



# International Journal of Child and Adolescent Resilience

## Surveillance Data: Foundations for Interventions

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### Abstract:

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) research team is very pleased to include four papers in this inaugural issue of the *International Journal of Child and Adolescent Resilience*. Services provided to children, youth, and families from Child Protective Services or child welfare systems can range to address adult vulnerabilities (mental health problems, substance abuse), child needs for learning, health, and well-being needs, and context needs (housing supports). Ongoing service provision is one potential resilience vehicle via promoting child safety, family stability, and child permanency, when removed from family care. Each of the papers examines the decision to provide child welfare services at the conclusion of a maltreatment investigation. The four CIS analyses reveal important differences in the service decisions to four distinct populations identified by the CIS: (1) caregivers who are non-English/non-French speaking; (2) infants; (3) youth with delinquency behaviours and/or involved in the youth criminal justice system; and, (4) children who have been exposed to intimate partner violence. The findings from the CIS highlight the importance of surveillance data as a type of research evidence that can be utilized to inform important policy and practice initiatives. The lives of the children, youth, and families documented in the CIS studies are complex, and it is the responsibility of researchers to document and understand these complexities so as to support children and families in a timely, effective and ethical manner.

### Keywords:

Infant maltreatment, child welfare services, interventions, surveillance data

This inaugural issue of the International Journal of Child and Adolescent Resilience represents a unique and important contribution to the resilience literature, providing a peer-reviewed format for the dissemination of resilience scholarship. Child maltreatment is a robust childhood adversity where

resilience effort is critical to prevention works in the areas of maltreatment-related impairment and violence re-victimization. Resilience, the positive, healthful adaptation from adversity involves access to resources, where the child welfare system is one key player in the identification, provision, and

co-navigation of resources in the context of child maltreatment. It is valuable to consider the full gamut of interventions that may potentiate resilience, from mandated reporting to the supporting young adults as they exit the child welfare system (Goldstein, Faulkner & Wekerle, 2013; Tonmyr & Wekerle, 2013; Wekerle, 2013; Wekerle, Waechter, & Chung, 2011). In prior work on resilience, Fallon, Chabot, Fluke, Blackstock, MacLaurin and Tonmyr (2013) highlight the complex nature of child welfare services, and the need to investigate the resilience value of these services, in identifying higher out-of-home placement decisions at the conclusion of the child welfare investigation, where the child was of Aboriginal status. Further work questioned whether lower resources to child welfare agencies with high Aboriginal caseloads were at issue (Chabot et al., 2013). Thus, operationalizing resilience within the child welfare system context is an opportunity to examine agency-worker-family processes to better assess the “what-when-for whom” characteristics supporting child and youth resiliency.

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS; [www.cwrp.ca](http://www.cwrp.ca)) research team is very pleased to include four studies in this issue. Each of the papers examines the decision to provide child welfare services to families and children at the conclusion of a maltreatment investigation. There are two overarching goals for any child that has been reported to a mandated child welfare service: (1) to prevent the recurrence of maltreatment, and (2) to prevent or address the negative effects of maltreatment. The decision to provide child welfare services to a family is an important one, as it represents an allocation of scarce resources, an opportunity to prevent further suffering, as well as to promote the ability for people to positively interact with their environments, and protect children against the further deleterious influence of identified risk factors. The CIS studies serve as a surveillance system of reported child abuse and neglect in Canada, with a focus on the initial investigation phase of child welfare system involvement. Surveillance systems collect, analyze, and disseminate data related to health and safety in a systematic way (Wolfe & Yuan, 2001), and can inform policy analysts, practitioners, system administrators and researchers, of trends to assist in program development and prevention initiatives

(Hammond, 2003; Jack, 2010; Nsubuga et al., 2006; Smith et al., 2011; Wolfe & Yuan, 2001). Child welfare systems are one of the fastest growing social service delivery sectors in Canada (Trocmé, Esposito, Laurendeau, Thomson, & Milne, 2009), and the CIS provides critical information about the decisions associated with these services.

