



# Group Home and Residential Treatment Placements in Child Welfare: Analyzing the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect

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## Introduction

The Canadian Incidence Study of Reported Child Abuse and Neglect-2008 (CIS-2008) is the third nation-wide study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Canada. This Information Sheet examines group home and residential treatment placements.

## Findings

There were an estimated 235,842 maltreatment-related investigations conducted in Canada in 2008. An estimated 174,411 investigations were for an incident of maltreatment and an estimated 61,431 were risk-only investigations. At the end of the initial investigation, 49% of maltreatment investigations were substantiated (85,440 investigations) and in 20% of risk investigations, the worker determined there was a significant risk of future maltreatment (12,018 investigations).

There has been a decline in the percentage of children and youth placed in out-of-home placements as a result of child maltreatment or risk investigations since 2008 in Canada, from 13% to 8%. The rate of out-of-home placements for children and youth ages 0-15 has remained relatively stable since 2003, with a slight increase in informal kinship care and foster care placements and a slight decrease in group home or residential treatment placements (Trocmé et al., 2010). Group homes and residential treatments are a particular type of placement that arises principally if traditional foster care placements do not appropriately meet the needs of the child, and are usually considered as a last resort when all other placement resources have been exhausted (DuRoss et al., 2010).

As in the 2003 report, the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) defines a group home placement as an “out-of-home structured group-living setting” and a residential/secure treatment placement as a “therapeutic residential treatment centre”. For the purposes of this analysis, both types of placements are merged into one category (group home or residential secure treatment) and data from Quebec are excluded. This allows for maximum comparability to analyses of previous cycles of the CIS.

In 2008, 1,432 children ages 0-15 were placed in group homes or residential secure treatment environments. This represents under 1% (0,6%) of all child maltreatment and risk investigations or 0,24 child per 1000 children. This is a slight decrease in such placements from previous cycles, compared to the 2003 rate of placement in group homes or residential secure treatment of 0,45 per 1000 children (or 1%) and of 0,34 per 1000 children (or 2%) in 1998 (Trocmé et al., 2010).

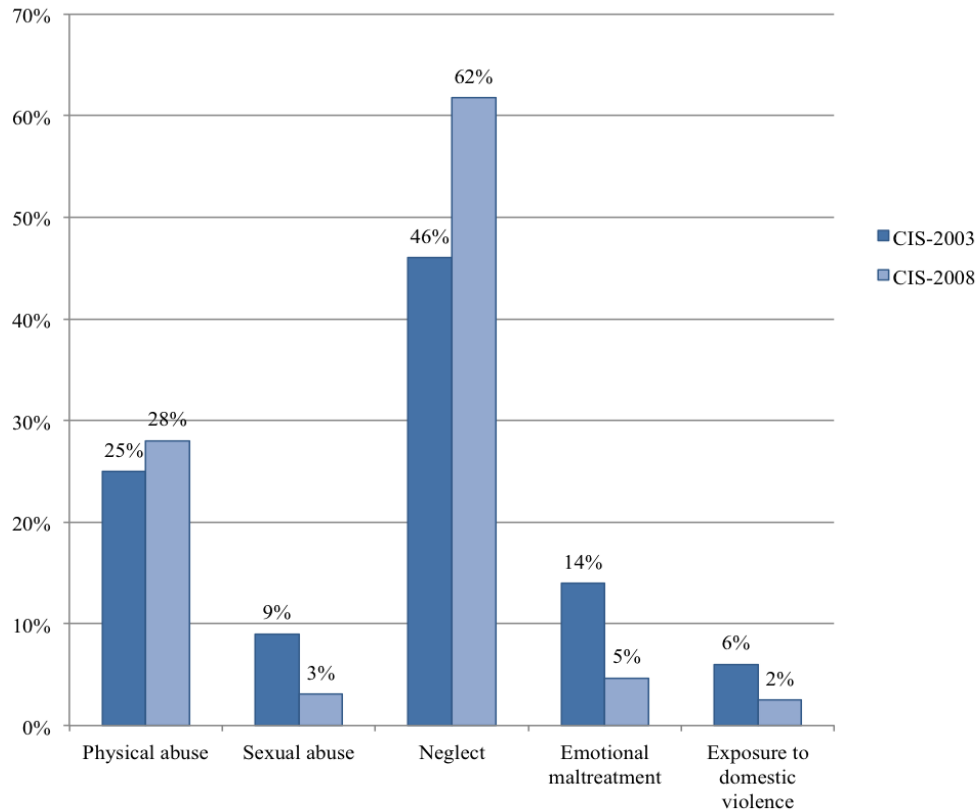
For children ages 7-15 years in 2008, 1,218 child maltreatment and risk investigations resulted in a group home or residential treatment placement, compared to 2,182 in 2003 representing a 55,8% decrease in placements for that particular age group. Of those 1,218 cases, 82,4% investigations were substantiated, 12% suspected and 5,7% deemed unfounded. The substantiation results were similar to the 2003 findings; however, a notable increase of 5% in suspected cases and a decrease of 4,3% in unfounded cases (categorized as not verified in CIS-2003) occurred from 2003 to 2008. It is also important to note that substantiation analyses in the CIS-2008 include both maltreatment investigations and risk assessments, whereas previous cohorts did not specifically track risk assessments; thus comparisons with previous cohorts on substantiation rates are nuanced<sup>i</sup>. When examining previous child welfare involvement for children ages 7-15 placed in group home or secure residential treatment settings, 75,4% of children had been previously reported for child welfare for suspected maltreatment, compared to 78% in 2003. In the CIS-2003, 41% of children ages 7-15 placed in group home or secure residential treatment settings had experienced maltreatment for a period of longer than six months. This variable was not tracked in CIS-2008, which makes comparisons complicated. However, the CIS-2008 did track whether children suffered multiple maltreatment incidents over time compared to a single incident; when examining children 7-15 placed in group homes or residential treatment facilities, 47% experienced multiple maltreatment incidents.

