From cross-sectional case counts to tracking trajectories and outcomes: *Challenges in building research capacity in child protection*

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Director, McGill School of Social Work

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Berlin, Germany

with slides from:  
Dr. Toni Esposito, Université de Montréal  
Dr. Catherine Roy, McGill University
Child protection case counting in Canada

• Canadian Incidence Studies of Reported Child Maltreatment
  – OIS 93 / CIS 98 / CIS 03 / CIS 08 / OIS 13

• Out of home placement rates, 1992-2013

• Filicide rates, 1977-2009
Maltreatment related investigations in Ontario: 1993 to 2008

Investigations per 1000 children

- 9% 18%
- 28%
- 4%
- 39%
- 17%
- 6%
- 4%
- 22%
- 18%
Endangered safety & well-being in cases of substantiated maltreatment (CIS 08)

- Severe physical harm: 3%
- Neglect <4: 9%
- Sexual Abuse: 3%
- Endangered well-being (Neg, Exp DV, PA & EM): 85%
Children in out of home care in Canada, 1992-2013 (rate per 1,000)
Family homicides against children (0-17) in Canada: 1977-2009

1987-1996: 43.5 filicides/yr
2000-2009: 32.6 filicides/yr
Case counts are a key starting point, but do not track outcomes.

- What services are actually provided as a result of maltreatment detection or placement?
- What is the quality of these services?
- Do they have the desired outcomes?

Previous Investigations in cases of substantiated maltreatment, CIS 2008...

- None: 36%
- One: 19%
- 2-3: 20%
- >3: 24%
- Unknown: 1%
What do we know about outcomes of child protection services?

- **Lancet Review (2009):** “lack of evidence for effective interventions in the area of child maltreatment compared with other paediatric public-health problems”

- **Royal Society of Canada Review (2012):** “Despite consistent evidence of the severe and long-lasting effects of child maltreatment, research on how best to intervene to prevent maltreatment and its recurrence is surprisingly limited”.

- **Paucity of child protection service outcome research:**
  - **Flynn (2005)** Review of all Canadian child protection outcome studies published between 1995 and 2005 found only 10 studies using comparison groups, 4 with randomization.
  - Few studies conducted in social service agencies (Leading researchers are physicians and psychologists operating in tertiary settings)
  - Predominance of US studies and datasets (NCANDS, NIS, AFCARS, LONGSCAN, NSCAW)
Research capacity in child protection is under-developed

- Unlike health sector, social services do not have a strong research culture and limited infrastructure:
  - limited use of research to inform clinical practice or program design
  - few agencies have researchers or statisticians on staff
  - difficult access to academic journals
  - many agencies do not have standard procedures to review proposals from external researchers
Research capacity in child protection is under-developed

• The challenges of conducting research in social service agencies dissuade many researchers from conducting social service research.

• These challenges are compounded in child protection agencies:
  
  – Engaging disorganized crisis ridden families in studies is difficult and resource intensive
    
    **Primum succurrere**
  
  – Ethical issues in research with children, especially in a context of maltreatment (consent, perceived risks, access)
    
    **vs.**
  
  – Urgency of protection crises takes precedence over research
    
    **Primum non nocere**
Building Research Capacity (BRC) in Child Protection

- A six-year Social Sciences and Humanities Research Partnership Grant designed to:
  
  - “Support formal partnerships between academic researchers, businesses and other partners that will advance knowledge and understanding on critical issues of intellectual, social, economic and cultural significance”.
  
  - “by fostering mutual co-operation and sharing of intellectual leadership, the grants allow partners to innovate, build institutional capacity and mobilize research knowledge in accessible ways.”
Building Research Capacity (BRC) in Child Protection

1. Understand child protection service trajectories and outcomes (particularly with respect to overrepresentation of Aboriginal children).

2. Support CP organizations’ capacity to analyze clinical, administrative and population statistics to support program and service planning.

3. Train students in participatory data analysis.
## Building Research Capacity (BRC) in Child Protection

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Researchers</th>
<th>Trainees</th>
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| - Identify data and research needs  
- provide clinical and policy expertise  
- provide contextual knowledge to guide analyses and interpret results | - Provide methodological and/or content expertise  
- Provide training and mentoring to students | - Learn how to work within a participatory framework  
- Learn how to analyse administrative & census data  
- Learn how to support agency research culture |
Building Research Capacity (BRC) in Child Protection

Core BRC Activities

1. Research training program
2. Service Statistics Interpretation Groups (SSIGs)
3. Clinical Integration Groups (CIGs)
4. Infosheets and Newsletters
Service Statistics Interpretation Groups (SSIGs)

• Student-researcher knowledge broker teams work with agency managers to use administrative and census data to address clinical and administrative questions.

• Collaborate through all stages of the analyses from operationalizing variables to interpreting the results to reporting them.

