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A Study Of Guidelines For Practice And Procedure In Handling Cases Of Child Abuse In Ontario's Children's Aid Societies

Conducted For The Ontario Task Force On Child Abuse By Social Policy Research Associates

Ontario
Ministry of Community and Social Services

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A STUDY OF GUIDELINES FOR PRACTICES AND PROCEDURES IN HANDLING CASES OF CHILD ABUSE IN ONTARIO'S CHILDREN'S AID SOCIETIES

Conducted for the
Ontario Task Force on Child Abuse

by

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in association with

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June 9, 1978

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Good support from the Children's Aid Societies of Ontario, whose staff completed the main survey questionnaire, was, of course, critical to completion of the study. Fifty of fifty Children's Aid Societies surveyed completed and returned the survey, in spite of tight deadlines and a very brief period allowed for completion.

Equally valuable in a different way was the cooperation of administrators and staff in eight societies where the researchers made personal visits, conducted interviews and studied child abuse case records. Their cooperation on such short notice, in most cases graciously provided, aided the researchers greatly in understanding the effectiveness of the main survey, and provided many insights on policy and administrative issues of current concern in treating child abuse cases in Ontario.

Finally, the researchers are grateful to Nancy Smith, Mary Tymkow, and Dan Zimmerman, for assistance they provided in the course of the study.

On the Substance of the Study

At this time, in 1978, considerable heat surrounds the question of performance of Children's Aid Societies in Ontario, as regards handling of cases of child abuse. The language used in most cases is the language of blame.

The researchers do not see blame-laying for short-comings in some Children's Aid Societies--blaming the Societies, or individuals--as pertinent to the problem at hand. This is particularly true, since the web of blame is complicated and far-reaching. It extends in some ways to today's social workers and yesterday's: to the politicians who have previously tolerated drift in policy and standards for children's protective services; to professionals and other institutions who have historically failed to report much child abuse (e.g. physicians, hospitals, etc.), or have implemented confused standards (e.g. the courts); and to the general community, in its tolerance of violence within and without the family, including its tolerance for violence to children.

Rather than blame-laying, positive action seems to be called for: to better identify avenues for improving the treatment of child abuse in Ontario, and to implement concrete, coherent and effective programs to take advantage of those avenues.

Hopefully, by identifying a wide range of difficulties in current treatment of child abuse cases, and by identifying variances in practices and procedures across Children's Aid Societies, this study will aid the movement towards effective remedies.

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I. INTRODUCTION AND OVERVIEW

A. Study Objectives

The main objective of the study was to provide the Ontario Task Force on Child Abuse with data regarding current guidelines and practices used by Ontario's Children's Aid Societies in handling cases of child abuse. The study focused on a survey of local Children's Aid Societies and had the following specific goals:

(a) to assess the extent to which The Ontario Association of Children's Aid Societies (hereafter OACAS) *GUIDELINES FOR PRACTICE AND PROCEDURES IN HANDLING CASES OF CHILD ABUSE* (1976) or alternative guidelines were used; and

(b) to assess related administrative and case management practices, and in particular administrative and decision-making procedures surrounding four critical decisions: (1) the decision to remove (or not to remove) an abused child from his/her home); (2) the decision to refer a child abuse case to law enforcement agencies; (3) the decision to return an abused child to his own home (or not to); and (4) the decision to close (or not to) close a child abuse case;and

(c) to gather other data related to the Task Force's objectives: on the resources of local societies, experiences with law enforcement agencies, and local Children's Aid Societies' Directors' views regarding a variety of issues.

In the survey a large number of questions were posed dealing with details of the above matters and related issues of concern to the Task Force. A number of these concerns involve such issues as the equality of resources for Ontario's Children's Aid Societies and the quality of protection for children in different areas or regions. These and related matters are addressed below, following an elaboration on the method of the study.

B. The Study Methodology

Several aspects of the method should be noted so that the strengths of the research, and its limitations respectively, may be well understood.

First, the study design set out by the researchers emphasized a multi-method approach -- one relying on several data sources. This strategy is of considerable value, since it allows cross-referencing and validation of conclusions against a wider range of evidence. In this study, three principal methods were utilized: (1) a "mail-out" survey of local Children's Aid Societies; (2) personal interviews with a sample of Children's Aid Society administrators, supervisors and caseworkers; and (3) the examination of child abuse case file records in a sample of Children's Aid Societies.

Second, the study design and strategy reflects both a quantitative and a qualitative orientation. Quantitative data are presented regarding most aspects of Society guidelines and procedures (e.g. how many societies have written guidelines for child abuse investigations or case-management?). Qualitative data is emphasized in matters relating to issues and priorities, and in particular in the interpretation of the data gained from on-site visits to a smaller group of eight Children's Aid Societies, which were visited by the Senior Researchers. As is noted below, this more qualitative data -- gained from the eight on-site visits -- plays a major role in the study analysis by providing a lens through which the meanings of the more quantitative survey of all societies may be seen with greater clarity.

1 The "Mail-Out" Survey of Ontario Children's Aid Societies

A "mail-out" survey of local Children's Aid Societies was selected as the principal methodology prior to initiation of the research. This decision was made mainly because of time -- only five weeks were available between initiation of the project and planned completion of the report. The strategy was well-suited, however, to the complexity of the task, since local Children's Aid Society Directors and staff needed considerable time to collect data and complete the questionnaire, and since many questions called for a great deal of reflection by the local Children's Aid Society Directors and other staff completing the questionnaire.

