in the care of relatives or children with disabilities (Caldwell & Bradley, 2003) Other information should be obtained as a supplement if the assessment is being used to determine if further intervention is necessary (Totsika & Sylva, 2004).

Strengths

Extensive research and evaluation has been done on HOME and support for strong psychometric properties has been found (Caldwell & Bradley, 2003; Totsika & Sylva, 2004).

HOME focuses on families' strengths to develop an intervention plan. A naturalistic approach is used by observing families in their home, which provides a more comprehensive understanding of overall family functioning (Totsika & Sylva, 2004).

Limitations

Standardized procedures for administering HOME have not been developed (Totsika & Sylva, 2004). The scales use a binary format for ease of administration; however, important information needed to make informed judgement may be lost. HOME was also calibrated using middle-class families as a sample and therefore does not account for various other contexts in which it can be applied. Administering and scoring materials are available for order for a cost (Caldwell & Bradley, 2003).

Protective Factors Survey

Description

The Protective Factors Survey (PFS) was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in collaboration with the University of Kansas Institute for Educational Research and Public Services in 2004 (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). It is an assessment tool that uses a survey to measure protective factors in families receiving child abuse prevention or family support programs. The survey is self-administered and covers the five following areas:

1. Family functioning and resiliency;
2. Social support;
3. Concrete support;
4. Nurturing and attachment; and
5. Knowledge of parenting and child development.

Answers are selected from a seven-point response scale. The survey, which takes approximately 10-15 minutes to complete, is broken up into two sections: one section for staff to complete and one section for program participants to complete. The first section is optional and includes information about the program and family demographics. The second section must be completed by the program participant (parent or caregiver).

Use

The purpose of the PFS is to help organizations evaluate and improve their impact on family protective factors (FRIENDS National Center for Community-Based Child Abuse Prevention,

2017). It is designed to be used as both a pretest and post-test for program evaluation purposes (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). The survey provides agencies with information about families accessing services, changes to family protective factors and areas for staff to focus on with the families. While surveys can be administered anytime a family is receiving services, if services are accessed prenatally only questions 1-11 should be completed, followed by questions 1-20 once the child is born, as protective factors may change (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). Parents of children of all ages, including teenagers, can use this survey.

Agencies with open-ended or long-term programs should consider when to administer the post-test based on when families can reasonably be expected to experience change. Additionally, the survey is not designed for multiple responses per question. Therefore, respondents are asked to choose one child to base their responses on across all questions (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017).

Strengths

The PFS measures multiple protective factors related to child abuse and neglect and the data can be aggregated across multiple agencies or implementation sites (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). The tool was developed through collaboration and feedback from relevant stakeholders, including parents, researchers, experts in the field and community agencies.

The PFS has been evaluated for reliability and validity in numerous field tests throughout the United States (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017). Research on this tool has found it to be "a valid and reliable instrument to measure individual differences in multiple protective factors in families" (Counts, Buffington, Chang-Rios, & Preacher, 2010, p. 762).

The survey is available at no cost on the FRIENDS National Center for Community-Based Child Abuse Prevention website. A Spanish adaptation is available and has also been tested for reliability and validity (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017).

Limitations

Supplementary assessments or consultations are suggested in certain contexts. Specifically, the tool was not designed for, nor has it been tested for, "making clinical diagnoses of individual participants or for making decisions regarding out-of-home placements or legal adjudications" (FRIENDS National Center for Community-Based Child Abuse Prevention, 2017).

Family Assessment Form

Description

The Family Assessment Form (FAF) is a tool to help agencies and plan and monitor program outcomes (FAF, 2016). The tool allows for goal setting, documentation of assessment results, creating service plans and reporting. FAF uses a strengths-based approach and captures five protective factors:

1. parental resilience;

2. social connections;

3. concrete support in times of need;

4. knowledge of parenting and child development; and

5. social and emotional competence of children.

Other studies have shown strong reliability and validity.

Use

FAF is a web-based tool that is customizable to meet the needs of service providers and families. Caseworkers, supervisors and agencies can input data, implement evaluations and complete service planning using the software. Reporting features include:

1. pre-post comparisons

2. data analysis by site, program and family functioning criteria

3. demographics, referrals and closing summary reports

4. supervisory caseload management

Funders can also access reports to measure program outcomes.

Strengths

Service providers and supervisors designed the tool to meet their needs and to be customizable; therefore, the tool is practical for many agencies. A number of studies show strong reliability and validity, as well as capabilities to measure program efficacy. Additionally, FAF has been tested for cultural sensitivity and versatility with positive outcomes.

Limitations

Though FAF is designed to store client data, assessments and reports in one place, it does require service providers to upload and manage the content.

Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire-Social and Emotional (ASQ-SE)

Description

Ages and Stages Questionnaire (ASQ) is a screen that was developed out of the University of Oregon in 1995 (Ages and Stages, 2017). The ASQ-3 is the newest version (published in 2009) of the questionnaire and is made up of 21 questions that screens children between one month and 5-½ years for developmental delays (Ages and Stages, 2017).

The screen examines:

1. Communication;
2. Gross motor;
3. Fine motor;
4. Problem solving; and
5. Personal-social development.

The ASQ-SE-2 screens children between one month and six years for social-emotional delays. This screen examines:

1. Self-regulation;
2. Compliance;
3. Communication;
4. Adaptive behaviours;
5. Autonomy;
6. Affect; and
7. Interaction with people.

Parents or caregivers are provided either an online or paper-format questionnaire based on the age of the child, which is then scored by a professional. Questions are answered with "yes", "sometimes", or "not yet", which are totaled for a final score and compared to established screening cut-offs (Community-University Partnership for the Study of Children, Youth and Families, 2011). The results are discussed with parents to determine what the next steps should be, including referral for further assessment, or monitoring and follow-up. Children that are at risk of developmental delay fall into the "monitoring zone", which indicates ongoing progress tracking should be considered. Parents are provided tools and activities to promote their child's development.

Use

The ASQ-3 was originally developed for early educators and health care professionals, but has been successfully applied in a variety of settings (Ages and Stages, 2017). ASQ screening tools can be adapted for use by a number of professionals. The tool takes approximately 10–15 minutes to complete and is described as easy-to-use (Ages and Stages, 2017).

Results from the screening should be used to connect families with the appropriate resources and services and potentially to inform further assessment. While this tool can be used as screen, it can also be used as a monitoring tool over time (Community-University Partnership for the Study of Children, Youth and Families, 2011).

Strengths

The ASQ screening tools were developed through a series of processes (Ages and Stages, 2017). First, information was gathered from existing tools for developmental screening, research from relevant fields and other literature. Second, skills for the screening tool to focus on were then selected and examples sent to as many parents as possible to ensure they were understandable and applicable. Third, "a large pool of potential items was created that encompassed each developmental area. Psychometrics, research and science were used to determine the careful balance of developmental ranges, skills, age equivalents and length of questionnaires" (Ages and Stages, 2017). Versions of the ASQ were then field tested, reviewed by experts (in psychology, psychiatry, education, early childhood development, pediatrics, nursing and mental health) and their feedback was gathered. Practitioners also tested the tool throughout the United States and it continues to be studied internationally (Singh, Yeh, & Blanchard, 2017). Data has been collected from thousands of questionnaires for normative studies on both the ASQ-3 and ASQ:SE (Ages and Stages, 2017). Numerous studies have provided evidence for its reliability and validity (Squires, Bricker, & Potter, 1997; Community-University Partnership for the Study of Children, Youth and Families, 2011; Ages and Stages, 2017).

The tool is administered with parents, which incorporates their knowledge of their children and places them in the position of expert. ASQ tools are available in English, Spanish, French, Korean, Dutch, Chinese, Norwegian, Hindi, Persian, Arabic, Thai, Vietnamese and Turkish (Singh, Yeh, & Blanchard, 2017). It is written with a reading level approximately of 4th–8th grade and includes illustrations for clarity and ease of understanding (Singh, Yeh, & Blanchard, 2017).

Limitations

Studies indicate challenges in accurately identifying delays for children born preterm and advise that additional measures should be used for this population (Simard, Luu, & Gosselin, 2012). Further, ASQ can lose its effectiveness if not administered in its original format (Valla, Janson, Wentzel-Larsen, & Slinning, 2006). Cultural and language considerations need to be taken into consideration when referring to the reliability, sensitivity and specificity of the translated ASQ tools (Velikonja, Edbrooke-Childs, Calderon, Sleed, Brown, & Deighton, 2017). There is a one-time cost associated with this tool (Ages and Stages, 2017).

Looksee Checklist (Formerly Nissiping)

Description

The Looksee Checklist is a developmental tool that follows children from one month to six years (ndds, 2018). The purpose of the tool is to track the child's development and promote communication between parents or caregivers and professionals. The checklist covers the developmental areas of emotional, fine motor, gross motor, learning and thinking, self-help, social, communication and vision and hearing.

Use

The tool contains 13 checklists that follow the child through different stages. Each checklist is divided into two parts: one with a list of "yes" or "no" questions and one with developmental tips. Parents, caregivers, or a professional complete the checklist and there is no scoring involved. However, when the parent or caregiver checks "no", a discussion is encouraged, with referrals if appropriate.

Strengths

The checklist has been used for over 25 years and has been tested for culturally sensitivity with positive outcomes.

Limitations

The Looksee checklist is not a formal assessment tool, but rather a survey that can identify areas where extra support may be beneficial.