The four CIS analyses included in this issue reveal important differences in the service decisions to four distinct populations identified by the CIS: (1) caregivers who are non-English/non-French speaking (Ma, Van Wert, Lee, Fallon & Trocmé, this issue); (2) infants (Fallon, Ma, Allan & Trocmé, this issue); (3) youth with delinquency behaviours and/or involved in the youth criminal justice system (Van Wert, Ma, Lefebvre & Fallon, this issue); and, (4) children who have been exposed to intimate partner violence (Lefebvre, Van Wert, Black, Fallon, and Trocmé, this issue). In the first examination of non-English/non-French speaking primary caregivers investigated by child welfare authorities using CIS data, Ma and her colleagues found that investigations where the primary caregiver’s primary language was “other,” a proxy for primary caregiver immigration status, were more likely to involve alleged physical abuse and less likely to be transferred to ongoing services at the conclusion of an investigation, when controlling for the clinical concerns of the case. These findings, along with earlier analyses done by Trocmé and his colleagues (in press) regarding the high rate of case closure after physical abuse investigations, clearly demonstrate the need for the development of public education programs tailored to address attitudes and practices related to discipline and corporal punishment.

Changing parenting practices requires an intervention grounded in an understanding of the unique experiences and needs of these families (Lewig, Arney & Salverson, 2010). Unfortunately, the investigatory process of the child welfare system results in a substantiation finding, but not an offer of services, minimizing the potential resilience role that child welfare resources can provide to the family. Resilience requires tailored resource support. As applied to the immigrant family, child welfare agencies must ensure that appropriate interpreter services are available to facilitate communication between social

service professionals and non-English/non-French speaking clients, and also must examine practice approaches, to ensure equitable support in service negotiation and navigation (Maiter & Stalker, 2011). As Ma and her colleagues note, interventions that promote resilience in these families must also consider the higher rates of social isolation and adult intimate partner violence (IPV) noted in these immigrant families, as compared to English/French primary language caregivers. Individuals are embedded in their environments and, therefore, social and cultural factors are significant aspects of the context of resiliency promotion (Bottrell, 2009).

Infants are clearly the most vulnerable child group for serious injury and mortality from child maltreatment, and resilience means dedicated effort to intervene early and effectively (Wekerle, 2013). The need for specific, evidence-based interventions is apparent when looking at the discrete clinical profiles of infants and their caregivers post-investigation. Fallon and colleagues (this issue) found that across the four main referral sources for infants to child welfare services (police, hospital, community and social services, and non-professionals), primary caregiver functioning concerns were the strongest predictor of the decision to transfer a case to ongoing services. However, the issues documented for these families are complex. Caregivers of infants who come to the attention of child welfare services are challenged by a wide range of issues, such as cognitive impairment, IPV, few social supports, or struggling with drug or solvent abuse, or mental health issues.

Further work is needed to better understand what resilience-supporting programs are for caregivers dealing with these or a combination of these issues. Ameliorating the impact of these potential risk factors on infants requires the development of support and treatment services that address the specific concerns for the caregivers, as well as the developmental, social, and cognitive needs of the infant. Meeting the needs of latency age and adolescent children with delinquency related behaviours is the focus of Van Wert and her colleagues' analyses. These children face an array of behavioural, emotional, academic and cognitive issues. While eight to eleven year olds with delinquency-related issues have an increased

likelihood of receiving child welfare services, involvement in the Youth Criminal Justice system is not a predictor of service provision for 12 to 15 year olds. While the CIS does not provide any data to evaluate whether these are clinically appropriate decisions, it does provide important information about the system's response to these vulnerable youths. It may be that the child welfare system intervenes earlier with younger children presenting with delinquent behaviours, and may not continue as strong a service commitment once another formal system is involved. What is very clear in this study is that children presenting with behavioural issues need treatment and support during this crucial developmental period in order to improve their well-being and facilitate a healthy and positive trajectory into adulthood.

There has been an explosion of intimate partner violence investigations in the child welfare system since 1998 (Trocmé et al., 2001; Trocmé, Fallon, & MacLaurin, 2011; Trocmé et al., 2010). These investigations have very high rates of substantiation, but relatively low rates of service provision, when compared to other types of maltreatment-related investigations. In the context of intimate partner violence, resilience is generally conceptualized as resources available to a child that provide protection from the violence, facilitate adaptation, or promote recovery (Margolin, 2005). The impact of children of witnessing violence between caregivers is considered to be similar to the direct forms of sexual, physical, and emotional abuse and neglect (Emery, 2011; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). It remains unclear as to how to best place support to families in these situations within the child welfare context. Perhaps other social service systems, such as health care, are important partners in detecting and responding to IPV (MacMillan et al., 2009). The CIS data have been helpful in documenting the low rate of out-of-home placement of children involved in these investigations (Black, Trocmé, Fallon, & MacLaurin, 2008; Trocmé et al., 2010).

