

Risk assessment to need assessment: a paradigm shift in neglect (Initiative AIDES)

(Intersectorial action for children's development and security)

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© June 5, 2009

Workshop Plan

1- Neglect in Youth Protection

- Major findings
- Critical summary in intervention strategies
- Risk assessment vs need assessment
- Ingredients for an effective intervention

2- Initiative AIDES

- Mission
- Means
- Challenges and issues

3- Research

- Child and his family in the AIDES project
- Territories
- Design

4- Characteristics of participant

MAJOR FINDINGS
NEGLECT IN YOUTH PROTECTION

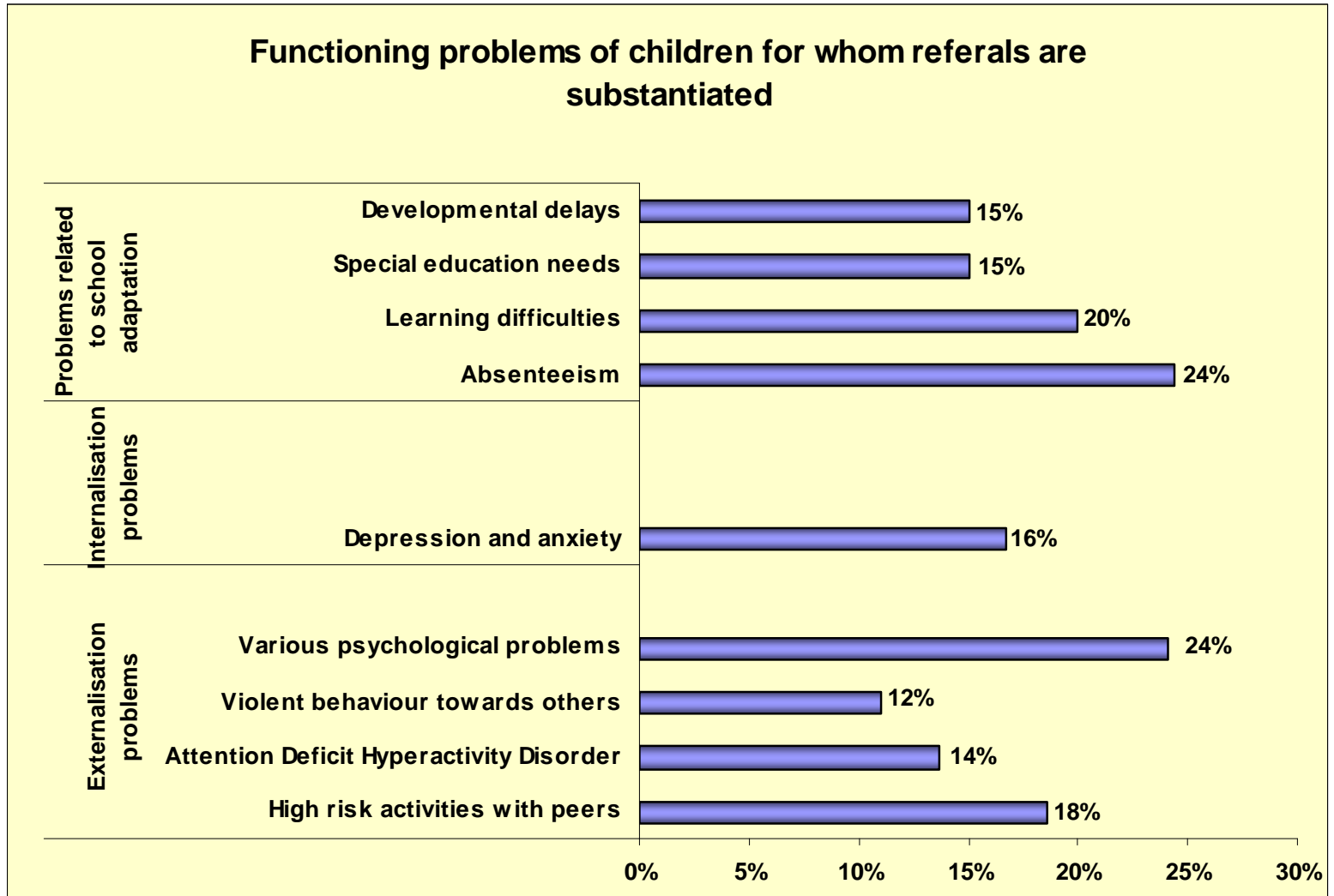
- **Most frequent protection cases
(25% unique form and 10% concurrent)**