### **What is the nature of maltreatment leading to placement in group homes and residential treatment centers?**

**Figure 1** illustrates and compares the five major types of maltreatment in cases in which children 7-15 years of age were placed in a group home or residential treatment facility setting in both 2003 and 2008. In 2008:

- **Physical abuse:** accounted for **28 %** of cases investigated
- **Sexual abuse** accounted for **3,1%** of cases investigated
- **Neglect :** accounted for **61,7 %** of cases investigated
- **Emotional maltreatment:** accounted for **4,6%** of cases investigated
- **Exposure to domestic violence:** accounted for **2,4 %** of cases investigated

**Figure 1: Primary maltreatment types for investigations that resulted in placement group home of residential treatment facility for child 7-15 years old excluding risk investigations : Comparison between CIS-2003 and CIS-2008 (N=1003)**



As in 2003, neglect remains the most prevalent form of maltreatment. The CIS-2008 captured eight subtypes of neglect: “1) *failure to supervise: physical harm*, 2) *failure to supervise: sexual abuse*, 3) *permitting criminal behaviour*, 4) *physical neglect*, 5) *medical neglect (including dental)*, 6) *failure to provide psychiatric or psychological treatment*, 7) *abandonment*, and 8) *educational neglect*” (p.30). Overall, neglect investigations have increased by 15,7% from 2003 to 2008.

Similar to 2003, the second most prevalent form of investigated maltreatment among children who entered group home/residential treatment settings remains physical abuse at 28%, which represents a 2 % increase since 2003. Six subtypes of physical abuse are captured in the CIS-2008: “1) *shake, push, grab or throw*, 2) *hit with hand*, 3) *punch kick or bite*, 4) *hit with object*, 5) *choking or poisoning or stabbing*, and 6) *‘other physical abuse’*” (p.30).

