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Article abstract

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Methods: The first study sampled 91 resource parents who completed the Resource Parent Curriculum (RPC) and collected module evaluations as well as post-program satisfaction data. The second study collected post-training evaluations from 26 resource parents who completed training using the Assessment and Action Record (AAR) to better understand youth in-care.

Results: Resource parents responded positively to the RPC content and delivery; they appreciated the online format (due to COVID-19 restrictions). Parents noted it was helpful to learn how trauma shapes young people's expectations and how thoughts, feelings, and behaviours are interconnected. For the second study, parents' overall training rating was positive. They noted it was helpful to learn how different perspectives could be integrated through AAR findings and highlighted the importance of collaboration with child welfare workers. The training initiatives were well-received and attested to resource parents' motivation to keep improving their parenting practices. Findings indicated gains in knowledge around trauma-informed parenting and indicated the value of data to support young people's well-being.

Implications: Retention will likely improve when resource parents feel supported and capable of handling young people's complex needs. To improve outcomes for both youth in-care and resource parents, it seems important to make training and support available on a regular and ongoing basis and in a collaborative way with child welfare partners.

Increasing Resource Parents' Access to Training and Data: An Overview of Two Child Welfare Initiatives

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Abstract

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Keywords: Resource parents; child welfare; training; evaluation.

General Introduction

A resource parent, defined as a relative/kin, non-related extended family member, or non-related foster parent (California Evidence-Based Clearinghouse for Child Welfare, 2021), plays a critical role in the life of a child or adolescent in out-of-home care given their proximity to and relationship with a young person. Not only do resource parents care for the physical and emotional needs of a young person, but they must also navigate the various systems in which young people are involved (e.g., child welfare, education, mental health, medical) as well as complex family dynamics (Cooley et al., 2015; Geiger et al., 2013). The complex and adverse histories of young people in-care are often related to struggles concerning mental health, educational, and social functioning (Ackerman et al., 1998; Burge, 2007; Heflinger et al., 2000; Leslie et al., 2005; Sullivan & Van Zyl, 2007; Trocmé et al., 2010) that present unique parenting challenges for resource caregivers (Whenan et al., 2009).

In light of these findings, it is critical to support resource parents because they are key members of a young person's support network. Their caregiving role is essential in promoting youth resilient functioning, well-being, and placement stability. As such, resource parents need to be supported in their work, which would better ensure resource parent retention (Newton et al., 2000; Rubin et al., 2007). The number of young people in-care in Ontario (Canada) is increasing faster than the rate of available resource parents (Barbell & Freundlich, 2001; MacGregor et al., 2006; Rodger et al., 2006). Although we could not locate more recent data, scans of the websites of Ontario child welfare agencies, as well as the umbrella agency that oversees these agencies (Ontario Association of Children's Aid Societies), indicate an ongoing need for resource parents to care for child welfare-involved young people. Resource parents are more likely to continue their work when they feel a sense of self-efficacy in their parenting role, feel supported by their child welfare agency, and observe improvements in the young person for whom they are caring (Whenan et al., 2009). In contrast, retention is compromised when resource parents experience conflict with their child welfare worker, believe they have insufficient compensation, have difficulties managing the needs of their young person, and naturally, when there are allegations of maltreatment within the home (Buehler et al., 2003; Coakley et al., 2007).

Various factors related to resource parent retention pertain to perceived parenting self-efficacy as well as the young person's well-being and functioning. These findings are not surprising given the often complex needs of young people in-care and the relatively limited training available to resource parents prior to caring for youth. In Ontario (Canada), resource parents complete a Structured Analysis Family Evaluation (SAFE) home study and pre-service training (Parent Resources for Information, Development, and Education). While resource parents are required to engage in ongoing training yearly, there currently is no mandated in-service training. Pre-service training is often not sufficient to adequately provide for young people in-care, who have often experienced multiple and chronic traumatic and adverse events beginning from a young age and occurring within their caregiving system (Murray et al., 2011). Moreover, removal from one's birth home can result in disruptions across many areas of a young person's life, including contact with family and friends as well as changes in school and community. The impacts of these disruptions and relationship losses do not end when a young person is placed in out-of-home care. Instead, these young people often continue to experience a range of complex feelings and thoughts, as well as challenging behaviours, that require sensitive, consistent, and trauma-informed parenting that occurs within a broader system of support for youth and resource families (Blaustein & Kinniburgh, 2018).

As mentioned, supporting the work of resource parents is critical for their own well-being and retention, as well as for the well-being of young people in their care. Moreover, resource parent support is important for better ensuring youth placement stability (Barbell & Freundlich, 2001). In a study by Perry, Daly, and Kotler (2012) with 852 Ontario newborn to 17-year-olds in-care, 31% of placements were intact after two years; 34% ended through reunification with the biological family; 29% ended by transfer to another family or group home placement; and 5% ended in other ways (e.g., transitioning out of care). As such, 3 in 10 young people experienced a placement breakdown. Placement breakdowns and transitioning out of child welfare without achieving permanency have been linked to long-term, widespread negative outcomes, including mental health difficulties, educational challenges, unemployment, incarceration, and income insecurity (Lockwood et al., 2015). There is a harmful cycle between a young person's emotional/behavioural struggles and out-of-home placement instability. These struggles contribute to placement breakdowns, which then contribute to a worsening of youth well-being and functioning, which further increases the likelihood of additional breakdowns.

