BYFC
CRCF

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

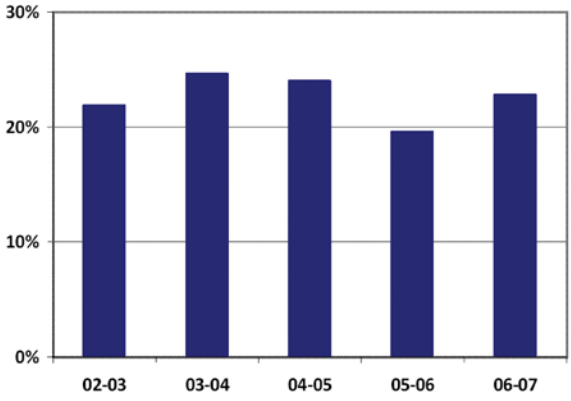

Chart 1 illustrates that the majority of children (77%) investigated by the Youth Centre do not come into out-of-home placement within the three-year follow-up period. On average, 23% of investigated children come into out-of-home placement within three years of their initial investigation.

(cont'd page 2)

Out-of-home Placement

(cont'd from page 1)

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

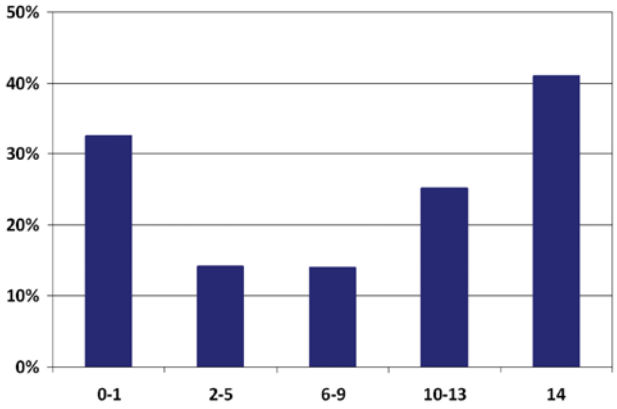

Chart 2 illustrates that 32% of infants aged 0-1 year and 41% of 14 year-old adolescents enter out-of-home placement within three years of their initial investigation. These two age groups have the highest rate of out-of-home placement.

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.

(cont'd page 4)

Batshaw's clinical integration group on sexual abuse

(cont'd from page 3)

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.
- 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!

BYFC

CRCF