Evidence-Based Management in Child Welfare:
A Process and Outcome Evaluation.

Appendix 11

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APPENDICES

1. BYFC Organizational Structure
2. Kuruvilla et al. (2006) Figure
3. Pre-test Use of Evidence survey
4. Post-test Use of Evidence survey
5. Follow-up Interview Guide
6. Follow-up Interview Coding Grid
7. Framework: Strengths and Challenges
8. Framework: Expected and Obtained Outcomes
9. CIG Conjugal Violence annual report (2008-2009)
10. CIG Sexual Abuse annual report (2008-2009; 2009-2010)
11. *In-the-Know* (Vol.1, issues 1-5 and Vol.2, issues 1-4)
12. Clinical Voices Survey Report
13. Client Satisfaction Survey Report
14. Neglect Survey Report

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IN-the-KNOW

VOLUME 1, ISSUE 1
MARCH 2009

Evidence-Based Management

Evidence-Based Management:

An Initiative of Batshaw Youth and Family Centres and McGill University Centre for Research on Children and Families

***Claude Laurendeau**, Director of Professional Services – BYFC, and **Nico Trocmé**, Senior Advisor for Knowledge Integration for BYFC, Philip Fisher Chair in Social Work, Director, McGill CRCF*

We know surprisingly little about the actual effectiveness of services for abused and neglected children despite the fact that child welfare is one of the fastest growing service sectors in Canada (Canadian Incidence Study 2003).

While this is true, the body of knowledge in this field is growing rapidly. As examples, we need only to look at the evolution of research with respect to attachment, brain development and the various approaches proposed by researchers and clinicians alike to promote healthy development in children. Keeping up may be a challenge, but it is one that we, as professionals, must take on.

During the 1970's Manny Batshaw headed a committee that formulated several recommendations to the Ministry, many of which became the founding principles of the Youth Protection Act. More than three decades later, while reflecting on the expanding role of youth protection services, he challenged us to question whether we know that what we are doing is what we *should* be doing. On what basis are we providing services and making important decisions affecting children and families?

Experience from the health services sector demonstrates that, to acquire evidence that informs decision-making, the challenge is not simply to do more research; rather, it is to develop an organizational culture where evidence of intervention effectiveness ultimately becomes a central component of clinical orientations, program development and activities, and overall decision-making. But how do we develop such a culture?

Our response to this important challenge was to embark upon the **Evidence-Based Management** (EBM) project, a three-year Knowledge Mobilization initiative funded by the Social Sciences and Humanities Research Council (federal funding), Batshaw Youth and Family Centres, McGill University and l'Association des centres jeunesse du Québec. It is designed to develop, test and evaluate a model for supporting greater use of evidence in Batshaw. The objectives of the program are based on the use of three forms of knowledge or evidence, namely administrative data, expertise, and research results.

In its first two years, the EBM initiative has been involved in the following activities:

(1) ***Developing and tracking client and service outcome indicators:*** Using data from Projet Intégration Jeunesse (PIJ), indicators of service effectiveness are being tracked so as to set measurable targets for agency-wide and team-specific service improvements. As of now, 6 indicators have been studied in depth: recurrence of child maltreatment, school performance, moves in care, time in care, placement rate and court involvement.

(2) ***Knowledge Brokers*** are researchers and research assistants who help in formulating policy and practice questions, accessing relevant client service statistics from PIJ, accessing and interpreting relevant research, and linking decision-makers to experts who can provide more specialized consultation. At present there are approximately 10 Knowledge Brokers working within Batshaw committees or with individual managers to develop or review agency policies, practices and programs.

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Evidence-Based Management

(cont'd from page 1)

(3) ***'Voices'*** gives a voice to clinicians whose perspectives are essential if we are to understand clinical issues and processes. One project with our Reviewers surveyed 348 cases. Another is in the planning stages on 'Neglect'. EBM also supports initiatives for surveying client satisfaction, thereby giving a 'Voice' to those who receive our services as well.

(4) ***Clinical Integration Groups (CIG)*** bring together clinicians and researchers who keep abreast of the latest evidence drawn from research in a given area; to date, there are two CIG's (Sexual Abuse, Conjugal Violence). Their role includes the application of their knowledge to specific cases (consultation) and to overall agency initiatives.

(5) ***"In the Know"*** is a Batshaw publication supported by McGill's Centre for Research on Children and Families. It is designed to draw from the above sectors of activities with a view to making knowledge available to our clinical personnel and our partners - knowledge that is relevant to our work.

"In the Know" authors are our peers and colleagues from Batshaw and the academic community. Its contents will hopefully lead the reader to formulate more questions about our clinical practices and seek to make links between knowledge and practice.

We encourage you to read it, but more importantly, to use it as the basis for discussion with colleagues and teammates. This is one way we can all play a part in developing our knowledge, integrating it into our practice and contributing to this aspect of our organizational development.

A true partnership...

Eager to take on the challenge, Batshaw and the McGill Centre for Research on Children and Families have strived to develop and maintain a strong partnership where expertise and resources from the academic and practice sectors are brought together. To date, nearly one hundred staff members (managers and front line) have been involved in various EBM activities; in addition, the many staff who participate in and support the various research projects also bring a precious contribution.

The Centre for Research on Children and Families (CRCF) is affiliated with McGill's School of Social Work. The CRCF is comprised of faculty members, researchers, research assistants and graduate students who conduct and disseminate research related to vulnerable children and youth and their families. They work closely on a number of projects with Batshaw, some of which will be explored in this and future editions of ***In the Know***.

A Look at Neglect in Two Youth Centres:

a partnership for a better understanding

***Johanne Proulx**, Planning, programming and research officer, BYFC and **Lorry Coughlin**, BYFC Manager of Client Information Systems, on behalf of the PIBE research team*[1]

The problem of neglect is widespread among Youth Protection Centre clients, hence the interest in conducting an investigation into its characteristics and related effects, including recurrence and discontinuity of intervention. Two youth centres Batshaw Youth and Family Centres (BYFC) and the Centre jeunesse de la Mauricie et du Centre-du-Québec (CJMCQ) joined forces to document the issues regarding their respective populations of victims of neglect.

WHAT WE DID:

We collected data from both youth centres. The study covered a five-year period (April 2002 – March 2007) and included a sample of 5799 children whose security and development were compromised (SDC) under neglect (2,479 from Batshaw, 3,320 children from CJMCQ)[2].

SOME OF WHAT WE FOUND:

- neglect accounted for 73% of all SDC situations;
- for all age groups, as many boys as girls were followed under neglect;
- the 0-12 age group outnumbered all other age groups;
- the majority of children lived with their mother (55%) or both parents (24%);
- similar characteristics were identified among children of different origins or language backgrounds; however it was noted that a significant amount of data on the clients' background was missing from PIJ;
- most reports of neglect came from police or schools;
- most situations were signaled under 38(e): lifestyle of the caregivers (parental immaturity, impulsiveness, instability, climate of intra-familial violence and substance abuse);
- court ordered measures were used more often than voluntary measures in Batshaw;
- recurrence (here defined as a new signalement once services have ended) was rated as 25% for Batshaw and 33% for CJMCQ; the risk of recurrence increases over time and reaches its peak at 7 months; a cursory analysis points to a link between recurrence and length of services (e.g.: the longer the service the lower the recurrence);
- the following combined characteristics were found to increase the likelihood of recurrence: age of the child (0-5), living in a shared custody arrangement and having experienced at least one out-of-home placement;
- most placements were stable, involving only one or two resources (75% in foster care, 60-65% for residential care); however, one quarter of the children experienced several changes.

DISCUSSION

Findings indicate that nearly three out of four children are reported to DYP as victims of neglect, a fact that supports the relevance of this study. Rates of recurrence are concerning and raise some very important questions. For example, are some cases closed too hastily? Which aspects of parental abilities are lacking? What is the best way to intervene when immaturity, instability and a climate of violence are present? We are dealing with families who experience deeply-rooted problems that are not easily resolved. Are our partners invited to work with us; are they involved?

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[1] Daniel Gagnon, Martin Dionne from CJMCQ; Nancy Labrie from BYFC; and Danny Dessureault, Louise Éthier, and Tristan Milot from the Université du Québec à Trois-Rivières.

[2] This study was conducted before the amended Youth Protection Act came into effect on July 9, 2007.

IN-the-KNOW . . .

A Look at Neglect in Two Youth Centres

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While reports of overall stability of intervention are encouraging, there is a small population of children who experience several moves during their period in care. The situation is concerning and will require further study so as to understand who these children are, what relevant family characteristics and environmental factors are at play and how best to intervene.

This study begins to document certain aspects of neglect in two youth centres. Inevitably, it leads to areas for further research. Hopefully it points to issues of practice.

This article presents a highlight of the results we obtained through this joint-study with one of our sister agency. The full report can be obtained through the BYFC Library.

This research was made possible through the use of the provincial common data base which allows researchers to access non nominative information stemming from every youth centres' PIJ system. In the future, the BDC (Banque de Données Communes) will become an essential source of information, one which can enhance our understanding of the needs of our youth centre clientèle and support improvements in service delivery.

Did you know...?

The Centre for Research on Children and Families (CRCF) at McGill University hosts research seminars approximately bi-weekly at 3506 University in the Wendy Patrick room from 12:00 – 1:30. These Research Seminars provide an opportunity for faculty, visiting scholars, graduate students and clinicians to share and discuss research. **Batshaw staff are always welcome!** Upcoming seminars:

March 18, 2009 — Dr. Stephen Ellenbogen & Robert Calame
Preventing violence by strengthening vulnerable families: Evaluation of a family-centred intervention for aggressive youth in child protection

April 1, 2009 — Dr. Gale Burford – Dept. of Social Work, University of Vermont
Engaging the Family Group in Child Welfare Decision Making: Developing strategies for research reviews that 'work'

Please visit our website at ***www.mcgill.ca/crcf/seminar*** for further information.

Reader's corner...

- **The Sexual Abuse Clinical Integration Group recommends**: *Child Sexual Abuse: Disclosure, Delay, and Denial* by Pipe, Lamb, Orbach, & Cederborg. This eye opening article sheds some light on the complexity of the disclosure process for children who have been sexually abused and highlights how factors such as the power of secrecy, a child's emotional or material dependency on the perpetrator, the nature of the relationship between the child and the perpetrator and the young age of the child likely influence the child's ability and motivation to disclose their experience of sexual abuse. Important clinical implications are that a child's denial, delayed disclosures or inconsistent accounts do not negate that sexual abuse occurred but rather are facets of the disclosure *process*, which is shaped by how children process information and their ability and motivation to recall traumatic memories. (Summary prepared by Leigh Garland)

Also...

- All material featured in ***In the Know*** is available in the library. For complete copies of any material please contact Janet Sand at janet_sand@ssss.gouv.qc.ca
- Would you be interested in submitting a summary for **Reader's** corner? Contact lise.milne@mcgill.ca
- If you have any comments or questions about ***In the Know***, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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IN-the-KNOW...

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MAY 2009

Evidence-Based Management

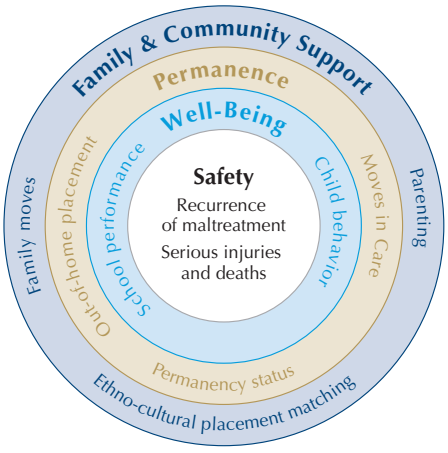
National Child Welfare Outcomes Indicator Matrix (NOM)

Nico Trocmé, Tonino Esposito & Lise Milne[1]

The National Child Welfare Outcomes Indicator Matrix[2] (NOM) was developed through a series of consultations initiated by the Provincial and Territorial Directors of Child Welfare and Human Resources Development Canada. It provides a framework for tracking outcomes for children and families receiving youth protection services that can be used as a common set of indicators across Canadian jurisdictions. The NOM is designed to reflect the complex balance that youth protection authorities maintain between a child's immediate need for protection, long-term requirement for a nurturing and stable home, the family's potential for growth, and the community's capacity to meet a child's needs. The NOM includes four nested domains: **child safety, child well-being, permanence, and family and community support**. There are ten indicators within these domains that were selected on the basis of information that could be feasibly documented using readily available non-identifying aggregated client data. The NOM working group is in the process of refining the indicators, and while the data collection process is ongoing, there are no official results to report as of yet.

Batshaw Youth and Family Centres and the McGill Centre for Research on Children and Families have been focusing on several of these indicators, in some cases using revised measurements, by extracting data from PIJ. Many of these indicators will be discussed in more detail in future editions of In the Know.

NOM ECOLOGICAL FRAMEWORK



The NOM is intended for use by managers to enhance decision-making, programming, and policy development, rather than to guide individual clinical decision-making. Together these indicators provide an overview of the complex issues common to families involved with Canadian youth protection services, and should not be examined in isolation.

SAFETY

Recurrence of Maltreatment

Rates of recurrence are a key indicator of how successfully youth protection and community services have protected children from further abuse or neglect. The NOM and Batshaw measure of recurrence of service is the proportion of children who are investigated as a result of a new allegation of abuse or neglect within one year following closure of their youth protection file.

Serious Injuries and Deaths

While serious injuries and death are relatively rare tragedies for children in the youth protection system, careful reviews and systematic tracking and monitoring are required. The 2008 Canadian Incidence Study physical harm codes provide a simple checklist for describing the type and severity of injuries. For each type of injury the CIS measures severity according to whether the child required medical care. The NOM measure for child death is the percentage of children who die while in the care of child welfare services, distinguishing between natural, accidental, or undetermined causes of death as well as suicide or homicide. Batshaw has not yet begun focusing on this indicator.

WELL-BEING

School Performance

How well children perform at school is a key indicator of their well-being and cognitive functioning. The NOM and Batshaw measure documents the school performance of children in out-of-home care by tracking the proportion of these children who are at least one year behind their age-appropriate grade level. At Batshaw we are also tracking grade level for children receiving services at home.

(cont'd page 2)

[1] Based on the March, 2009 Draft document authored by Nico Trocmé, Bruce MacLaurin, Barbara Fallon, Aron Shlonsky, Meghan Mulcahy, & Tony Esposito.

[2] Trocmé, N., Nutter, B., MacLaurin B., & Fallon, B. (1999). Child welfare outcome indicator matrix. http://www.mcgill.ca/files/crcf/OutcomesIndicatorMatrix.pdf

National Child Welfare Outcomes Indicator Matrix (NOM)

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Child Behavior

Children with emotional and behavioral problems tend to spend longer periods of time in care, experience more placement disruptions, and are less likely to be reunified with their family of origin. The NOM has not yet begun collecting data in this area, but a four-stage strategy is suggested for monitoring outcomes related to child emotional and behavioral problems: (1) document the specific problems identified in children using CIS 2008 codes; (2) track the proportion of children with emotional and behavioral problems who are referred to specialized services; (3) document the service completion rates; and (4) report on rates of improvement as documented by the specialized services. At Batshaw we are tracking the proportion of youth charged under the Youth Criminal Justice Act as one indicator of behavioral problems.