Objectives

The challenge in child welfare lies in finding physical permanence for young people and securing placements that provide positive and sensitive caregiver-child relationships (Schofield et al., 2012). Given that retention is partly related to resource parents feeling supported and equipped to meet the complex needs of young people in-care, we worked on two preliminary evaluation studies that address these issues. Our objectives were to 1) describe the two child welfare training initiatives and 2) present preliminary findings on resource parents' training reactions. The first initiative involved an accessible trauma-informed parenting program for resource parents. This initiative was guided by findings that in-service training can increase resource parent satisfaction and placement stability by better equipping resource parents to support the complex needs of their youth (Kalland & Sinkkonen, 2001). The second initiative involved sharing data on a young person's strengths and needs with their resource parent. Through this data sharing, it is expected that resource parents would be in a better position to meet the young person's needs, provide support and guidance, and feel engaged and effective as a caregiver.

Although these two training initiatives are different in content, we have presented them together because they both have been recently piloted within the Ontario child welfare context. They are also in-service training initiatives geared toward supporting the important work of resource parents in promoting young people's well-being and resilient functioning. Finally, these two initiatives illustrate the various complementary ways that can be considered to support resource parents' work, specifically trauma-informed parenting programs as well as access to data about their child's well-being and functioning.

Study 1. Preliminary Evaluation of the Resource Parent Curriculum

Introduction

Many resource parents report feeling unprepared to manage the complex needs of youth in-care (Barber et al., 2001; Koh et al., 2014; Leschied et al., 2014; Newton et al., 2000). Previous research has highlighted the need for ongoing resource parent training as it has been linked with placement stability (Kalland & Sinkkonen, 2001). Resource parents require support through pre-service (e.g., Parent Resources for Information, Development, and Education) and in-service programs. Although the evaluation research is limited, Rork and McNeil (2011) found that programs with an in-service component are associated with more positive outcomes (e.g., parental acquisition of knowledge and skills) than pre-service-only training programs. In-service resource parent training initiatives are critical to maintaining retention and improving positive youth outcomes, such as placement stability and well-being.

It is also important to consider the need to support resource parents within the wider child welfare system. Previous research has identified that lack of service provision was a primary reason for resource parent discontinuation (Baring-Gould et al., 1983), while a range of services and economic supports tend to improve resource parent retention (Campbell et al., 1987). Thus, resource parent retention is enhanced when caregivers feel connected to their child welfare agency and have access to adequate resources that include respite care, information about the child and their history, and supports for their own well-being and caregiving (Buehler et al., 2003; Coakley et al., 2007).

One in-service training initiative is the Resource Parent Curriculum (RPC), which was developed at the National Child Traumatic Stress Network (NCTSN, 2022) by a group of over 30 childhood trauma experts. NCTSN has both academic and community-based service centres focused on providing education and promoting access to evidence-based services. RPC was designed to help therapeutic, foster, adoptive, and kinship parents (all referred to as resource parents) improve their knowledge and skills related to trauma-informed parenting. RPC is an 8-module in-service group program that includes a balance of material presentation, interactive group activities, case examples, and discussions. The eight modules address the following topics: introductions; trauma 101; understanding trauma's effects; building a safe place; dealing with feelings and behaviours; connections and healing; becoming an advocate; and self-care. These topics are aligned with RPC's overall goals of increasing resource parents' knowledge and beliefs about trauma-informed parenting, helping strengthen their ability to tolerate challenging youth behaviours, improving their sense of self-efficacy, and developing awareness of the importance of self-care as well as strategies.

Study Objectives

Given the need for in-service, trauma-informed caregiving supports for resource parents, we delivered and conducted a preliminary evaluation of the RPC program with a sample of Ontario resource parents. This study is one part of a larger quasi-experimental RPC program evaluation and focused on resource parents' reactions to each of the eight modules and satisfaction with the program as a whole. We expected resource parents to respond positively to the training content and delivery for each of the eight modules and the whole program. It was anticipated that resource parents would find that the program fills gaps in their training. We also expected that resource parents would find that the program's online delivery removes barriers to attendance.

Method

Participants and Procedures

Ethics approval was obtained from the University of Ottawa's Office of Research Ethics and Integrity. Recruitment occurred through collaboration with child welfare agencies and within the community. Several Ontario child welfare agencies were contacted via email to gather their interest in a collaboration to deliver the RPC program, and two agencies agreed to participate. The agencies contacted their group of resource parents (i.e., foster, kinship, and group home providers) and provided them with information about the RPC program. Interested resource parents provided permission for the agency to share their contact information with the principal investigator. Recruitment also occurred within the community where the program was promoted through resource parent organizations and social media. With these latter recruitment strategies, the principal investigator's contact information was provided so that interested resource parents could reach out directly for additional information.

The principal investigator contacted interested resource parents to provide additional information about the RPC program and the associated evaluation study. It should be noted that the current study findings are part of a larger quasi-experimental RPC evaluation that involved resource parents completing questionnaires pre-program and at various points after the end of the RPC program. Resource parents also completed satisfaction questionnaires.

Inclusion criteria consisted of currently being a resource parent in Ontario and being comfortable with English. Enrolment occurred on a first-come, first-served basis as NCTSN guidelines suggest a maximum of 25 participants per RPC group to ensure the program is delivered with fidelity. Initially, 163 resource parents expressed an interest in participating in the RPC program, and 91 enrolled in one of the six groups offered through 2020-2021. Groups ranged in size from 6 to 25 resource parents, and it should be noted that participants were able to complete RPC without participating in the evaluation study.