Trocmé et al. (2005). Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)

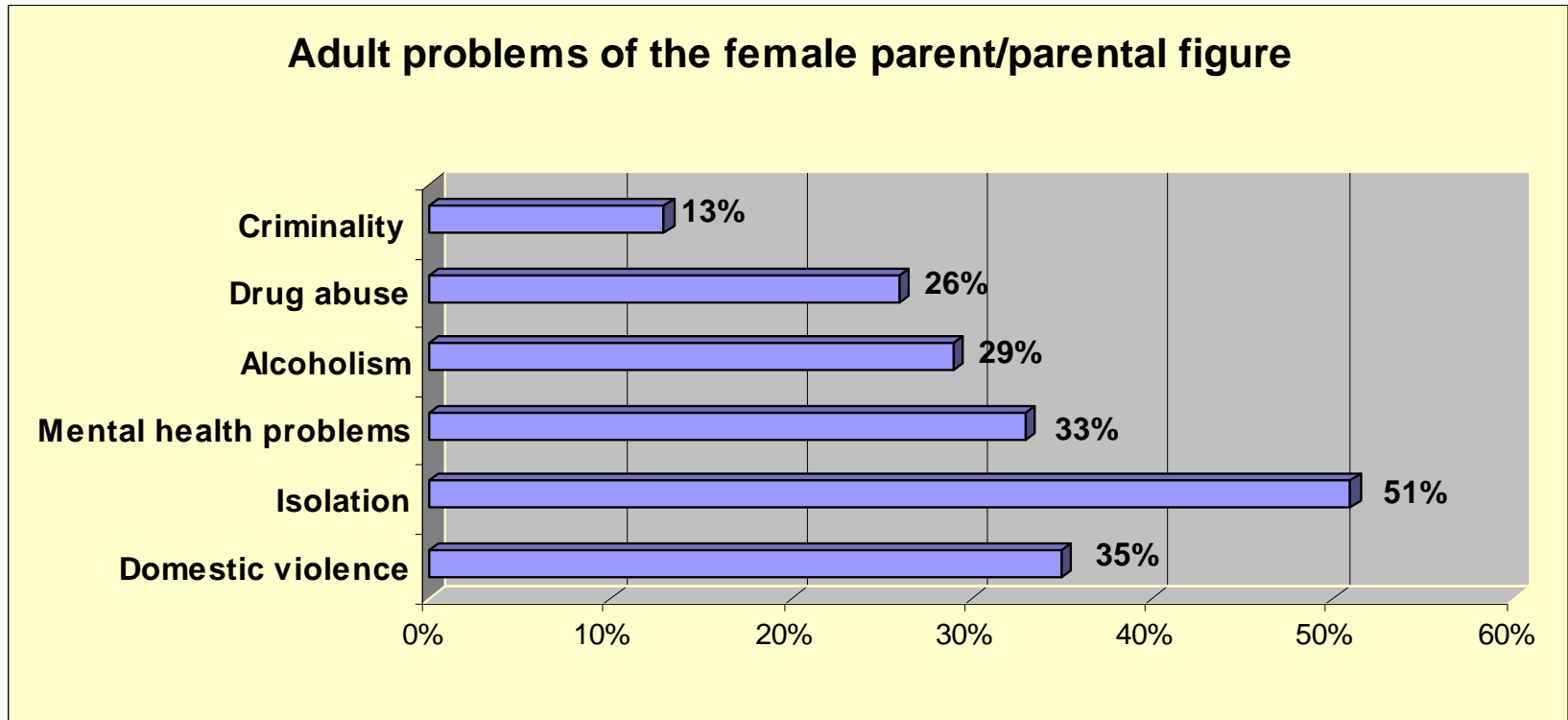
- **High chronicity indicator: repeat referral
(73% previous placement /62% other forms)**

(CIS-2003)

One out of two children for whom referrals are substantiated present functioning problems:



Female parents with at least one functioning problem (79%)



(CIS-2003)

