



Our Vision

Alberta is a leader in creating and mobilizing evidence to ensure the well-being of children.

Our Mission

To develop and integrate evidence to inform, identify and promote effective public policy and service delivery to improve the well-being of children, families and communities in Alberta, Canada and internationally.

In this issue:

1. [Centre launches initiative enabling secondary use of data](#)
2. [LGBTQ student communities are focus of the latest Supporting Every Student Learning Series sessions](#)
3. [If you build it, will they come? Centre-funded research looks at community use and perception of Alberta's active parks](#)
4. [Skills for Psychological Recovery Training Program provides disaster survivors tools to deal with mental and emotional stress](#)
5. [Developmental Coordination Disorder studied in Centre-funded project](#)
6. [\\$3.1M in funding available for research focusing on the health and clinical care of women, infants, children and youth](#)
7. [Social and emotional development is improved when fathers are involved with their children](#)
8. [Indigenous healing and trauma solutions the focus of RESOLVE Research Day in October](#)
9. [Mentoring is catching on in Banff this November with National Mentoring Symposium](#)
10. [Importance of childhood resiliency the focus of two presentations from Urban Child Institute](#)
11. [Research Watch: research findings of interest to social workers and front-line service workers seeking to improve the lives of children in care](#)
12. [Hospitals using peer support workers to fight mental illness](#)

Elevate your research to the next level with SAGE

Secondary Analysis to Generate Evidence (SAGE) is a data and research platform that enables the secondary use of data related to child and youth development, health and well-being. It is an initiative of the Alberta Centre for Child, Family, and Community Research (ACCFCR),

For Data Producers (researchers that wish to deposit their data),

SAGE:

- supports metadata development and data validation
- takes the administrative burden of sharing off the shoulders of the Data Producer
- tailors sharing possibilities according to the Data Producer's needs
- ensures ethical use and privacy of participants
- acknowledges researchers and tracks impact when data is reused
- helps increase research productivity



For Secondary Users (researchers wanting to access datasets),

SAGE:

- reduces the need to collect redundant data, making it a cost and resource-effective way to move your research forward
- facilitates collaboration between the Secondary User and Data Producer
- provides support for data analytics and knowledge mobilization by leveraging the Centre's expertise in secondary research
- ensures the highest return on public funding and population resources

Work with **SAGE** to help improve outcomes for Alberta's children, youth, families and communities by using and combining data in new ways to inform social, educational and health policy, practice and service planning.

And the winners are...

The recipients of the of the \$20 Starbucks gift cards for the SAGE Researcher Needs Survey draw are Margie Davenport (U of A), Yvonne Hebert (U of C), and Donna Slater (U of C).

For more information on SAGE, please visit www.research4children.com/SAGE or contact **SAGE** staff at data@research4children.com.



Supporting Every Student Series focuses on supportive LGBTQ communities

The Supporting Every Student Learning Series is intended to support professional learning opportunities for school and school authority leaders around creating or enhancing welcoming, caring, respectful and safe learning environments that support student success and wellbeing. The series provides access to information on research and evidence-based practices through recorded "TedTalk" style presentations and conversation guides, with links for further information.

The recently released sessions provide an overview and introduction to supporting LGBTQ students, families of students and school administration. Presented by Dr. Kristopher Wells, University of Alberta, Marni Panas, Marni Panas Consulting, Michael Hauptman, Elk Island Catholic Schools, Bryan Evans and Marlene Hanson, Edmonton Public School Board, these four sessions will provide your administration, staff and students with evidence and practice that will advance their ability to provide students with welcoming, caring, respectful supportive learning environments.

Other sessions in the series include:

- [Brain Development](#)
- [The Effects of Bullying on Children](#)
- [Supporting Refugee Students](#)
- [Restorative Practices](#)
- [Trauma-Informed Practice](#)



Sexual Orientation and Gender Identity in Canadian Schools with Kristopher Wells



Creating safe and welcoming spaces for Sexual and Gender Diverse Students, Families and Staff with Marni Panas



Creating Caring and Welcoming Environments for LGBTQ Students with Michael Hauptman



Sexual Orientation and Gender Identity in Alberta Schools with Bryan Evans and Marlene Hanson



Active Parks in Alberta Communities Project

(An Alberta Centre for Child, Family and Community Research-funded project)

