

Rosalie Hall Residential Client Outcomes and Child Welfare Status

For Residents Served April 1, 2002 to March 31, 2003

Study Data Collected July 15, 2003

Report Revised August 1, 2003

Introduction

A study was undertaken of outcomes for all Rosalie Hall residents within the past fiscal year to determine their child welfare status and any relationship to residential outcomes. Rosalie Hall was chosen as the most appropriate site due to their long-term use of a standard client data recording system. As part of the system they complete a pre-admission Young Parent Resource risk assessment which is repeated at the time of resident demission. Rosalie Hall is the Young Parent Centre in the Toronto Region that has the most experience with the data collection tool, has complete data over a number of years, and has mechanisms in place to review client records for completeness of data. Other centres are at various stages of implementing the standard client data system. Rosalie Hall has a relatively greater amount of beds. As a result of all these factors, this centre was chosen as the most practical site for collection.

The study was undertaken to help inform a residential review under the direction of the Toronto Region office of the Ontario Ministry of Community, Family and Children's Services. The Ministry has asked for more details of the relationship of the residential care and treatment services provided by Young Parent Resource agencies in relation to the government priority to protect children and youth at risk.

The key factors under review included:

- 1) What is the extent of child welfare involvement for these young persons at risk?
- 2) What is the benefit of residential care and treatment of young parents with their infants, in reducing risk factors among the young women that may prevent ability to maintain parenting?
 - 2b) How many were able to maintain parenting and what was their parenting status?
 - 2c) How many children were taken into care of child welfare agencies? Does residential care and treatment of this nature help prevent the need for protective care or wardship?
 - 2d) Is there a cost-benefit to residential care and treatment of this nature?
- 3) Are there any trends or relationships between these factors that can help inform clinical practice?

Data Collection

Young pregnant women and young parents at risk are reluctant to indicate that they have a history of involvement with child welfare agencies, due to the perception that sharing this information may limit their options to parent their future children. The young persons and clinical staff that work in the community (outside of child welfare) do not tend to report legal status such as, "I was apprehended", or "I was made a crown ward". Rather the young person will report, "I was in foster care for two years", or "CAS placed me with my auntie when my parents could not keep me". At the time of an admission

risk assessment, child welfare history is underreported by clients, whereas, over the course of involvement, they are much more likely to share information with their ongoing clinical support staff. As a result, a number of methods of data collection were used, that reflect information gathered over the course of the care and treatment relationship.

Data was collected and reliability checked by a means of following approaches:

- 1) residential counselors were asked to complete a written questionnaire for each resident served between the one-year period from April 1, 2002 to March 31, 2003,
- 2) any gaps in information ("if they were not certain") were checked in the client's clinical record,
- 3) reliability of key items was checked through direct review of the clinical record.

Child welfare status for the youth was collected to indicate,

- 1) History of child welfare involvement prior to coming to the centre,
- 2) Child welfare involvement at the time of admission into the residential care and treatment program,
- 3) Those reported to child welfare by the centre during residential stay, and
- 4) Child welfare involved at the time of demission from residential stay.

The nature of child welfare involvement was queried each time it was indicated, by using legal status as is used by child welfare agencies and the Government of Ontario:

- 1) Supervision Order,
- 2) Voluntary Care Agreement,
- 3) Apprehension,
- 4) Crown Wardship, or
- 5) Multiple child welfare involvement types.

Since the data was collected, it has been noted that legal status could more properly be categorized as a) Supervision Order, b) Apprehension, c) Temporary Care, d) Wardship, e) Interim Care and Custody, or f) Multiple types (of the above).

Reports from clinical staff and clinical records indicate that these terms are not in regular use by clients and clinical staff outside the child welfare system. As a result during the collection of data, there was a lack of information to differentiate status using these categories. As noted earlier, clients tend to report such as, "I was in a foster home for two years". This may suggest warship, but clinical staff were more likely to note what the client said and indicate they did not know the legal status. Also, there appears to be a trend for child welfare workers not to inform other providers of legal status unless they are involved in legal proceedings (for example giving evidence to support a legal application).

Standard Young Parent Resource risk assessments were completed prior to admission and at the time of discharge using the same tool that measures risks in the areas of 1) Education issues, 2) Previous services involved, 3) Current services, 4) Housing instability, 5) Food accessibility, 6) Income, 7) Legal involvement, 8) Adverse family and social conditions, 9) Challenged capacity to care for child, 10) Emotional/psychiatric issues, 11) Medical issues, 12) Behavioural issues, 13) Substance use, and 14) Employment status.

Residential outcomes were measured as

- 1) Successful independent parenting,
- 2) Parenting with supports (other than child welfare),
- 3) Parenting with child welfare involvement,
- 4) Child in care of child welfare.

Since the data was collected retrospectively, in July 2003, there is a degree of longer term follow-up reflected in the outcomes, which varies due to varying demission dates. Given that those not yet demitted are not part of the analysis involving demission scores, there is at least a 3.5 month period influencing the reporting of outcomes.