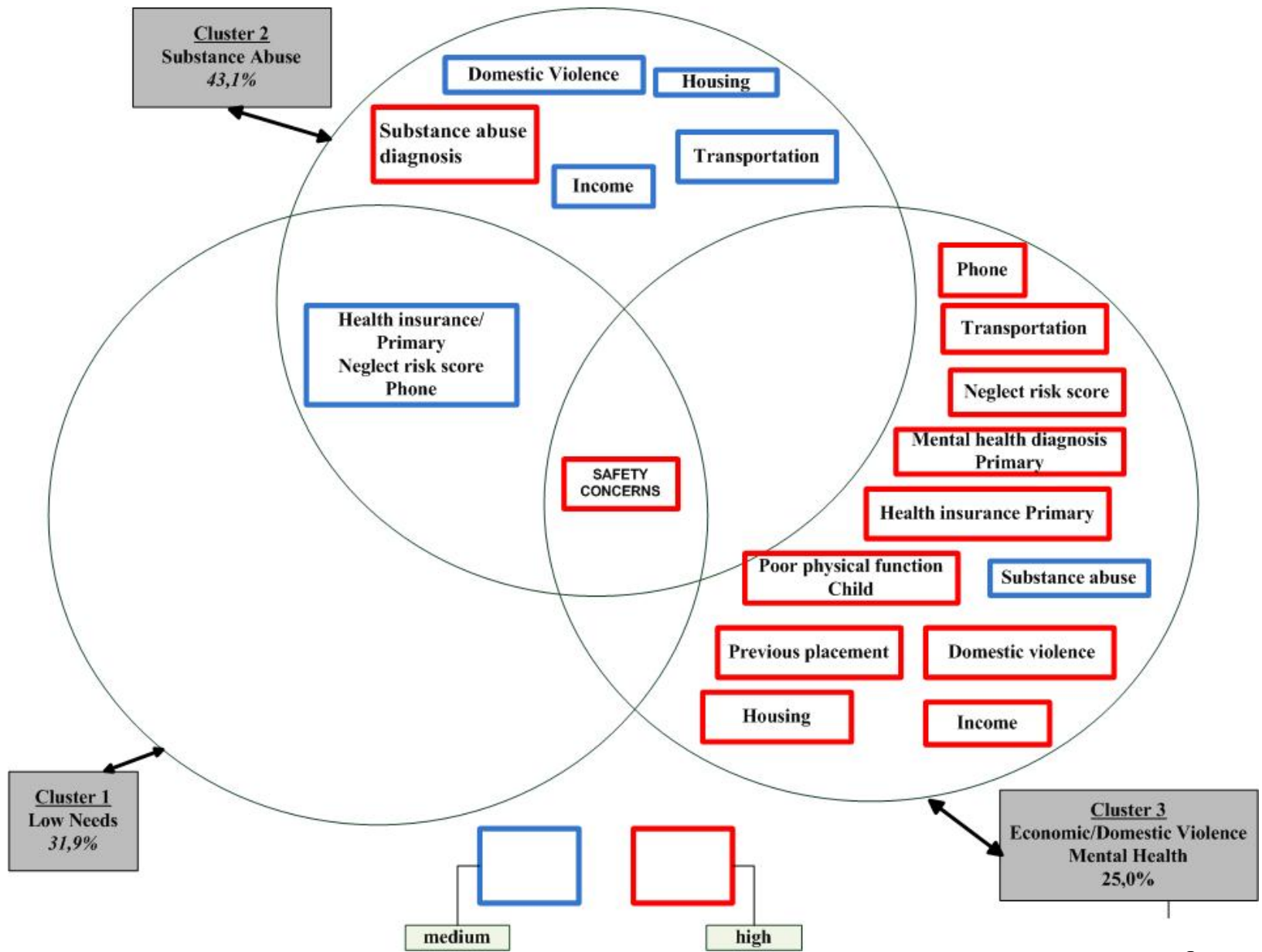
The incidence of the above problems is higher in cases of negligence.