Investigator: Dr. Jennifer Copeland, Dr. Cheryl Currie

Physical inactivity contributes to the global burden of chronic disease and its effects on life-

expectancy are comparable to that of smoking and obesity. Increasing physical activity is a public health priority, and to address the need for greater access to exercise facilities, many municipalities have begun to place outdoor fitness equipment in community parks. However, there is a distinct lack of research to allow policy-makers to assess whether these "active parks" have had a positive impact on physical activity and community connectedness. The objectives of this study were to determine how frequently outdoor fitness equipment is used across two sites in a small urban centre in western Canada, and to garner community perceptions on the benefits of active parks and ways to increase use. This mixed methods study used direct observation of active parks and also collected interview data from 139 adults in the parks or living nearby. Less than 3% of adult park users were observed using the fitness equipment. When asked their opinion on the active park, 82% reported that it enhanced physical activity in the neighborhood at least somewhat, and 70% felt it enhanced a sense of community.

The main benefits identified were the potential for improving health, the accessibility and affordability of the equipment, and opportunities for families to be active. When asked about ways to increase the use of the equipment, a common theme was a need for increased advertising and instructions for proper use. Another theme that emerged was the potential benefit of having an instructor or trainer available at certain times to demonstrate the equipment or lead a class. In summary, despite low use, the majority of community members interviewed perceived the outdoor fitness equipment as beneficial. These results suggests active parks are a potentially effective approach for enhancing physical activity in neighborhoods, but strategies are needed to increase their use.

[Lay Summary](#)

[Executive Summary](#)

[Final Report](#)

Little Movements: The lots to learn project

Investigators: Brenda Wilson, MSc OT(C) and Dianne Creighton, Ph.D., R. Psych.

The research team decided to develop a way to identify early signs of coordination difficulties in the preschool period, difficulties that interfere with a child's ability to learn movement skills, participate in active play, and develop self confidence. It's taken for granted that our children can perform everyday activities at home and school. They learn to move their bodies in coordinated and smooth ways while they learn to use playground equipment, button their clothes, use a pencil, or eat with a fork. But one or more child in almost every classroom in Alberta is likely to have Developmental Coordination Disorder (DCD).



Prevalence rates of DCD are estimated at 5 to 6 percent of school-aged children, suggesting that a considerable number of children have movement difficulties. Children with DCD are intelligent, but struggle to put on their coat, open their milk carton without spilling, and pack their backpack in time to get to the school bus. The symptoms are sometimes subtle and often interpreted as laziness, silliness, or carelessness. However, the outcomes when unmanaged are much more pronounced. The psychological and social effects of having poor coordination skills, and the long-term consequences that may accompany DCD into adolescence and adulthood highlight the need for early identification of difficulties for individual children, and the need for increased awareness of DCD among health professionals, child care providers, and in our community at large.

[Access the full report.](#)



Skills for Psychological Recovery

The 2013 flood in southern Alberta demonstrated the crucial importance of providing psychosocial supports to people affected by disaster, and of the readiness to provide these services at any time. Following the flood, Alberta's Ministry of Health

supported the implementation of the [Skills for Psychological Recovery \(SPR\) Training Program](#) to help flood survivors to cope with the mental and emotional impacts of their flood experiences. [The SPR Program](#) - which was used in the US after hurricanes Katrina and Rita (2004) and hurricane Gustav (2008), and Australia after the Victorian bush fires (2009) - is an evidence-informed approach to supporting those with mild to moderate distress following a disaster. The program helps to cultivate five skills that are commonly related to improved recovery in post-disaster situations, including: problem-solving, positive activity scheduling, managing reactions, helpful thinking, and building healthy social connections.

The Alberta Centre for Child, Family and Community Research has been working to evaluate and to generate evidence about the effectiveness of the [SPR Training Program](#) and to contribute to its appropriate implementation in Alberta.

Health Outcomes Improvement (HOI) Request for Proposals

This request is issued by the Maternal, Newborn, Child and Youth Strategic Clinical Network.

[Access the online registration form.](#)

[Access full details.](#)

The online registration form must be **complete and submitted by July 29th 2016 by 4:00pm.**

Summary of Timelines

RFP Released	June 15, 2016
Registration Due	July 15, 2016 @ 4:00pm
Full Proposals Due	October 3, 2016 @ 4:00pm
Notice of Decision	November 25, 2016



Background and Purpose:

The mission of the Maternal Newborn Child and Youth (MNCY) Strategic Clinical Network (SCN) is "to bring together people, evidence and data to achieve the best possible health outcomes for mothers, newborns, children and families within a sustainable, publically funded health care system." To facilitate this mission, Nutrition and Food Services (NFS) at Alberta Health Services (AHS) has made value-added funds available to the MNCY SCN to be used for research and quality improvement projects to improve health and clinical care for women, infants, children, and youth.