PERMANENCE

Out-of-Home Placement

While out-of-home placement is necessary for children whose security and developmental needs cannot be met at home, considerable effort is made to avoid the disruption and potential trauma of unnecessary placement. The NOM and Batshaw track placements that occur within 3 years from the point that a child starts receiving youth protection services.

Moves in Care

While some placement changes may be beneficial, multiple and unplanned placements have been associated with negative outcomes for children including increased behavior problems and poor academic performance. The NOM indicator tracks over a fiscal year the number of placement changes experienced by children placed in out-of-home care. At Batshaw we track moves over a 3-year period.

Permanency Status

Lasting reunification with family is the primary goal for most children placed in out-of-home care, and a majority of children will return home within less than a year of initial placement. However, for some children reunification is not possible and stable alternatives such as permanent foster care, relative care or adoption must be pursued. The NOM and Batshaw measure for time in temporary care tracks children forward 3 years from the initial placement and counts the number of cumulative days in care.

FAMILY AND COMMUNITY SUPPORT

Family Moves

When families move, youth protection services are able to track this indicator of family stability by retaining information on previous addresses. Changes in postal code could be used to approximate the distance between old and new addresses, an indicator of the likely social disruption associated with moves. The NOM housing indicator measures the percentage of families receiving services that move at least once during the fiscal year. Batshaw is starting to test the reliability of address change data, but a final decision on the use of this information has not yet been made.

Parenting

Improvement in parent functioning is associated with a reduced risk of recurrent maltreatment as well as better long-term outcomes for children. The NOM has not yet begun collecting data in this area, but a 4-stage strategy has been developed using standardized measures of parental functioning: (1) Document the specific problems facing parents using CIS 2008 parent checklist and national norms; (2) track the proportion of parents with problems who are referred to specialized services; (3) service completion rates; and (4) report on rates of improvement as documented by the specialized services. Batshaw has not yet begun collecting this data.

Ethno-cultural Placement Matching

The NOM measure tracks the percentage of Aboriginal children in care placed with at least one Aboriginal caregiver. This indicator can be further explored by differentiating children placed in kinship care and those receiving services from Aboriginal child welfare agencies. Youth protection agencies serving other significant ethno-cultural or faith communities may apply this measurement approach to define groups for which similar placement matching issues arise. Batshaw has not yet begun collecting this data. ITK

For more information, you may go to: http://www.mcgill.ca/files/crcf/OutcomesIndicatorMatrix.pdf

Disorganized attachment: an exploration of attachment-based interventions in application to child protection

The following is a summary of an Independent Study Project completed by Alicia Boatswain-Kyte for the McGill University Masters in Social Work program.

The ability to form and maintain relationships is necessary for basic human survival, yet this process is not instinctual. Attachment theory was constructed to explain how social experiences in early infancy influence the development of healthy or problematic aspects of personality that affect future relationships. An "attachment bond" is described as an enduring emotional relationship with a specific person that brings comfort and security. The loss or *threat of loss* of the bond is predicted to produce feelings of intense distress or maladjustment.

There are four types of attachment: secure, insecure avoidant, insecure ambivalent and disorganized attachment. Of particular concern is disorganized attachment, which hypothesizes that the primary attachment figure is both a source of comfort *and* threat. The child's attachment system appears activated, but cannot express itself in clear behavioral ways, exhibiting an approach-avoidance dilemma. Disorganized attachment is most commonly found in children of high-risk groups such as those who have been maltreated, are from low socio-economic status, or whose parents have experienced unresolved trauma. This past trauma disrupts the capacity of the parent to focus on their care-giving role, triggering memories from their own traumatic childhood. The caregiver is not just frightening to the child, but is frightened themselves.

The lack of healthy attachment between a parent and child has been linked to serious consequences that may include failure to thrive, decreased mental development, conduct disorder, anxiety/depression, social aggression, borderline personality disorder, and deficits in social skills. The more frequently a child experiences the breakdown or failure of attachments the more severe the symptoms are likely to be. Moreover, the younger the child when attachment breaks down, the more disturbed the child may be - possibly embarking on a trajectory for future psychopathological dysfunction.

Research has shown that children in foster care often suffer from developmental delays and severe behavior problems that contribute to repeated displacements within the foster family network. Many children returned to their birth families develop further behavior difficulties for multiple reasons such as disenfranchised grief, rejection, and anger that may result in re-placement involving introduction to a new foster family. These children are at high risk for attachment disorders because of their initial exposure to a dysfunctional environment, the separation from this environment, and subsequent placement(s) in care. They may develop the incapacity to trust adults who really do want to care for them, posing a major problem for a future secure and healthy placement.

Many intervention programs use attachment theory as their model, some of which were examined by the author, including permanency planning, pre-school programs, and nurse-home visitation programs. Findings suggest that permanency planning options help to reduce risk of attachment disorders in children by fostering stable environments in which strong attachment links can be formed and maintained. Successful pre-school programs are those that address the relationship between mother and child through parental psychotherapy programs and psycho-educational parenting intervention. Attachment-based interventions can also be instituted in a preventative manner. Nurse-home visitation programs, wherein mothers are visited during pregnancy through to the child's second birthday, are geared to improving pregnancy outcomes, promoting children's health and development, and to strengthening the economic self-sufficiency of families. Modifying maternal behavior through education and planning in turn enhances the care given to the child after birth.

Evidence-based approaches in attachment theory are needed when applying child protection services to treat abusive or neglectful families, and should be incorporated in any program development. While the study of attachment-based interventions is at an early stage of development, with few programs meeting strict standards of evidence, the positive gains from these interventions far exceed those of regular psychosocial community services. Implementation of these approaches should take place at crucial points of services in hospitals, schools and child protection agencies. ITK

Quebec Research on Attachment

Prepared by: *Lise Milne,* Coordinator of the EBM Project

Considering the prevalence of disorganized child–parent attachment relationships among maltreating parents and the predictive role such relationships play in long-term child adaptation, Québec researchers Tarabulsy et al. (2008) believe that interventions with this population should focus primarily on changing the patterns of parent–child interaction. Moss et al. (2008) built on existing findings by integrating practices reported in several studies to devise a highly structured, short-term attachment-based prevention program. The pretest–posttest randomized design included 80 parents of children ages 12 months to 5 years followed for child abuse or neglect under Québec Youth Protection services. The treatment group received eight weekly 1.5 hour home visits, during which they participated in interactive mother–child activities followed by video feedback sessions. The study revealed significant, positive changes for parental sensitivity and changes toward security and away from disorganization for those in the intervention group, providing further evidence for the use of a relationship-based intervention model when working with maltreating families.

Did you know...?

- All Batshaw clinical staff are invited to attend a presentation by **Nico Trocmé and Claude Laurendeau** on ***Evidence-Based Management on June 18th at 9:30 a.m. in the 6 Weredale Auditorium.*** We hope to see you there!
- The McGill Centre for Research on Children and Families would like to thank all who attended the Research Seminar presentations this season, contributing to their overall success. The next season resumes in September.
- Two surveys are currently underway in BYFC; one which is designed to describe our clientele in Neglect as a step to developing our Program on Neglect (leader: Susan Gallo, Manager in Professional Services); the other is a Client satisfaction Survey with a focus on Intervention Planning for clients receiving services in the community (leader: Steven Abrams, Manager in Professional Services).

- All material featured in ***In the Know*** is available in Batshaw's library. For complete copies of any material please contact Janet Sand at janet_sand@ssss.gouv.qc.ca
- Have you read any interesting and relevant articles or books recently? Let us know and we may include it in a future edition - lise.milne@mcgill.ca
- If you have any comments or questions about ***In the Know***, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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VOLUME 1, ISSUE 3
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Evidence-Based Management

Recurrence of Maltreatment

Tony Esposito, Martin Chabot, Lorry Coughlin & Nico Trocmé

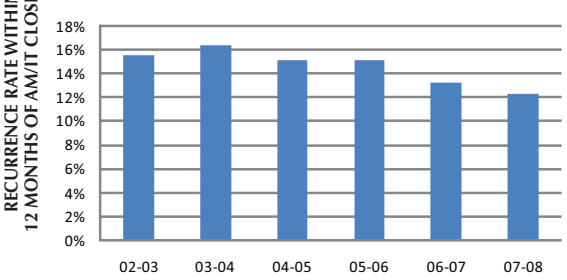
Rates of recurrence is a key indicator of the extent to which child protection and community services are able to protect children from further maltreatment. From a management perspective, tracking rates and examining factors associated with recurrence of maltreatment can help guide program development and decision-making for the types of cases identified as most likely to recur.

MEASURING RATES OF RECURRENCE AT BATSHAW

Our recurrence measure was developed in consultation with a Reference Group comprised of senior BYFC managers and clinicians, supported by the McGill Centre for Research on Children and Families. Building on the National Child Welfare Outcomes Matrix (NOM), recurrence is defined at Batshaw as ***any substantiated report of maltreatment of a child under the Youth Protection Act*** (faits fondés, SDC or SDNC) ***that occurred within 12 months of closing the file at Application des Mesures (AM) or Intervention Terminale (IT)***.

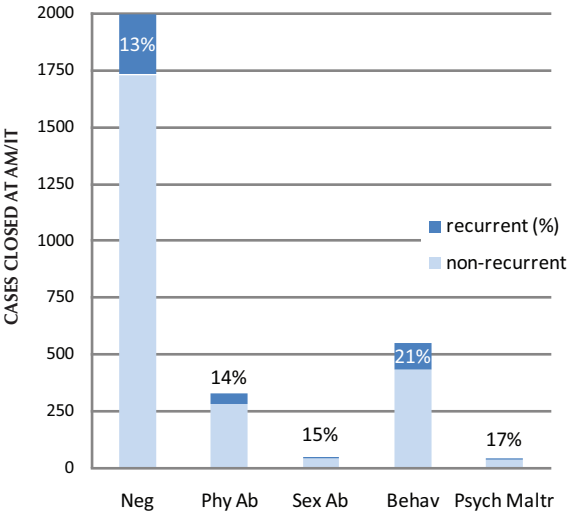
To track these cases we compiled a list of children who received AM or IT services and whose cases were closed for each year between 2002 and 2007 (approximately 500 children per year). Children older than 16 years were excluded since they would have been too old to be re-reported within the follow-up period. These cases were then monitored for any new reports of maltreatment and cases were classified as recurrent if a substantiated report of maltreatment occurred within the 12 month follow-up period.

Chart 1: Rates of recurrence by fiscal year, BYFC 2002-2008



Results reveal that on average 15% of cases recur within a year of closing. The rate appears to be declining over time (see Chart #1); a trend requiring further analyses before concluding a true decline. Rates of post-service recurrence were also examined over longer periods of time; these rates increase to 23% after 24 months and 28% after 36 months of case closure.

Chart 2: Rates of recurrence by reason for service, BYFC 2002-2008



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Recurrence of Maltreatment

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As illustrated in Chart #2, most recurring incidents involve children whose initial reason for receiving services was neglect, followed by behavioral problems and physical abuse; however, the proportion of cases that recur the most often involve behavioral problems (21%).

FURTHER ANALYSES

Other facets of recurring cases continue to be explored and findings reveal:

- Children aged 10-13 years old at the start of AM or IT services recur most often (18%), while children under age one recur least often (11%);
- The rate of recurrence is higher for cases closed after IT services (20%) compared to cases closed at AM (14%);
- 25% of cases where a report of maltreatment was not retained were re-reported and substantiated within 12 months;
- Looking as far back as records are available in PIJ, 15% of recurring cases had received on-going services on 2 or more previous occasions, while only 9% of non-recurring cases had received previous services on 2 or more occasions;
- Cases recurring within the first 12 months recur on average within 116 days of case closure.

DIFFERENCES IN RATES OF REPORTED RECURRENCE

There are significant differences in the way rates of recurrence are calculated and reported in different jurisdictions. These variations can be a factor of: 1) the period of time over which data are collected; 2) the types of events that are counted as recurrent; and 3) the types of cases that are considered to be at risk of recurrence. In addition, many jurisdictions report recurrence *retrospectively*, using data on families who have an open file and looking back in time. This measure over-estimates chronic situations (i.e. children with multiple recurring incidents of maltreatment) and fails to take into consideration families who are never re-reported. The Québec Ministry of Health and Social Services, for example, measures recurrence rates retrospectively: using their method, our recurrence rate is in the range of 40%, significantly higher than our reported rate of 15%.

Considerable time and effort on the part of the Reference Group has gone into comparing the various definitions, concluding that the base recurrence measure should focus on a *prospective* count that tracks cases forward over a defined period of time, capturing both recurring and non-recurring cases.

CONCLUSIONS

The results of the analyses are generally encouraging: the vast majority (85%) of children who received AM or IT services at BYFC do not return because of a new substantiated report of maltreatment within the first 12 months of their case closing. It is equally important to note that a return is not necessarily a negative outcome, since in some cases this could be a request for help from a family facing new challenges. Nevertheless, for many of these recurring cases one must question whether a more effective intervention would have prevented the recurring event. As we analyze the recurring cases further, and as comparable recurrence data becomes available in other jurisdictions, we will be in a better position to determine whether adjustments to our programs and services may be required to ensure that as many children as possible continue to be safe and thrive after receiving services from BYFC.

This indicator of child safety should be used by youth protection managers to *enhance* decision-making, programming, and policy development, rather than to guide individual clinical decision-making. Together with other outcome indicators, it helps provide an overview of the complex issues common to families involved with child protection services, and should not be examined in isolation. ITK

Youth Protection Response to Sexual Abuse

The following is a summary of a Thesis completed by Elizabeth Fast for the McGill University Masters in Social Work program.

Child sexual abuse (CSA) cases are evaluated by youth protection workers less frequently than other types of abuse allegations, making up only 3% of all investigated cases of abuse and neglect in Canada (CIS, 2003). It is therefore difficult for any one youth protection worker to develop an in-depth knowledge of the dynamics and characteristics of sexual abuse.

The nature of CSA differs greatly from physical abuse and neglect in that such acts are due primarily to the perpetrator's distortions in thinking, thus adding to the overall complexity of these cases. Research indicates that between 40-50% of sexual offenders will re-offend in their lifetime if not treated, and although well-designed treatment can reduce recidivism, life circumstances can affect the chances of new offences. How, then, should Youth Protection workers intervene with victims and their families? In particular, how should living and visiting arrangements be managed between children and offenders, particularly if that person is a close relative? What type of treatment, if any, can protect children from re-victimization?

There is surprisingly little research regarding the effects of allowing or disallowing contact between victims and offenders in cases of CSA, and there is no definitive set of guidelines for determining when contact would be appropriate or when it is strongly contra-indicated. In a review of the literature, however, the author came across seven major factors that should be incorporated into agency decisions concerning treatment recommendations and restrictions of contact between victims and offenders. These are considered "best practice" guidelines:

(1) Type of abuse – Sexually abusive acts range on a continuum from exhibitionism to intercourse, and an offender's behaviors will often progress over time in scope and severity along this continuum. Children who are not victims of any of these acts but have contacts with an alleged offender should also be considered *at risk*.

(2) Caregiver's response to allegations – The more protective and responsive a non-offending caregiver becomes after learning of the abuse, the safer the child will be. High risk factors include parents who refuse to believe the abuse has occurred, create stories to explain what happened, and do not acknowledge the protection needs of the child.

(3) Offender's relationship to victim – Generally, restrictions on contact are easier to impose if the offender has no legal or biological relationship to the child. If the offender was living with the child at the time of the abuse and and/or the offender is a family member, decisions around restrictions of contact become more important.