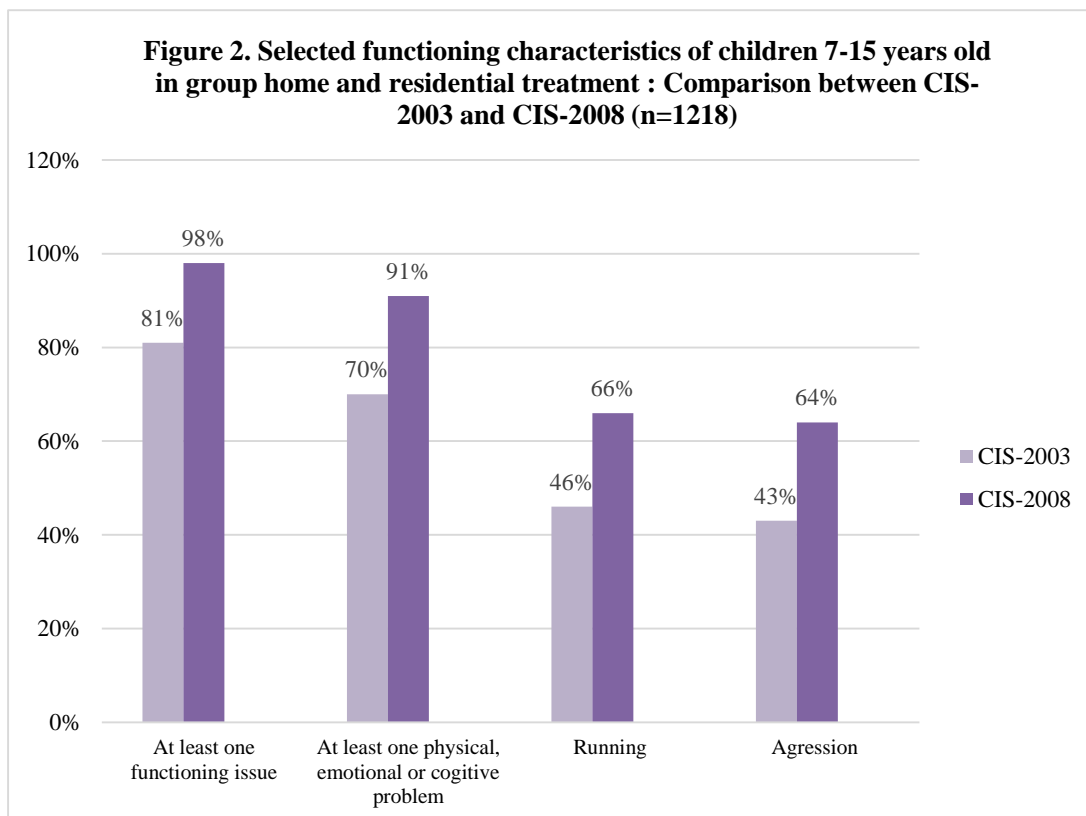
As in 2003, the third most prevalent form of investigated maltreatment among children who entered group home/residential treatment settings is emotional maltreatment; however a notable decrease (-9,4%) in emotional maltreatment-related investigations occurred between 2003 and 2008. Six subtypes of emotional maltreatment are captured in the CIS 2008: “1) *terrorizing or threat of violence*, 2) *verbal abuse or belittling*, 3) *isolation or confinement*, 4) *inadequate nurturing or affection*, 5) *exploiting or corrupting behaviour*, and 6) *exposure to non-partner physical violence*” (p.30). The notable decrease of emotional maltreatment-related investigations could be due to a change in definition of what consist of emotional maltreatment in the 2008 CIS

questionnaire; however, further analyses would need to be done in order to confirm this presumption.

### What are the functioning characteristics of children in group homes and residential treatment programs?

Of the children aged 7-15 placed in group homes or residential treatment facilities in 2008, 98,3% had at least one functioning issue. This is a notable difference from the 2003 findings, whereas 81% of children placed in group homes or residential treatment facilities had at least one functioning issue. Two of the most common behavioural issues were running (66,1%) and aggression (64,3%). Running increased by 20,1% since 2003, while aggression (identified as violence towards others in CIS-2003) increased by 21,3 %. It is important to note that in both 2003 and 2008 cycles the timing of the running away attempts were not indicated in the questionnaires, and thus could have occurred prior, during or after placement. Additionally, internalizing issues such as depression (55,6%) and self-harm behaviours (50%) concern more than half of children ages 7-15 in group home or residential treatment placement. This is a notable increase from the results in 2003, whereas 30-44% of children in such placements experienced internalizing functioning issues. In 2003, 70% of children 7-15 years of age placed in group homes or secure residential treatment facilities experienced at least one physical, emotional or cognitive problem, compared to 90.8% in 2008, which represents a 20,8% increase since 2003.

**Figure 2** illustrates a comparison between CIS-2003 and 2008 on selected functioning characteristics of children in group home and residential treatment.

