

**Ministry of Children and Family Development**

**KEY WORKER AND PARENT SUPPORT PROGRAM**

**Time 1 Summative Evaluation Report:  
Executive Summary**

**April 2008**

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### ***What is the Key Worker and Parent Support program?***

The BC Key Worker and Parent Support program, funded by the Ministry of Children and Family Development (MCFD), was initially based on research and practice evidence from four areas: research in Fetal Alcohol Spectrum Disorder (FASD) such as that conducted by Dr. Anne Streissguth and her colleagues (1996, 2004); Diane Malbin's Oregon-based FASD project ([www.fascets.org](http://www.fascets.org)); research in the disabilities field; and community-based, FASD-related parent support projects that were operating in BC at the time of the program's inception.

The purpose of the Key Worker and Parent Support program is to provide early intervention and support for families dealing with long term behavioural challenges associated with their children's developmental-behavioural conditions. The program evolved during the early stages of implementation to incorporate the following characteristics:

- Regional service delivery model that allows for regional variation and modifications to meet unique local needs and family circumstances
- Availability of an expert in FASD to provide consultation to regional MCFD offices and contracted agencies, in order to help facilitate learning and strategies related to use of appropriate environmental accommodations
- The Key Worker as a 'facilitator' who assists parents, family members, caregivers and service providers in the child's environment to come to a common understanding of the child's/youth's needs and to develop supportive environmental accommodations accordingly
- Key Worker supervision by a qualified professional
- Training

### ***What was the Key Worker and Parent Support program evaluation studying?***

An independent and ongoing formative and summative evaluation was included as part of the program's implementation. The summative evaluation is examining whether the program's intended outcomes have been achieved. The overarching research questions for the Key Worker and Parent Support summative evaluation are:

- What difference have the Key Worker and Parent Support services made to *parents/families and/or caregivers*?
- What difference has the Key Worker and Parent Support services made to *children and youth* with FASD/CDBC?
- What difference have the Key Worker and Parent Support services made to *community service providers and community partners*?

To answer these questions, the summative evaluation has involved a time series design, and qualitative and quantitative methods of data collection. Data were collected provincially from all Key Worker agencies; in addition, data were gathered face to face in 10 BC communities - two communities per each of the five MCFD regions. For the Time 1 summative evaluation, multiple methods of data collection were employed, including:

- Intake Evaluation Questionnaires with parents/caregivers
- Qualitative, semi-standardized interviews or focus groups with samples of program participants, (e.g., parents/caregivers)
- Qualitative, semi-standardized interviews or focus groups with samples of community service providers and/or community partners
- Monthly output data, collected electronically

### ***What are the key findings of the Time 1 Summative Evaluation?***

The Time 1 Summative Evaluation Report provides descriptive findings regarding the characteristics of the families and children being served by the Key Worker and Parent Support program. Based on Intake Questionnaire data from parents/caregivers (n = 198 respondents):

- 32% were foster parents
- 23% were birth parents
- 20% were adoptive parents
- 16% were grandparents

Based on the cumulative output data, nearly two-thirds (64%) of the children/youth served by the Key Worker program were male. In all regions except the Fraser, at least half of the children/youth served by the program were of Aboriginal heritage and 34% were Caucasian.

About 75% of the parent/caregiver evaluation questionnaire respondents in all regions reported that stress was the most frequent challenge they faced. In addition, a high percentage of parents/caregivers reported facing the following challenges:

- Finances
- Parenting concerns
- Accessing community support services, and
- Isolation.

All questionnaire respondents identified one or more 'significant strength' for each child in their care who was the focus of the Key Worker program. The following qualities were rated most frequently by parents/caregivers as being a 'moderate' or 'significant' strengths for their child(ren):

- Experiential learner
- Relational
- Desire to please
- Visual learner
- Determined

In terms of secondary behaviours, parents/caregivers perceived that their child experienced a variety of secondary behaviours that were both school-related and of a more social/emotional nature. The most frequently reported secondary behaviour was **being frustrated in school**; school frustration was reported to exist for 73% of the children seeking Key Worker services.

The social/emotional secondary behaviours most frequently identified by parents/caregivers to occur on a (very) frequent basis were: **anger**; **blaming others**; **disruptive behaviours**; **anxiousness**; and **aggression**.

Findings regarding selected secondary behaviours based on the child's age revealed that a notably higher percentage of adolescents (12+ years of age) were experiencing certain social/emotional secondary behaviours, including: blaming others; suspension from school; depression; trouble with the law; and alcohol/drug use. Such age-related findings may not be surprising given that these high-risk behaviours are generally associated with teenagers rather than with younger children.

In relation to what difference the program is making for parents/caregivers, a strong theme in the community-based interviews with parents and caregivers concerned parents'/caregivers'

understanding of FASD as a brain-based disability. The new information received about FASD helped parents and caregivers realize their child's behaviour was not as a result of wilfulness on the child's part, but as a result of their neuro-developmental disability. This understanding in turn led to different expectations for the child, and to a reframing of and response to their child's behaviours. Most importantly for parents/caregivers was the importance of thinking in terms of their child's developmental age rather than chronological age.