(4) Treatment of child – Victims of CSA who receive treatment generally have better outcomes; however, some children show positive changes without treatment, possibly due to the support of the non-offending caregiver and/or the relationship of the victim to the perpetrator. Parental involvement in abuse-specific therapy seems to be particularly important in the recovery process for both the parents and the child.

(5) Treatment of non-offending caregiver – Research has shown that mutual support groups for non-offending parents may help them cope with feelings of shock and isolation. When a child is considered *at risk* of sexual abuse, educational counseling is suggested for caregivers unable or unwilling to grasp the potential risk.

(6) Treatment of offender – Although sex offenders will always pose a risk to children, it may be reduced with treatment. In *at risk* situations, specific sex offender assessments are appropriate only when the offender has a known history of acknowledged inappropriate sexual behaviour or if they have been convicted of an offence. When the risk is less clear, such as when an individual has been charged but not yet convicted, a parent-child or family assessment conducted by someone with expertise in risk and sex offender assessments may be a more appropriate tool.

(cont'd page 4

Youth Protection Response to Sexual Abuse

(cont'd from page 3)

(7) Restrictions of contact between victim and offender – Decisions regarding access to the child should consider the relationship of the offender to the child, their physical location with respect to the child, their ability to gain physical access, and willingness and ability of other family members to control this access.

STUDY UNDERTAKEN AT BATSHAW (2005-2006)

The author engaged in a study to determine the number of children at Batshaw who were investigated for sexual abuse in 2005 and 2006; the characteristics of victims, offenders, and caregivers; and the extent to which agency decisions in these cases were based on the best practice guidelines described above.

The author found that of all investigated reports, 1.9% were for allegations of sexual abuse, and 1.2% were for *at risk* situations. The overall substantiation rate was 94%. In the great majority of cases the offender was the father, parent's partner, or sibling. About 20% of non-offending parents were not supportive of their children immediately following disclosure and 20% were ambivalent. The study further revealed that best practice guidelines were followed in almost 90% of recommendations for treatment, and in 70% of recommendations concerning restrictions of contact.

Despite the fact that CSA comprise such a small percentage of the overall number of cases, the complexity of their dynamics calls for a response which is informed by best practice. The results of the study demonstrate true efforts on the part of workers to adhere to best practice, and show only a limited need for practice shifts in certain cases. ITK

BYFC Sexual Abuse Clinical Integration Group

A Clinical Integration Group (CIG) is made up of individuals who share a particular interest in a clinical issue that affects the well-being of the children and families we serve. Its overall purpose is to promote within BYFC the development and the integration of knowledge into clinical practice. Sources of knowledge include the literature, research findings, clinical experience as well as administrative data. There are presently two clinical integration groups running at Batshaw in the areas of Sexual Abuse and Conjugal Violence.

One important mandate of the Sexual Abuse CIG is to provide case consultation throughout BYFC regarding the management of sexual abuse issues. This process has been formed with the goal of supporting staff and developing evidence-based, best practice in these situations. A consultation is generally requested when there is uncertainty about the best approach to take or when validating or interpreting symptoms in a given situation. The process is open to all workers and their managers or coordinators who provide services to a client or resource. Consultations are not a substitute for clinical supervision; however, the worker will be provided with suggested approaches and interventions.

Consultation Forms are available from Chantal Bergeron (6 Weredale – ext. 1118). **Case consultations will occur at 6 Weredale every third Wednesday of the month from 9:30 to 12:00.** For more information, please contact your CIG representative, or Lise Milne at **lise.milne@mcgill.ca**. ITK

- All material featured in ***In the Know*** is available in Batshaw's library. For complete copies of any material please contact Janet Sand at janet_sand@ssss.gouv.qc.ca
- Have you read any interesting and relevant articles or books recently? Let us know and we may include it in a future edition - lise.milne@mcgill.ca
- If you have any comments or questions about ***In the Know***, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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IN-the-KNOW...

VOLUME 1, ISSUE 4
NOVEMBER 2009

Evidence-Based Management

Court use

Nico Trocmé, Tonino Esposito, Lise Milne, Martin Chabot & Lorry Coughlin

Finding the best approach for engaging families, whether through court involvement or voluntary measures, is one of the challenges of youth protection work. One possible indicator of this family engagement is the rate of use of court ordered measures. While it is preferred that youth protection and community services are able to work with families without having to resort to potentially adversarial court procedures, at times resorting to the courts is inevitable. From a management perspective, tracking rates and examining factors associated with youth court involvement can help guide program development and decision-making for the types of cases identified as most likely to be adjudicated.

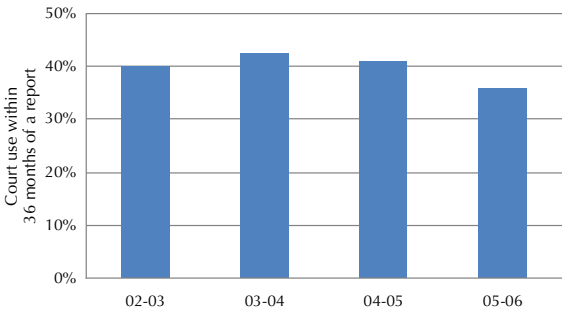
MEASURING COURT USE AT BATSHAW YOUTH AND FAMILY CENTRES (BYFC)

In consultation with the BYFC outcome indicator Reference Group, we developed a court use measure that would best describe the experience of clients from the point of first contact at Evaluation/ Orientation: **Any court event (including urgent, provisional, interim and final measures) under the Québec Youth Protection Act (YPA) that occurred within 36 months of the initial retained report**. In other words, this indicator measures the likelihood that the situation of a child investigated under the YPA ends up before the court within three years of the report (signalement).

To track these cases we compiled a list of children whose reports were retained for investigation from the fiscal year 2002-2003 to the fiscal year 2005-2006 (3446 in total). These cases were then monitored over 36 months for any YPA court involvement.

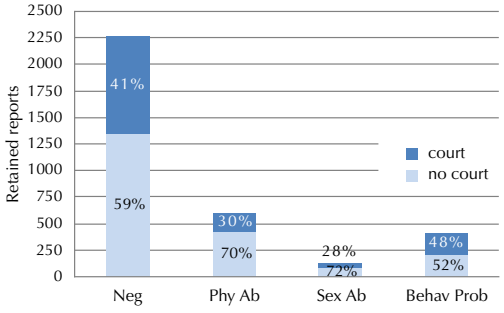
To avoid double counting recurrent cases, children who had received services within the previous 12 months were excluded. Youth who were older than 15 years at the time of the initial report were also excluded as they would turn 18 within the 3-year follow-up period. This poses a limitation given the relatively large proportion of youth in this category. Further analyses could be adapted to this age group to understand court use patterns specific to older youth.

Chart 1: Court use by fiscal year



Results reveal that on average 40% of retained reports end up before the courts within three years of the report (see Chart#1). The apparent one year decline in 05-06 should be interpreted with caution as it may be a single year anomaly; close attention will be paid to monitoring this trend in 06-07 and 07-08. Note that because these cases are followed for 36 months, data for 06-07 will only be available in 09-10.

Chart 2: Rates of court use by reason for service, 02-03 to 05-06



As shown in Chart #2, courts are used most often in cases involving behavior problems (48%) or neglect (41%) and least often in cases involving abuse. Given the sheer number of reports involving neglect, these cases account for more than two thirds of all cases that proceed to court.

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Court use

(cont'd from page 1)

FURTHER ANALYSES

Other facets of court involved cases reveal (between 02-03 and 05-06):

- Half of all cases that proceed to court do so within 116 days of the initial report. In most instances the first court appearance occurs while families are receiving orientation services (48%), followed by evaluation services (36%), while in only 16% of cases court procedures are initiated when a family reaches Application des Mesures (A.M.) services.
- For court involved families, final measures were ordered in 95% of cases.
- Although our court measure includes only retained cases, a supplementary analysis of *non*-retained cases reveals that within 36 months, court events occurred in 12% of these cases.

INTER-JURISDICTIONAL COMPARISONS:

Comparisons with other jurisdictions can provide a useful point for considering the extent to which we have found the right balance between court ordered and voluntary measures; however, differences in the way such rates are calculated and reported can lead to confusion. Reported rates of court use can vary dramatically, depending on the period of time over which rates are reported, the types of court events that are included, and the types of cases that are covered (e.g. all retained reports versus cases open for on-going services at A.M.).

Data reported by the Québec Ministry of Health and Social Services allows for potentially useful comparisons with other Youth Centres across Québec. From 02-03 to 05-06 the proportion of judiciarized Orientations at BYFC was in the range of 60%, compared to under 50% for the province as a whole. It should be noted that in all Youth Centres in the Montreal area (CJM, Laval & Montérégie) rates of judiciarization were also higher than the provincial average (Lessard Report, 2005). Further analyses would be required to understand whether these differences reflect variations in the characteristics of the populations served, the types of services available, or in court related standards or procedures.

Comparing rates between provinces on a per capita basis provides yet another way of examining our reliance on the courts. Comparing rates of judiciarization across three provinces, Campbell, Springate and Trocmé (2009) found that contrary to expectations, Québec had the lowest rate with 3.34 per 1000 children brought before youth protection court, compared with 4.4 per 1000 in Ontario and 4.27 per 1000 in Alberta. As with intra-provincial rates, it is important to consider that these differences may be influenced by varying legislation, policies and practices among the provinces.

CONCLUSIONS

While the complexity and severity of many of the situations that are reported to youth protection may require court ordered interventions, the spirit of the YPA and our own principles of good social work practice encourage us to seek alternative and less adversarial planning and decision-making procedures. The rates of judiciarization at Batshaw are comparable to the rates in youth centres serving comparable populations, and possibly lower than rates in the rest of Canada; however, the fact that 4 out of 10 retained reports end up at some point before the courts raises the question of alternative dispute resolution methods that could avoid potentially adversarial court procedures. Recent changes to the YPA encourage the use of such alternatives: as BYFC explores these methods it will be important to track to what extent court can be avoided while ensuring that children are protected in healthy and supportive environments.

Court use is an important indicator to track over time at the agency level; however, it is important to keep in mind that it should not be a consideration at the level of individual cases, where clinical and legal considerations should guide decisions. Together with other outcome indicators, monitoring court use provides an overview of the complex issues common to families involved with child protection services, and should not be examined in isolation. ITK

Family group conferencing

The following is a summary of an Independent Study Project undertaken by Janina Jackson for the McGill University Masters in Social Work program.

Family Group Conferencing (FGC) is rapidly emerging as an alternative, collaborative, strengths-based planning approach to child protection. The strategy for FGC is twofold: first, family and extended family are involved in the planning process to a greater degree, possibly resulting in more creative plans for the safety and well-being of children; second, it represents a possible decision-making forum alternative to courts. Unlike traditional approaches to child protection, FGC is based on an inclusive model that situates families in a leadership position, elevating them to a central role in the process of planning for their children. This supports the belief that family-based solutions are likely to be better than those imposed by professionals.

In practice, family group conferences involve a meeting between family members both immediate and extended, community members chosen by the family, as well as public agencies for the purpose of making a plan for the permanency, safety and well-being of children. The aims of FGC are to strengthen the family, coordinate services, increase family communication, make safety plans, reunite the family, and/or undergo visitation and transition planning. There are four main phases of the FGC model:

1) **Referral** – A referral is made by the youth protection worker in consultation with their supervisor and the family.

2) **Preparations** – An independent coordinator/facilitator that has had no previous involvement with the family contacts and prepares all potential participants. Of critical importance is to clarify the philosophy and expectations of the process and to ensure that participants feel safe, comfortable and supported.

3) **Family group conference** – The coordinator/facilitator engages the participants in ***information-sharing*** about the youth protection concerns in the presence of the entire group. Opportunities are provided for the family to clarify any aspects of the investigation or to have questions answered. During ***private family time*** the rest of the group withdraws so that the family may discuss issues and determine a protection plan. This has been viewed as a cornerstone to the FGC process in its support of family empowerment and the development of solutions and recommendations without the influence of professionals. During the ***agreement phase*** the family communicates whether an agreement on a plan was reached and everyone is brought back together to finalize the recommendations created by the family. The facilitator is responsible for organizing external resources and services to support the family's plan, which should be approved by the child protection worker, provided it ensures the child will not be at risk of significant harm. If the family cannot make such assurances, even after the provision of additional family time, the youth protection worker can decide on another course of action or refer the case to court.

4) **Follow-up conference** – If required to monitor the implementation of the plan and make any necessary adjustments, this may be the final phase of the process.

Due to the complex and multi-faceted nature of families, concern for ensuring safety and protection of all family members during the process is paramount. With increased experience, FGC programs have begun to apply to more expansive selection criteria, including families viewed as more challenging and difficult, such as in domestic violence and sexual abuse cases.

FGC is still a relatively new approach to decision making. While recent international studies have yielded important findings, many unanswered questions still remain regarding the processes and outcomes. The few FGC evaluative studies undertaken to examine broad child welfare questions regarding the safety, well-being and stability of children have reported both positive and neutral outcomes.

Considering the increased number of admissions to foster care coupled with the limitations of the system, the role of family and kin to care for children has gained greater attention in recent years. The movement within child welfare to consider and exhaust all possible family avenues in caring for children is reflected within the FGC process. An organizational practice culture that supports FGC should be cultivated and nurtured by both workers and child protection agencies if the intent is to bring this intervention from the margins of practice into the mainstream. ITK

Le cercle de l'enfant / The circle

By Anne-Marie Piché (McGill CRCF Researcher)

"Le Cercle de l'Enfant" or "the Circle" is a family group conferencing model that aims to promote and safeguard children's fundamental rights within social paediatrics centres. Inspired by the aboriginal decision-making process and using mediation and family group conferencing tools, it is a preventive model aimed at lowering the state of vulnerability of a child experiencing various family, health or social difficulties. The Circle targets children using services from social paediatrics centres established in two socially disadvantaged communities in Montréal, Québec. The social paediatrics team works in partnership with vulnerable children, their families, various community organizations, schools, protection services and other institutions involved to better support children's optimal development. The Circle aims to change the way problems are handled by the community and institutions and to foster more active participation of families' informal networks in decision-making processes.

The Circle model was recently presented at the 5th World Congress on Family Law and Children's Rights by Anne-Marie Piché and Hélène (Sioui) Trudel, and is presently the object of an evaluation study in partnership between McGill University's CRCF and the "Fondation pour la promotion de la pédiatrie sociale." BYFC is participating in the *Comité de travail multisectoriel* and has offered to participate in the Circle for cases that fit the model. An upcoming CRCF research seminar presentation on the Circle has been scheduled for December 18, 2009.

OTHER FAMILY GROUP CONFERENCING STUDIES

Dr. Gale Burford, University of Vermont/former Director at Shawbridge Youth Centres is currently leading an internationl team of researchers in a systematic review of international studies focusing on family engagement in decision making in child welfare. For an annotated bibliography regarding family group decision-making, you can go to: http://www.americanhumane.org/protecting-children/programs/family-group-decision-making/re_annotated_bibliography/

Dr. Aron Shlonsky, University of Toronto/McGill CRCF partner, is leading a Campbell Collaboration systematic review on "Family group conferences for children at risk of abuse and neglect." http://www.campbellcollaboration.org/library.php.

ITK

Did you know?