Of the six groups, five were delivered in eight 1.5-hour weekly sessions, and one was delivered over two 1.5-hour sessions per week over four weeks due to scheduling needs. The main facilitator (second author) completed the RPC facilitator training offered through NCTSN. The groups were also co-facilitated by a child welfare professional with either lived experience as a resource parent and/or professional child welfare experience (e.g., child welfare supervisor). Due to COVID-19, all the groups were delivered in an online format. After each session module, participants were sent an online link via email to complete an evaluation. After the last module, participants were emailed an online link to the post-program satisfaction survey.

While demographic information was obtained for resource parents involved in the quasi-experimental research study, it was also possible for resource parents to consent to complete the satisfaction questionnaires without consenting to participate in the larger study. As such, there is no demographic information available for the participants who only completed the satisfaction questionnaires.

Measures

Module evaluations. Resource parents completed a brief feedback form after each module. Module evaluations were developed by NCTSN and tailored to each module activities. Each module evaluation included five items that measured resource parents' satisfaction with the content and delivery. Each item was rated on a 5-point scale: 1 (strongly disagree); 2 (disagree); 3 (neutral); 4 (agree); and 5 (strongly agree). Several items of each module evaluation also asked about specific module activities, varying from 3 to 7 items rated on the same 5-point scale along with one open-ended question eliciting any additional feedback.

Post-program satisfaction survey. Resource parents were emailed a link to complete an NCTSN-developed post-program satisfaction survey of 11 close-ended items. Five of these items gathered resource parents' reactions to the training content and delivery along a 5-point scale: 1 (strongly disagree); 2 (disagree); 3 (neutral); 4 (agree); and 5 (strongly agree). The six remaining items asked about specific teaching strategies along a 5-point scale: 1 (very unhelpful); 2 (unhelpful); 3 (neutral); 4 (helpful); and 5 (very helpful). There were also three open-ended questions about the most impactful concepts, aspects that were harder to understand, and any parts of the training that were not very useful. We added one additional open-ended question to gather feedback about the online delivery.

Data analyses

Descriptive statistics were calculated for the module evaluations and were divided into material presentation and activities. Descriptive information was also calculated for the post-program satisfaction questionnaire. We grouped the responses into positive (a score of 4 or 5), neutral (a score of 3), or negative (a score of 1 or 2) to generate percentages using SPSS Version 27. For one item in the module evaluations (I already knew a lot of what was covered), we categorized responses with a score of 4 or 5 as negative. While knowing much of the information covered in the RPC program is not inherently positive or negative, we decided to take a conservative approach in categorizing the frequency of responses.

Open-ended responses were examined through qualitative analysis using both deductive and inductive coding (Fereday & Muir-Cochrane, 2006). A deductive coding scheme was first developed a priori based on the open-ended questions in the post-program satisfaction questionnaire. Within these categories, sub-themes were identified through inductive coding by the second author and then computation of associated frequencies.

Results

Table 1 indicates that overall, most resource parents reported a positive experience with both the content and presentation of modules. For the presentation of material, the number of participants with a positive experience ranged from 72.6% (Building a Safe Place) to 80.6% (Taking Care of Yourself). Positive experiences ranged from 72% (Becoming an Advocate) to 93.2% (Taking Care of Yourself) for program content. For the post-program satisfaction questionnaire, Table 2 shows that the number of participants reporting a positive experience in terms of reactions to training content and delivery ranged from 62.9% (less likely to request a future placement change) to 100% (would recommend this training to other resource parents). Positive experiences ranged from 74.2% (group activities) to 100% (information from slides and presenters) for teaching strategies. Resource parents noted that they found the slides easy to follow and indicated feeling better prepared to meet their child's needs. It should be noted that approximately 20% of resource parents indicated needing additional training to understand the information presented through the RPC program. For teaching strategies, resource parents generally felt that each component was helpful, such as applying the "My Child Worksheet" (e.g., identifying their child's trauma and losses, developing a trauma-informed safety message for their child). Another example of a teaching strategy that resource parents reported as being helpful involved following the de-identified stories of children ranging in age (i.e., infant to adolescent) to illustrate the concepts (e.g., identifying a child's strengths and resilience, brainstorming areas of intervention to address compassion fatigue and vicarious trauma).

Table 1. RPC Module Evaluations

Module	Presentation of Material				Activities			
	n	Negative ^a	Neutral ^b	Positive ^c	n	Negative ^a	Neutral ^b	Positive ^c
1: Introduction	46	12.3%	13.7%	74.0%	31	2.0%	4.2%	87.9%
2: Trauma 101	36	12.8%	10.1%	77.1%	37	3.2%	17.8%	69.0%
3: Understanding Trauma's Effects	42	11.9%	11.0%	77.1%	41	0.5%	7.2%	92.3%
4: Building a Safe Place	29	15.7%	11.7%	72.6%	30	2.8%	11.3%	85.9%
5: Dealing with Feelings and Behaviours	38	11.3%	8.8%	79.9%	36	2.2%	7.9%	89.9%
6: Connections and Healing	41	14.7%	6.5%	78.3%	43	1.4%	11.4%	87.2%
7: Becoming an Advocate	28	12.2%	12.2%	75.6%	27	1.7%	26.3%	72.0%
8: Taking Care of Yourself	32	12.7%	6.7%	80.6%	32	0.0%	6.8%	93.2%

Note. ^a Reflects a rating of 1 or 2; ^b Reflects a rating of 3; ^c Reflects a rating of 4 or 5.