Sampling: Since there are only 51 Children's Aid Societies in Ontario, and since a large number of these represent unique catchment areas or organizational patterns, it was deemed desirable to survey all societies rather than a sample. In mid-study the decision was made not to sample one society which was the object of a judicial inquiry. As a result, the survey included all but one of

the Children's Aid Societies in Ontario, a total of 50.

Construction of the Questionnaire: The questionnaire was developed in the following way. Firstly, OACAS's publication, *GUIDELINES FOR PRACTICE AND PROCEDURES IN HANDLING CASES OF CHILD ABUSE*, was taken as the most authoritative and widespread document on handling child abuse in use in Ontario's Children's Aid Societies, and was seen as a starting point from which the current situation might be assessed. That document was examined and specific guidelines were translated into an extensive check-list type questionnaire. Additional questions related to guidelines and procedures were adapted from other guidelines-type documents. Still other questions were developed by the researchers, including a number dealing with general administrative concerns. Other questions were included on the basis of discussions with the Task Force Chairman, Task Force members, and COMSOC staff.

After revisions by the researchers, a draft was reviewed by those noted above, who had made contributions to the questionnaire, including one Director of a local Children's Aid Society. Timing of the study did not allow a formal pre-test of the questionnaire other than the "near" pre-test of having the questionnaire reviewed by one Children's Aid Society Director. This produced no great difficulty, as most of the questions were quite straightforward, and in the analysis stage nearly all of the almost 200 questions were found to be effective in eliciting the information sought.*

Implementing the Survey: The survey was conducted in a mail-out format, with actual delivery and return of the questionnaires done mainly by courier service. Use of a courier service for delivery and return of the questionnaires was deemed suitable to:
(a) guarantee safety and confidentiality of survey returns; and
(b) to avoid possible delays through postal disruption. The Children's Aid Society local Directors surveyed were asked to complete the survey within one, or at most two, weeks. This deadline was viewed as highly demanding, but desirable in two respects: firstly, speedy return of the questionnaires was deemed essential for the survey data to be useful to the Task Force; secondly, it was assumed that the questionnaires might not be returned at all if not completedpromptly.

To ensure speedy return of the questionnaires, Societies which had not returned the survey by the end of the first week of the survey received a number of contacts. A number of Societies' Directors were telephoned by two members of the Task Force, Mr. George Dove,

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*Notes on questions where problems in interpretation occurred may be found in Appendix B: Methodological Notes.

Director of Kawartha Children's Aid Society, and Mrs. Margaret Farina, Associate Director of OACAS. Societies still not responding after a short time were contacted by one of the researchers and urged to return the questionnaire. This effort to communicate the importance of the survey was aided as well by the use of couriers to collect and return the completed questionnaire.

Overall, this effort was highly successful, with unusually high returns from Societies surveyed (50 of 50). One Society was excluded in mid-survey because of it being the subject of an ongoing judicial inquiry. This return, of 100% of Societies surveyed, or 98% of all Societies, was deemed to be highly satisfactory. It far exceeded returns achieved in prior surveys of Ontario Children's Aid Societies (80% for surveys conducted in 1975 by COMSOC and by OACAS), and included catchment areas with 99% of the Ontario population.

2 Case Study Approach to Eight Local Children's Aid Societies

Eight local Societies were chosen for more intensive case study through one-day visits by the senior researchers. These visits involved personal interviews with local directors, supervisors and caseworkers, and review of child abuse case records. The sample of Societies visited was chosen not to represent all Ontario Societies, but rather to represent key types of Societies. An attempt was made to draw a sample:

(1) representing each major region of the Province;

(2) representing varying sizes of Societies and urban-rural catchment areas;

(3) representing Societies with and without recent COMSOC Child Abuse Training Programs;

(4) representing high as well as low levels of reporting of child abuse to the Central Registry.

Each of the senior researchers spent a full day at four of the eight Societies studied, interviewing staff, reading files and so on. While observations were drawn on many issues, special attention was placed on the four decision areas earlier noted: (1) the decision to remove (or not to remove) an abused child from his/her home; (2) the decision to refer a child abuse case to law enforcement agencies; (3) the decision to return an abused child to his own home (or not to); and (4) the decision to close (or not to close) a child abuse case.

Careful attention was paid in these site visits to the cross-referencing of data. Observations of Directors and other administrators, supervisors and caseworkers were tested against each other for consistency and against records of child abuse cases examined in each Society. Overall, the case studies of these Societies provided a clear picture of practices and procedures in effect in dealing with child abuse cases.

Subsequent to the eight case study visits, results of the case study assessments were compared to the questionnaires obtained from the same Societies. This allowed the researchers to validate questionnaire data and obtain additional insights as to the meaning of the survey results. This combining of surveys and case studies proved by far to be the single most valuable facet of the study method, as is noted below.

3 Confidentiality

The survey was presented to local Societies as a confidential survey in which the situation of no local Society would be identified, and in which no comment or opinion would be attributed to a Director or staff person who could be identified in any way. To the researchers' knowledge this guarantee has been fully honoured.*

One exception was made to this rule: the exception was, as the cover letter to local Societies indicated, that the study would list Societies participating and not participating in the survey.

C. Limitations of the Study

It should be emphasized that the study reported here assesses only procedures and practices in handling child abuse cases, and not the overall quality of care and treatment provided by Children's Aid Societies. This is a limitation that should be well understood.

The study provides a good assessment of the strength of institutionalized procedural safeguards assuring protection to children who are abused. But the quality of that protection may vary considerably, depending upon quality of leadership, workload, organizational morale, and the skills of the individual workers compris-

*Only the researchers have seen or will see the identifiable questionnaires.

ing a Society's child protection staff.