FAMILY TYPOLOGY

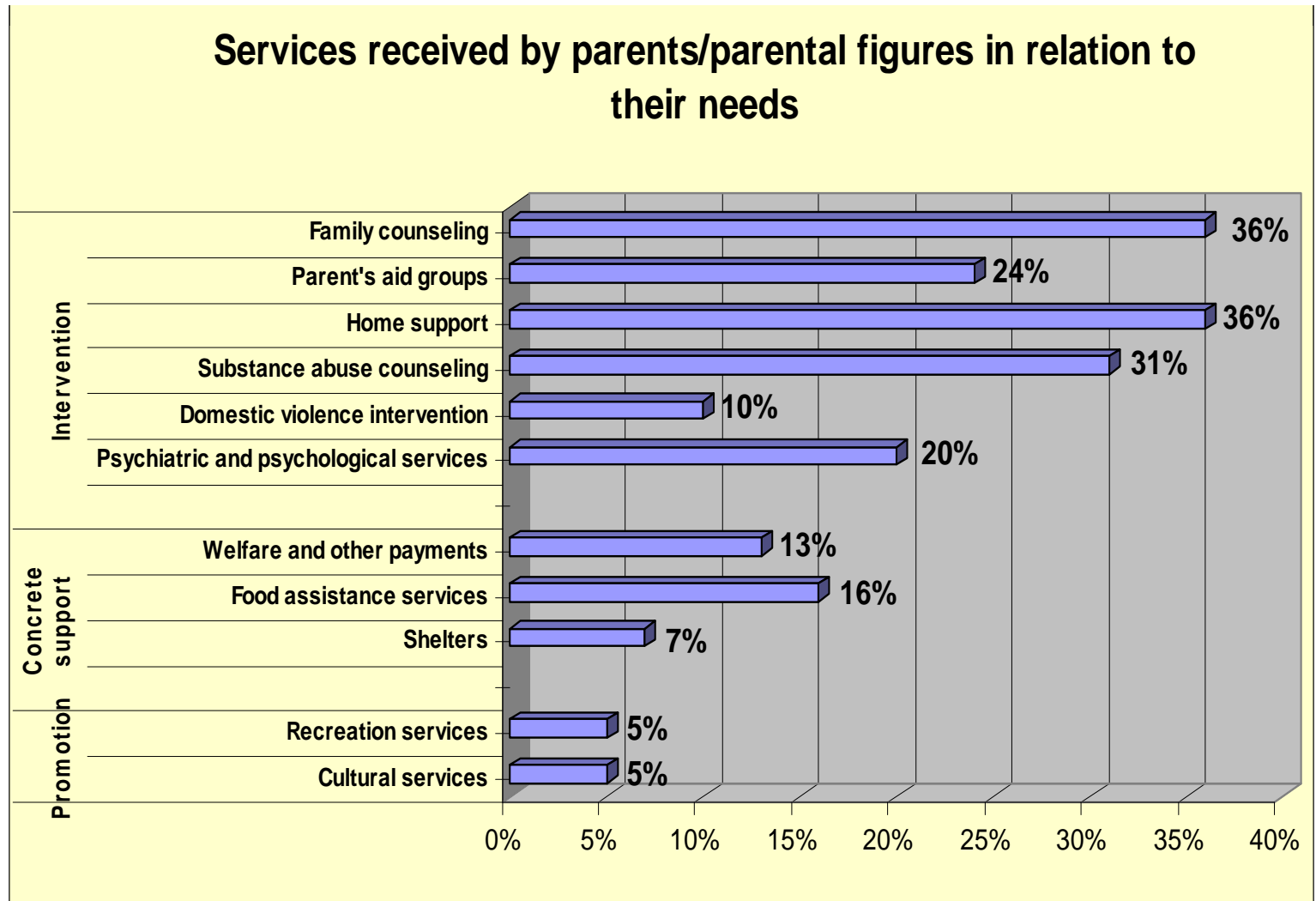
(Clément, Chamberland et al. 2008)

- 1- Inadequate parent(s) /dysnormative/dysnormativity:
physical abuse
- 2- Uninvolved/absent parent(s)
- 3- Parent(s) with incapacities
- 4- Disorganized parent(s), dysfunctional family

The last 2 of these 4 categories are those which present the most problems involving associated adults.



Services received by parents/parental figures in relation to their needs.



Practitioners have indicated that in 64% of cases, services are necessary for at least one year.

CRITICAL SUMMARY IN
INTERVENTION
STRATEGIES

- Program evaluation: little distinction between ABUSE and NEGLIGENCE
- Program effectiveness measures: either universal or selective (Olds and al. 1997)
- In credible targeted negligence cases, weakness of evidence (MacMillan, 1998)
- Very modest results : focus on parental skills
- Lack of direct actions on the child and the family environment
- Interventions too short-term

RISK ASSESSMENT
VS
NEED ASSESSMENT

ASSESSMENT	CONCERN	AIM	EXPECTAL ROLE	ACTION	CLIMATE
RISK	Safety	Protection from injury, maltreatment	Risk saver/rescuer	Décision (prediction): substantiation, case opening, service priority, placement, core application Danger avoidance	Conflictual Social control Coercicion
NEED	Development Safety is just one a dimension	Protection and support	Helper	Understanding (causality) Assess fonctionning	Cooperation Participation Trust