Table 2. RPC Post-Program Satisfaction

Training Component	Item	n	Negative ^a	Neutral ^b	Positive ^c
Reactions to Training	Slides clear and easy to follow	35	0.0%	2.9%	97.1%
Content and Delivery	Would recommend this training to other resource parents	35	0.0%	0.0%	100.0%
	Need more training to really understand this information	35	20.0%	42.9%	37.2%
	Less likely to request a future placement change	35	0.0%	37.1%	62.9%
	Better able to meet my child's needs	35	0.0%	2.9%	97.1%
Teaching Strategies	My child worksheet	34	2.9%	5.9%	91.2%
	Case examples	35	2.9%	5.7%	91.4%
	Large and small group discussions	35	0.0%	14.3%	85.7%
	Information from slides and presenters	35	0.0%	0.0%	100.0%
	Information from the co-facilitator	35	0.0%	0.0%	100.0%
	Group activities	35	0.0%	25.7%	74.3%

Note. ^aReflects a rating of 1 or 2; ^bReflects a rating of 3; ^cReflects a rating of 4 or 5.

Turning to the post-program open-ended feedback, we included themes endorsed by more than one resource parent. For the most impactful program aspects, 11 of the 14 responses (79%) identified learning about the invisible suitcase (Module 3: Understanding Trauma's Effects). This aspect covers the expectations and beliefs that a young person has about themselves, others/their caregivers, and the future due to their past trauma and adversity. One resource parent commented: "The invisible suitcase was definitely my 'a ha' moment [that I] have used since we learned about it. As I believe so strongly that we all have invisible suitcases that we carry around. Ones that some people have never unpacked or want to." Five resource parents (36%) identified the most helpful aspect as being the cognitive triangle (Module 5: Dealing with Feelings and Behaviours module), which involves identifying the connections between a young person's thoughts, feelings, and behaviours to help understand challenging behaviours. Four resource parents (29%) identified balancing encouragement (e.g., supporting positive behaviours, providing opportunities for success and mastery) and correction (e.g., collaborating with the young person to determine workable alternatives to certain behaviours; Dealing with Feelings and Behaviours module) as the most helpful aspect of the program. Two resource parents (14%) noted that the whole module on self-care was most impactful. One resource parent commented: "Self-care is a tough one. We all know the concept of it, it's the practice of it that is hard. Blocking space and committing to it is a huge step in giving back to me." Two resource parents (14%) indicated that all the aspects throughout the RPC program were impactful. One resource parent commented: "This is a great program and should be required training for foster parents. Really, really excellent! The facilitators were awesome and the materials, both in the workbook and as provided as supplementary supports to participants, were excellent!"

In terms of difficult concepts, most responses (n = 13 of 15; 87%) indicated that there were none. Similarly, for aspects of the program that were least helpful, 13 of the 15 responses (81%) indicated there were none. Turning to the online delivery, 12 of the 15 responses (48%) commented that it was effective and an overall positive experience and six (24%) specified that the online delivery removed barriers in attending (e.g., childcare, travel time). One resource parent commented: "I have become a fan of online delivery ... it allows me to attend, saves me hours of driving, the turnout was excellent, so we had lots of viewpoints, and it gives me the opportunity to respond, ask questions [and] get feedback ... great." Five responses (20%) indicated that they would have liked the modules to be longer and more interactive to allow for greater discussion and questions. However, two (8%) responses indicated that the length and level of interaction were just right.

Discussion

Overall, most resource parents reported a positive experience with the RPC program's content and delivery. They found the way the material was presented to be helpful, as well as the specific content in each of the eight modules. In fact, all resource parents who responded indicated that they would recommend the training to other resource parents. These findings are important as the workshop demanded quite a significant time investment from resource parents who not only had many responsibilities but were parenting amidst the many challenges stemming from COVID-19. A small portion of resource parents requested even more training on the topics covered by the RPC program to keep building on their knowledge around childhood trauma and trauma-informed caregiving. Although the current study did not collect information on future outcomes, such as placement disruptions, it is worth noting that over half of the resource parents agreed that the training resulted in them feeling less likely to request a future

placement change. This finding suggests that resource parents may have felt more confident in their ability to manage the factors that are often associated with placement disruptions, such as child behavioural difficulties (Konijn et al., 2019).

While resource parents found it helpful to learn about all aspects of how trauma impacts children, the majority identified several concepts from the module Dealing with Feelings and Behaviours as particularly impactful, including the invisible suitcase, cognitive triangle, and balancing encouragement and correction. This finding suggests that resource parents may be particularly interested in specific, concrete strategies and concepts that they can quickly apply in their homes. Several resource parents also identified that addressing the topic of self-care was impactful, which speaks to the need for child welfare agencies to ensure sufficient and regular support is provided to resource parents for their own well-being, given the impact of compassion fatigue.

Turning to the program delivery, many resource parents reported that the online format removed barriers to attendance and participation. Online delivery made it possible for resource parents to engage in a trauma-informed parenting program that they otherwise may not have been able to access. Another benefit to the virtual delivery was that it was possible to engage resource parents from across Ontario. Moving forward, it will certainly open possibilities through offering both in-person and virtual RPC options and, in this way, reaching many more resource parents with this important training.