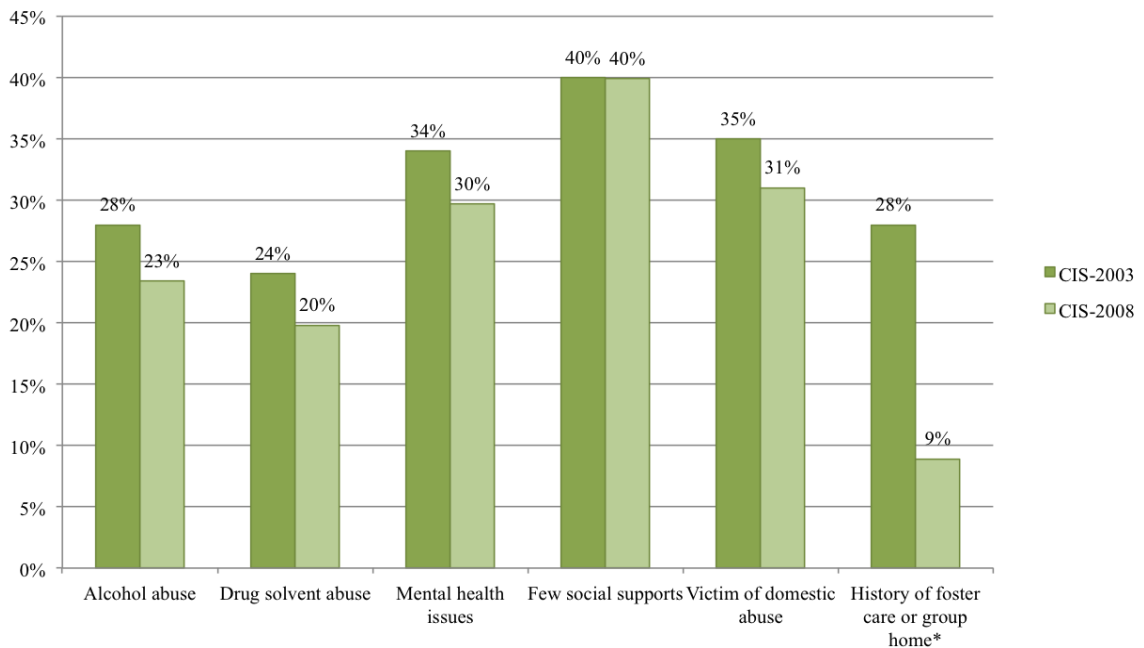


Furthermore, when comparing the children placed in group homes or residential treatment facilities to children who are not, there is a considerable difference on nearly all child functioning issues whereas children in group home or residential treatment placements experiencing a higher degree of issues than those in other placements or not placed. As noted by the authors of the 2003 CIS Info Sheet, the findings of the 2008 CIS remain consistent with previous research indicating that children placed in group home or secure residential treatment settings “*tend to display academic difficulties, aggressiveness, impulsivity, interpersonal problems and behaviours associated with conduct disorder.*” (DuRoss et al., 2010b).

**What are the caregiver risk factors for children placed in group homes and residential treatment programs?**

Similar to CIS-2003, data was collected by the CIS-2008 on caregiver risk factors connected to cases of substantiated maltreatment only. Although accurate direct comparisons between the 2003 and 2008 datasets are not possible due to changes in the way data was collected from one cohort to the next, it is still useful to examine any changes in reporting on specific primary caregiver risk factors. **Figure 3** illustrates and compares the most common risk factors identified in 2003 with the results from 2008. It is important to note that although one of most common risk factors in 2003 was a history of maltreatment as a child, this variable (categorized as history of foster care or group home) in the CIS-2008 analyses did not appear as a major risk factor.

**Figure 3. Primary caregiver risk factors for child 7-15 years old in group home and residential treatment (N= 1218 )**



*\*categorized as history of maltreatment as a child in CIS-2003*

The results highlighted in this information sheet illustrate notable increases in child functioning issues since 2003 for those who are placed in group home or residential treatment settings, as well as remarkably higher functioning issues compared to children who placed in less restrictive settings. There is currently limited research on the effectiveness of group home or residential treatment settings in addressing the needs of children and youth with serious functioning issues, which often do not evaluate the specific components of group home or residential-based programs and focus on short-term outcomes of children and youth (Hair, 2005; Knorth et al., 2008). Some research suggests that more restrictive group home and residential treatment settings tend to produce worse outcomes in children and youth than alternative interventions, and can be detrimental to specific demographics of children and youth such as younger children and girls (Lee et al., 2011; Chow, W.-Y., et al. 2011).

Further longitudinal research needs to be done in order to examine the long-term effects of group home and residential treatment placements on child and youth outcomes. This would help to determine if more restrictive settings are being used as de-facto dumping grounds for children and youth who are the most difficult to serve due to lack of alternatives, or if high rates of child functioning issues for those placed in group home or residential settings are a product of the restrictive placements themselves. Longitudinal analyses could allow for the examination of fluctuation in functioning issues over time and begin to examine the effectiveness of group home and residential treatment programs on child and youth outcomes. It would also be useful to analyze group home placements and residential treatment placements separately, as group home settings tend to not be as clinical in nature as secure residential treatment settings (Pumariega, Johnson & Sheridan, 1995) and may not be appropriate settings to address the needs of children and youth with severe functioning issues such as mental health and substance abuse issues.