Limits of RISK ASSESSMENT (CPS approach)

- **50% of reports not retained**
- **75% of cases not substantiated**
- **20 to 40% recurrence rate (1 to 5 years later)**

Summing up

- ✓ Service priority for more severe cases
- ✓ Case substantiated vs not substantiated
 - Same level of children's functioning (Hussey et al. 2005)
 - More serious parental, family, social and economic risk factors (Casanueva et al. 2008)

NEED ASSESSMENT perspective

- ✓ Evaluate potential set of child and family strengths and needs
- ✓ Clinically sensitive assessment of the dynamics of the client's problems

Framework to exercise clinical judgment
case dynamics

INGREDIENTS FOR
AN EFFECTIVE INTERVENTION

- ❖ Analysis is more than evaluation ;
- ❖ Comprehensive contextualized family assessment for selecting services is more likely to address key need areas (Shlonsky and Wagner, 2005) ;
- ❖ Finding the balance between risk management and response to need ;
- ❖ Concrete aid and emotional support ;
- ❖ Change implies exploration, openness, and curiosity (Cleaver, 2006) ;
- ❖ The services offered are long-term and well coordinated.

- ❖ Creativity without improvisation ;
- ❖ Time for reflecting: better understanding for more appropriate action ;
- ❖ Coherent actions based on analysis ;
- ❖ Differential response ;

“65 % of referrals are made by professionals in the health and social services networks, the police force, and the school system.”
(Trocmé et al., 2005)

Beyond the mandates, the child's needs as the epicentre of intervention by the network.

- ❖ Culture shock: ideology, mandate, client;
- ❖ Blending knowledge and experience ;
- ❖ Translation efforts.

A new generation of initiatives

(Lacharité, 2009)

- Extensive and coherent support mechanisms:
 - encourage the exercise of the parental role ;
 - respond to the developmental needs of children living in difficult social, cultural and economic conditions ;
 - enrich children's developmental experiences in various contexts.



2- INITIATIVE AIDES



This project is financed by the (Canadian) National Crime Prevention Centre (NCPC).
We thank the GRAVE-ARDEC and GRIN research groups for the support they have given us since 2003.

The mission

To encourage and support collaborative actions among all the networks dealing with the children and their families so that collectively, they can deal with the causes and effects of victimization simultaneously and effectively.

How will the AIDES mission be achieved?