There are several study limitations; the first is that demographic information was not collected for the sample of resource parents who only completed the measures used in the current study. Such information would be important, in addition to data on the number of years providing care to child welfare-involved youth, number of children in the home, and previously completed trainings. Such information will be helpful to determine whether the training was more beneficial for certain resource parents (e.g., newer compared to more experienced resource parents, kin compared to foster caregivers). Additionally, resource parents self-selected to complete the module evaluations and post-satisfaction questionnaire, so the perspectives of many naturally were not captured.

In terms of the next steps, RPC is over ten years old, so updates are underway to reflect current knowledge in the field. One important consideration includes greater sensitivity to diversity-related issues. Specifically, RPC does not explicitly address how diversity-related factors such as race, gender identity, sexual orientation, religion, and socioeconomic status impact both caregivers and youth in-care. Including greater discussions on how resource parents can help youth maintain connections to their culture seems important and including more content on how intergenerational trauma can help better understand the lived experiences of youth, birth families, and resource parents.

Study 2. Preliminary Evaluation of the Ontario Looking After Children (OnLAC) Initiative

Introduction

In this study, we gathered feedback from resource parents about the utility of having access to collected data around the strengths and needs of their young person in-care. This study was part of a larger project with three Ontario child welfare agencies where we examined how child welfare workers and supervisors could use such data to inform service planning and delivery, as well as by senior managers and directors to further understand the well-being and resilient functioning of all young people within their agency's care. Readers interested in the larger project findings are referred to (Romano et al., 2020) and (Stenason et al., 2021).

Given the many complex needs of youth in-care, it seems critical that service plans be informed by data and research evidence (Collins-Camargo et al., 2011). Although there is no empirical literature, to our knowledge, about the use of child welfare information by resource parents, we believe it is important given their crucial role in safeguarding a young person's well-being and placement stability. Moreover, in Ontario child welfare, this process of resource parents providing data about the young people in their care is already in place. Specifically, all resource parents are required through the Ontario Looking after Children (OnLAC) project to complete an assessment tool yearly related to their youth's well-being and functioning. In 2000, Dr. Robert Flynn introduced the Looking after Children project to Ontario child welfare to monitor and improve developmental outcomes for young people in-care and improve the quality of substitute parenting. The primary information-gathering and monitoring tool within OnLAC is the Assessment and Action Record (AAR), which covers the eight following youth domains: health; education; identity; family/social relationships; social presentation; emotional/behavioural development; self-care skills; and

developmental assets. The AAR is completed by the child welfare worker, resource parent, and young person (if older than ten years) annually as part of a 3-way, face-to-face “conversational interview.” Depending on the young person’s age and needs, it takes 1.5-2.5 hours to complete one or more sessions.

Since 2006, all Ontario child welfare agencies have been required by the Ministry of Children, Community, and Social Services to complete an AAR for young people who have been in-care for at least one year (Flynn et al., 2009). Currently, about 3,500 young people are assessed annually with the AAR. The findings are intended to be used by child welfare workers in discussions with young people and resource parents so that everyone comes together to make informed and agreed-upon plans of care (Flynn et al., 2004). Although the AAR was developed to be primarily a clinical tool, it has yet to reach its full potential and is often viewed primarily as a research tool. There are several possible contributing factors. First, AAR data may not be available when needed by a child welfare worker to create or revise a young person’s care plan, so the timing may be off. Second, AAR data are not presented in an easy-to-understand format. The scores are sent back across the scales that make up the eight domains, so a worker may not be sure how to organize the information conceptually to identify a young person’s strengths and needs. Similarly, how data are presented may be difficult to understand and use in terms of means, percentiles, and other statistics. Unsurprisingly, these factors have been reported in past research studies to impact the use of child welfare outcome data (Carrillo, 2008; Collins-Camargo et al., 2011; Esposito et al., 2016). In the case of AAR findings, they are rarely shared with resource parents or young people (Flynn et al., 2004).

Study Objectives

This misalignment between the intended versus the actual use of AAR data led us to partner with three Ontario child welfare agencies to develop, implement, and gather preliminary feedback on an AAR training initiative for various child welfare stakeholders. In this study, we focused on resource parents because of their critical role in promoting the well-being of young people in their care and their regular contribution to providing data about their youth’s well-being by way of the annual AAR completion. Through post-training evaluations, we expected resource parents to respond favourably to the training initiative and recognize the benefits of having access to information about the well-being of their youth in-care.

Method

Participants and Procedures

Ethics approval was obtained from the University of Ottawa’s Office of Research Ethics and Integrity. We only worked with two agencies around this training initiative for resource parents as the remaining agency declined participation. We developed a recruitment text around the purpose of the training initiative and delivery aspects (i.e., date, duration, location). The two agencies circulated this information to resource parents through their internal electronic communication system and/or through word of mouth. We did not monitor the nature of the agencies’ recruitment efforts, so we do not know how extensive they were and how many resource parents they reached. The training was an open invitation, so there was no requirement to register beforehand. These procedures were adopted to create the least amount of burden on both our participating child welfare agencies and on any interested resource parents, and we deemed them to be appropriate given the preliminary nature of the study.