*Note: This CWRP Information Sheet is an update of the CIS-2003 Information Sheet: DuRoss, C. R., Fallon, B., & Black, T. (2010). CWRP Information Sheet #82E. Toronto, ON: University of Toronto, Faculty of Social Work.*

## **Background**

Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the 13 Canadian provinces and territories and a system of Aboriginal child welfare agencies which have increasing responsibility for protecting and supporting Aboriginal children. Because of variations in the types of situations that each jurisdiction includes under its child welfare mandate as well as differences in the way service statistics are kept, it is difficult to obtain a nation-wide profile of the children and families receiving child welfare services. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. With core funding from the Public Health Agency of Canada and in-kind and financial support from a consortium of federal, provincial, territorial, Aboriginal and academic stakeholders, the CIS-2008 is the third nation-wide study of the incidence and characteristics of investigated child abuse and neglect across Canada.

## Methodology

The CIS-2008 used a multi-stage sampling design to select a representative sample of 112 child welfare agencies in Canada and then to select a sample of cases within these agencies. Information was collected directly from child welfare workers on a representative sample of 15,980 child protection investigations conducted during a three-month sampling period in the fall of 2008. This sample was weighted to reflect provincial annual estimates.

For maltreatment investigations, information was collected regarding the primary form of maltreatment investigated as well as the level of substantiation for that maltreatment. Thirty-two forms of maltreatment were listed on the data collection instrument, and these were collapsed into five broad categories: physical abuse (e.g., hit with hand), sexual abuse (e.g., exploitation), neglect (e.g., educational neglect), emotional maltreatment (e.g., verbal abuse or belittling), and exposure to intimate partner violence (e.g., direct witness to physical violence). Workers listed the primary concern for the investigation, and could also list secondary and tertiary concerns.

For each form of maltreatment listed, workers assigned a level of substantiation. Maltreatment could be substantiated (i.e., the balance of evidence indicated that the maltreatment had occurred), suspected (i.e., the maltreatment could neither be confirmed nor ruled out), or unfounded (i.e., the balance of evidence indicated that the maltreatment had not occurred).

For each risk investigation, workers determined whether the child was at significant risk of future maltreatment. The worker could decide that the child was at significant risk of future maltreatment (confirmed risk), that the child was not at significant risk of future maltreatment (unfounded risk), or that the future risk of maltreatment was unknown.

A detailed presentation of the study methodology and of the definitions of each variable is available at <http://cwrp.ca/publications/cis-2008-study-methods>.

## Limitations

The CIS collects information directly from child welfare workers at the point when they completed their initial investigation of a report of possible child abuse or neglect, or risk of future maltreatment. Therefore, the scope of the study is limited to the type of information available to them at that point. The CIS does not include information about unreported maltreatment nor about cases that were investigated only by the police. Also, reports that were made to child welfare authorities but were screened out (not opened for investigation) were not included. Similarly, reports on cases currently open at the time of case selection were not included. The study did not track longer-term service events that occurred beyond the initial investigation.

Three limitations to estimation method used to derive annual estimated should also be noted. The agency size correction uses child population as a proxy for agency size; this does not account for variations in per capita investigation rates across agencies in the same strata. The annualization weight corrects for seasonal fluctuation in the volume of investigations, but it does not correct for seasonal variations in types of investigations conducted. Finally, the annualization weight includes cases that were investigated more than once in the year as a result of the case being re-opened

following a first investigation completed earlier in the same year. Accordingly, the weighted annual estimates represent the child maltreatment-related investigations, rather than investigated children.

Comparisons across CIS reports must be made with caution. The forms of maltreatment tracked by each cycle were modified to take into account changes in investigation mandates and practices. Comparisons across cycles must in particular take into consideration the fact that the CIS-2008 was the first to explicitly track risk-only investigations. In addition, readers are cautioned to avoid making direct comparisons with provincial and First Nations oversampling reports because of differences in the way national and oversampling estimates are derived.

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<sup>i</sup> In this regard, 1,003 of the 1,218 children placed into group home or residential treatment placement were a result of maltreatment investigations, while the remaining 215 were a result of risk investigations.

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