In order to support resilience in families struggling with intimate partner violence, child welfare agencies receiving referrals regarding these situations should focus on identifying opportunities to prevent

recurrence, and support all victims identified in the investigation. Data from the CIS have informed recent child welfare policy initiatives focused on re-defining the child protection system to utilize differential response, a practice model that emphasizes a flexible approach to assessment and service delivery, with the intention of improving child and family well-being (Waldfoegel, 2008). The delivery of differential response varies considerably across jurisdictions, although these services typically involve at least two streams, one of which focuses on a traditional forensic investigation approach, and one designed for lower-risk families that mainly involves voluntary services (Merkel-Holguin, Kaplan, & Kwak, 2006; Shusterman, Hollinshead, Fluke, & Yuan, 2005). In part, this shift toward differential response acknowledges that a forensic investigative approach to child welfare practice may not be helpful in addressing the adversities or risks documented by the CIS, such as parental mental health or poverty (Daniel, 2010). When the child welfare system accurately identifies risk, there is the opportunity to prevent actual negative outcomes for children (Daniel, 2010; Segal, Opie, & Dalziel, 2012). There is some evidence that child abuse prevention efforts have shifted from directly improving the individual skills of parents to promoting environments that facilitate positive parenting in the lived environment (Daro & Dodge, 2009).

Social service systems are increasingly recognizing the impact of the ecological context on parenting, the opportunity for communities to support parents, and the possibility that it is most cost effective to invest in community-based strategies. Helpful strategies to address a broad array of issues may include implementing new social services in a community, improving current service delivery, or promoting collaboration among service providers in diverse fields (Daro & Dodge, 2009). Community-based initiatives may allow community members to act as natural supports for each other, as well as important practical resources for problem-solving in parenting, and may also promote a positive social context within which more formal services can be delivered (Korbin & Coulton, 1996).

The resilience of young people and their families will likely be bolstered if communities offer a package of formal and informal resource options, tailored to

the ecological context (Daro & Dodge, 2009; Gewirtz & Edleson, 2007). Intervention programs must be high quality, have a strong theoretical foundation (Segal et al., 2012), and be operated by well-trained staff (Scott, 2010). Numerous factors may influence the success of a program in promoting resilience, preventing child abuse and neglect, and addressing the consequences of maltreatment. Service delivery should focus on multiple levels of the ecological context, and must be tailored to meet the unique needs of clients (Ungar, Liebenberg, & Ikeda, 2012). Multiple sectors, such as child welfare, health and mental health, education, and youth justice, should coordinate service delivery in order to promote continuity and consistency (Ungar et al., 2012). Interventions informed by evidence and implemented through collaboration among researchers, administrators, advocates, and service providers will likely be most successful (Toth & Manly, 2011). While it is true that child welfare services that respond to a broad array of family strengths and needs, including structural constraints such as poverty, continued resilience scholarship in child welfare populations is needed to optimize the safety and well-being of children. As with most research, these CIS findings generate more questions, and encourage further work in understanding the practice and process of child welfare service provision. The findings from the CIS highlight the importance of surveillance data as a type of research evidence that can be utilized by policy makers at all levels of government and across multiple sectors in order to inform important initiatives.

The lives of the children, youth, and families documented in the CIS studies are complex, and it is the responsibility of researchers to document and understand these complexities so as to support children and families in a timely, effective and ethical manner. Moving forward, we must use research evidence in order to inform our efforts in protecting and enhancing the well-being of young people and their families, and to continue to build the bridge to resilience for families (Littell & Shlonsky, 2010). Finally, all researchers should consider ways to disseminate their findings in order to impact policy and practice, and that is why the CIS research team is so pleased to support this important journal and congratulate its editors for their initiative and insight.



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