As is noted in Sections II and III of this study, considerable room exists for improving procedures and practices used by many Children's Aid Societies. But procedures and practices represent only part of the picture to be considered in improving our treatment of child abuse--a picture which should consider as well: the casework skills of social workers engaged in child protection work; the deployment of societal resources for child welfare; the broader framework of services and programs within which children's protective services are delivered; the response of other institutions and professions to child abuse.

In a similar vein, it would be a mistake for the reader to assume that the codification of guidelines and procedures necessarily assures either effective implementation or better protective services. All of the data we have seen suggests a correlation between codification of guidelines and procedures and quality of protective services, but apparently with many exceptions. Our research leads us to conclude that four situations exist: (1) Societies where good documented procedures exist for handling of child abuse and where these are implemented effectively; (2) Societies where the appearance of having documented, rigorous guidelines and procedures is a facade for poor implementation; (3) Societies where no written procedures are codified or institutionalized, but where (because of one or two highly competent individuals) actual handling of child abuse cases is highly competent; and (4) Societies where there are few or no written guidelines and procedures, and where the handling of child abuse cases is also unsatisfactory. Our concern is centred on Societies which fall into categories (2) and (4), since, in such Societies, protection for abused children will be unsatisfactory. Case (3) should also be a matter for concern, in a different way: in such Societies the quality of protective services is inadequately institutionalized and potentially subject to rapid decay merely (but inevitably) because of the passing of time and staff turnover.

Another area of limitation relates to the detailed statistics derived from the survey. These should be regarded as indicators only of the situation presently existing in guidelines and procedures for identification and treatment of child abuse, rather than absolute measurements. In this respect, close attention must be paid to the results of the case study visits, and the perspective they provide in interpreting the survey data.

D. Child Abuse as an Aspect of General Protective Services for Children

It is difficult to consider issues in the reporting, identification and treatment of child abuse without viewing that problem in the broader context of protective services for children. This is necessarily true when considering

strategies for the organization of services in a multi-purpose body like a Children's Aid Society. This matter will therefore be dealt with from time to time throughout the report, and especially in Section III.

E. Plan of the Report

Sections II and III following contain the principal findings of the survey, mainly in statistical tables, along with an interpretation of the case study findings and some related analysis. These are presented in the following sections and order:

SECTION II: STUDY RESULTS

A. Descriptive Results of the Mail-Out Survey

1. Community Context: the setting for identification and treatment of child abuse.
2. Organizational context.
3. Child abuse as an aspect of protective services.
4. General development of guidelines and procedures for identifying and treating child abuse cases.
5. Investigating reports of child abuse.
6. Guidelines and procedures for case management and treatment in cases of child abuse.
7. Guidelines and procedures for making key decisions: (1) removal of a child (or not); (2) referral to court (or not); (3) return of a child (or not); (4) closing a case (or not).
8. Issues in the use of law enforcement agencies.
9. Some regional patterns.
10. Views of local Directors on future directions in the development of guidelines for identifying and treating child abuse.
11. Priorities in combatting child abuse--the views of local directors.

SECTION III: FINDINGS & CONCLUSIONS OF THE STUDY

A. Findings Regarding the Current Guidelines and Procedures for Identifying and Treating Child Abuse Cases in Ontario's Children's Aid Societies

1. Community Context: The Setting for Identification and Treatment of Child Abuse
2. Organization and Resources for Dealing with Child Abuse
3. Child Abuse as an Aspect of Protective Services
4. General Development of Guidelines and Procedures for Identifying and Treating Child Abuse Cases
5. Investigating Reports of Child Abuse
6. Case Management and Treatment in Cases of Child Abuse
7. Guidelines and Procedures for Making Four Key Decisions in Child Abuse Cases
8. Relations with Law Enforcement Agencies in Child Abuse Cases

B. Areas of Priority Concern Identified through the Research

C. Strategies for Program Development Suggested by the Findings

D. Directions for Further Research Emerging from the Study

II. STUDY RESULTS

A. Descriptive Results of the Mail-out Survey

Results of the mail-out survey are presented in the following pages, in tables 1 to 9. These are maily statistical tables showing the responses of the fifty Children's Aid Societies to pertinent survey questions.

These statistics should be considered carefully by the reader, in light of Section II.B Interpretation of the Eight Case Studies, since the case study element of the research casts important interpretations on the survey results.

Members of the task Force and other readers should be alerted to these propositions which have aided the researchers in making sense of the large amount of data presented:

(1) The general level of development of guidelines and procedures, and the sophistication of management and treatment practices in handling child abuse, as evidenced in Ontario's Children's Aid Societies as of March-April, 1978, shows a large number of Societies with inadequate guidelines and procedures.

(2) Levels of capability and levels of effectiveness of practices and procedures in handling child abuse cases vary significantly from Society to Society, with the result that: children in various Regions, Counties, and Districts of Ontario are differentially protected in cases of abuse, merely because of where they live and differences in the local Children's Aid Societies (and their varying resources, procedures, etc.)

These propositions are reflected throughout the survey results, in such varied areas as: resources, organization, guidelines and procedures in place, investigation of reports of child abuse, case contact and treatment, and so on

1. Data on Community Context

Child abuse is dealt with in a variety of community situations or contexts. An understanding of the range of situations tells us much about the shape of the child abuse problem and the obstacles faced in dealing with child abuse.