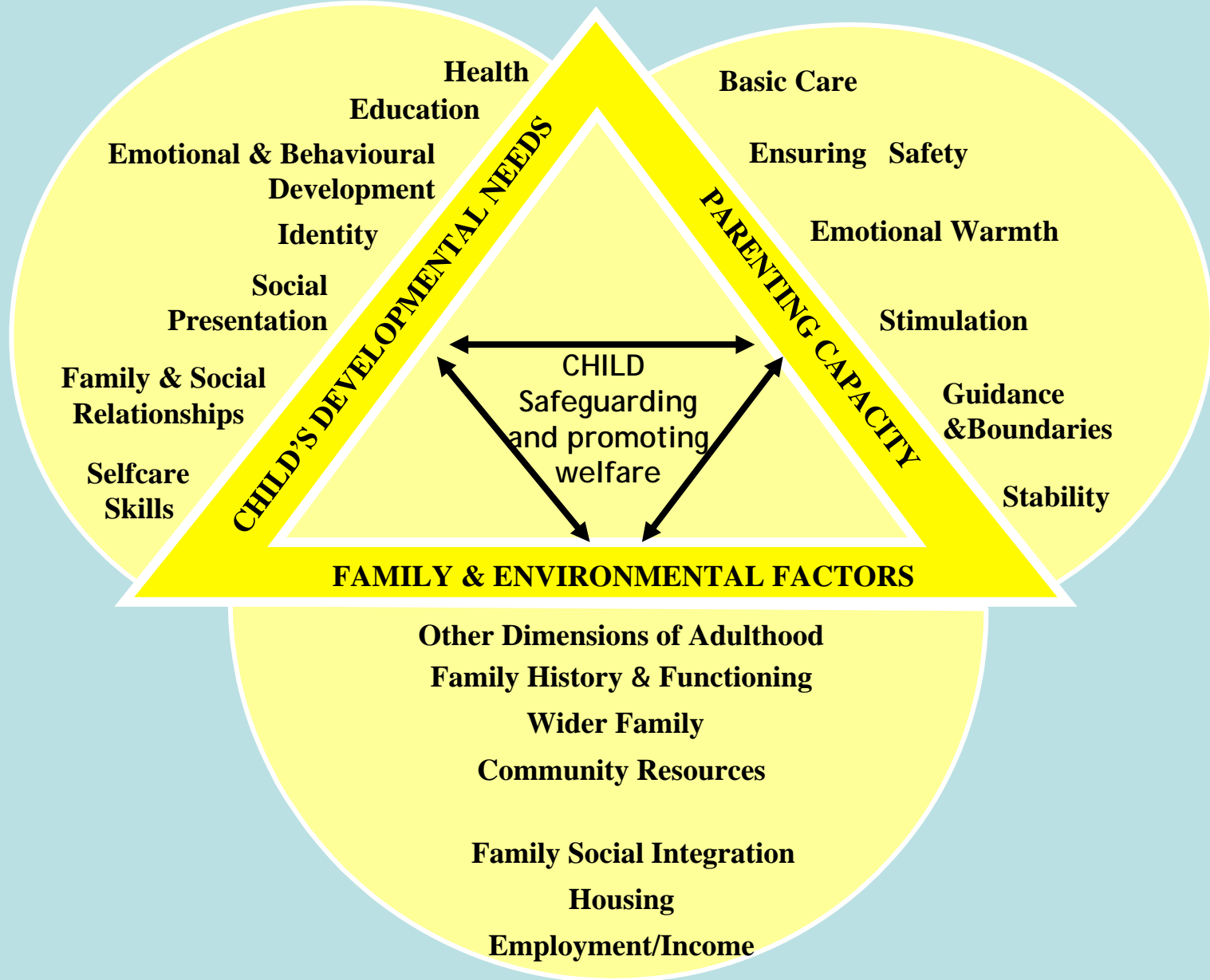
- 1) By carrying out an analysis of the child's developmental needs ;
- 2) By treating the parent as a full-fledged partner ;
- 3) By sharing the understanding of the situation with the child and his family ;
- 4) By ensuring coherence between every intervention stage: analysis, planning, implementation, follow-up, and review ;
- 5) By joint action among all the actors involved ;
- 6) By collective responsibility regarding the results.

AIDES means :

1. **British assessment framework**
2. **CABE (children's needs analysis booklet)**
3. **Participatory approach**
4. **Action plan:**
Intervention plan (IP) and
Individualized Service Plan (ISP)

ASSESSMENT FRAMEWORK

Department of Health et al. (2000). Framework for the Assessment of Children in Need and their Families. London: the Stationery Office.



CABE (children's needs analysis booklet)

(translation and adaptation of CORE Assessment)

- ❖ **Analysis tools related to the reference framework** (Chamberland et al., 2005) ;
- ❖ **Encourages the participation of the child and the parent et solicits their views of the child's needs. Makes it possible to:**

Draw up an accurate, detailed portrait of the child's developmental needs, according to 7 dimensions (health, education, behavioural and emotional development, identity, social and family relations, social presentation, and self-care), taking the child's age into account;

Take into account the ability of the parents (or parental substitutes) to meet those needs;

Evaluate the family-related and environmental factors likely to influence the meeting of those needs.

CABE (children's needs analysis booklet)

(translation and adaptation of CORE Assessment)

- ❖ Explores the interrelation among the elements that encourage the understanding of the overall factors that have an impact on the different aspects of the child's development and on parenting skills ;
- ❖ Encourages the sharing of information and understanding of the child's needs by the different actors ;
- ❖ Allows more specific intervention objectives and the drawing up of an operational procedure for them.

The participatory approach means the parent: a full-fledged partner!

The social workers and the organizations must recognize:

- ✓ the parents' skills and resources that allow them to participate in a project of change focussed on the child's welfare and development ;
- ✓ the parent's ability to develop the skills needed to achieve this change.

Without the participatory approach, using the reference framework and the child's needs analysis booklet (CABE) will fail to achieve the targeted objectives

Centering on the parenting experience

(Lacharité, 2007)

- ❖ Bringing parents' knowledge and experience, concerns, plans, and initiatives regarding the well-being of their children ;
- ❖ within an ecosystemic understanding of the children's development ;
- ❖ through the joint identification of professional actions issuing from this understanding and which harmonize with the positive initiatives of the children's entourage.