Findings

- 82 resident histories and outcomes were reviewed
- 54 pregnant and parenting youth
- 28 infants were included as they were directly cared for in residence (note that some of the residents did not remain after the birth of their child, but the outcomes are available with respect to the youth parent outcomes)

For the purposes of data analysis

- Standard risk assessment scores were included for all youth prior to admission (the tool is not appropriate to administer to infants)
- Demission scores, using the same tool were used for 82% of the youth, as 11% continue within the program (have not been demitted), the remaining number were demitted prior to completion of the program (eg. due to illegal activities, or sudden prenatal self withdrawal).

For the purposes of cost analysis

- Since 2000-1 there has been a dramatic increase in the number of infants coming into the care of child welfare agencies, presumably as a result of the introduction of the Ontario Risk Assessment Tool and amendments to the Child and Family Services Act (Bill 6)
- Toronto CCAS reports 68 infants in care in 2000-1; 88 infants in 2001-2 and 112 in 2002-3 -- this reflects 65% increase over the three year period; this increase appears to reflect areas of the Toronto region and clients not served by a Young Parent Resource centre; in the Scarborough area there is a close working relationship with the child welfare authorities and Rosalie Hall, this appears to be reflected in the relatively low number of infants in care (17 of the total CCAS infants for each of the last 3 years, with no increase over the 3-year period)
- As reported by a local child welfare office, the largest number of infants are placed in outside foster homes; rates for specialized infant care tend to range from \$80 to over \$125/day, and residential care for youth even higher (CCAS, July, 2003)
- The average per diem funding for specialized care and treatment residential services at Young Parent agencies in Toronto is \$85-- with Rosalie Hall receiving an average \$73 per day for care and treatment of each youth or infant resident (MCFCS Toronto Region Office, 2002-3 budgets)

1) What is the degree of child welfare involvement for these young persons at risk?

- 50% of the youth had child welfare involvement prior to admission to the centre
- 46% of the infants served in residence had prior child welfare involvement by virtue of their mothers involvement
- The nature of historic involvement for the whole group at that time was spread across categories, with 31% of the youth having been apprehended and 28% having multiple child welfare status in their history (results of reporting of status are questionable given the inability of youth and staff to relate to the legal classifications used in data collection)
- By the time of discharge, 47% of the full group of residents had been reported to child welfare authorities (this includes those involved with societies from a preventive perspective or by virtue of their history)

2) What is the benefit of residential care and treatment of young parents with their infants, in reducing risk factors among the young women that may prevent ability to maintain parenting.

- Overall risk scores were reduced by the end of residential stay,
 - 77% of youth reduced risk scores
 - 13.36 mean risk admission score
 - 7.75 mean risk demission score
- There appears to be a relationship between risk score, child welfare status and outcome
 - Those whose risk scores increased tended to have increasing behavioural issues (6=60%), discharged prior to birth (2=20%), or had their infant child apprehended (2=20%)

2b) How many were able to maintain parenting and what was their parenting status?

- 73% of youth were able to parent their children post discharge
 - 72% of those parenting independently
 - 13% of those parenting with supports (not child welfare)
 - 16% of those parenting with child welfare involvement

2c) How many children were taken into care of child welfare agencies?

Does residential care and treatment of this nature help prevent the need for protective care or wardship?

- 3 infants out of 28 served in residence ended up in the care of child welfare agencies
- 89% of the infants served remained with their parents

- a total of 5 infants for all youth and infants served in the year ended up in care (2 more who were not in post-natal residential care)

2d) Is there a cost-benefit to residential care and treatment of this nature?

- It is the rare exception which allows a child welfare agency to provide concurrent care for the young parent and their child **in the same setting**, often infants are alone in custodial care rather than a treatment setting with their parent
- Out of 28 infants provided residential care and treatment at Rosalie Hall, society care was avoided for 25 infants; the savings in infant care alone represents \$730,000 to \$1,112,5000 per year to child welfare agencies (based upon care cost of \$80 to \$125/day)
- The savings in infant care, alone, exceed the Ministry funding provided for care and treatment of the total number of high risk infants and youth served annually at Rosalie Hall.

3) Are there any trends or relationships between these factors that can help inform clinical practice?

- While those who parent independently tended not to have previous histories of child welfare involvement; specialized residential care and treatment does reduce risk factors and support the ability of those with previous histories to parent their children
- Those who parent independently tended to have reduced risk scores (83% of those independently parenting had demission scores less than the demission mean of 7.75)
- Parents of all infants who spent time in the care of a child welfare agency had higher demission scores than the admission mean score (13.36); when infants were in Rosalie Hall residence and then ended in society care (3 infants), their parents had high demission risk scores ranging from 15 to 29.
- Further information is needed to determine the areas of Toronto which have higher levels of infants being brought into the care of child welfare agencies to determine if relevant care and treatment services are available in those parts of the city, and can be accessed to reduce the need for child welfare care.