The McGill CRCF hosts research seminars approximately bi-weekly at 3506 University in the Wendy Patrick room from 12:00 – 1:30. These seminars provide an opportunity for faculty, visiting scholars, graduate students and clinicians to share and discuss their research. Batshaw staff are always welcome! The seminar series begins this season with the following presentations:

November 4: Dr. Delphine Collin-Vézina & Mireille de la Sablonnière (McGill University) – ***University-Organization collaboration for enhanced access to mental health services for First Nations peoples***

November 18: Bruce MacLaurin (University of Calgary) - ***Examining factors leading to placement in child welfare: The impact of organizational variables***

December 2: Dr. Christine Wekerle (University of Western Ontario) - ***Are females doing worse in child welfare? Considerations from the Maltreatment and Adolescent Pathways (MAP) longitudinal study***

December 18: Anne-Marie Piché & Hélène (Sioui) Trudel - ***Le Cercle de l'enfant: A program evaluation***

- All material featured in ***In the Know*** is available in the Batshaw library. For complete copies of any material please contact Janet Sand at janet_sand@ssss.gouv.qc.ca
- For more information on the Evidence-Based Management project or for the PDF of this issue, please visit http://www.mcgill.ca/crcf/projects/ebm/
- For access to up-to-date research on Canadian child welfare programs and policies, please visit the Centres of Excellence for Child Well-being, Child Welfare Research Portal at http://www.cecw-cepb.ca
- If you have any comments or questions about ***In the Know***, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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IN-the-KNOW...

VOLUME 1, ISSUE 5
FEBRUARY 2010

Evidence-Based Management

School Delay

Lorry Coughlin, Toni Esposito, Lise Milne & Nico Trocme

Victims of maltreatment and those with serious behavioural problems may be at significant risk for developmental, cognitive, and/or academic delays. Helping these youth requires not only that their physical safety is assured, but that they have the opportunity to develop and reach their full potential. How well they perform at school is a good gauge of their cognitive functioning and a key indicator of their overall well-being.

At BYFC's initiative, Lorry Coughlin and Ted Lariviere met with the Information Systems Departments of the Lester B. Pearson School Board (LBPSB) and the English Montréal School Board (EMSB) in 2004 and came to an agreement on a method for sharing specific information on our mutual and respective clients. To the best of our knowledge, BYFC is the only Youth Centre to collect this information in collaboration with the school boards. It is hoped that we can expand on this collaboration in the future and explore additional aspects of our clients' educational experience.

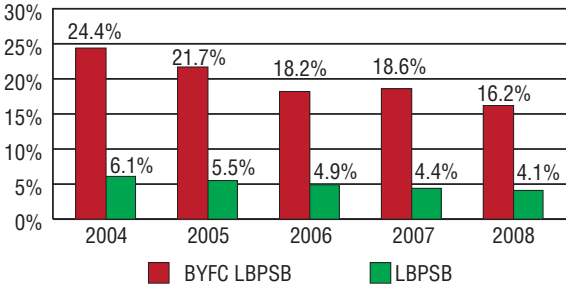
MEASURING SCHOOL DELAY AT BATSHAW YOUTH AND FAMILY CENTRES (BYFC)

In consultation with the BYFC Reference Group on outcome indicators, the School Delay measure was developed to report **the proportion of BYFC youth who are at least one (1) year behind their age appropriate grade compared to the general population of youth attending a school within the Lester B. Pearson School Board.** While we received some data from EMSB it is not yet complete; therefore we will be looking at comparisons with LBPSB only. We will explore school delay with EMSB-involved youth in a future issue.

The age-to-grade ratio is a crude indicator of academic delay, since it does not account for youth who may move forward even if they are not functioning at grade level, nor does it account for youth in alternative programs; however, while the ratio under-estimates the academic difficulties faced by youth, it is a useful starting point in focusing programs and policies geared towards this population.

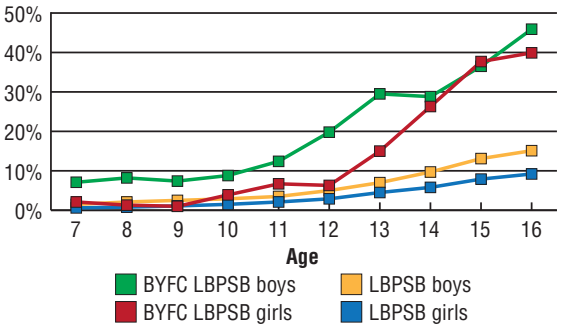
In order to measure school delay, data on the school attended, grade level and age was provided for BYFC youth (age 7-16) registered in LBPSB on September 30th each year between 2004 and 2008. As a comparison, similar data on the overall LBPSB population was provided. All data was denominalized.

Chart 1: School Delay Rate
Proportion of youth who are at least 1 year behind age appropriate grade (2004-2008)



Results reveal that on average between 2004 and 2008, 19.8% of BYFC youth enrolled in an LBPSB school are at least one year behind their age appropriate grade, compared to an average of 5% for the overall LBPSB population. The rate appears to be declining over time for both the BYFC-LBPSB and general LBPSB populations. Further analysis of the data is required before concluding on the occurrence of a true decline and understanding its causes.

Chart 2: School Delay by Age & Sex:
All years combined (2004-2008)



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School Delay

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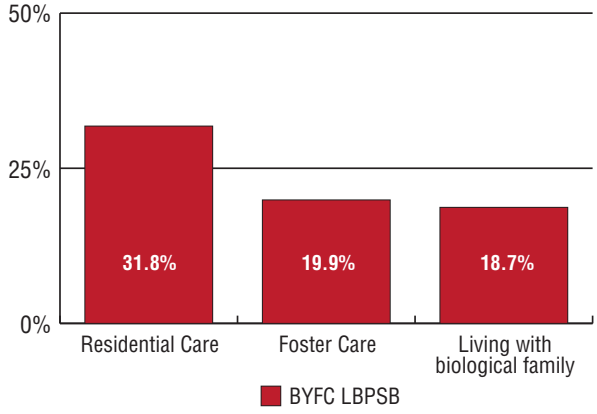
As illustrated in *Chart #2*, when analyzed by gender and age BYFC boys are more likely to be delayed than BYFC girls. Both BYFC boys and girls are more likely to be at least one year behind compared to the general population of youth attending a LBPSB school. Findings also reveal that BYFC boys are more likely to be delayed from the very beginning of their schooling; the rate of delay for BYFC girls increases for the high school age group.

Chart 3: School Delay by Placement Type

Proportion of agency children who are at least 1 year behind age appropriate grade by placement type (all years combined 2004-2008)



As illustrated in *Chart #3*, 31.8% of youth living in group and residential care and enrolled in an LBPSB school are delayed, while 19.9% of youth in foster care and 18.7% of youth living with their biological families are delayed. These differences can be explained in part by the fact that youth in group care are generally older and are coming into care with more difficulties than youth in foster care or at home.

POTENTIAL MEASURES FOR FURTHER ANALYSES

Grade level likely underestimates the academic difficulties faced by youth receiving services at BYFC. Achievement on standardized tests, placement in special education classes, school attendance and, for older out-of-school youth, graduation rates would provide a fuller picture of these needs. Nevertheless, it is noteworthy that our children and youth have challenging outcomes even with a relatively crude indicator like grade level.

CONCLUSION

Educational success is an important developmental outcome and should be considered as a protective factor for youth receiving services under the Quebec Youth Protection Act. Further analyses are critical in order to better understand the educational pathways and the supports necessary for educational success. Together with other outcome indicators, monitoring school delay aids at the agency level in assessing the overall well-being of BYFC youth, and has the potential to be particularly helpful as a basis for coordinating programs with various school boards. ITK

BYFC's Partnership with the Lester B. Pearson School Board

Ted Lariviere

OUR DATA SPEAKS…

According to BYFC statistics of clients who attend Lester B. Pearson School Board (LBPSB) schools, 16.2% have a school delay of one year or more. This number is based on information from the 2008-2009 school year which indicates that the rate of delay for the overall population of LBPSB students is 4.1%.

Considering the challenges our clients face, a rate of 16% might seem lower than one would expect. One reason may be the relationship BYFC has developed with our school board partners at LBPSB.

Over the past several years Batshaw has established a network of contacts and collaboration mechanisms with LBPSB personnel. Through these connections our clients who are presently struggling in LBPSB school programs and those who move into the Board territory are screened and linked to the most appropriate resource.

The data collected on school performance which looks at school delay by age and gender sheds some light on the fact that our male clients seem to fall behind earlier than our female clients. Generally speaking, boys between the ages of 8 and 13 have more serious behavioral issues than girls of the same age. Focusing on managing such

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BYFC's Partnership with the Lester B. Pearson School Board

(cont'd from page 2)

behaviors can often cause delays in assessing their academic functioning; by the time they receive academic assessments, a significant delay may already exist. Once the boys reach high school the problem is compounded because the schools are bigger; there are more teachers to deal with and fewer opportunities to form positive adult relationships such as with a special teacher or guidance counselor. Other factors include peer pressure and most importantly, the social impact of having fallen behind peers who are progressing at a normative pace.

The coping challenges of female clients intensify as they begin high school. They experience similar issues around handling the size of the school, the number of teachers, and potential distractions such as peer pressure, drugs, alcohol and gangs.

A PARTNERSHIP IS CREATED…

Since 2004 the number of Batshaw-involved LBPSB youth with school delays has decreased significantly from 24.4% to 16.2%. The partnership BYFC has established with LBPSB has very likely contributed to this decline; therefore it is important to review the evolution of this relationship and some of the things that brought us to the present positive situation.

In December 2004, the position I hold as "manager liaison with educational boards and services" was created. The goal was to establish a medium to better know and understand each other as well as to find ways to offer more effective supports to our shared clients. In early 2005 former BYFC Executive Director Michael Udy set up several meetings with prominent LBPSB school officials to look at the needs of our youth. With assistance from BYFC's and LBPSB's information services we managed to identify these shared clients and collect some basic information. This monitoring process continues to generate specific data on the school profiles of BYFC clients.

A STRUCTURE IS CREATED…

The Educational Placement Consultative Committee (EPCC) consists of School Board officials and BYFC staff as well as other professionals concerned with particular school situations. This group meets every two weeks at Dorval campus to discuss situations where special school supports are required. On average the committee reviews 125 students per school year. With parental consent, social workers present the student's profile and the school history is reviewed taking into account all of the factors contributing to the present circumstances. If the student requires an alternative school placement it can be authorized immediately by the coordinator of student services who sits on the committee. The Principal of the LBPSB network of alternative schools is also in attendance and informs the receiving school of the impending arrival and specific needs of the new student. If the student requires a high school placement with support, the student services coordinator then organizes with the concerned school team what is needed. These approaches prevent long delays in accessing programs.

The other function of the committee is consultative; school professionals come to the group with the social worker to seek solutions to the individual student's school plans that are in jeopardy.

In addition, joint Parity Meetings involving Batshaw Readaptation Services and LBPSB administration take place twice a year to monitor the jointly run internal programs of Dawson Alternative and Bourbonnière Schools. The Crossroads elementary and high school integration programs are also discussed at this table. This relationship falls under the umbrella of the provincial MELS/MSSS entente.

COMMUNICATION OCCURS…

As liaison manager, I communicate with the Board almost daily to help them understand what is going on with difficult cases. Workers and school professionals share vital information that allows them to do their jobs more effectively. If problems or disagreements around plans or interventions arise, my Board colleagues and I mediate and find workable solutions. A vital part of this relationship has been the resolution of conflicts in a timely manner while respecting the views of one another.

There are several means undertaken to create better understanding between BYFC and LBPSB: Evaluation/ Orientation workers provide school personnel with a user friendly presentation on how Youth Protection services function. These presentations are given both at the school level and with Board professionals. As well, BYFC resource staff, Application des Mesures workers and foster parents provide training to Board personnel on the reality of foster care. This training enables Board personnel to have a clear understanding of the challenges facing foster parents and children in foster care. It allows us to clarify the role of the Youth Protection worker, resource worker, biological parent and foster parent.

SERVICES ARE OFFERED…

The LBPSB assists our clients through several other initiatives; high school resource teams provide psychologists, behavior technicians, integration aids, planning room technicians, resource teachers and CSSS

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IN-the-KNOW . . .

BYFC's Partnership with the Lester B. Pearson School Board

(cont'd from page 3)

social workers who work with us to provide quality support. They work in alternative school programs including personalized programs which provide different levels and types of structure according to the student's needs.

Vocational options create new work pathways and work experiences for non credit students. The LBPSB also provides behavioral support in three elementary schools facilitating the integration of challenging students from BYFC's Crossroads elementary program. Family, School, Student Treatment Teams (FSSTT) are available in several elementary schools; they offer additional support to parents and students evaluated by resource teams as having specific needs.

Finally, transportation is a practical and important service from the LBPSB in cases where our clients integrate into new programs outside the present school bussing area. This is extremely helpful in preventing disruptive school changes; it contributes to stability in the student's environment and to maintaining important relationships.

IN SUMMARY…

The LBPSB stresses with its staff the value of working in harmony with partners like BYFC. It is evident that there are many opportunities for collaboration between our two institutions. This mutual understanding clearly benefits our clients and we are motivated to continue learning about each other. The role of CSSSs in school programs is also evolving; our EPPC committee is increasingly contacted by CSSS staff needing assistance with school issues. When they see how some of our mechanisms for collaboration work, they are impressed and want to know more about these initiatives. Our next mission is to build on these means to further reduce the 16.2% of clients who still experience delays. ITK

Did you know?

The McGill CRCF hosts research seminars approximately bi-weekly at 3506 University in the Wendy Patrick room from 12:00 – 1:30. These seminars provide an opportunity for faculty, visiting scholars, graduate students and clinicians to share and discuss their research. Batshaw staff are always welcome! The seminar series begins this season with the following presentations:

March 10: Dr. Lucyna Lach, Aline Bogossian & Sacha Bailey – ***Parenting children with neurodevelopmental disorders: Overview of a program of research and preliminary findings.***

March 31: Mónica Ruiz-Casares – ***Children home alone or inadequately supervised in Montreal and across Canada.***

April 14: John Eckenrode (Cornell University, New York) – ***The Nurse Family Partnership Program: Adolescent outcomes in the Elmira Randomized Controlled Trial.***

- All material featured in ***In the Know*** is available in the Batshaw library. For complete copies of any material please contact Janet Sand at janet_sand@ssss.gouv.qc.ca
- For more information on the Evidence-Based Management project or for the PDF of this issue, please visit http://www.mcgill.ca/crcf/projects/ebm/
- For access to up-to-date research on Canadian child welfare programs and policies, please visit the Centres of Excellence for Child Well-being, Child Welfare Research Portal at http://www.cecw-cepb.ca/
- If you have any comments or questions about ***In the Know***, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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IN-the-KNOW...

VOLUME 2, ISSUE 1
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FEATURE EDITION

Evidence-Based Management

Evidence at Work!

Program Development on Neglect at BYFC

By **Susan Gallo,** Program Development Manager, Division of Professional Services

In July, 2008, I began in this new position as Program Development Manager in the area of neglect. My initial exploration around program development pointed to three precursors to the process. *First*, we need to know the theoretical, practice and research base that guides our thinking about our work with clients followed under neglect. *Second*, we need to know who our clients are; and *third*, we need to have an understanding of the existing services that respond to our clientele's needs and any gaps that there may be.

I proceeded with an extensive literature review that encompassed both local and international references. Alongside this review and in order to establish who our clients followed for neglect are, their needs and the challenges they face, we proceeded to gather information using evidence-based management criteria from the three known sources: clinical expertise, research, and our client information system. In order to gather a profile of our clientele, we ran focus groups and developed and administered a clinical survey.