Societies in Northern Ontario, for example, generally face population and geographic patterns quite distinct from those of Southern Ontario. In the North, a larger Native Peoples population presents a variety of unique service problems. Large geographic areas are served by very small societies trying to service many small, scattered population centres. Many communities are accessible only in good weather, or by plane, and so on. Many of these features affect the work of the eleven Societies located in Northern Ontario.

Societies in Central Ontario, on the other hand face other problems -- larger immigrant populations and migrant populations, family problems produced by the strains of a faster-paced urban environment in most areas, and so on. At the same time, these societies, mostly located in urban or partly urban areas tend to have more advanced service systems and more professionals available to engage in supportive work on child abuse cases.

Societies in Eastern Ontario, of which there are ten, are more likely to face the problems of providing child protection services to French speaking families -- where French speaking social workers may be in short supply. Societies in Eastern and Southwestern Ontario are more likely to be rural based and thus confronted with yet another set of problems in dealing with child abuse -- more traditional social orientations (combined with lower incomes in Eastern Ontario), weak social service systems and so on.

These variations are well reflected in Table 1, where selected data are given on the community context within which Children's Aid Societies operate. There it can be seen that most Societies are located in the more populous Central Ontario Region (19), with 10 in the East, and another 10 in Southwestern Ontario.

Additionally, the survey indicated that only about half of all the Societies had active interagency councils in their catchment areas, and that most Societies served catchment areas that were generally or partly rural in nature (40 of 50 Societies). Independent of the one variable at a time characterization of Societies, these data help to indicate the relative uniqueness of each society and the community it serves.

TABLE 1. COMMUNITY CONTEXT IN WHICH ONTARIO CHILDREN'S AID SOCIETIES OPERATE

A. Children's Aid Societies by region, using TEIGA regions:

	# of Societies
Central	19
Southwest	10
East	10
North	11

B. Societies operated as Children's Aid Society only, or Children's and Family Services:

	# of Societies
Children's and Family Services	16
Children's Aid Society only	34

C. Catchment areas of Children's Aid Societies:

	# of Societies
Mainly Urban	10
Partly Urban/Partly Rural	20
Mainly Rural	20

D. Societies that have an active interagency council in their catchment area:

	# of Societies
Active Interagency Council	24
No Interagency Council	24
Not Stated	2

2. Data on Resources and Organization

As in community context, Children's Aid Societies were found to vary considerably in the resources available and mode of organization used in dealing with child abuse. These results are set out below in Tables 2.1 to 2.5.

Resources

Societies were shown to vary greatly in size -- from less than 15 staff to several hundred. As Table 2.1 suggests, most Societies had between 16 and 60 staff. Most societies operated out of only one or two offices, but a small number of societies had several offices. One Society indicated seven offices and sub-offices.

Organization

Only a few societies indicated that they had a distinct intake unit or a distinct service unit for abused and neglected children. Survey results indicated that the vast majority of Societies dealt with child abuse cases as part of generalized society caseloads. Only half of the Societies surveyed indicated access to an inter-disciplinary child abuse team.

Consultants

Most of the Societies surveyed indicated ready access to key consultants, such as lawyers, psychologists and so on.

Language

A number of societies indicated that they lacked the staff with necessary language skills for their communities. Language needs indicated included French(most noted), Italian, Portuguege, Cree and Ojibway.

Caseloads

Caseloads represented an area of special interest to the survey, since capacity to provide good supervision, monitoring or treatment is contingent upon reasonable caseloads. The survey showed extreme variations in caseload, from Society to Society, with caseloads ranging from 15 to 46.

Training and Qualifications of Staff

Survey results showed wide variations as well in the minimum qualifications for social workers and supervisors, which varied greatly from society to society. Minimum qualifications for social workers ranged from "community college certificate" in some societies to MSW's in others. Overall, few social workers were found to have had special training in handling cases of child abuse, and about one third of all societies had no staff with such training.

Staff Recruitment and Staff Turnover

A number of societies surveyed reported difficulties with staff recruitment and staff turnover.

Fifteen societies reported recruitment difficulties, especially in finding staff experienced with child abuse, or in finding experienced staff generally, or in finding bilingual staff.

Staff turnover among social workers dealing with child abuse was generally found to be high across Childrens Aid Societies, with about 40% of all Societies reporting turnover above 20%.

TABLE 2.1 ORGANIZATION: RESOURCES AND STRUCTURE OF ONTARIO CHILDREN'S AID SOCIETIES

A. Children's Aid Societies by size of staff (all staff):

	# of Societies
15 staff or less	8
16 - 30 staff	19
31 - 60 staff	11
61 - 90 staff	6
Over 90 staff	5
Not Stated	1

B. Societies by number of offices and sub-offices that social workers work out of:

	# of Societies
One office	19
Two offices	16
Three offices	6
Four offices	2
Five offices	1
Six offices	3
Seven offices	1
Not Stated	2

C. Children's Aid Societies that have:

	# of Societies		
	Yes	No	Not Stated
(a) a Central Intake Investigations Unit	11	10	29
(b) a Distinct Service Unit for abused and neglected children	13	37	0
(c) an Inter-disciplinary Child Abuse Team	25	25	0
(d) worker access to key consultants such as:			
(a) a paediatrician	39	10	1
(b) a psychiatrist	39	9	2
(c) a psychologist	42	6	2
(d) a lawyer	48	1	1
(e) a Public Health nurse	48	0	2
(f) others	33	3	14

D. Societies with adequate numbers of staff who are fluent in French, in the languages of major immigrant groups in their jurisdiction, and in native peoples' languages (where these represent an important component of the caseload):