4 – Housing Instability

Housing Instability:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Shelter <input type="checkbox"/> Treatment Institution <input type="checkbox"/> Temporary Friends/Relatives <input type="checkbox"/> No Fixed Address <input type="checkbox"/> Hospital <input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Must Leave Other Program <input type="checkbox"/> Unsafe Living Conditions <input type="checkbox"/> Parents Unable/Unwilling To Care <input type="checkbox"/> Pending Eviction <input type="checkbox"/> Other
Comments:		
Score:	0	

5 – Food Accessibility

Food Accessibility:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Able to obtain less then 3 meals a day <input type="checkbox"/> Poor Nutrition Value <input type="checkbox"/> Food Bank Usage	<input type="checkbox"/> Community Kitchen Usage <input type="checkbox"/> Weight Loss/Lack of Weight Gain
Comments:		
Score:	0	

6 – Financial Situation

Regular Income:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Employment <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance (ONTWORKS) <input type="checkbox"/> LEAP <input type="checkbox"/> Disability <input type="checkbox"/> Family Income	<input type="checkbox"/> Child Support <input type="checkbox"/> Daycare Subsidy <input type="checkbox"/> Dependant Subsidy <input type="checkbox"/> Child Tax Benefit <input type="checkbox"/> Other
Comments:		

FINANCIAL SITUATION SCORE	
Type	Amount/Month
Employment	
Employment Insurance	
Social Assistance	
Disability	
Family Income	
LEAP	
ONTWORKS	
Dependant Subsidy	
Child Support	
Daycare Subsidy	
Child Tax Benefit	
TOTAL	\$0.00

7 – Legal Involvement

Legal Involvement:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Child Custody Issues <input type="checkbox"/> Arrests <input type="checkbox"/> Charges <input type="checkbox"/> Probation <input type="checkbox"/> Parole	<input type="checkbox"/> Incarceration <input type="checkbox"/> Victimization <input type="checkbox"/> Witness <input type="checkbox"/> Community Service Requirement <input type="checkbox"/> Other
Comments:		
Score:	0	

8 – Adverse Family and Social Conditions

Adverse Family and Social Conditions:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Parents Unwilling to Care <input type="checkbox"/> Parent-Client Conflict <input type="checkbox"/> Limited or No Social Relationships <input type="checkbox"/> Physical Abuse (intrafamilial) <input type="checkbox"/> Physical Abuse (extrafamilial) <input type="checkbox"/> Emotional Abuse (intrafamilial) <input type="checkbox"/> Emotional Abuse (extrafamilial)	<input type="checkbox"/> Sexual Abuse (intrafamilial) <input type="checkbox"/> Sexual Abuse (extrafamilial) <input type="checkbox"/> Witness To Abuse (intrafamilial) <input type="checkbox"/> Witness To Abuse (extrafamilial) <input type="checkbox"/> Non-Landed Status <input type="checkbox"/> Other
Comments:		
Score:	0	

9 – Challenged Capacity to Care for Child

Challenged Capacity to Care for Child:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Physically Challenged <input type="checkbox"/> Mental Health Condition Diagnosis	<input type="checkbox"/> Developmental Disability
Comments:		
Score:	0	

10 – Emotional/Psychiatric Issues

Emotional/Psychiatric Issues:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> Depression <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Affective Disorder <input type="checkbox"/> Mood Disorder	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Self-Injurious Behaviour <input type="checkbox"/> Other
Comments:		
Score:	0	

11 – Medical Issues

Medical Issues:	<input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	<input type="checkbox"/> High-Risk Pregnancy (Medically Defined) <input type="checkbox"/> Pre-Existing Medical Condition (specify) <input type="checkbox"/> Previous Pregnancies	<input type="checkbox"/> Inadequate Prenatal Care <input type="checkbox"/> Other
Comments:		
Score:	0	

12 – Behavioural Issues

Behavioural Issues:	<input type="radio"/> Yes <input type="radio"/> No
If yes, describe:	<input type="checkbox"/> Anger Management Directed To Self <input type="checkbox"/> Poor Communication Skills <input type="checkbox"/> Anger Management Directed To Others <input type="checkbox"/> Low Frustration Tolerance <input type="checkbox"/> Aggression <input type="checkbox"/> Low Self Esteem <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Poor Peer Relationships <input type="checkbox"/> Impulsive <input type="checkbox"/> Other <input type="checkbox"/> Limited Problem Solving Skills
Comments:	
Score:	0

13 – History of Substance Abuse

History of Substance Abuse:	<input type="radio"/> Yes <input type="radio"/> No
If yes, describe:	<input type="checkbox"/> Illicit Drug Use <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Addiction <input type="checkbox"/> Other
Comments:	
Score:	0

14 – Employment Status

Currently Employed?	<input type="radio"/> Yes <input type="radio"/> No
If yes, describe type:	<input type="checkbox"/> Non-Paid Work Experience <input type="checkbox"/> Transitional (PT, Co-op) <input type="checkbox"/> Sporadic or Casual Work <input type="checkbox"/> Assisted Competitive <input type="checkbox"/> In-House Transitional <input type="checkbox"/> Independent Competitive Employ
Number of Hours per Week:	
Hourly Wage (dollars):	
Comments:	

TOTAL SCORE:	0
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