Approximately 40 clinicians from across divisions participated in the focus groups. The information gathered from these sessions and the literature review were analyzed, and through a joint effort between Batshaw (Susan Gallo) and McGill (Dr. Stephen Ellenbogen), the survey was developed. Throughout the process, we ensured that face and content validity of the survey would be strong in the following ways: 1) the conceptualization was developed with the assistance of experts on the subject; 2) clinicians participated in a brainstorming process to identify the risk and protective factors related to child neglect; 3) the survey was developed with their comments and the literature review in mind; and 4) an ecological framework (model that looks at a child within his immediate context such as family, followed by the community context such as school and then the wider society) was used to ensure an exhaustive repertory of dimensions of these concepts (Gallo & Ellenbogen, 2009).

In April 2009, Evaluation-Orientation Workers, Application of Measures Workers (Community and Residential), and Adoption Workers completed the survey. The return rate was an impressive 95% allowing us to gather information about 929 children/adolescents, 545 Primary and 325 Secondary Parents/Caregivers. The findings also contributed to the confirmation of a typology whereby we can better understand some of the characteristics that our clients have in common, thus helping us to better target our interventions to meet their needs.

Our program on neglect is meant to address **risk** and **protective** factors as well as the **impacts** of neglect. One important way of better knowing our clients and their needs was through the Attachment, Self-Regulation, and Competency (ARC): Trauma Research Project that involves our adolescent youth and looks at the potential impacts of neglect and abuse. In addition, the Evidence-Based Management Indicators broaden our perspective using our client information system.

(cont'd page 2)

In order to gather an overview of the activities, programs and clinical tools that are used at BYFC to respond to our clients' needs, Claude Laurendeau – Director, Division of Professional Services and I proceeded to develop a three question survey that was given to Coordinators and some Managers. The return rate for these surveys was an amazing 93%. The information we gathered allowed us to see the richness in the services that already exist, to build on our strengths, and identify areas where there are gaps in addressing both the risk factors and impacts associated with neglect.

This Feature Edition was completed with a contribution from Dr. Stephen Ellenbogen who reviewed and validated the research and statistical material. It was accomplished in collaboration with Claude Laurendeau and it incorporates the values and principles of *In-the-Know,* more specifically, helping us to transfer knowledge so we can better integrate it into practice (Laurendeau & Trocmé, 2009). With this in mind, I approached key individuals from various divisions and positions in the agency and asked them specific questions to elicit their expertise in linking evidence from emerging findings stemming from various sources, including the Neglect Survey.

A quantitative study previously described in an earlier edition of *In-the-Know* (Vol.1, Issue 1), the Projet Multi-Savoirs (PIBE), was carried out by using our clinical information system, PIJ. I asked **Johanne Proulx** - Planning, Programming and Research Officer, Division of Professional Services, to look at similarities and differences between the PIBE study and the Neglect Survey:

"Judging by the number of ongoing research projects on neglect and the number of articles produced by various research teams, it seems fair to suggest that neglect is no longer the neglected form of child maltreatment that it once was.

At Batshaw, these two major projects confirmed the importance of this silent form of maltreatment for children followed under the Youth Protection Act. The PIBE Project looked at PIJ data stemming from BYFC and another Youth Centre over a five-year span (2002-2007). It used information entered regularly into the client information system. This project highlighted the advantage of using data that was already available and grouping the information together in meaningful clusters before sharing it with workers. While the client information system may not be flexible enough to answer some of the questions that may arise as the information unfolds, it nevertheless offered the tremendous advantage of being common to all 16 youth centres, therefore allowing for comparisons between regions and identifying specific situations or needs.

The Neglect Survey was completed by clinicians and was designed to answer specific questions regarding the neglect population at Batshaw. As with any tailor-made tool, the survey offered the flexibility and the freedom to include questions that were deemed relevant to expanding our comprehension of neglect. These results are specific to Batshaw and cannot be generalized to the larger population.

Despite the differences in approach, both studies reported similar findings. Amongst the results, some findings stand out:

- *More than 7 Batshaw children out of 10 are followed for reasons including (but not exclusively) neglect (73% in the PIBE study, 70.5% in the Neglect Survey).*
- *Boys are just as likely to be the victims of neglect as girls.*
- *The PIBE study clearly showed that most neglect cases can be found in the 0 to 12 age group and the Neglect Survey showed the 5 to 13 age group rate of neglect was slightly higher.*
- *Both studies emphasize the importance of school in the life of these children; school personnel were reported as a major source of signalements (PIBE) or as offering after-school programs and parental follow-up with teachers (Neglect Survey).*
- *Both studies indicate a high prevalence of addiction issues and domestic violence for the primary caregivers. The Neglect Survey also pointed to a high prevalence of mental health issues (40%).*
- *Both studies report, in different ways, how the families of children of neglect are multi-problem families, thus confirming with numbers what workers often describe.*

The Neglect Study offers more information regarding the caregivers, their characteristics and, to some extent, their own histories. This information could not have been gathered in the PIBE study as such detailed information about the parents is not entered in PIJ. In the PIBE study, the results reveal how neglect is so much more than poverty and the lack of material goods. Both studies address how individuals function in their environment with the strengths they have and the challenges they face, the latter often overpowering the strengths. To that effect, one of the most important contributions of the survey may lie in the information regarding the discrepancy between the awareness that services are available in the community (73%) and the low percentage of clients seen as accessing them (48%). Offering services is not sufficient; strategies need to be developed to promote relationship-building with both our clients and partners!" JP

(cont'd page 3)

A typology helps to provide a better understanding of how neglect manifests itself with clients. Clinicians were asked whether they considered the neglect with their clients to be situational (caused by an event), chronic (ongoing), or episodic (family marked by periods of neglect). The Batshaw sample shows that it is largely a chronic neglect problem (55%), followed by a situational neglect problem (25%) and an episodic neglect problem (15%) (Neglect Survey, 2009).

In light of the above-mentioned finding, I asked **Margaret Douek** - Executive Director, what implications this might have with reference to the organization and delivery of services for Batshaw clients followed under neglect.

"The typology which was used in the survey on neglect to identify the percentage of cases we follow for the different types of neglect is of great importance when making choices about how we will work with such cases. The fact that we are following neglect cases largely for chronic types of situations has implications in terms of the approach we choose and the resources we allocate to the program.

Research studies, including one carried out by a prominent Québec Researcher, Louise Éthier (2007), looked at clients who receive services for chronic problems of neglect. They arrived at the conclusion that brief intensive services do not bring about the needed change in the family situation and, that in general, these cases need to be followed for a period of approximately 24 months; others have made reference to 30 months (Boudreau, 2009). These findings suggest that longer term programming over a two year period becomes evident.

The needs of the clients identified in the three groups: chronic, situational and episodic are not the same and the approach needs to be adjusted accordingly. Given that 55% are chronic neglect cases, the staff investment in long term cases means that caseload turnover could be slower for at least half of the cases depending on the model chosen.

Since we are also called upon to develop the neglect program in complementarity with the CSSS of the territory, we would need to examine how to ensure continuity for cases where there are no longer protection issues but where there is still a need for services. In certain regions, as the families needing long term services are identified early in the process, the CSSS intervention begins at the same time as the protective measures. Services are offered jointly and there is a seamless transfer of responsibility when we close the youth protection file.

The partnership model we will be using is not clear and in Montreal there is the added complexity of working with 12 CSSSs who are not evolving at a uniform pace. Batshaw is an active participant in a regional committee which will attempt to address some of these issues. We are encouraged by the fact that we have also been approached by some CSSSs with whom we work more closely to explore further collaboration.

Our neglect program as well as the training, supervision and support to staff would all be adjusted as a function of the type of neglect problem being treated.

I am hopeful that despite the challenges we are moving in the right direction, both internally and with our current and future partners." MD

Clinicians reported that half of the sample of Parents/Caregivers is seen as having a good existing network of services in their community (50%). In addition, 73% of Parents/Caregivers report being aware of the services in the community; however, only 48% are seen as accessing these community services (Neglect Survey, 2009).

As we speak of partnerships with community services, I approached **Howard Nadler** - Manager, Liaison with Network Partners, Executive Director's Office, to ask him what elements resonated with him in reference to the disparity between Parents/Caregivers knowing the services exist in the community and the actual perceived use of them.

"It is encouraging to hear the extent to which Parents/ Caregivers are seen as having a good existing network of services in the community. This study is a good beginning toward developing a better understanding of the accessibility of community-based resources. However, when I begin to analyse these results, many thoughts and questions come to mind as any good research prompts one to do.

Clinicians may not know the extent of available resources in a community and whether or not the Parent/Caregiver receives what they need from the network. For example, fathers of young children seldom acknowledge their lack of support services and are often unaware that services may be helpful. Some questions this finding provokes for me are:

- *What type of community-based supports do Parents/ Caregivers need, and is the network of services meeting these needs?*

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- *Do the services support the objectives of the Batshaw intervention plan?*
- *How often are referrals made? Are referrals made via consultations, case conferences and supported by service agreements?*
- *Is there a mutual awareness and acknowledgement of the needs?*

Cultural and racial issues, language, location, transportation, availability of child care, costs, etc., are often factors that need to be understood when assessing accessibility of services.

- *Are services offered during times that the families are in need and are they coordinated?*
- *What is needed to improve the overall functioning of the system?*

Also, some Parents/Caregivers are immobilized, isolated and social or community services can help.

- *How do we effectively engage and connect this specific group to community services?*

Relying on the Neglect Survey findings on their own may restrict innovation in the planning and delivery of services. A community needs assessment would be a helpful next step in finding ways of responding to these questions as we strive to enhance our client support network." HN

The Neglect Survey showed that with respect to family characteristics, conjugal violence is common in families where there is neglect, with 46% making up the suspected and confirmed categories. The unknown/ suspected category about whether there was conjugal violence in the household was 24% (Neglect Survey, 2009).

In looking at our clients' needs, it is essential to look at family characteristics. I asked **Madeleine Bérard** - Program Manager, Orientation Table/Youth Protection Reviewer and Member of the Clinical Integration Group on conjugal violence, about the above-stated results.

"One of the implications for practice relates to the issue of co-morbidity and etiology. When the DYP receives a signalement in neglect cases where there are also issues of conjugal violence, it is difficult to determine which is the cause and the effect. How might one consider neglect through the lens of conjugal violence?

While conjugal violence occurs in all types of families, statistics show a higher prevalence amongst women already confronted with personal and social limitations (e.g. young, poor, handicapped, marginalized, history of victimization, etc). These characteristics can contribute to a limited capacity to parent.

Victims of conjugal violence can display a variety of symptoms which include: physical injuries, chronic health issues, psychological problems such as low self-esteem, depression, anxiety, panic attacks, despair, suicide attempts, PTSD symptoms such as feelings of fear and powerlessness, nightmares, irritability, hyper-vigilance, and coping with alcohol/ drug abuse.

If these symptoms persist because of prolonged victimization or failure to adequately address them, they can become permanent characteristics which seriously diminish the parent's ability to protect and be emotionally available to their child. Other impacts of conjugal violence include further impoverishment, social isolation and repeated poor choices of partners.

The complexity and interconnectedness of these two issues points to the benefits and the importance of an ecological analysis and interventions that look at both neglect and conjugal violence. With respect to the 24% "unknown" category about whether conjugal violence exists, it speaks to our need to increase our assessment capacity." MB

In sharing the results of the Neglect Survey across Batshaw, many clinicians have expressed surprise upon hearing that the household concerns around hygiene (24%) and around the physical safety of the home (26%) were not as prominent as they would have expected (Neglect Survey, 2009).

I asked **Phillip Burns** - Program Manager at Evaluation-Orientation, Division of Youth Protection (DYP) what came to mind as some plausible explanations for these results around household concerns.

"Some problems with the home may be partially related to aged, run-down housing in specific neighbourhoods paired with problems with landlords. This might be seen as less acceptable to clinicians from more affluent neighbourhoods where community standards may be different but where we still find other types of neglect.

With respect to the articles of neglect under the Youth Protection Act, I do not find the low percentages related to

(cont'd page 5)

household hygiene and safety to be that surprising. The 2007 amendments to the YPA regarding neglect have broadened the scope and added considerations to the notions of neglect, thus spreading the percentages.

Finally, there is the issue of different standards of cleanliness and home maintenance between the perspectives of Batshaw clinicians and those of clients. Workers struggle at times with cases that fall in the grey area and they want to avoid being judgmental and want to have a less subjective way of observing aspects related to household concerns and physical safety. Often they are going in to investigate allegations about other things and the state of the home is not then their primary source of concern." PB

Clinicians reported fewer family functioning concerns (roles, relationships, supervision, difficulties, etc.) for infant clients, than they did for children and adolescents; the difference was statistically significant. Furthermore, clinicians gave lower difficulty ratings to cases that involve working with infants, in comparison to cases involving children or adolescents (Neglect Survey, 2009).

To enable us to further probe the results about the lower level of difficulty ratings that may infer a lower level of complexity, I first asked **Linda See** - Program Manager, Application of Measures, Permanency Planning Team, Division of Child and Family Services (DCFS), to respond with a view of the work with *infants* and *children*. I asked her what the above results evoked for her and what she attributed them to.

"From my perspective, the fact that clinicians are reporting fewer family functioning concerns for infants as opposed to older children can be due to the fact that these concerns may not be as apparent and therefore not as easily detected and confirmed. Even though the clinicians may not be reporting a multitude of concerns, it does not mean that they are not present within the family context.

When clinicians assess the many dimensions of family functioning, they are reliant on several sources of information as a means of confirming whether difficulties in the family functioning exist. A confirmation of concerns can then lead to a variety of interventions. The clinician's perception that there are fewer family functioning concerns can be explained by the notion that issues which cannot be confirmed remain in the category of being suspected thus they may not be addressed and may appear to make the clinician's work less complex and interventions more streamlined.

In assessing the family functioning, the clinician will rely first and foremost on the reports of various family members: parents and children, and at times the extended family. In families with non-verbal infant children, the clinician's assessment of family issues may be solely based on observations and the reports of the parents. This can be problematic; parents may show a lack of awareness of their difficulties, and their fears or lack of trust may also lead them to minimize or mask their difficulties.

Other sources of information which may confirm concerns in family functioning come from the family's exposure to other systems, such as school or other community organizations. Once again, in families with infant children, this exposure to other systems is limited by virtue of their young age. Therefore, less exposure to the larger community means limited information about family functioning and more difficulties in identifying areas to work on.

With older children and adolescents, the effect of problematic family functioning can be seen through behavioural problems, learning difficulties and attachment disorders; this is not as evident and easily distinguishable in young infants. Clinicians need to be working with these children, families, and community resources to intervene with regard to these behaviours. However, in infants who have not yet begun to display such issues, their interventions would likely be more focused on the parent-child interaction and would involve less work with the multitude of community partners.