Grant Amount and Term:

The total amount of funding available over three years for all grants is \$3.1 million. This Request for Proposals includes three grant types:

Amount	Term
Open Funding - Small	\$5,000-\$50,000 Up to 24 months
Targeted Funding - Small	\$5,000-\$50,000 Up to 24 months
Targeted Funding - Large	>\$50,000-\$375,000 Up to 36 months

[Access full details and the online registration form.](#)



Father - Paternity: Different ways of being involved

Did you know that a father's involvement with his child from infancy helps him build a secure attachment, promotes social and emotional development and also has an influence on school readiness and success?

Discover the Early Childhood Development Encyclopedia's newest information sheet and [find out more about paternity in the 21st century.](#) Although bread winning remains a central role for fathers, in most countries, more and more



RESOLVE 2016 Research Day: Indigenous Healing and Trauma Solutions

RESOLVE Alberta and Awo Taan are presenting a conference focusing on Indigenous Healing and Trauma and Intergenerational Solutions. The conference will be held October 4 and 5, 2016 at the Rozsa Centre at the University of Calgary.

This year you can attend in-person or via live webcast. The webcast is sponsored by The Alberta Centre for Child, Family and Community Research.

[Access registration and conference information.](#)

Presentations will focus on culture, ethnicity, women, Indigenous and immigrant communities and families. Other topics include:

- physical, mental, spiritual and/or emotional healing
- abuse prevention programs
- abuse in communities and families
- community-based programs: implementation and evaluation
- institutional healing, e.g., human rights conventions, civil/constitutional law, government policies



Mentoring: It's Catching On in Banff this November

Canadian mentoring partners collaborate to host national mentoring symposium

Early Bird extended to September 1, 2016!!!!

Come to Banff and be revitalized...fortified...energized.

Connect...network...share ideas with like-minded professionals.
Have your key program issues addressed by mentoring experts.

3 days of sharing, dialogue, learning, practicing and growing.

4 keynotes exploring, diving deep and going one step beyond.

6 researchers from across Canada and the US whose work focuses on mentoring.

15 concurrent sessions with 1001 ideas for you to think about, analyze and use.

20 organizations to "speed date" with and discuss mentoring successes.

300+ Canadians uniting, and making a difference in mentoring.

The registration fee includes:

- Three breakfasts, three lunches, and morning and afternoon breaks
- A catered opening evening reception
- Four keynote presentations, 15 concurrent sessions and 20 Cracker Barrel sessions
- Access to the Research Forum
- Networking opportunities with agency leaders, mentoring professionals, policy makers and the research community
- Delegate bag, free gifts
- Outstanding views (all meeting and guest rooms overlook Alberta's Rocky Mountains)

[Register and Details](#)



CHILDREN IN A WORLD OF OPPORTUNITIES

INNOVATIONS IN RESEARCH, POLICY AND PRACTICE

6th Conference of the International Society for Child Indicators

JUNE 28 - 30, 2017

Delta Montreal, 475 President Kennedy Avenue, Montreal, Quebec



McGill



www.isci2017.org

presentations highlight importance of childhood resiliency

Pat Levitt, Ph.D.

Why Early Matters for Healthy Brain and Child Development

Dr. Pat Levitt discusses the research showing that early life experiences influence social, emotional and learning skills, and how these skills come together to help children succeed in the real world and how healthy brain architecture provides the resilience to deal with adversity experienced during the first years of life.

[Watch or read the presentation](#)

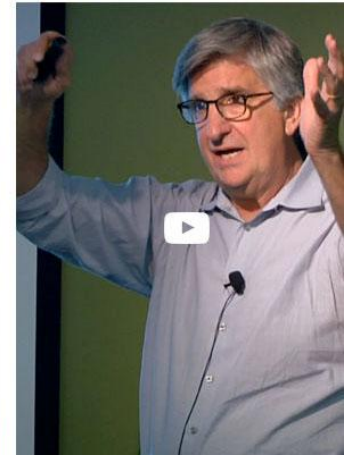
Eraina Schauss, Ph.D.

Combating Adverse Childhood Experiences through Resilience Based Interventions

This presentation instructs parents, clinicians and the greater community on the ways in which they can help build resilience in children through attachment and play-based exercises, and address how these exercises and interventions help build adaptive and integrated brain architecture in young children.