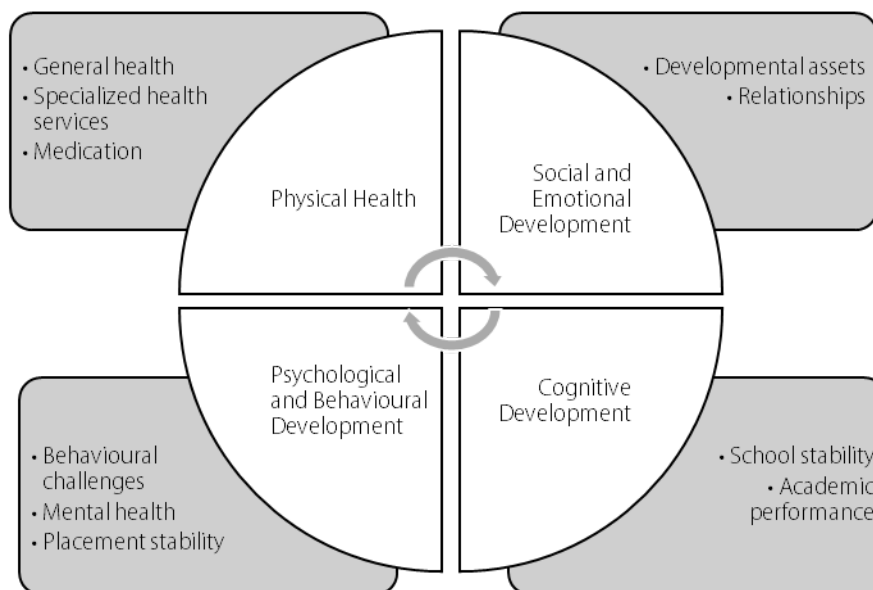
We conducted two separate trainings throughout 2018-2019, and each was approximately 2 hours in length and occurred at the child welfare agency. Each training had two facilitators – the two study authors for one training and the second author along with a research assistant for the other training. At the end of the training, we distributed a written consent form and a training evaluation form. We did not collect demographic data as we wished to minimize the research burden on resource parents. A total of 26 resource parents completed the training evaluation forms (9 for one training and 17 for another training).

Training Initiatives

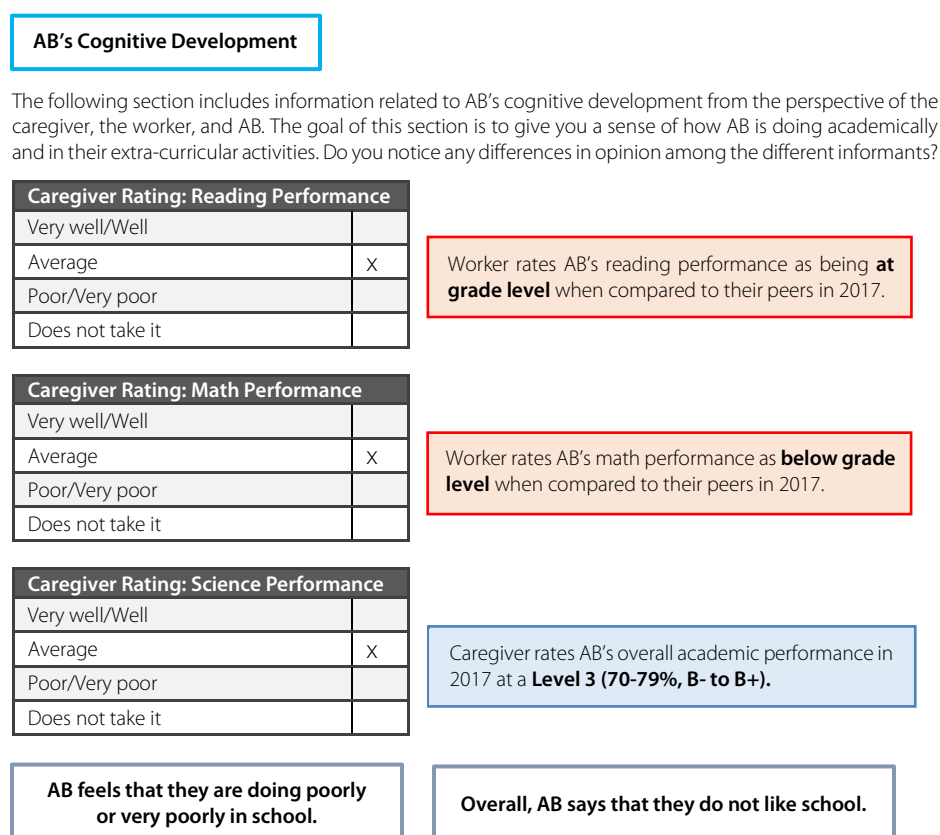
The overall training goal was to familiarize resource parents with the AAR data to better understand its utility in providing information about a young person’s strengths and needs. In this way, we also anticipated that resource parents would prompt workers to keep sharing AAR information to help improve their parenting work and advocate for the needs of the young person for whom they were caring.

The first training component began with an overview of the AAR's history, purpose, and domains assessed. We then explored together how the AAR can be used to understand youth well-being. This second component involved an overview of four common dimensions of well-being among young people and illustrated their inter-relatedness (Figure 1). We spoke about understanding these areas within a broader and more diverse context that included the history and background of the young person along with their lived experiences within their birth homes and child welfare, for example. The rectangles in Figure 1 provided examples of factors that can influence a young person's well-being, mapping onto information available through the AAR. We then presented AAR data for a fictional young person in an easy and visually appealing manner that mapped onto these four well-being dimensions and the various factors within these dimensions (Figure 2). We worked through the information with resource parents to make meaning and to think about ways to support young people's development, well-being, and functioning. Finally, the third component included a discussion around how they, as resource parents, could prompt their child welfare workers to share AAR information with themselves and young people.