For a clinician, concerns of family functioning that cannot be confirmed through observations, family disclosures, and community reports may not be addressed with the family which can make interventions with them appear more limited and at times, less complex." LS

From the same finding I asked **Jennifer Brewerton** and **Cindy Woods,** both Educators working in the Division of Residential Services for Adolescents, for their perspectives with a focus on the work with *adolescents:*

"As workers in the adolescent network, this difference in difficulty ratings for cases was not surprising for us! Dealing with neglect in infants for workers tends to be more concrete and may involve less interveners within the community. The interventions would revolve around meeting the infant's basic needs (nutrition, safe environment, clothing, nurturing) and more of a focus on the parent/child interactions. The impacts and consequences of neglect and deprivation become more evident as children age. Without the proper stimulation, certain milestones may not be

(cont'd page 6)

attained. This can create situations which may place these children at risk. Infants are dependent on their parents and also are less seen in the community. Elementary grade children are less autonomous given the naturally occurring structure of our society. As children age, they are given more responsibilities and freedom. Children who have been neglected may not be as equipped to make the positive choices necessary to make developmental gains. They are also not passive recipients of interventions; rather, they now have a voice to express themselves and therefore are more in a position to share things that are not going well. Also, they may be more likely to challenge authority figures. In the case of adolescents who tend to have more freedom and be more involved in the community, there may be a higher likelihood that more interveners are implicated in the situation. We know adolescents are also trying to become autonomous from their parents; this requires interveners to help parents and youth address the challenging family or individual situations, problem-solve, negotiate rules, boundaries and privileges, making the interventions at times somewhat complex. In BYFC, Readaptation Services are in the process of introducing a promising approach called the "Circle of Courage", which is designed to bring greater focus on four universal needs: Belonging, Mastery, Independence and Generosity." JB & CW

Clinicians reported 40% of the time that implementing lasting changes was more challenging with neglect cases than with other cases; 13% of the time they thought it was easier, and 46% about the same (Neglect Survey, 2009).

I asked **Jennifer Michelin** - Human Relations Agent at Application of Measures, DCFS, what she thought about Clinicians' perceptions around the capacity to implement lasting changes and how clinicians continue to motivate families and incite hope along the change process.

"The capacity to implement lasting changes is a major challenge for clinicians. Considering this, we need to use our clinical skills and tools to motivate families and incite hope along the change process. One way this can be achieved is by educating clients. For example, educating clients on how to access resources on their own rather than doing it for them may help clients to feel more independent and in control of their situation. This may motivate clients to target areas that need to change, and ultimately make them feel more hopeful. Another intervention that can motivate families and incite hope is by empowering clients to advocate for themselves through the various systems (CJ, CSSS, Schools, etc.). Clients have rights, and it is important for clinicians in all systems to ensure their rights are respected. Having confidence in clients' capacity to change, establishing a therapeutic relationship and empowering them by helping them re-connect with their strengths are additional ways that may help clients to feel more hopeful about their situation." JM

EBM Indicators/ Neglect
by Lorry Coughlin, Manager of Clinical Information Systems, Division of Professional Services

Over the last four years Batshaw has been working with the Centre for Research on Children & Families at McGill on the Evidence-Based Management project (ITK, Vol.1, Issue 2). One of the aspects of this multi-faceted study was to develop a number of outcome indicators to be able to better understand our clients and the services they receive. The following describes the neglect population with respect to three Indicators:

- ***Recurrence:** Cases with a new signalement evaluated as being "founded" within a year of the closing of an Application of Measures or Intervention Terminale service.*

13.7% of the clients followed under neglect (51 of 373) had a recurrent signalement within a year, as compared to 18.6% for the clients who received services for other reasons (29 of 156).

This difference may be explained by the fact that, on average, clients followed for neglect receive services longer than other clients. These results could also be attributed to a growing ability to connect clients to community resources once youth protection services end thus reducing the need for further BYFC services.

- ***School Delay:** Clients who are at least 1 year behind in school based on their age and their expected grade level.*

In one school board, 20.1% of school-aged youth followed for neglect were at least one year behind in school (27 of 134), versus 29.5% for the other client groups (23 of 78). This is also compared to a school delay rate of only 4.1% for the total population of youth in the same school board.

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The slightly lower rate of delay among youth followed for neglect as opposed to other reasons may be explained by the fact that situations of neglect tend to be seen in younger age groups. On the contrary, school delay has a greater impact as our clients get older.

- ***Placement Rate:*** *The rate at which clients are placed (foster or residential care) within three years of the initial signalement.*

14.9% (84 of 565) of youth followed under neglect were placed within three years of the signalement, as opposed to 28.0% (89 of 318) for other client groups.

As neglect is the most diverse category of problems, there are many situations that do not require placement. This is in contrast to youth experiencing serious behaviour problems and abandonment, which lead to placement far more often.

Given the prevalence of neglect (70.5% of all BYFC cases in April 2009), further study into the indicators is certainly warranted as a means of deepening our understanding of our clientele and their needs. LC

A longitudinal study completed by Widom & Maxfield (2001) suggests that "violence is begotten not only by violence, but also neglect", as "being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59%, as an adult by 28% and for violent crime by 30%" (p.2).

This external research conducted by Widom & Maxfield (2001) tracked 908 substantiated abuse and neglect cases for 25 years and it draws our attention to potential impacts of neglect and abuse on children/adolescents. We know that many of our clients who receive services under Youth Protection may not get arrested; however they may have behaviours that place them at high risk for this to occur. To help us better explore this area, I thought it would be useful to ask **Claudia Zambrana** and **Tracey Moore** – both Human Relations Agents at Young Offenders Services, DYP, what they thought the implications of the above-stated results can be for clients followed under Youth Criminal Justice Act (YCJA).

"This phenomenon implies a need for ongoing information sharing and collaborative work between not only Young Offenders Services (YOS) and Youth Protection (YP) workers, but in the programs offered to YCJA clients.

In practice, this would translate into sensitizing YOS workers on issues of neglect and their main factors of origin. Similarly, a YCJA training could be formulated for YP workers in order to explain the role we both play and how valuable some of the information and perspectives we both have can be helpful in working with our clients. This can allow us to develop our complementarity using each other's expertise and this collaborative team approach would then be invaluable to the client.

Moving forward, these results can impact our assessments and production of clinical reports, Pre-Sentence Reports, Extra-Judicial Sanctions, Intervention Plans, etc. More research would be needed to determine best approaches with regards to YCJA clients. For example, we may need to determine whether "neglect" needs to be integrated as a variable in certain clinical assessment processes to help us gather a more holistic picture of the client and to assist our interventions.

Programs which are already in place, such as Family TIES and Social Skills Training or Intensive Probation Programs become even more relevant and important following the above-stated results, given that it speaks to the potential cycle of violence. Moreover, attention needs to be paid to how helping professionals deal with second generation clients and what interventions can be provided to prevent the inter-generational cycle of violence.

Making active referrals in the community in order to address unmet needs should also be prioritized. In conclusion, some preventative actions such as: social skills building, attending to education issues, reducing poverty, increasing pro-social activities, and looking after health concerns, need to be implemented in order to help decrease the cycle of violence and the potential impacts of neglect on adolescents and future generations." CZ & TM

EVIDENCE AT WORK!

A Further Look at the Impacts of Neglect…

The Neglect Survey results point to more difficulties surfacing in adolescence than any other age groups. BYFC's Annual Statistics for 2009-2010 indicate that 70.7% of youth displaying serious behaviour difficulties (38(f)'s under the YPA) are between 13 – 17 years of age. This suggests that we may be seeing the impacts of neglect and abuse on youth. Overall, research indicates that neglect can have damaging and long-term effects on a child's cognitive, socio-emotional, behavioural and physical development (Hildyard & Wolfe, 2002).

Two Researchers at McGill, **Dr. Delphine Collin-Vézina** & **Kim Coleman,** both with expertise in the area of trauma, provide an initial glance at their findings:

"*The Attachment, Self-Regulation, and Competency (ARC) Trauma Research Project was carried out with 53 youth in residential care. One research objective aimed to gather a better understanding of the prevalence and severity of trauma symptoms of youth that reside in residential care. Based on an analysis of self-report questionnaires, the initial results show that 58% of the sample have experienced some level of emotional neglect (e.g. failing to respond to the emotional needs of children/adolescents), while 98% have reported some level of physical neglect (e.g. deprivation of food, clothing, and/or shelter). This type of maltreatment may be a reason for their involvement in youth protection and/or their need for Readaptation services.*" DC-V & KC

Building on our Strengths: Overview of BYFC Services

The Survey on Overview of Services has allowed us to draw a portrait of existing activities, services, and clinical tools across Batshaw. The results were organized in a way that is congruent with the objectives of a program on neglect as identified by the American Humane Association (2009) and the Association des centres jeunesse de Québec (2009). This overview has pointed to the areas that we can continue to build upon and the importance of continuing to develop our common understanding of neglect, consistency in the language we use and coherence in our approach.

Several programs, services and clinical tools were identified as relevant for both assessment and intervention purposes. While some are at the very early stages of implementation and others are unevenly applied across all BYFC services, the strengths within our Youth Centre are definitely there to build upon.

In summary . . .

The literature review, the Neglect Survey, and the Overview of Services represent critical steps in developing a solid knowledge base to better equip us for our next phase – that of developing the Neglect Program. To this end, a Program Development Committee has been formed with professionals who have a recognized expertise in the areas of neglect pertaining to **risk** and **protective** factors and the **impacts** of neglect.

As we continue to draw on our sources of expertise: practice, research, and client information, I am confident that we will continue to keep the needs of our clients at the forefront of our program development and face the many challenges related to the complex issues of neglect.

- All material featured in ***In the Know*** is available in the library. For complete copies of any material or for the bibliography for the Neglect literature review, please contact Janet Sand at: janet_sand@ssss.gouv.qc.ca.
- If you have any comments or questions related to the contents of this issue, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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Evidence-Based Management

Attachment, self-regulation, competency (ARC) trauma study

Delphine Collin-Vézina, Kim Coleman and Lise Milne (McGill University CRCF)

Batshaw Youth and Family Centres, with the support of McGill University Centre for Research on Children and Families (CRCF), is presently working towards enhancing services to embrace a trauma-informed therapeutic approach for Batshaw youth in residential care. Dr. Delphine Collin-Vézina of the McGill CRCF was invited by Batshaw to aid in assessing the objectives, variety, and therapeutic value of existing programs. In the process of first evaluating the strengths and needs of the youth themselves, Dr. Collin-Vézina learned of the ARC Model, a flexible framework that supports the creation and implementation of trauma-informed services based on three dimensions that are central to healing from psychological trauma: Attachment, Self-Regulation, and Competency. The ARC model is well suited to the milieu- based residential community: it is built on a broad definition of trauma, offers structure that is non-prescriptive and provides room for creativity, innovation, and adaptation.

The objective of the recently completed first phase of the ARC Trauma study has been to measure the levels of trauma, relational issues, behavioral concerns and strengths of youth placed within residential services. This comprehensive assessment will form the basis on which to evaluate the readaptation services and programs currently offered to Batshaw youth. While the results are in the process of being shared directly with management, educators, and the youth themselves, a summary of the findings will be presented here.

WHAT IS ARC?

ARC is a trauma-informed flexible framework for working with youth who have been complexly traumatized (Kinniburgh, Blaustein, Spinazzola & van der Kolk, 2005)[1]. Complex trauma is recognized as the result of early childhood traumatic experience or of sustained trauma over time and is believed to have developmental impacts on children and adolescents. When applied to a residential care setting this strengths-based model promotes a culture that recognizes that psychological trauma is often at the root of the problems of troubled youth. In essence, trauma-informed systems are built on the notion that kids who present as emotionally labile, distant or resistant, or who demonstrate oppositional behavioral problems are often responding to underlying psychological trauma and are not simply "disruptive, willfully defiant, or aggressive" youth. The ARC framework is designed to address the key issues believed to be central to traumatic healing and growth by fostering attachment, supporting emotional self-regulation, and recognizing and building on competencies. ARC is also helpful to staff. For example, it can provide a therapeutic frame of reference for enhancing day-to-day interactions with youth, encourage creative interventions, and help staff understand the therapeutic value that is inherent in much of the work that they already perform on a daily basis.

THE ARC TRAUMA STUDY

A convenience sample of 53 youth from residential services spanning six units across two campuses agreed to voluntarily participate in the study. To be included youth had to be between 14 and 17 years of age. Youth who were involved in criminal justice but not involved in youth protection were excluded. The youth completed a questionnaire composed of a drawing and five measurements (Childhood Trauma Questionnaire, Inventory of Parent and Peer Attachment, Trauma Symptom Checklist for Children, Behaviour Assessment System for Children, Child and Youth Resiliency Measure)[i]. Because this was not a random or systematic sample, it cannot be considered representative of all Batshaw youth; however, it can still provide a helpful glimpse into some of the issues they may face.

Data reveal that all of the youth in the sample have been maltreated. Several youth have experienced some degree of emotional neglect (67%), emotional

[1] Kinniburgh, Blaustein, Spinazzola & van der Kolk (2005). Attachment, Self-Regulation and Competency. *Psychiatric Annals*, 424-430.

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Attachment, self-regulation, competency (ARC) trauma study

(cont'd from page 1)

abuse (60%) or physical abuse (60%). A few numbers stand out as particularly disturbing: For example, 98% of youth report some level of physical neglect. Another concerning number is the 38% of youth who report sexual abuse, a very high prevalence rate when compared to what is known or anticipated in the general population (twice as high for boys and three times higher for girls).

Table #1 Prevalence of abuse by type as measured by the Childhood Trauma Questionnaire (Bernstein & Fink, 1998) [1]

Type of Abuse	None or Minimal	Low to Moderate	Moderate to Severe	Severe to Extreme
Physical	40 %	17 %	9 %	34 %
Sexual	62 % (none)	6 %	9 %	23 %
Emotional	32 %	26 %	9 %	32 %
Neglect (Physical)	2 %	41%	21 %	36 %
Neglect (Emotional)	42 %	25 %	17 %	17 %

In addition, data shows that multiple forms of maltreatment (two or more) have been experienced by 81% of youth, and 22% have experienced all five forms of maltreatment. This supports the notion that youth in care are likely to have experienced complex forms of trauma.

ATTACHMENT - The Attachment dimension represents the unique working model of relationships that is developed based on early life experiences, relationships with caregivers, and interactions with others. Experiencing trauma, especially when young, can interrupt the process of attachment and skew the template for relationship building that we require for healthy relationships as adults.

The study captured and measured attachment levels with respect to the psychological security youth feel in their current relationships and sought to use this information as a way to better understand the many behaviors and emotions of children and adolescents. Data showed that while youth were likely to have weak attachment with their parents, they nonetheless fall within the 'moderately secure' range. This type of attachment refers to the adolescents' perception of the overall quality of their relationships, as opposed to the attachment style developed in the primary/early care giving relationship (i.e. disorganized, anxious, avoidant, etc.). Youth were found to be more attached to their mothers than their fathers. Attachment of youth to peers also falls within the 'moderately secure' range but is the strongest when compared to both parents and school. Although the measurement used in the study does not offer 'norms' to compare to, such attachment patterns with peers are expected given their developmental stage.

Relational problems with authority figures such as parents, teachers and schools are most frequently reported by youth. For example, 21% report a significant problem in their relationships with their parents and 23% report having a serious attitude or relational problem with teachers.

SELF-REGULATION - The Regulation dimension of ARC refers to the capacity of an individual to regulate, tolerate and control their emotional and behavioral responses to the world around them. Psychological trauma that is experienced through child maltreatment can impact the healthy development of this capacity. Posttraumatic symptoms in children and adolescents were measured, as well as the effects of child abuse and other symptom clusters found in some traumatized children.

