Being Vulnerable is Costly. Integrating Services May Not Be

It is widely known that vulnerable people put the greatest demands on the human service system, but what classifies an individual as vulnerable.

Vulnerability is caused by several factors: a genetic pre-disposition to specific diseases; cognitive, emotional and intellectual capacities; and social support.

Therefore, an individual dealing with all these factors becomes vulnerable and, as a result, may inappropriately use a greater number of health and social services.

...continued on 2

A Glimpse at the ‘Price’ of Parental Stress as seen through Ontario Child Welfare

In child welfare services, the emphasis is often on child protection and this need may be the result of unaddressed family dysfunction and parental stress. In a sample of 135 families selected from three Children’s Aid Societies in southern Ontario, this study sought to integrate family, child, and service-system levels of analysis through a family-based standpoint of investigation by examining the phenomenon of parental stress among child welfare cases.

Children who are maltreated by parents who are highly stressed experience the poorest outcomes and have higher expenditures for use of...
Vulnerability continued

A system that targets vulnerable people with a mix of services to address these factors achieved by service integration or strategic alliances, can lead to greater effectiveness of care and, in many cases, reduce costs.

Some of our findings indicate:

Integrated, proactive interventions reduce health disparities for children and parents

Single parents and children receiving social assistance and provided in-home nursing visits, employment training and childcare along with recreation or skill development for the children, led to less reliance on social assistance, created savings and avoided further expenditures on all other human and health services.

Personal factors are more important than the severity of an illness

A greater influence on costs was a person’s inability to adjust to a chronic illness and the fact that they were depressed and/or felt their lives had no purpose. This was more influential than the severity of a disease.

Mental health patients often have wider health problems

There is a high prevalence of unaddressed mental health problems coexisting in people with health and social vulnerabilities including children aged 10-17, parents of children in need of protection, and parents of children with complex needs and disabilities. In all our studies, interventions improved outcomes and either paid for itself or helped reduce the amount and cost of healthcare provision in the same year.

An example of savings

Proactive, subsidized age-appropriate recreation services or skill development improved the competence of children with behavioural disorders and reduced the parent’s need for social assistance in one year.

Saving: $200,000 in every 100 families offered the service, paying for itself by lowering the use of crisis human services.

The vulnerability of Hamilton’s children is captured using the Early Development Instrument (EDI), a population-based measure of children’s development at the time of school (Grade 1) entry. The EDI is a checklist completed by Kindergarten teachers to measure development in five areas: physical health & well-being, social competence, emotional maturity, language & cognitive development, and communication skills & general knowledge.

The maps above and to the left show the proportion of children who, at the time of school entry, are deemed “vulnerable” in at least one area of functioning, as captured by the EDI. Prepared by the City of Hamilton, they show how vulnerability varies across large “neighbourhoods.”

The map to the left shows how children’s developmental vulnerability varied by neighbourhood in 2010, while the map above shows how vulnerability in each neighbourhood has varied across 2002, 2005, 2008 and 2010. Despite year-to-year fluctuations, in no neighbourhood is there clear evidence of a trend.
Parental Stress continued

human services in many areas.

Although it would be expected that stressed parents use more total health and social services, our study sample indicated these parents were not receiving additional support services and that the absence of services they need may be contributing to their high levels of stress. It is also possible that their stress may be preventing them from seeking out or accepting support services. These two situations combined may be creating a cycle of stress leading to preventative service underuse and more costly crisis service overuse.

Another interesting possibility is that increased levels of stress in parents may contribute to stress in the parent-child relationship leading to problematic child behavior. This psychological dysfunction in children may further stress parents, contributing to a cycle of strain and maladjustment among all family members, as well as increase service use for children and service underuse for parents.

Our data suggest depressed and stressed parents were using emergency rooms and hospitals while the underlying mental health and stress-related issues went unrecognized and unaddressed. Results show a direct connection between family adversity and child development and it is possible that child psychological dysfunction is a significant and direct source of stress for families involved with child welfare services.

When cases are reported to family and children’s services, the psychological status and stress levels of parents and children should be closely monitored, as these processes may aggravate maltreatment patterns. Existing service utilization patterns of families should also be examined.

Note: this study sample was not designed to be powered for hypothesis testing and that the primary analyses focused on parental stress as a global construct, making it difficult to determine what part of parental stress is most strongly associated with increased service utilization patterns.

For details please refer to the article below or contact Dillon Browne, Ontario Institute for Studies in Education, University of Toronto; dillon.browne@utoronto.ca


“The test of the morality of a society is what it does for its children.”
~ Dietrich Bonhoeffer (1906-1945)
Child and Family Welfare Cases, Hamilton 2009

Child welfare cases are presented as a percentage of the total number of persons aged 0-19 years by Forward Sortation Area.

In 2009, the Hamilton FSAs with more child welfare cases made up a large portion of North Lower Hamilton, SW Lower Hamilton, and Central Lower Hamilton.

Family welfare cases are presented as a percentage of the total number of families in private households by Forward Sortation Area.

In 2009, the FSAs with more family welfare cases fall into the areas that make up North Lower Hamilton, SW Lower Hamilton, and Central Lower Hamilton.

Data provided by the University of Toronto, Centre of Excellence for Child Welfare, and The Children’s Aid Society of Hamilton.
Maps prepared by Julie Wallace, PhD, McMaster University for the Systems of Prevention and Care.
"Children are educated by what the grown-up is and not by his talk."
~ Carl Jung (1875-1961)

**HSSU and SP&C Research Activities**

**Evaluation of Intervention Project**

- **Children’s Treatment Network (CTN) Project**
  c/o CTN Director of Research

- **Children’s Aid Society Project**
  With the University of Toronto, Centre of Excellence for Child Welfare, and Hamilton CAS

- **Health and Social Service Utilization Research Unit**
  c/o Gina Browne, Founder & Director

- **Wound Care Project**
  Funded by MOHLTC Integrated Client Care with University of Toronto, and University of Waterloo

Along with Research Team:
Lehana Thabane
Lindsey George
Jeffrey Hoch
A. Abigail Payne

For information about our Unit and Projects, contact:

Dr. Gina Browne, Director
Health & Social Service Utilization Research Unit
McMaster University
McMaster Innovation Park (MIP)
175 Longwood Road South, Suite 210A
Hamilton, ON L8P 0A1
Tel: 905.525.9140 Ext 22293
Fax: 905.528.5099
Email: gina.browne@mcmaster.ca
Website: www.fhs.mcmaster.ca/sru
Website: www.fhs.mcmaster.ca/spc

Select photos in this Issue courtesy of S. Mark and D. Lane and have been printed with permission.