Well-Being Indicator Tool for Youth (WIT-Y)

Description

The WIT-Y is a self-assessment tool developed by the Center for Advanced Studies in Child Welfare at the University of Minnesota, in partnership with Anu Family Services (CASCW, 2014). It is designed for youth between the ages of 15 and 21 years that currently or previously had contact with the child welfare system. There are eight domains: safety and security, relationships, mental health, cognitive health, physical health, community, purpose and environment.

Use

WIT-Y is a youth-driven self-assessment meant to promote conversation about their well-being (CASCW, 2014). There are three components, including the WIT-Y Assessment, Snapshot and Blueprint. The assessment consists of the eight domains described above. Youth choose a level

of well-being within each domain. The levels are in crisis, just surviving, doing okay, doing good and doing great. If a youth selects "in crisis" on any domain, resources are provided immediately.

Once youth complete the assessment, the snapshot creates a visual representation of their responses and level of well-being (CASCW, 2014). With the information extracted from the assessment and snapshot, youth can create a blueprint of what they would like to work on to improve their well-being. The blueprint provides open-ended questions and prompts for reflection.

Strengths

The tool is youth-driven and allows for autonomy of choice. It is up to the youth whether they share their responses and whom they share them with while providing resources should they choose to seek support. All three WIT-Y components are available online free of charge and are easy to use.

Limitations

This is a self-assessment and thus, if youth choose not to share their answers, it can be difficult to determine their level of well-being. There is also potential for youth to select answers based on what they believe adults want them to choose rather than their experience (CASCW, 2014). Additionally, the resources listed for those "in crisis" are specific to the United States.

The Wellbeing Wheel and Wellbeing Indicators

Description

The Wellbeing Wheel and Wellbeing Indicators is a toolkit to "assess and plan supports for vulnerable children (Integrated Children's Services Aberdeen, 2012, p. 27). It is part of the Scottish Governments national practice model called "Getting it Right for Every Child" meant to improve child outcomes (GIRFEC, 2015). There are eight indicators reflecting the requirements for healthy child development. They are: safe, healthy, nurtured, active, respected and responsible and included. These indicators can be used to identify a child's strengths and concerns, develop plans and collect or analyze data.

Use

The toolkit lists strengths or protective factors and developmental needs or adversity within each domain, separated by age starting prenatally to four years of age or older (Integrated Children's Services Aberdeen, 2012). Those using the tool are encouraged to ask five questions that may be useful for thinking about the child's health:

1. What is getting in the way of the child's wellbeing?
2. Do I have all the information I need to help this child?

3. What can I do now to help this child?

4. What can my agency do to help this child?

5. What additional help, if any, may be needed from other agencies?

Based on the assessment findings and answers to the above questions, a plan can be developed to support the child in the associated areas.

Strengths

The toolkit recognizes that children develop differently and therefore strengths and concerns will vary from child to child (Integrated Children's Services Aberdeen, 2012). It also uses a strengths-based approach, focusing on resilience and protective factors while considering areas of vulnerability or adversity. The toolkit can be used in conjunction with various other resources available through Integrated Children's Services Aberdeen website.

Limitations

As part of a larger framework, the toolkit may be challenging to use in isolation. The toolkit was also developed in Scotland and therefore may need to be contextualized for use in other countries.

Child and Youth Resilience Measure

Description

The Child and Youth Resilience Measure (CYRM) is "a screening tool to explore the resources (individual, relational, communal and cultural) available to individuals, that may bolster their resilience" (CYRM, 2016, n.p.). It was designed as a component of the International Resilience Project started by Dr. Michael Ungar at Dalhousie University, School of Social Work.

Use

The child CYRM is for those five to nine years of age. There are multiple versions including a 12- and 26-item form for the child to reflect on themselves and relies on either a 5- or 3-point scale. There are also 12- or 28-item scales completed by the person most knowledgeable about the child.

The youth CYRM is for those 9 to 23 years of age. Again, there are multiple versions and response scales, which are completed based on the youth's reflection of themselves, or the person most knowledgeable about the youth. Children and youth are scored and results compared to levels of resilience. Higher scores indicate higher degrees of resilience.

Strengths

The screen was developed based on interviews with youth and adults in multiple countries. Based on feedback, the screen was adapted multiple times, with different versions available, depending on who is completing it. The CYRM is available in several languages and has been tested in 11 countries. Questions on the screen can be changed or adapted to fit the study population's needs, though there is a risk of limiting validity. CYRM is available online free of charge.

Limitations

Given that the tool is designed for use in different contexts and cultures, it is important that the questions are relevant regardless of population (Ungar & Liebenberg, 2011). However, testing of the tool indicated that resilience is not defined the same in every context and that some constructs are more relevant to some than others. Further, changing or adapting questions may affect the validity of the tool. The authors also state that they were unable to show convergence between their qualitative and quantitative findings.