Table #2: TSC-C Trauma Symptom Checklist for Children (Briere, 1996): Clinically diagnosable issues as reported by youth

Clinical Scale	Batshaw Youth
Anxiety	11 %
Depression	26 %
Anger	19 %
Post-Traumatic Stress	25 %
Dissociation	28 %
Sexual Concerns	34 %

Over half of the youth in the sample (54%) show evidence of at least one potentially diagnosable psychological disorder related to depression, anxiety or anger. Approximately one quarter of the sample of youth experience clinical levels of depression (26%) and/or PTSD (25%) and/or dissociation (28%), and nearly one fifth have serious problems with anger. Just over a third of the sample present clinically significant sexual concerns (sexual issues beyond what is considered within the normal range for their age and gender).

One third of the youth indicate having two or more psychological issues that have reached the 'clinical' range of concern. While findings point to the entire sample of youth having experienced some type of trauma, responses by youth revealed that 45% do not have any 'clinical' or serious psychological problems. This does not mean that these youth are without problems; rather, their problems are not considered outside or above the 'normal' range. This may be indicative of the strengths and resiliency of our youth discussed in the 'Competency' section further on.

Self-regulatory issues such as 'sensation seeking' and 'atypicality' were also captured in the study. While only 8% of youth indicated a serious concern in seeking or needing the 'thrill' of engaging in risky behavior, 42% of youth

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Attachment, self-regulation, competency (ARC) trauma study

(cont'd from page 2)

are considered 'at-risk' of engaging in serious sensation seeking behaviors. Atypicality, such as hearing or seeing strange things or exhibiting 'paranoia,' was found in 13% of youth sampled. Finally, one in three youth have or are at risk of having serious anxiety in personal relationships and feel like social 'outcasts.'

COMPETENCY - Competency is the dimension of the ARC model that identifies capacities and resilience and provides a strengths-based perspective upon which to build. Resiliency, a complex and dynamic concept that exists within the interplay of personal and environmental factors was assessed by measuring the value youth give to individual, relational, community, or cultural features. The data show that youth value individual and community factors (higher resiliency) above relational or cultural features (lower resiliency).

The study also found that just over half of the youth in the sample have a positive or internal locus of control, feeling that they can impact their own life and influence their destiny. The remainder report poor locus of control in that they feel powerless, not in control, or ineffective in influencing their life course. Youth were twice as likely to feel powerless and inadequate as to feel low self worth or that they are 'incapable'. Overall however, the data on competence show that our youth are self-reliant and believe in themselves in the face of adversity.

SUMMARY

The ARC Trauma study has found that almost all of our youth in residential care have experienced some level of trauma and many are presenting related symptoms. Despite the difficult experiences they have endured, strengths and resiliency among these youth were also revealed. Finding ways for us to help address this past trauma is essential so that they can move toward safer and brighter futures. This collaborative research is a step forward in this direction.

ACKNOWLEDGEMENT AND GRATITUDE

The welcome response and dedication of Batshaw educators and managers directly contributed to the ARC Trauma Research project achieving its goal of administering questionnaires to over 50 youth who live within the Batshaw residential program. Staff members who already work very hard on behalf of youth were asked to go above and beyond their daily tasks to assist with the research. A sincere thank you goes out to those who committed additional time and energy to help these at-risk youth. We look forward to keeping you informed about the ongoing ARC study and any future developments in the next phases of the research. ITK

[1] References for study tools available upon request.

Client Satisfaction Survey

Perceptions of the Intervention Planning Process

Steven Abrams, Professional Services Manager

In 2009, The Division of Professional Services in collaboration with the McGill Centre for Research on Children and Families conducted a Client Satisfaction Survey (CSS) with a particular focus on the Intervention Planning (IP) process; it was carried out in support of our Improvement Plan objective to promote IP as a clinical process as opposed to an administrative requirement. The CSS explored the implication of clients in the IP service delivery, their perception of the IP's importance and the overall satisfaction with services. It identified what we are doing well and areas for improvement.

The process began with a review of a similar survey conducted by Centre Jeunesse de Québec – Institut universitaire[1]. Subsequently, under the aegis of Dr. Nico Trocmé and with the help of principle researcher, Dr. Stephen Ellenbogen, a questionnaire adapted to Batshaw clients was developed. Representatives from the Council for Clients and Community, the Multidisciplinary Council as well as Caseworkers and Managers validated the questionnaire. From an original sample of 268 families, telephone interviews were conducted with 96 parents whose children live at home.

[1] Brousseau, M. and Pilote, C. (2007). *Le point de Vue de l'usager sur l'utilisation du plan de service*, Centre Jeunesse de Québec – Institut universitaire sur les jeunes en difficulté: Québec, 76 pages.

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Client Satisfaction Survey

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RESULTS

Parents were left with a good impression of Batshaw services. According to their responses, the rate of parents who thought Batshaw could help increased from 53.2% at the start of services to 72.5% at the time of the survey.

Most parents believed they understood the plan well. They believed that the wording describing their situation and what needs to be resolved was clear. They also considered the plan to be important. Parents experienced being fully involved and informed in the planning process and saw the Workers as reliable resources.

The satisfaction level with Batshaw services was also positive. Parents perceive Batshaw as wanting to provide support and wanting to help change their situations. However, several parents were not experiencing their desired levels of change.

Notably, 27% of parents indicated that they were not actively encouraged to seek the support of those close to them. These numbers point to a need to facilitate increased use of informal networks.

Positive correlations were identified between satisfaction with overall Batshaw services and an increased understanding and sense of importance of the plan. Parents who are satisfied with the services may be more likely to put a greater value on the ability of the plan to help. The results also indicated that clients who have a better understanding of the planning tools and interventions are more likely to be motivated to reach their goals.

SUMMARY OF MOST AND LEAST FAVOURABLE RESULTS

Several questions received particularly favourable responses. These included clients recognizing how the IP helps serve as a guide, experiencing being involved in the review process and appreciating the positive support received from the Worker. Some less favourable responses to other questions revealed a need to focus on collaborative efforts such as ensuring others in the family support the IP. It also suggests the importance of finding the suitable balance of time spent with clients needed to support progress and of assisting clients to make better use of their personal networks. Addressing some of these needs has the potential to increase positive outcomes.

A total of 74% of respondents agreed that Batshaw helped overall. They specify their appreciation of guidance, positive reinforcement, practical ideas, resources provided as well as being listened to.

There were also 50% of respondents who expressed dissatisfaction in relation to changing Workers, feelings of being judged and not being well prepared for court and placements. Nevertheless, many of these respondents indicated that they were generally satisfied overall.

CONCLUSION

The strengths of our practices are noted in positive client/worker relationships, recognizing client efforts and providing opportunities to participate in the planning process.

Clients can potentially experience greater benefits if we involve all family members, help them become more connected to personal networks and find ways to promote autonomy. We can enhance these collaborative themes by building alliances and ensuring participation in decision-making. Fostering clients' skills and leadership capacities is likely to further improve the perception of positive experiences. ITK

- All material featured in ***In the Know*** is available in the library. Please contact Janet Sand at: janet_sand@ssss.gouv.qc.ca.
- If you have any comments or questions related to the contents of this issue, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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IN-the-KNOW...

VOLUME 2, ISSUE 3
DECEMBER 2010

Evidence-Based Management

Out-of-home Placement

Lorry Coughlin, Tonino Esposito & Nico Trocmé

The youth protection system is accountable for the safety and well-being of the children they serve, and efforts are made to maintain children with their parents in their natural environment whenever possible. When this is not possible, youth protection professionals are responsible for providing children with an out-of-home placement setting that will ensure their safety and facilitate their development. This is endeavored by providing the therapeutic services required to counter the adverse developmental effects of maltreatment.

Although on a case level basis the decision to place a child should not necessarily be interpreted as a negative event, at an agency level, trends in out-of-home placement rates are an indicator of the extent to which efforts to serve children in their own homes are successful. From a management perspective, tracking rates and factors associated with out-of-home placement can help identify those children most likely to enter out-of-home placement. In addition, it helps to guide program development and decision-making that promote the safety and well-being of children in their own homes when possible, and in out-of-home placement when not.

MEASURING RATES OF PLACEMENT AT BATSHAW YOUTH AND FAMILY CENTRES

In consultation with the BYFC outcome indicators Reference Group, a placement measure was developed that would best describe the experience of children from the point of first contact at investigation: **Any out-of-home placement lasting longer than 72 hours that occurred within 36 months of the initial retained report.** In other words, this indicator measures the likelihood that a child investigated after a retained report ends up in out-of-home placement within three years.

In order to track these cases, a list was compiled of children whose initial report was investigated from 2002-2003 to 2006-2007. These cases were then monitored over 36 months for any out-of-home placement experience lasting longer than 72 hours. The duration requirement was included in the definition to eliminate episodes of short emergency placements that do not lead to long-term out-of-home placement.

To avoid double counting children entering out-of-home placement, children who had received a retained report within the previous 12 months were excluded from the indicator. Youth who were older than 14 years old at the time of their initial report were also excluded as they would be older than 18 within the three-year follow-up period and would have aged-out of Youth Protection services. This presents as a limitation of the indicator given the relatively large proportion of youth in this category. Future analyses could be applied to youth aged 15 and older in order to better understand out-of-home placement use for this population.

Chart 1: Placement rate within 36 months by fiscal year, BYFC 2002-2007

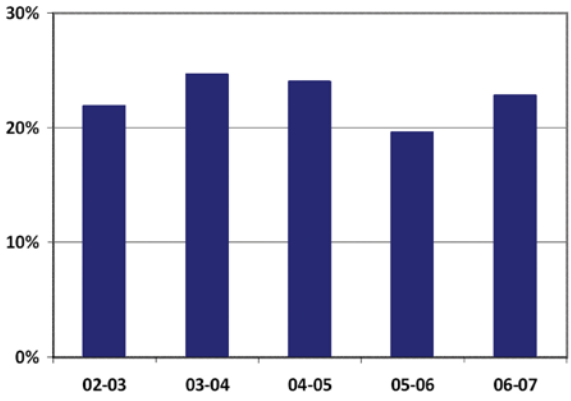

Chart 1 illustrates that the majority of children (77%) investigated by the Youth Centre do not come into out-of-home placement within the three-year follow-up period. On average, 23% of investigated children come into out-of-home placement within three years of their initial investigation.

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Out-of-home Placement

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Chart 2: Placement rate by age at investigation, BYFC 2002-2007

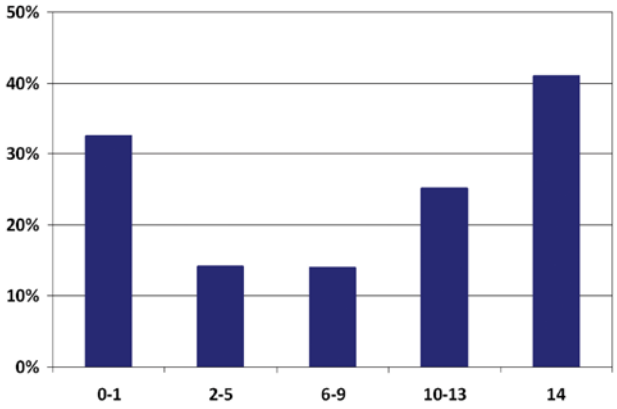

Chart 2 illustrates that 32% of infants aged 0-1 year and 41% of 14 year-old adolescents enter out-of-home placement within three years of their initial investigation. These two age groups have the highest rate of out-of-home placement.

FURTHER ANALYSES

The following are other characteristics of children at risk of entering out-of-home placement following their initial investigation:

- Children investigated for behavioral problems and neglect represent the highest volume of both investigated cases and children entering out-of-home placement. Approximately 45% of children investigated for behavioral problems and 20% of children investigated for reasons of neglect experience at least one out-of-home placement within three years following their initial investigation.
- Half of all children entering out-of-home placement do so within the first 100 days following their investigation and three-quarters do so within the first year.
- Although infants aged 0-1 and 14 year-old adolescents enter out-of-home placement most often, compared to each other, 14 year-old adolescents are thirty-two percent more likely to enter out-of-home placement than infants aged 0-1.
- Twenty-three percent of investigated children experience an out-of-home placement within three years of their initial investigation. However, when we examine the out-of-home placement rate for only those children whose security and development are deemed compromised we find that the out-of-home placement rate increases to 35%.
- Youth investigated for behavioral problems are almost 3 times more likely to enter out-of-home placement compared to those investigated for neglect.

CONCLUSIONS

The results of the analyses are generally encouraging: the vast majority (77%) of children investigated for the first time by the Youth Centre do not enter out-of-home placement within the first three years. It is important to note that, when living with the biological parents is not possible, out-of-home placement is not necessarily a negative outcome, since it can provide the therapeutic environment required to ensure safety and counter the adverse developmental impact of maltreatment.

Although the placement rate measure includes only investigated children with no reports in the previous twelve months, a supplementary analysis of children with histories of youth protection services or placement services should be considered. For example, the risk of re-entering out-of-home placement for children who were previously placed and whose reunification with their biological family failed may be different from the risk of entering out-of-home placement for children investigated for the first time.

Placement rate is an important indicator to track over time at the agency level; however, it should not be considered as a factor at the level of the individual case, where clinical and legal considerations should guide decisions about the placement of children in out-of-home settings. Taken together with other outcome indicators, out-of-home placement contributes to an understanding of the service experience of children and youth served by Batshaw Youth and Family Centres. ITK

Batshaw's clinical integration group on sexual abuse

Lise Milne (EBM Project Manager, McGill CRCF) and Claude Laurendeau (BYFC Director of Professional Services)

Clinical Integration Groups (CIGs) are one of the knowledge mobilization activities of the Evidence-Based Management (EBM) initiative between BYFC and McGill's Centre for Research on Children and Families (CRCF). CIGs are comprised of individuals who share an interest in a specific clinical issue that affects the well-being of children and families. There are presently two CIGs operating at BYFC, one on Sexual Abuse and the other on Conjugal Violence. The focus of this article will be on the CIG on Sexual Abuse (CIG-SA).

The overall purpose of a CIG is to promote within BYFC the development and integration of knowledge into clinical practice by using three forms of knowledge or evidence: research, clinical expertise and data from BYFC information systems. CIGs encompass all three forms of knowledge by accessing relevant published research and literature, drawing on the experience and knowledge of clinicians, and by reviewing agency-generated data. The selection of relevant research findings and clinicians' appraisal of their applicability are central to the function of the CIGs.

The CIG-SA consists of managers and clinicians representing various points of service in BYFC. They are interested in furthering their own professional development as well as in contributing to the integration of knowledge into service delivery. The CIG-SA is led by two co-chairpersons and is overseen by a coordinator who is the liaison with other managers and is responsible for the identification and selection of participants as well as the overall operations of the group. The coordinator is supported by the Director of Professional Services. The CIG-SA benefits greatly from the input of a university-affiliated knowledge broker who has expertise in the area of sexual abuse, as well as a research assistant who provides support for the group's activities. Other members include a person with recognized expertise from the Montreal Children's Hospital and a representative from the Centre d'expertise Marie-Vincent.

The CIG-SA was built upon the practices of a local group at the Department of Youth Protection as well as the experience of the 'Journal Club'. The Journal Club was a group led by Nico Trocmé between 2005 and 2007 who met monthly to review and critique salient research articles on various topics.

The Director of Professional Services' proposal for the creation of CIGs in BYFC was approved by the Batshaw Management Committee in October 2007. The DPS support to the CIG includes linking with the senior management team.