Figure 1. Four Common Dimensions of Youth Well-Being with Corresponding AAR Domains



We relied on Kirkpatrick and Kirkpatrick's (2016) multi-level evaluation model that used close- and open-ended questions from the post-training questionnaire. We explored the first two levels of the model: reactions (i.e., perceptions of the training and its objectives) and learning (i.e., knowledge acquired and attitude change). Addressing the two additional levels of the model, namely behaviour changes and results, was beyond the scope of this preliminary study. The post-training questionnaire we developed included five items on reactions to the training content, delivery, and facilitators (Cronbach's $\alpha = .90$). Each item was rated on a 5-point scale with descriptions at 1 (not at all) to 3 (neutral) to 5 (completely). To assess learning, resource parents responded to three items on AAR content, the training applicability, and the resource parent's confidence in using the AAR content (Cronbach's $\alpha = .75$). Two items were rated on the same 5-point scale as above, namely from 1 (not at all) to 5 (completely). One of the items (What is the likelihood of you applying the training content to your parent work?) had slightly different descriptors that ranged from 1 (not at all likely) to 3 (neutral) to 5 (very likely). There was one last item that asked resource parents about their overall training rating along a 5-point scale from 1 (not at all satisfied) to 3 (neutral) to 5 (completely satisfied). Finally, there were three open-ended questions that asked about the most and least helpful aspects of the training and suggestions for improvement.

Figure 2. Example of AAR Snapshot

Data analyses

We used SPSS Version 27 to conduct descriptive analyses on the questionnaire ratings. We grouped the responses into high (score of 4 or 5), neutral (score of 3), or low (score of 1 or 2) to generate percentages. Qualitative data from open-ended questionnaire items were examined manually through a content analysis guided by a hybrid approach to deductive and inductive coding (Fereday & Muir-Cochrane, 2006). Responses were coded using a deductive approach based on the a priori items. The coding scheme consisted of the following categories: helpful aspects, less helpful aspects, and suggestions for improvement. One reviewer (second author) independently examined the responses to identify responses with similar meaning within the pre-determined categories. An inductive approach to identifying new emergent codes was not required as there was a fit for all responses. Code frequencies were calculated to highlight more common experiences (Hsieh & Shannon, 2005).

Results

Table 3 shows that, overall, most resource parents responded positively to the AAR training. About 7 in 10 resource parents (72%) responded positively to the training content. Approximately 9 in 10 resource parents rated the training delivery positively in that it stimulated learning and encouraged discussion, and the reaction to facilitators' knowledge and interactions with participants was also rated as positive (range from 88-96.2%). For learning outcomes, the findings were more mixed but generally positive. Most resource parents (64%) agreed that the training expanded and enhanced their understanding of how AAR data can be used to inform their parenting work. Slightly more than 6 in 10 resource parents (65.3%) responded positively to the application item in acknowledging that they would apply the training content to their parenting work, and slightly more than 6 in 10 (65.2%) also indicated that the training increased their confidence in using AAR data to inform their parenting work.

Table 3. AAR Post-Training Satisfaction Results

Item			Negative ^a		Neutral ^b		Positive ^c	
			n	%	n	%	n	%
Reaction	Content	Curriculum content was clear and relevant	0	0.0%	7	28.0%	18	72.0%
	Delivery	The training stimulated learning and encouraged discussion/questions	0	0.0%	3	12.0%	22	88.0%
	Facilitators	The facilitators were knowledgeable and effective in delivering the training	1	4.0%	2	8.0%	22	88.0%
		The facilitators were prepared and well organized for the training	0	0.0%	1	3.8%	25	96.2%
		The facilitators effectively addressed challenging issues and questions	1	4.0%	1	4.0%	23	92.0%
Learning	AAR	The training expanded and enhanced your understanding of the AAR and how it can be used	4	16.0%	5	20.0%	10	64.0%
	Application	What is the likelihood of you applying the training content to your parenting work?	5	21.7%	3	13.0%	15	65.3%
	Confidence	After receiving the training, how confident do you feel in using AAR data to inform your parenting work?	2	8.7%	6	26.1%	15	65.2%

Note. ^aReflects a rating of 1 or 2; ^bReflects a rating of 3; ^cReflects a rating of 4 or 5.

For open-ended questions, 11 resource parents provided a response about helpful training aspects. Three noted that the training was informative in illustrating how the perspectives of various individuals (i.e., young person, caregiver, and child welfare worker) could be integrated to provide a more comprehensive understanding of a young person's well-being. Three resource parents indicated that the training served as a helpful reminder and review of the AAR and that the training confirmed what they already understood. Other comments included the following: the training highlighted the importance of greater discussions with child welfare workers around and the well-being of young people; the training provided an opportunity to have a group discussion about the AAR; the training helped illustrate the types of questions that can be pursued to understand a young person's well-being.

For less helpful aspects, eight resource parents provided responses. Two noted that the fictional case example was limited because young people in-care tend to have more complex presentations. Two resource parents commented on the length of the training, with one suggesting a longer training while another finding the training too lengthy. One resource parent noted that the training was limited in addressing their need for greater information-sharing and more in-depth discussions with their worker around the strengths and needs of young people.