	# of Societies
Have adequate numbers	14
Do not have adequate numbers	28
Not Stated	8

TABLE 2.1. (CONTINUED)

D. 1. Languages in which additional skilled staff are required:

	# of Societies
French	12
Italian	7
Portuguese	7
Native Peoples' Languages (Cree and Ojibway)	6
Greek	2
Others	6

TABLE 2.2. ORGANIZATION: CASELOADS IN ONTARIO CHILDREN'S AID SOCIETIES

A. Supervisory load: number of social workers per supervisor in division dealing with child abuse cases:

	# of Societies
5 or less social workers per supervisor	10
6 social workers per supervisor	16
7 social workers per supervisor	10
8 social workers per supervisor	2
9 social workers per supervisor	3
10 social workers per supervisor	3
11 social workers per supervisor	1
12 social workers per supervisor	1
18 social workers per supervisor	1
Not Stated	3

B. Social worker caseloads: number of cases per social worker handling child abuse cases:
(mean caseload for 48 societies = 32.4 cases per social worker)

	# of Societies
15 - 20 cases per social worker	5
21 - 25 cases per social worker	4
26 - 30 cases per social worker	10
31 - 35 cases per social worker	16
36 - 40 cases per social worker	8
41 - 45 cases per social worker	2
46 or more cases per social worker	3
Not Stated	2

TABLE 2.3. ORGANIZATION: TRAINING AND QUALIFICATIONS OF STAFF IN ONTARIO CHILDREN'S AID SOCIETIES

A. Minimum qualifications for supervisors of workers dealing with child abuse:

	# of Societies
MSW + experience	31
BSW + experience	4
BA + experience	2
As required by Child Welfare Act	2
Other	5
Not Stated	6

B. Minimum qualifications for social workers:

	# of Societies
MSW	3
BSW	4
BA	6
BA plus experience	5
Community College	4
Community College plus experience	2
As required by Child Welfare Act	3
Other	15
Not Stated	8

C. Number of social workers in each Society (if any) who have had special training in handling physical and sexual abuse, and have caseloads including such cases:

	# of Societies
No such workers in the Society	16
1-2 workers	16
3-4 workers	5
5-6 workers	6
8-14 workers	4
Not Stated	3

TABLE 2.4. ORGANIZATION: STAFF RECRUITMENT IN ONTARIO CHILDREN'S AID SOCIETIES

A. Number of Societies where their ability to deal with child abuse was hampered by difficulties in recruiting staff in any particular specialty or with any particular skill or level of experience (in the past year):

	# of Societies
Yes, ability hampered by staff recruitment difficulties	15
No, ability not hampered	35

1. Areas of specialization or skill in which Societies had recruitment difficulties:

	# of Societies
Difficulties finding staff experienced with child abuse	5
General difficulties finding qualified staff with minimum qualifications and experience	5
Difficulties finding bilingual staff	4
Difficulties finding staff with experience in family and child dynamics	1

2. Reasons for recruitment difficulties:

	# of Societies
Financial constraints	5
Low salaries in relation to other Agencies	3
Isolation in Society's geographic location	2
Shortage of male social workers with experience	1
High caseloads in the local society	1

TABLE 2.5. ORGANIZATION: STAFF TURNOVER IN ONTARIO CHILDREN'S AID SOCIETIES

A. Percent of turnover among supervisors, annual turnover as a percentage of all supervisors*

	# of Societies
0% of supervisors change in one year	39
1 - 33% of supervisors change in one year	5
33 - 66% of supervisors change in one year	2
Over 66% of supervisors change in one year	4

B. Percent of turnover among social workers dealing with child abuse*

	# of Societies
0% turnover	14
1 - 20% turnover	12
21 - 40% turnover	12
41 - 60% turnover	3
61 - 80% turnover	1
81 - 100% turnover	2
Not Stated	6

* Percentage turnover is calculated as: the number of supervisors or social workers who left child abuse work because of promotion, transfer or leaving the Society, divided by the total number of supervisors or social workers engaged in child abuse work.

TABLE 2.6. ORGANIZATION: TRAINING AND STAFF DEVELOPMENT IN ONTARIO CHILDREN'S AID SOCIETIES

A. Number of Societies with written policies regarding staff training and professional development:

	# of Societies
Yes, have written policies	25
No	25

B. Societies where all new case workers undergo an orientation and training program prior to taking on child abuse cases:

	# of Societies
Yes, new case workers undergo training (usually generalized)	24
No, not all new case workers undergo training	25
Not Stated	1

C. Societies with regular workshops for workers and supervisors (either in local Society or in region generally):

	# of Societies
Have regular workshops	30
Do not have regular workshops	19
Not Stated	1

D. Societies where staff meetings are used for development of case management and treatment skills:

	# of Societies
Staff meetings used for skill development	35
Staff meetings not used for skill development	14
Not stated	1

E. Number of Societies which use a cotherapy approach as a staff development strategy:

	# of Societies
Use cotherapy approach	28
Do not use cotherapy approach	21
Not stated	1

F. Societies which have workshops available specifically for the training of supervisory personnel:

	# of Societies
Workshops for training of supervisory personnel	28
No workshops	20
Not Stated	2

TABLE 2.6. (CONTINUED)

G. Societies where staff have the opportunity to take courses at local or nearby graduate schools, colleges and universities or related institutions:

	# of Societies
Staff can take courses	28
Staff do not have opportunity	20
Not Stated	2

H. Societies where COMSOC has sponsored a child abuse training program in area:

	# of Societies
COMSOC training program in area	24
No COMSOC training program	26

I. (If yes) Number of your staff who attended:

	# of Societies
1-5 staff	14
6-10 staff	4
11-15 staff	2
More than 15	4

J. Societies which have clearly understood criteria and procedures for evaluation of staff performance on at least an annual basis:

	# of Societies
Yes, have staff performance evaluation criteria and procedures	38
No, do not have staff performance evaluation criteria and procedures	12

3. Child Abuse Statistics

Survey data allowed the researchers to produce estimates of the numbers of: reports of child abuse' confirmed cases of child abuse, and cases of child abuse reported to the Central Child Abuse Registry.