• Data and results remain property of agency, use for publication by researchers contingent on separate application.
SSIGs access the untapped potential of clinico-administrative data

• Most child protection agencies use computerized case-management systems
  – to manage individual case record data, and
  – provide service volume data

• Aggregated statistics are reported:
  – month end or year end cross-sectional counts (e.g. number of children in care in December 31st)
  – Annual volumes (number of clients served during the year)
Cross-sectional administrative data: “bed” counts vs. client trajectories and outcomes

Référence: Aron Shlonsky, Université de Toronto
Tracking Service Cohorts

Children placed in FY (N=43,510/2,504)

36 month placement cohort

Moves in care & Time to permanency
Moves in care, BYFC & Quebec

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<thead>
<tr>
<th></th>
<th>02-03</th>
<th>03-04</th>
<th>04-05</th>
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<th>08-09</th>
<th>09-10</th>
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<tbody>
<tr>
<td>BYFC</td>
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<td>2.43</td>
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<td>1.87</td>
<td>1.94</td>
<td>1.84</td>
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Moves by reason for services at initial placement: 02-09

Moves by age at initial placement: 02-09

Provincial Average

<table>
<thead>
<tr>
<th></th>
<th>0-1</th>
<th>2-5</th>
<th>6-9</th>
<th>10-13</th>
<th>14-17</th>
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<tbody>
<tr>
<td>1.65</td>
<td>1.61</td>
<td>1.58</td>
<td>2.38</td>
<td>1.97</td>
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# Moves in care, BYFC & Quebec

## Number of moves

<table>
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<td>1.84</td>
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</tbody>
</table>

### BYFC (02-09)

<table>
<thead>
<tr>
<th>Number of moves</th>
<th>0</th>
<th>1</th>
<th>2-3</th>
<th>4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Children</td>
<td>31%</td>
<td>24%</td>
<td>25%</td>
<td>20%</td>
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### Province (02-09)

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<td>31%</td>
<td>24%</td>
<td>27%</td>
<td>18%</td>
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Permanency status 36 months after placement and median days to return home by age at placement (02-09)

<table>
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<tr>
<th>Age at Placement</th>
<th>Return Home</th>
<th>Other</th>
<th>Adoption</th>
<th>Still in Care</th>
<th>Province: % and median days in out-of-home care for children who returned home</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>22%</td>
<td>43%</td>
<td>31%</td>
<td>35%</td>
<td>134</td>
</tr>
<tr>
<td>2-5</td>
<td>31%</td>
<td>59%</td>
<td>55%</td>
<td>56%</td>
<td>55</td>
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<tr>
<td>6-9</td>
<td>31%</td>
<td>55%</td>
<td>55%</td>
<td>56%</td>
<td>104</td>
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<tr>
<td>10-13</td>
<td>35%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>210</td>
</tr>
<tr>
<td>14+</td>
<td>11%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>147</td>
</tr>
</tbody>
</table>

Source: Centre de recherche sur l'enfance et la famille
Timing of family reunifications by age at first placement (N = 24,196)
Youth Protection placement rate by level of socioeconomic disadvantage

64% of the variation in placement rates is explained by differences in regional levels of socioeconomic disadvantage.
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.

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.

IN-VITATION 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 have a client on the Batshaw case file.

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).
In the Know

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IN-the-KNOW...

Tracking child welfare placement
Tonino Esposito, Jaime Wegner-Lohn

Building on the service outcome index Batshaw Youth and Family Centres Based Management initiative issues 1 and 2, the McGill Centre for Children and Families (CRCF) in collaboration des Centres Jeunesse du Québec 16 Youth Centres across Quebec has analyzing six service outcome indicators on a review alongside an updated set of indicators that were initially published in 2008. These indicators measure the likelihood of retaining a placement within three years, while some placements consist of: a) kinship foster care b) foster family c) group home reintegration centre placement.

To avoid double counting children each placement, children who had involvements within the previous 12 months were considered. Youth who were older than the time of their initial report were a) when over the age of 18 within the time period and b) would have left the system. Given the relatively large proportion of children in each category, further analyses need to examine the placement trajectories of older children.

In order to track these cases, a list of 89,287 children across Quebec was investigated from 2002-2007. Children, 5,527 were children receiving by BYFC. All 99,278 children were then placed for any placement experience.

Out-of-home Placement

The out-of-home placement measure placement experience of children from contact at evaluation, and looks at a placement lasting longer than 36 months of the initial retained report. This indicator measures the likelihood of retaining the placement formal placement within three years. One, placement outcomes consist of: a) kinship foster care b) foster family c) group home reintegration centre placement.

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"Time to permanence": where do children in out-of-home care
Toni Esposito, Nico Trocmé

Duration of reunification in time to permanence planning: time limits for reuniting children under two, 18 months and 24 months. Placement outcomes are one of ten through the National OITK (volume 1, issue 2).