There were 11 resource parents who provided suggestions for improving the training. Four noted that the training would be more helpful if they had access to AAR information for their youth in-care and if this information could be shared as part of a discussion that included themselves, the worker, and the young person. Two resource parents indicated a desire for more feedback on our next steps to promote the applied use of AAR data. One resource parent noted having participated in other AAR trainings and having content overlap. Considering that our initiative is the first of its kind in its focus on AAR data interpretation, we can only surmise that this feedback is around the training component related to the AAR overview (e.g., domains assessed, purpose).

Discussion

Resource parents play a critical role in nurturing and supporting the needs of youth in-care, and we would argue that access to data related to a youth's well-being must be provided as part of evidence-informed practice. In the current preliminary study, we implemented a brief training aimed at improving resource parents' understanding of the applied utility of the AAR— a data collection tool that is completed annually for all young people who have been in the care of Ontario child welfare for at least one year. Most resource parents responded positively to the training in terms of the material covered and the facilitators and training delivery method. However, several resource parents did suggest in their comments that they would have benefitted from a more complex case example. Most resource parents also agreed that the training improved their knowledge of how AAR data can be used to better understand their young person and to improve their parenting work. The training also appears to have increased resource parents' confidence in and likelihood of using AAR findings to support their parenting work (pending greater access to this information). Of course, this brief training initiative must be viewed as only the beginning of more regular and ongoing access to AAR

data, both through additional training opportunities but more importantly through Ontario child welfare's greater incorporation of AAR data into service planning and delivery.

Given the novel nature of the AAR training initiative, it is difficult to map findings onto previous research. In general terms, however, our findings speak to resource parents' openness to learning about and using information about their youth to improve their parenting practices, similar to some previous research conducted with child welfare workers (Collins-Camargo et al., 2011; Romano et al., 2020). As such, it is important to provide resource parents with regular opportunities to consider AAR data (and other sources of information about young people). In fact, feedback through the open-ended questions suggested that resource parents found it helpful to consider ways of integrating the perspectives of various stakeholders (i.e., young people, resource parents, child welfare workers) to foster young people's resilient functioning. The feedback also suggested that resource parents desire greater contact and information-sharing with their youth's child welfare worker. The sharing of such information can increase understanding of the young person's strengths and needs and inform service planning, which includes the parenting practices of the resource caregiver.

This study was preliminary and therefore limited in its research scope and its data collection methods and analyses, which were descriptive and based on parent-reported responses to the training. Our findings were based on a small convenience sample and are limited in their generalizability to Ontario-based resource caregivers. Moreover, we did not gather socio-demographic data or resource caregiving history, so future research building on this preliminary study will need to collect this information. In terms of future directions, we are currently working on making AAR data more accessible to child welfare workers in Ontario in a way that is aligned with the timing of development/revision of plans of care and in a format that is individualized for each young person and is easy to interpret (e.g., colour-coded visuals, basic statistical concepts). As part of this work, we also train and support workers in sharing AAR data with young people and their resource caregivers in a collaborative manner that gathers and integrates feedback into service planning.

General Discussion

The studies we presented summarized two in-service training initiatives for resource parents caring for young people involved in the Ontario (Canada) child welfare system and outlined preliminary findings on training reactions and learning outcomes. The content of the training initiatives was different – one involved a multi-week trauma-informed parenting program, and one involved a workshop on the applied use of data collected for youth in-care. However, the goal of both initiatives was to offer different training opportunities that continue to build the caregiving skills and capacities of resource parents, all within a systems perspective that acknowledges the critical role of child welfare in supporting resource parents' work and well-being, which by extension positively impacts the resilient functioning and permanency of youth in-care.

Across both training initiatives, resource parents welcomed the opportunity to learn about additional ways to support their young person's needs, and they responded positively to both the training content and delivery. The online delivery of the parenting program (because of COVID-19 protections) was appreciated by several resource parents in that it increased participation by removing such barriers as travel and childcare. In the future, it will be important to consider ways of integrating both in-person and virtual programming to maximize the benefits offered through each of these delivery methods.

Resource parents across both training initiatives reported that they would make use of the material in their caregiving work and that the material helped increase their parenting confidence. Resource parents who completed the RPC program seemed to respond particularly favourably to the module on dealing with young people's feelings and behaviours through a trauma-informed lens (e.g., concept of the invisible suitcase). For the AAR training initiative, parental responses generally were positive, but there was greater variation across learning outcomes, which appears reasonable given that this training consisted of a brief workshop, whereas the RPC program spanned multiple weeks. Nonetheless, resource parents who participated in the AAR training noted being more likely to reach out to their child welfare worker to inquire about the data and ask that the AAR findings be shared with them and the young person they were caring for.

Finally, our findings speak to the important collaborative role that child welfare must assume with regard to supporting resource parents. In the RPC training initiative, the module on self-care was noted as being particularly helpful. Resource parents are caring for young people who often have complex histories of trauma and loss, which can

be physically and emotionally taxing. As such, resource parents must be surrounded by supportive individuals, such as their child welfare worker, who can monitor their well-being and put into place any needed supports so that resource parents can continue to provide sensitive and effective caregiving to young people in-care.

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Conflict of interest

The authors have no conflict of interest to disclose.

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