These data show a wide range in the numbers of child abuse reports and cases. Some Societies report little or no child abuse, while other Societies indicate hundreds of reports. These reports vary to a great extent simply because of the size of the Society's catchment area population.

Reports also vary a great deal simply because of the propensity of the local society to report. Some Societies report all instances even of reports of child abuse, but generally the tendency is to report confirmed cases of child abuse only.

Also interesting, is the fact that the total of confirmed child abuse cases estimated from the survey (1,225) represents a very small portion of the total Childrens Aid Society workload.

TABLE 3.1. CHILD ABUSE STATISTICS: REPORTS AND CONFIRMATIONS BY ONTARIO CHILDREN'S AID SOCIETIES

A. Children's Aid Societies by number of reports of abuse received and investigated in 1977:
(survey estimate of # of reports received in 1977 = 2572)

Reports of Abuse	# of Societies
0 - 5 reports	2
6 - 10 reports	7
11 - 20 reports	7
21 - 30 reports	7
31 - 40 reports	4
41 - 50 reports	3
51 - 100 reports	8
Over 100 reports	7
Not Stated	5

B. Children's Aid Societies by number of confirmed cases of child abuse:
(survey estimate of # of confirmed cases in 1977 = 1225)

Confirmed Cases	# of Societies
0 - 5 cases	15
6 - 10 cases	11
11 - 20 cases	8
21 - 30 cases	2
31 - 40 cases	3
41 - 50 cases	3
51 - 100 cases	3
Over 100 cases	3
Not Stated	2

C. Children's Aid Societies by number of cases reported to the Central Child Abuse Registry:
(survey estimate of # of cases reported to Registry in 1977 = 1132)

Cases Reported to Registry	# of Societies
0 - 5 cases reported	17
6 - 10 cases reported	13
11 - 20 cases reported	9
21 - 30 cases reported	1
31 - 40 cases reported	2
41 - 50 cases reported	1
51 - 100 cases reported	4
Over 100 cases reported	2
Not Stated	1

4. Development of Guidelines and Procedures for Handling Child Abuse Cases.

Survey results indicated considerable variation in the extent to which guidelines and procedures for handling child abuse cases were well developed in Ontario's Children's Aid Societies. For example:

- only 16 of the 50 Children's Aid Societies had, as of the survey, officially adopted either the OACAS Guidelines or their own guidelines document.

- Definitions and Guidelines documents were reported not distributed to staff in about one quarter of the Societies, while analysis of the case study data demonstrated that distribution or implementation of guidelines tended to be ineffective or non-existent in Societies where distribution had (technically speaking) occurred.

- Few Societies reported review procedures in place for regular development or updating of guidelines and procedures (such procedures were reported to exist in 14 of 50 Societies). But a majority of Societies reported plans for reviewing or up-dating procedures and practices in 1978.

TABLE 4.1. GUIDELINES & PROCEDURES FOR HANDLING CHILD ABUSE CASES: CURRENT LEVEL OF DEVELOPMENT AND REVIEW IN ONTARIO CHILDREN'S AID SOCIETIES

A. THE GENERAL SITUATION

1. Societies which have adapted or produced a written document (aside from the OACAS Guidelines on child abuse) which defines situations which are to be considered as abusive/neglectful:

	# of Societies
Have written document defining abusive situations	18
Do not have written document	32

2. Societies which have adapted or produced a written document (aside from the OACAS Guidelines on child abuse) which sets out guidelines and procedures for handling child abuse cases:

	# of Societies
Have written document on guidelines and procedures	25
Do not have written document	25

3. Societies where Board of Directors has officially endorsed or adopted a set of procedures and guidelines for handling child abuse cases:

	# of Societies
Have adopted OACAS Guidelines	6
Have adopted own guidelines	10
Board adopted both	2
Board has adopted neither	32

B. IMPLEMENTATION

1. Societies where definitions and guidelines documents have been distributed to all child protection staff in the Society:

	# of Societies
Definitions and guidelines documents distributed to all staff	37
Not distributed to staff	12
Not Stated	1

2. Societies where the OACAS Guidelines document has been distributed to all child protection staff in the Society:

	# of Societies
OACAS Guidelines distributed to all staff	33
Not distributed to all staff	16
Not Stated	1

TABLE 4.1. (CONTINUED)

C. MECHANISMS FOR DEVELOPMENT AND REVIEW

1. Societies which have own task force or committee or participate in an interagency child abuse committee on definitions of child abuse:

	# of Societies
Have own task force/committee	7
Participate in interagency child abuse committee	18
Both own and interagency committees	4
Neither own or interagency committee	21

2. Societies which have a similar task force or committee that deals with other guidelines and procedures in handling child abuse cases: (this could be the same committee)

	# of Societies
Have own task force/committee	5
Participate in interagency child abuse committee	20
Both own and interagency committee	3
Neither own or interagency committee	21
Not stated	1

3. Societies which have a procedure for annual (or more frequent) review of guidelines (e.g. collection during the year of "grey area" cases, a scheduled yearly meeting):