[Watch or read the presentation.](#)

Courtesy of the Urban Child Institute



Research Watch

An initiative of the Child Welfare Research Portal

Child maltreatment: The significant effect of population density

Source: Maguire-Jack, K., Lanier, P., Johnson-Motoyama, M., Welch, H., & Dineen, M. (2015). Geographic variation in racial disparities in child maltreatment: The influence of county poverty and population density. *Child Abuse & Neglect*, 47, 1-13.

There is ample evidence that Black children in the US are over-represented in the child

welfare system. Possible reasons for this-systematic bias or socioeconomic risk factors-have been studied. Current evidence indicates that discrimination has put Black families at a significant economic disadvantage; poverty, at both family and community levels, has then increased the risk of maltreatment.

The principal findings were as follows:

- Maltreatment disparity ratios (DRs) were highly significantly correlated with poverty DRs for both minority groups.
- Both poverty and maltreatment DRs had a curvilinear relationship with population density; highest for metro counties and lowest for suburban counties, with a small uptick for rural counties.
- Maltreatment DR patterns for the two ethnic groups were different; Black DRs were higher in metro settings, Hispanic DRs were higher in rural settings. In suburban settings, Hispanic DRs dropped below 1.00, suggesting maltreatment rates even lower than rates for White children.
- This ethnic difference was reflected in multivariate regression analyses. Poverty and population density were significant predictors of maltreatment DR for both ethnic groups, but for Hispanics the correlation with population density was negative.

[Access the full report.](#)

Family-behavioural therapy programs are promising interventions for mothers with concurrent substance abuse and child neglect reports under child protective services

Source: *Donohue, B., Azrin, N. H., Bradshaw, K., Van Hasselt, V. B., Cross, C. L., Urgelles, J., Romero, V., Hill, H.H., & Allen, D. N. (2014). A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse, Journal of Consulting and Clinical Psychology, 82(4), 706-720.*

For the past two decades, researchers have emphasized the need for empirically based behavioural treatments to address child neglect and substance abuse. Using a controlled experimental design, the authors evaluated a family-based behavioural therapy program with mothers who were referred by Child Protective Services (CPS) for child neglect and drug abuse. Family Behaviour Therapy (FBT) is a cognitive behavioural model that focuses on skill development using behavioural role-playing, therapeutic assignments, and family support systems. In this study, mothers and their families were seen at home, and treatment occurred for 20, 75-minute sessions over a period of six months. The authors hypothesized that participants receiving FBT would have significantly better outcomes than participants in the treatment as usual group (TAU). They also hypothesized that mothers receiving FBT who did not expose their children to illicit drugs would have more improvement than mothers receiving FBT who did expose their children to illicit drugs and TAU participants.

[Access the full report](#)

A mixed methods evaluation of a differential response system in North Carolina

Source: *Lawrence, C. N., Rosanbalm, K. D., & Dodge, K. A. (2011). Multiple response system: Evaluation of policy change in North Carolina's child welfare system. Children and Youth Services Review, 33(11), 2355-2365.*

Beginning in the 1990s, child welfare systems in the United States began implementing

policy and practice changes in their response to reported cases of child abuse and neglect. A few states began implementing multiple track systems in which low risk cases were handled using a non-investigative assessment track commonly known as differential response (DR). Since the 1990s, many states have implemented various forms of DR approaches.

This study evaluated North Carolina's version of DR called the Multiple Response System (MRS). The MRS, which was mandated by the North Carolina General Assembly, was first piloted in 2002 in 10 purposively selected (based on size and geographic location) counties. The goal of this new family centered approach was to increase family involvement in the assessment and planning process, address the broader issues and needs of the families that impact a caregiver's ability to parent effectively, and to create a more transparent system than is typical of traditional child protection systems.

[Access the full report.](#)



The School of Life: How hospitals are using peer support workers to fight mental illness

Courtesy of HealthyDebate.com

Sean LeBlanc was worried about Joe*, the man who used to sleep in front of his office in Ottawa. "I thought he'd be dead by Christmas," he says. Between homelessness and addiction, Joe had only about 120 pounds on his 6'3" frame, and a degenerative leg condition had left him "basically paralyzed."

But he was lucky in one way: he was sleeping on the right stoop. He was outside the Drug User Advocacy League, a group that fights for harm reduction and which was created by LeBlanc. LeBlanc also brought Joe to Ottawa Inner City Health, where he works as a peer support worker. Now he's found housing, gained 50 pounds, and is going back to school.

Peer support workers - people who have had mental illnesses or addictions and work with patients with similar problems - are a growing group in mental health. They've gone from grassroots organizations, often staffed by volunteers, to full-time positions in hospitals and

on community teams.

[Click here to read more.](#)



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