Joint action:

Intervention plan (IP) and Individualized Service Plan (ISP)

Together, the different partners
(parents, practitioners and
organizations):

- ✓ specify their contributions ;
- ✓ define their responsibilities in relation to the actions to be taken concerning the child and his family.

Action plan:

Intervention plan (IP) and Individualized Service Plan (ISP)

IP

- ❖ Takes into account the particular mandate of a single establishment; identifies the *specific objectives* and the *concrete means* required to bring about the desired change in the child.
- ❖ Coordonates intervention by practitioners within the same establishment.

ISP

- ❖ Identifies the *general objectives* to be reached to fulfill the child's needs, and the actions or services required to respond to them.
- ❖ Plans and coordonates the provision of services by the *different establishments*.

(Lemay, 2006)

The case worker applying AIDES:

- 1) Carries out an analysis centred on the overall needs of the children ;
- 2) Fills out the Children's Needs Analysis Booklet (CABE) that will make it possible to draw up an IP ;
- 3) Uses a participatory approach with the parent during all the intervention stages ;
- 4) Involves the network partners in the child's case and implements an ISP procedure for the family.

Challenges and issues

Establishing the link between the AIDES approach and institutional goals

- Empowerment and mobilization of parents ;
- Relational/relation authority approach ;
- Collaboration with network partners ;
- Carrying out the PI and the PSI ;
- Evaluation of families' needs and best practices.

Other challenges...

- Providing the services once the needs are identified ;
- Widening the partnership to the community network ;
- Looking after the base of the triangle.

3- THE RESEARCH

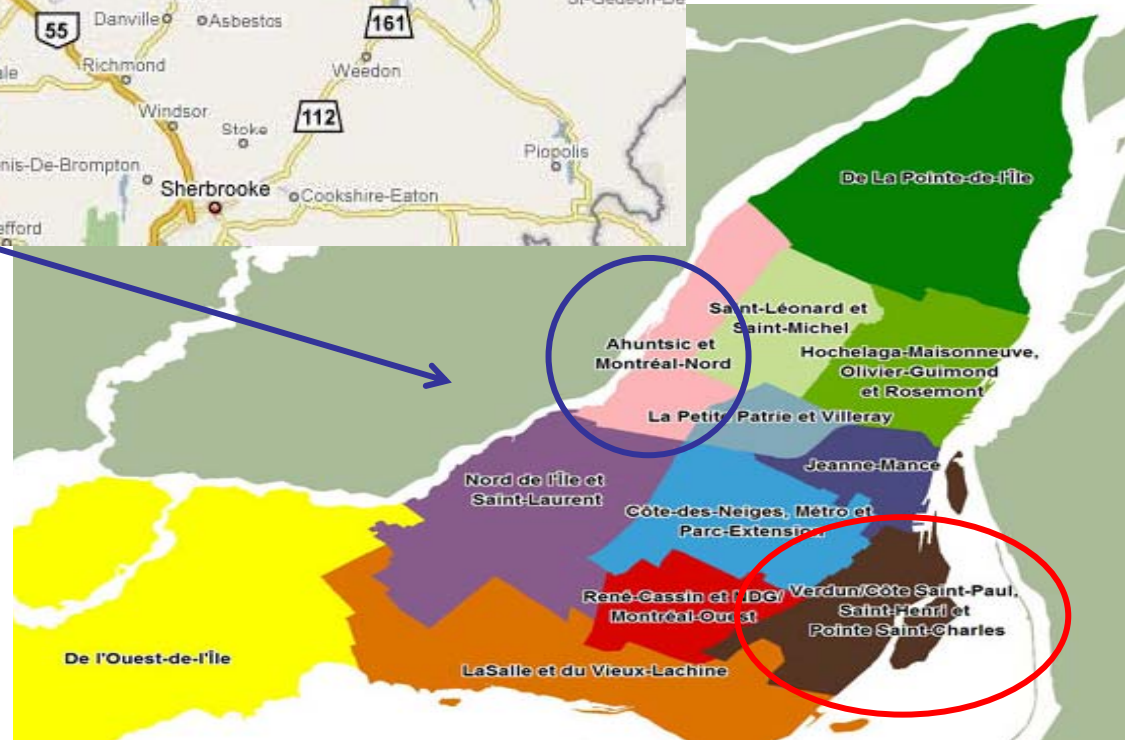
The child and his family in the AIDES project

- ❖ Must be *under nine years old* at the beginning of the intervention;
- ❖ The family situation must have deteriorated sufficiently to warrant *significant concern about the child's development*, i.e., it is reported to the Youth Protection System (CJ) or is a high-priority file at the health and social service agencies (CSSS);
- ❖ The child or his parents is/are receiving or will receive the services *of at least two establishments*;
- ❖ The chosen orientation is to keep the child in his natural milieu.