Learning about FASD also helped parents and caregivers gain a better understanding of their child's strengths and needs.

Dealing with the education system was a major issue for parents and caregivers, about which Key Workers often provided support and advocacy assistance. Successful meetings with schools contributed to reduced stress and frustration for caregivers and parents.

In relation to what difference the program is making for children, the community-based interviews revealed that, when parents/caregivers had the support of the Key Worker, and when the schools were receptive to learning how best to work with the children, parents reported that their children began to learn, stayed in school (instead of getting "kicked out"), liked going to school, and in some cases, received vital help in making the transition from elementary school to high school.

In relation to what difference the program is making for communities, the community-based interviews revealed that community-based practitioners of various disciplines were increasingly viewing Key Workers as a resource and a source of information and support regarding FASD.

The enhanced understanding by community practitioners of FASD as a neuro-behavioural disability increased practitioners' understanding of a child's behaviour and thus their response to it, including making environmental accommodations. By turn, this led to changes in practice, approaches and skills.

At the same time, community practitioners involved in working with people with FASD wanted more professional and/or personal support in order to work more effectively with children/youth who have FASD and other neuro-behavioural disabilities. Less clear was whether community

service providers felt that they were part of a broader network, or whether they primarily regarded the Key Worker as their sole source of information and support.

### ***What were the implications of the findings?***

There was great diversity in the types of families with whom the Key Workers are working – the differing family structures potentially presented unique sets of needs and challenges. Along these lines, parents/caregivers faced a number of challenges including stress and financial concerns. Furthermore, birth parents seemed to experience a greater number of stressors relative to other parents and caregivers. The information regarding the constellation of demographic information, the challenges parents face, and the relationship between the challenges and parents'/caregivers' sense of their own competence has implications for Key Workers' practice in relation to meeting the needs that parents/caregivers may experience as a result of their circumstances. Along these lines, Greco and Sloper (2007) found that when Key Workers were sensitive to the needs and circumstances of the family as a whole, families experienced better outcomes overall.

### ***Early outcomes for families and for children/youth***

Qualitative findings from this evaluation show that the Key Worker program has been highly successful in providing families and caregivers with practical and/or emotional and advocacy-related support. Similar to the findings from Greco and Sloper (2007), parents/caregivers identified the following as characteristics of the service that made a difference for them and their children:

- Assistance in accessing services;
- Assistance in helping parents and caregivers strengthen their voice with other service providers in the community, in particular with the education system;
- flexibility - being able to work across a variety of mandates to attend to the needs of the whole family.

Further, the provision of relevant, up to date information and education for parents about their child's abilities, along with information about appropriate environmental accommodations, was profound and contributed to changes in parents' and caregivers' behaviours and feelings of stress. In contrast, and not dissimilar to the findings from Greco and Sloper (2007), when parents and caregivers expressed frustration in this evaluation, it was in relation to:

- The lack of understanding, on the part of other service providers, of FASD as a brain based disability and of its impact on children's behaviour
- The difficulties and stress in accessing programs and services for their children.

### ***Intermediate outcomes for families and for children/youth***

Findings in this report indicated that there has been progress toward achieving some of the intermediate outcomes associated with social support, connections with community resources and parent/caregiver confidence. According to many parents and caregivers, the Key Workers have been instrumental in helping them strengthen social supports amongst their family and friends and in connecting them and their children with community programs and services. At the same time, while there is some suggestion that the program is helping to improve parents'/caregivers' confidence, it is also clear that those parents/caregivers who are experiencing stress, anxiety, and financial challenges, feel less confident in their parenting.

While it is very early in the program implementation, there was early evidence that for some families, the overall program goal of maintaining and enhancing the stability of families with children and youth with FASD/CDBC was being achieved. Given that a stable living situation is a strong protective factor for children with FASD/CDBC (Streissguth et al, 1997), this is potentially very powerful.

### ***Early outcomes for communities***

In relation to outcomes for communities, what emerged was the importance of the broad nature of the Key Workers' position, as well as the relational nature of the role in creating positive relationships between the Key Worker and community service providers, and between parents/caregivers and community service providers. As described by Sloper and Greco (2006), "key working crosses the boundaries of different agencies and disciplines" (p. 452). This means that Key Workers need to be knowledgeable about a variety of community resources, services, professionals and organizations, and at the same time to be knowledgeable about FASD and families' circumstances. To the extent that Key Workers were able to successfully navigate their dual roles (i.e. with communities and with families), their success was based in part upon their ability to establish positive working relationships and to act as a bridge between community service providers and families. When Key Workers were successful in maintaining that delicate balance between being an advocate for families and developing trusting relationship with

service professionals, all parties reported benefiting through increased knowledge, more effective strategies for the children, and reduction in stress for the adults.

Another important outcome was that the Key Worker program was having a positive impact on the agencies in which the Key Workers were situated. The Key Workers were instrumental in broadening their host agencies' understanding of FASD as a brain-based disability, thereby further enhancing both the agencies' and communities' capacity to understand and work with those living with FASD. The addition of the Key Worker program also increased the ability of multi-service agencies to offer integrated and coordinated services by providing a unified conceptual framework for working with children and families with FASD/CDBC.