MEASURING "TIME TO PERMANENCE"

The primary challenge in the permanency planning is to identify the time at which a child becomes truly permanent and the placement breaks down. In fact, reunification, adoption or emancipation need to be established. The OITK counts cumulative days: a child is reunified, adopted, emancipated, or placed in care of a family. The OITK counts cumulative days: a child is reunified, adopted, emancipated, or placed in care of a family. The OITK counts cumulative days: a child is reunified, adopted, emancipated, or placed in care of a family. The OITK counts cumulative days: a child is reunified, adopted, emancipated, or placed in care of a family. The OITK counts cumulative days: a child is reunified, adopted, emancipated, or placed in care of a family.

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 a 2.2 placements over the five years, with 30% of children experiencing no change in placement while 25% experienced 2 to 3 placements and 21% experienced four or more placements between the 36 months.

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

MEASURING PLACEMENT STABILITY AT BYFC

As part of the Evidence Based Management outcome indicators project we have been tracking placement stability at BYFC using data from SIRTIF 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. All changes are counted with the exception of complements such as: i.e. from summer camp, respite care, hospitalization, family reunifications and transfers; 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.
Injuries and death of children at the hands of their parents

Nico Trocmé, Jules Lajoie, Barbara Fallon & Caroline Felstiner

This information sheet describes rates of physical harm documented in the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), and rates of children killed by parents reported in the Canadian Centre for Justice Statistics' Homicide Survey. The CIS is a national child maltreatment surveillance survey conducted for the Public Health Agency of Canada every five years by the universities of McGill, Toronto and Calgary. The first two national cycles of the study were conducted in 1998 and 2003. Information is collected directly from the investigating child welfare workers using a standard set of definitions. The CIS-2003 tracked a sample of 11,560 child maltreatment investigations as a basis for deriving national estimates, excluding Quebec. Child homicides are documented in Canada through the Homicide Survey maintained by the Canadian Centre for Justice Statistics. The Homicide Survey tracks all homicides reported by police departments across the country.

Figure 1: Number of substantiated child maltreatment reports involving physical harm
CIS estimate for 1998 and 2003, excluding Quebec

In cases involving physical harm, investigating workers were asked to identify the type of harm and its severity as measured by the need for medical attention. While the total number of cases involving physical harm has increased, the increase is primarily accounted for by cases involving minor injuries (bruises, cuts and scrapes), 85% of which did not require medical attention (Table 1). There has been no change in the rate of serious injuries caused by maltreatment: injuries involving broken bones and head trauma have remained at 0.04 and 0.08 per 1,000 children, while burns, injuries involving burns, and scalds have decreased from 0.09 in 1998 to 0.05 per 1,000 in 2003.
Welcome to Research Watch

Research Watch, an initiative of the Canadian Western Research Partnership in Child and Youth Services (CWRP), is a monthly compendium of research relevant to child welfare. Each month, participants review 2-3 studies on child maltreatment and child welfare services. The “best” studies (based on methodological rigour and relevance to policy and practice) are summarized and disseminated to the cwrp.ca Research Watch list serve.

The articles listed below can be accessed at a local library or university.

Understanding child and organizational change in child welfare systems


Reviewed by: Denise Michelle Bremer

Introducing change throughout large child welfare systems poses many challenges. This memo outlines the impact of staff burnout on practice model in the Rocky Mountain region. The level and nature of burnout in the context and protocols in the post-acquisition policy and protocols for buy-in by the readiness of local agencies in these settings. Survey data were collected in response to a survey on the level and nature of burnout in the post-acquisition policy. The survey was conducted in one U.S. state. Baseline data was presented on the effectiveness of the organizational change that occurred with this set of data. The results included case studies and interviews. Finally, one year after the initial qualitative data collection, 12 implementers of the organizational change were selected for the qualitative part of the study.

Child maltreatment income inequality


Reviewed by: Rachael Lefebvre

Although recent years have seen substantial decrease in the incidence of child maltreatment, the trend has not been uniform across all demographic groups. In this study, the authors examined the relationship between income inequality and child maltreatment incidence. They used data from the National Survey of Children’s Health (NSCH) and the National Survey of Family Growth (NSFG) to analyze the association between income inequality and child maltreatment rates. The results showed a significant positive association between income inequality and child maltreatment rates, with higher income inequality corresponding to higher rates of child maltreatment.

Enfants des Premières Nations : corroboration de la négligence par les organismes


Reviewed by: Sydney Duder


The articles mentioned are available in the website corresponding to the journal or at the library, or at the university.
Key challenges in identifying and negotiating BRC projects

• Balancing applied and theory driven research:
  – Address partner priorities with questions that engage researcher interests

• Agency and community Ownership Control Access and Possession (OCAP) of data:
  – Owning the question, Controlling the process, Accessing and Possessing the data while balancing confidentiality, methodology and academic dissemination

• Ethics:
  – When does methodological assistance become research requiring university ethics approval?
Evaluation of the Building Research Capacity (BRC) initiative

Objective:
Assessing research utilization and research capacity, both at the level of individuals involved and at the level of community agencies.

Methods:
- Activity and product tracking
- Questionnaire (Community Impacts of Research Oriented Partnerships)
- Interviews & focus groups
Questions & discussion

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www.cwrp.ca