Geographical situation of experimental and control territories for Montreal and Mauricie / Centre-du-Québec regions



Experimental
Control
groups



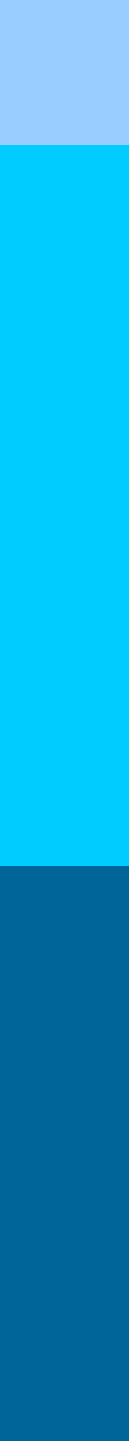
Two aspects of the research

➤ Implementation/evaluation process

- Characteristics of the children and their family situations
- Analysis on the child's case
- Participation/collaboration (parents and service providers)

➤ Evaluation impact

- Development of child
- Victimization of child
- Adaptation to parental role and exercise of parental responsibilities
- Family environment
- Parental perceptions



4 - CARACTERISTICS OF PARTICIPANTS

n=45

Average age : 34 mois

Sex : Girl → 35.6 %
Boy → 64.4 %

Child development evaluation grid (GED)
(0 - 71 months)

n=39

Developmental areas			
Interpretation	Cognitive and language	Motor	Socio-affective
Zone to monitor	23.1 %	30.8 %	35.9 %
Zone of reference	51.3 %	20.5 %	41 %

Presence of <u>zone of reference</u> in :	
One developmental area	33.3 %
Two developmental areas	25.6%
Three developmental areas	7.7%

Peabody vocabulary imaging scale
(72 - 84 mois)

n=6

60% of children achieved an average result between the 15th and 84th percentile rank.
(mean = 75th percentile rank, standard error = 17.9)

Child's behavioural problems Child Behaviour Checklist (CBCL)

0-5 years old

N=24 children

24 % internalizing behaviour (very high)

44 % externalizing behaviour (16 % → high; 28 % very high)

6-18 years old

N=6 children

16.7 % internalizing behaviour (very high)

83.3 % externalizing behaviour (33.3 % → high; 50 % → very high)

Services received by children as reported by the following organizations:

Health and social service centres

- Health services : 62.2 %
- Psychological support : 35.6 %
- Intervention programs : 26.7 %
- Specialized services (physiotherapy, speech therapy) : 13.3 %

Youth protection services

- Psychological support : 48.9 %
- Intervention program : 22.2 %

Other government services

- Subsidized daycare : 54.5%

Community Resources (e.g.: Maison de la famille)

- Psychosocial support: 24.4 %

School milieu

- Specialized services (speech therapy, physiotherapy, psycho-education) : 9.1 %

62.2 % of the children receive services from more than 3 organisations.

Characteristics of principal respondents (n=45)

- *Average age: 27.5 years old*
- *High majority are biological mothers*
- *88.6 % are unemployed*
- *69.8 % did not graduate from high school.*
- *24 % score high in parental stress indicators*

Types of services received by the principal respondent as reported by the following organizations:

Health and social services centres

- *Health services: 63.6 %*
- *Psychological support : 54.5 %*
- *Intervention Programs : 54.5 %*

Youth protection services

- *Psychological support: 54.5 %*
- *Intervention programs : 27.3*

Community resources(e.g.: maison de la famille)

- *Psychosocial support : 36.4%*

61.4 % of the principal respondents receive services from more than 3 organisations.

Characteristics of families (n=45)

- *55.6 % are single-parent families*
- *63.6 % have an income under \$15,000., and 47.7 % have an income under \$ 10,000.*
- *42.2 % of the families have 3 children or more*
- *17.8 % live in conditions d'habitation exigüe*

Types of services received by the families (mostly provided by community and government resources)

- *Subsidized housing : 17.8 %*
- *Clothing banks : 44.4 %*
- *Food banks : 57.8 %*
- *Tax reimbursement : 31.1 %*
- *Welfare : 68.2%*
- *Family allowance : 88.6%*

22.2 % of the families receive services from more than 3 organizations

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