While the CIG-SA is a relatively new initiative, a number of quality outcomes and/or products have resulted from its activities:

- the review and critical appraisal of over 40 journal articles and book chapters to determine the relevance and potential impact on clinical practice;
- the production and dissemination of clinical summaries that highlight key elements of research articles and implications for practice, with the goal of facilitating the transfer of knowledge within the CIG as well as to other staff;
- the creation of a section of the BYFC library which is dedicated to all CIG readings and clinical summaries; the research assistant works with the BYFC librarian to ensure that these articles are available at the library;
- the creation of a section of the McGill CRCF website dedicated to CIG-SA information, including the group description, a bibliography of readings, clinical summaries as well as a resource manual; a section on the BYFC intranet site dedicated to the CIGs is under development;
- the development of a comprehensive manual of relevant resources within and external to the agency to help meet the needs of the clients and/or to support clinical staff in the area of sexual abuse; the CIG-SA ensures it is updated twice per year;
- a workshop with Nico Trocmé on effective techniques for reviewing research articles;
- the provision of case consultations by experienced CIG members for clinical staff across services; approximately twelve have taken place thus far;
- support for the creation of a group for adolescent victims of sexual abuse;
- a panel presentation of a hypothetical sexual abuse case consultation at the MDC Professional Day;
- the introduction of "Guidelines for the Sharing of Information with Caregivers in Cases of Sexual Abuse" (September 2009) developed by the Division of Professional Services, the need for which arose out of discussions at the CIG-SA;
- the provision of 2-day trainings regarding sexual abuse intervention and treatment planning for both front-line clinicians and managers, led by four members of the CIG-SA; the curriculum is updated using current research examined at the CIG-SA;
- the production of two annual reports which are presented to and discussed with the Director of Professional Services;
- the provision of input on research and staff development activities and curricula when requested.

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Batshaw's clinical integration group on sexual abuse

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Other less tangible outcomes of the CIG-SA include: discussions between colleagues regarding evidence-based and best or promising practices, increased levels of confidence for clinicians dealing with cases, evolving clinical practices, and ultimately the provision of more effective services to children and families.

Readings are selected by the knowledge broker and research assistant in terms of relevance to practice and are limited to what members are able to process in a given period of time. Thus far, the group has focused on the emerging research from the previous year covering a wide variety of topics. This year the group will be focusing on a number of specific themes such as patterns of disclosure, children exhibiting sexual behaviour problems, working with victims of sexual abuse in group care, etc.

It must be stressed that early adopters of the CIG concept have been crucial at every stage in the process. Support by the BYFC senior management and other managers as well as support by the CRCF director were essential not only for the approval of the initiative, but for the ongoing engagement and commitment of the resources necessary to keep the groups running. While operating the CIGs can at times be challenging in an agency with high service demands, this support has lent credibility to the initiative and has essentially kept it alive. As part of an evaluation of the EBM project, group leaders, knowledge brokers and research assistants have been interviewed to garner feedback on their experiences and to make recommendations for change. A sustainability plan is currently being developed to ensure the continued operation of the CIGs subsequent to the EBM project.

INVITATION TO CONSULTATION

The Sexual Abuse CIG case consultation process has been established; consultations are generally requested when there is uncertainty about the best approach or direction to follow, or for the validation/interpretation of symptoms in a given situation. The process is therefore open to all Batshaw workers, their managers or coordinators, who provide services to a client or resource (foster family/residential program). The process consists of an exchange of information, concerns and ideas regarding a child who has or may have experienced sexual abuse, and children experiencing/exhibiting sexual behaviour problems. It includes the sharing of research and knowledge about sexual abuse as it relates to the child's situation and to best practice. Consultations will not result in the formulation of specific recommendations or decisions as it is not a substitute for clinical supervision and other case management processes, however, the worker/resource/team will be provided with suggested approaches and interventions.

The referral process is designed to be as simple and supportive to the referring worker as possible: the referring worker and manager can request a case consultation through a discussion with the Sexual Abuse CIG member from her/his point of service. The list of members can be found on the BYFC intranet under Divisions → Professional Services → Clinical Integration Groups. Currently the members are: **Nicolette de Smit** (Challenges), **Jocelyn Labbé** (Clinical Support Services), **Lynn Dion** (LYLO), **Cathy Di Stefano** (YOS), **Isabelle Loranger** (Legal Services), **Cheryl Ward** (co-Chair – E/O), **Megan Simpson** (E/O), **David Silva** (SES), **Joan Sheppard** (A.M.), **Elliot Zelniker** (A.M.), **Leigh Garland** (Family Preservation), **Manon St-Hilaire** (Adoption), **Gillian Hall** (Foster Care), **Kuldip Thind** (Residential), **Geraldine Spurr** (co-Chair – OT/Review), **Andrea Jones** (OT/Review), **Wendy Barnett** (Human Resources Development). ITK

Susan Adams, Coordinator of the CIG-SA

- For more information on the CIG-SA, please go to: http://www.mcgill.ca/crcf/projects/outcomes/ebm/cig
- All material featured in ***In the Know*** is available in the library. Please contact Janet Sand at: Janet_Sand@ssss.gouv.qc.ca.
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IN-the-KNOW...

VOLUME 2, ISSUE 4
JUNE 2011

Evidence-Based Management

Placement Stability

Nico Trocmé, Toni Esposito & Lorry Coughlin

A stable placement experience can assist children in out-of-home care to develop and maintain family, peer, and community relationships while separated from their families. While some placement changes may be beneficial, multiple and unplanned placements are associated with negative outcomes for children, including increased behaviour problems and poor academic performance (Barth et al., 2007; Price et al., 2008; Unrau, Seita, & Putney, 2008). Even when these children are reunified with their families, stability remains a concern given relatively high rates of re-entry in to out-of-home care (Kimberlin, Anthony & Austin, 2009).

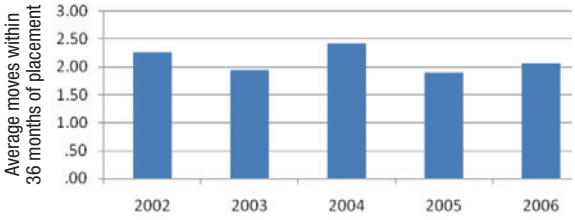
MEASURING PLACEMENT STABILITY AT BYFC

As part of the Evidence Based Management outcome indicator project we have been tracking placement stability at BYFC using data from SIRTF[i] by documenting placement changes following a placement in out-of-home care. Definitions and interpretations of placement changes were developed in consultation with a reference group consisting of BYFC managers and clinicians. A placement change is defined as any new placement that occurred within 36 months of a first placement[ii]. All changes are counted with the exception of complementary placements (i.e. sleep away, summer camp, respite care, hospitalization), family reunifications and entrustments; however, subsequent returns to out-of-home care following reunification are counted. To date we have monitored the placement changes over 36 months for 1608 children entering out-of-home care between 2002 and 2007.

RESULTS

As illustrated in Chart 1, the average number of placements over 36 months ranged from a low of 1.9 in 2005 to a high of 2.4 in 2004 with no clear indication of an increasing or decreasing trend. Children experienced on average 2.2 placements over the five years, with 30% of children experiencing no change in placement while 25% experienced 2 to 3 placement changes and 21% experienced four or more placement changes within the 36 month follow-up period.

Chart 1: Average number of moves by fiscal year, BYFC 2002-2008



Charts 2 and 3 illustrate the average number of placement changes for the combined cohort by age at placement and reason for service (alinéa) at placement. There is a general trend towards increasing rates of placement changes as children get older, with the exception of the somewhat surprising finding that children under age 1 move more often than the 2 to 5 year olds. There is a slight decrease for children who enter out-of-home care in their teens, although this may be attributable to their shorter stays in out-of-home care. As one would expect, adolescents placed because of behaviour problems had higher rates of placement changes than did those entering because of abuse or neglect.

i Système d'information sur les ressources de type intermédiaire et de type familial

ii "first placement" is defined as a child entering out-of-home care for at least 72 hours with no prior placement in the previous 12 months.

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Placement Stability

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Chart 2: Average number of moves by age at placement, BYFC 2002-2008

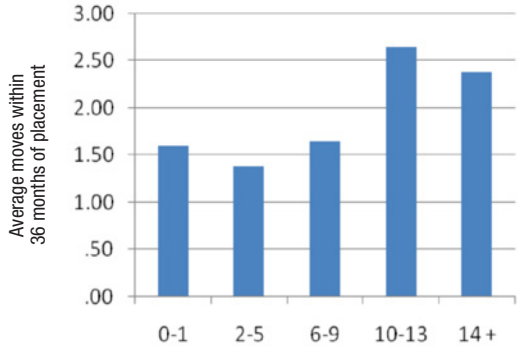
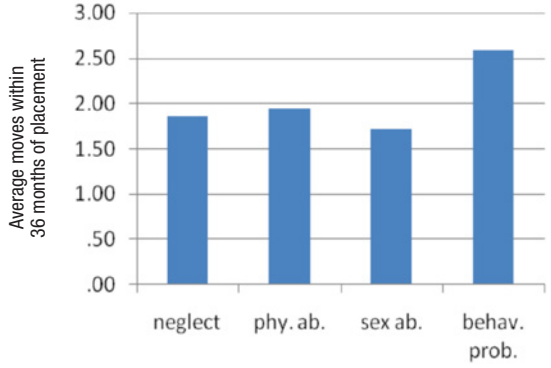


Chart 3: Average number of moves by reason for investigation, BYFC 2002-2008



While the overall rate of placements appears to be relatively low, further analysis shows that there is an important sub-group of children who experience significantly more placement changes than average. Children who are still in out-of-home care 36 months after their initial placement (N=330) experienced an average of 3.4 placement changes, nearly double the rate compared to children who were reunified (N=926). Of particular concern was the finding that 38.5% of the children in long-term care (N=127) had experienced 4 or more placement changes within 36 months. If we were to follow these children for a longer period of time, for instance for 4 or 5 years, we would likely find a higher rate of placement changes.

DISCUSSION

Children in out-of-home care change placements on average 2.2 times. At first blush, children's placements appear to be relatively stable, especially in comparison to anecdotal reports that describe much higher rates of placement changes. The rate of placement changes reported here is comparable to rates reported in a number of other studies. Average placement changes however, only provide part of the story. A fifth (21%) of children in our cohort experienced 4 or more placement changes within 36 months. It is also surprising to note the number of placement changes experienced by toddlers aged 1 or less. Future analyses should focus more specifically on exploring the placement histories and clinical profiles of these sub-groups of children in order to help develop more effective strategies to optimize their placement experiences while tailoring services much more closely to their needs.

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Use of Attachment Theory by Child Welfare Workers

The following is a summary of a Thesis completed by Rebecca Miller for the McGill University Masters in Social Work program (2007).

WHAT IS ATTACHMENT THEORY?

Attachment theory posits that during their first years of life infants develop attachment to their primary caregiver; this can take up to the first three years to fully develop. These attachment experiences and responses form the basis of internal working models that guide individuals from infancy through adulthood. Maltreated infants are at a higher risk of developing insecure and disorganized attachments with their primary caregiver. As a result, these children are more likely to have behavioural and relationship difficulties throughout their lives.

While it may be necessary to remove children from their birth families, being in care is also associated with a new set of risk factors including developmental delays, poor education attainment, and internalizing and externalizing behaviours (Stone, 2007). Given that all children develop attachments regardless of their circumstances, any move into foster care can disrupt an attachment relationship. Recurring moves can further exacerbate the risks associated with non-secure attachment. There is also evidence that a foster carer's own attachment experiences can impact the attachments of their foster children (Dozier, Stovall, Albus & Bates, 2001). This leads to the possibility that children in placement could overcome attachment adversities they have faced provided appropriate consideration is given to the nature of their attachments.

THE RESEARCH

The purpose of the research was to examine the extent to which child welfare workers incorporate the use of attachment theory in planning for and intervening with children in care. The author reviewed 30 case files of children between the ages of 0-3 in foster care with Batshaw Youth and Family Centres in March 2007. The files were examined for information on case planning and decision-making relating to attachment theory. Semi-structured follow-up interviews were conducted with three caseworkers who had a varying degree of reference to attachment theory in their files.

The study pointed to inconsistencies in the use of attachment theory in decision-making. In 13/30 files attachment theory was considered either directly or indirectly. In 17/30 files attachment theory was examined superficially or was not mentioned at all. In some cases this was understandable given that the children had permanency plans secured very quickly and were remaining with their current caregivers for the long term. The use of attachment theory was generally related to the age of the child: the older the child the more emphasis was placed on attachment themes.

Interviews with the caseworkers indicated that the use of attachment theory in decision-making might in fact be more extensive than is reflected in the files themselves. Two workers stated that at times, long-term goals such as securing a permanent plan for a child may take precedence over the immediate consideration of attachment for the child. This dichotomizes the notion of attachment from permanency planning, while in reality a permanency plan inherently aims to foster healthy attachments for children.

IN SUMMARY

Of particular importance is the need to identify children in care who may have a difficult time developing secure attachments to foster carers. By doing so, foster carers may be better able to cope with behavioural problems associated with the attachment difficulties of their foster children, and this in turn may help prevent placement breakdowns. Formal attachment testing is often desirable because it can help workers and foster carers identify some of the attachment needs of children in their care. Moreover, there is a need for child welfare workers to work collaboratively with professionals such as psychologists who are trained to assess parent-child relationships from an attachment perspective and subsequently assist interveners and caregivers.

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Use of Attachment Theory by Child Welfare Workers

(cont'd from page 3)

In terms of decision-making, workers need support to bring attachment theory to the forefront of their intervention and decision-making processes. In particular, workers need to be trained on how to apply attachment theory. Evidence-based and clinically-oriented training using specific case examples could contribute to increased expertise among staff and contribute to better outcomes for children.

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Did you know? ***Gérald Savoie***

Sarah Dufour and Chantal Lavergne[1] conducted a study on the representation of visible minorities in youth protection services on the island on Montréal. A summary of their findings was presented at the Multi-Racial/Multi-Cultural Committee in December '09. More specifically, they found that for children whose signalement was retained at Batshaw Centres between July 2007 and July 2008:

- Black children were nearly 3 times more likely per capita to be the subject of a retained report ("signalement") than were Caucasian children.
- Caucasian children are more likely to be placed than Black children.
- Compared to Black and Caucasian children, children from other visible minorities (excluding First Nations and Inuit) are underrepresented at all levels, from signalement and retention to placement.
- While visible minority children are signalled more often for physical abuse than Caucasian children, the latter are more frequently signalled for multiple problems.
- There were no significant differences in known risk factors for Black families compared to the other two groups.
- Black and visible minority children are more likely to be reported by professionals (CSSS, Schools, Police) than by community or family members, as compared to Caucasian children.

Rates of overrepresentation varied significantly by neighbourhood, however, the study was not designed to determine whether factors such as neighbourhood level risk factors or access to prevention services could account for this variation. A second phase of the study covering a three year period is being undertaken. It is hoped that it will help us to better understand these phenomena. ITK

[1] Dufour, Sarah, Lavergne, Chantal, et. al. *La réponse du système de protection de la jeunesse montréalaise aux enfants issus de minorités visibles*, revue Intervention, numéro 131, Hiver 2009.

- All material featured in ***In the Know*** is available in the library. For complete copies of any material or for the bibliography for the Neglect literature review, please contact Janet Sand at: janet_sand@ssss.gouv.qc.ca.
- If you have any comments or questions related to the contents of this issue, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

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