	# of Societies
Have guidelines review procedure	14
Do not have review procedure	36

4. Societies which have reviewed the OACAS Guidelines document and submitted comments to OACAS:

	# of Societies
Have reviewed and submitted comments	24
Have not reviewed	24
Not Stated	2

TABLE 4.2. GUIDELINES & PROCEDURES FOR HANDLING CHILD ABUSE CASES: RECENT AND ANTICIPATED CHANGES IN ONTARIO CHILDREN'S AID SOCIETIES

A. Societies which plan major changes in their guidelines and procedures for dealing with child abuse in the remainder of 1978:

	# of Societies
Major changes planned	32
No major changes planned	17
Not Stated	1

B. Societies where major changes were made during 1977, or to date in 1978, in guidelines and procedures used by the Society in handling child abuse cases:

	# of Societies
Changes made in 1977	13
Changes made in early 1978	12
No changes made	17
Changes made in 1977 and 1978	7
Not Stated	1

5. Investigation of Child Abuse Reports

Survey data presented in Tables 5.1 and Table 5.2 indicates a wide range of organizational patterns and strategies for investigation of child abuse reports.

Only 11 Societies, for example, clearly indicated that they dealt with investigations through a centrally located intake and investigation unit. Similarly, only about half of the Societies indicated that workers assigned to investigation and intake had previous experience with child abuse cases.

Other survey findings of interest included:

- that not all reports of child abuse were investigated in 24 hours (although most were).
- that only 5 of the 50 Societies indicated a policy of investigations usually involving two workers or a worker and a suitable witness.
- that less than half of the Societies have written guidelines for workers on procedures to be followed in investigations.
- that only 32 of the 50 Societies indicated that procedures were in place to assure feedback to persons reporting abuse or neglect of children.

TABLE 5.1. INVESTIGATION OF CHILD ABUSE REPORTS: ORGANIZATION FOR RECEIVING AND INVESTIGATING REPORTS, IN ONTARIO CHILDREN'S AID SOCIETIES

A. (In large Societies) Societies which have a centrally located assessment and intake/investigation unit:

	# of Societies
Have centrally located intake/investigation unit	11
Do not have centrally located intake/investigation unit	10
Not Stated/Not Applicable	29

B. Societies which have a well publicized telephone # available in their area for the reporting of child abuse 24 hours a day, 365 days a year:

	# of Societies
Have 24 hour telephone	36
Do not have 24 hour telephone	14

1. (If no) Ways reports are received after hours and on weekends:

Telephone answering service with worker on call	19
Police/hospital, etc., have list of emergency staff numbers	8

2. (If have 24 hour telephone number) Ways the after-hours telephone number is publicized:

Telephone directory	28
Telephone number with police	11
Telephone number with hospitals	8

C. Societies which have emergency staff available after hours and on weekends:

	# of Societies
Emergency staff available	50
No emergency staff	0

1. (If emergency staff are available after hours and on weekends) Societies where these staff are trained for or experienced in dealing with child abuse cases:

Trained for/experienced with child abuse cases	30
Not trained/experienced	19
Not Stated	1

D. Societies where all workers assigned to investigation and intake of child abuse cases have previous experience with child abuse work:

	# of Societies
Yes, have previous child abuse work experience	26
No previous experience	23
Not Stated	1

TABLE 5.2. INVESTIGATION OF CHILD ABUSE REPORTS, INVESTIGATIVE PROCEDURES AND MONITORING IN ONTARIO CHILDREN'S AID SOCIETIES

A. Number of Societies where all reports of child abuse are investigated within 24 hours of receipt:

	# of Societies
Always investigated within 24 hours	36
Usually investigated within 24 hours	13
Sometimes investigated within 24 hours	1
Seldom investigated within 24 hours	0
Never investigated within 24 hours	0

B. Percentage of investigations which are carried out in person:

	# of Societies
100% carried out in person	35
90 - 99% carried out in person	13
Less than 90% carried out in person	1
Not Stated	1

C. Percentage of initial investigations which are made by a single protective services worker, and percentage by two workers or a worker accompanied by a suitable witness:

	One worker only does initial investigation	Two workers or a worker and a suitable witness carry out initial investigation
0 - 20%	6 Societies	29 Societies
21 - 40%	2 Societies	5 Societies
41 - 60%	5 Societies	6 Societies
61 - 80%	13 Societies	1 Society
81 - 100%	21 Societies	5 Societies
Not Stated	3 Societies	4 Societies

D. Societies which have written guidelines to aid the worker in deciding which cases require immediate investigation, and which should be investigated by telephone and which in person:

	# of Societies
Have written guidelines re investigation	23
Do not have written guidelines re investigation	25
Not Stated	2

E. Societies where workers doing assessment and intake have a set of written guidelines that spell out the information they are responsible for obtaining from persons reporting abuse or neglect:

	# of Societies
Have written guidelines re information to get from reporter	22
Do not have written guidelines re information to get from reporter	26
Not Stated	2

TABLE 5.2. (CONTINUED)

F. Societies where workers have a set of written guidelines that spell out the information they are responsible for obtaining from families and from collateral contacts and the procedures to be used in conducting the investigation and validating the report:

	# of Societies
Have written guidelines re information from families/ collateral contacts, and procedures to use	23
Do not have written guidelines re information from families/ collateral contacts, and procedures to use	25
Not Stated	2

G. When a report is from another agency to which the family is known, Societies which obtain details as to the other agency's involvement with the family to date, future plans, etc.:

	# of Societies
Always obtain details on other agency's involvement	29
Usually obtain details on other agency's involvement	20
Sometimes obtain details on other agency's involvement	1
Seldom obtain details on other agency's involvement	0
Never obtain details on other agency's involvement	0

H. Societies where reports of abuse are checked against prior records of the Society to see if there is a history of abuse or any previous contacts:

	# of Societies
Always checked against the Society's prior records	48
Usually checked against the Society's prior records	2
Sometimes checked against the Society's prior records	0
Seldom checked against the Society's prior records	0
Never checked against the Society's prior records	0

I. Societies where reports of abuse are checked with the Central Child Abuse Registry in Toronto to see if the family has a history of abuse or reports:

	# of Societies
Always checked with Central Registry	7
Usually checked with Central Registry	5
Sometimes checked with Central Registry	13
Seldom checked with Central Registry	11
Never checked with Central Registry	13
Not Stated	1

TABLE 5.2. (CONTINUED)

J. Societies which have procedures to ensure that they provide feedback to people who report abuse or neglect:

	# of Societies
Have procedures ensuring feedback	32
Do not have such procedures	16
Not Stated	2

K. Societies which have procedures for the transfer of cases from the worker doing intake to the worker doing case management:

	# of Societies
Have procedures for transfer	44
Do not have procedures for transfer	5
Not Stated	1

6. Case Contact and Treatment in Child Abuse Cases

Extensive data on case contact and treatment are indicated in Tables 6.1 to 6.6, as to treatment strategies, contact, supporting services, supervision, case recording and collaboration with other agencies.

As with other aspects of the survey, extreme variation across the 50 Societies was a major feature of the survey results. For example, in some Societies, contact with families in which children had been abused was as frequent as daily, while in others usual contact was as infrequent (by comparison) as every four weeks.

Similarly variability was indicated regarding such matters as: the frequency of caseworker contact with abused children in foster homes; the length of time that a child might be monitored, after being returned to a home in which he/she had been abused, regularity of contacts with abused children and families where the abused child has been returned to the home, regularity of case conferences etc.

About two thirds of the Societies reported that their attempts to deal with child abuse cases was impeded by lack of supporting social and professional services in their area.

Supervision patterns tended to be extremely variable from Society to Society, the evidence suggesting in general a lack of evaluation or monitoring strategies to assure highest priority handling and attention for child abuse cases. These data suggested that supervision patterns in many Societies may allow abuse cases where children in their own homes are at risk, to receive inadequate attention.

TABLE 6.1. CASE CONTACT AND TREATMENT IN CONFIRMED CASES OF CHILD ABUSE IN ONTARIO CHILDREN'S AID SOCIETIES

A. Societies where a treatment plan is developed for the child-abusing family in every case, and recorded in the appropriate case file:

	# of Societies
Treatment plan is developed and recorded in every case	46
Treatment plan not developed and recorded	3
Not Stated	1

B. How often do workers engaged in casework with child abuse families usually see the families:

	# of Societies
As required	8
Daily	1
Weekly	16
Every 2 weeks	19
Every 3 weeks	2
Every 4 weeks	3
Not Stated	1

C. Societies where (when placement becomes necessary in child abuse cases), parents and where appropriate, children, are included in preplacement planning and visiting:

	# of Societies
Always include parents and/or children	6
Usually include parents and/or children	17
Sometimes include parents and/or children	13
Seldom include parents and/or children	12
Never include parents and/or children	1
Not Stated	1

D. Societies where (in cases where abuse leads to placement) training or education is provided to foster parents to allow them to better deal with needs of abused children:

	# of Societies
Do provide training/education	20
Do not provide training/education	27
Not Stated	3

E. Societies which include foster parents on the treatment team:

	# of Societies
Always include foster parents	7
Usually include foster parents	10
Sometimes include foster parents	21
Seldom include foster parents	5
Never include foster parents	3
Not Stated	4

TABLE 6.1. (CONTINUED)

F. Frequency with which caseworkers usually see children who have previously been abused and are now in foster care:

	# of Societies
See children at least weekly	2
See at least every 2 weeks	16
See at least every 3 weeks	11
See at least every 4 weeks	8
See at least every 6 weeks	1
See at least every 8 weeks	1
See at least every 12 weeks	2
See children as required	5

G. Societies where there is an intensive follow-up period, with regular supervision by the caseworker (after returning an abused child to his/her home):

	# of Societies
Have intensive follow-up period	48
Do not have intensive follow-up	1
Not stated	1

H. Usual length of time after return that Society usually monitors the child's situation:

	# of Societies
As required	3
At least 3 months	8
At least 4 months	3
At least 6 months	26
At least 8 months	1
At least 12 months or more	6
Not Stated	3

I. Frequency with which the child is usually seen during this time period following return to the home:

	# of Societies
As required	4
At least weekly	3
At least every 2 weeks	23
At least every 3 weeks	7
At least every 4 weeks	10
At least every 6 weeks	1
Not Stated	2

TABLE 6.1. (CONTINUED)

J. Societies where (in cases of staff turnover) the departing worker introduces the new worker to the family and other agencies providing services:

	# of Societies
Always introduces new worker to family, etc.	15
Usually introduces new worker to family, etc.	21
Sometimes introduces new worker to family, etc.	9
Seldom introduces new worker to family, etc.	4
Never introduces new worker to family, etc.	0
Not Stated	1

K. Frequency with which child abuse cases are usually conferenced to review movement, changes in need, planning:

	# of Societies
As required	10
At least weekly	7
At least every 2 weeks	8
At least every 3 weeks	4
At least every 4 weeks	10
At least every 6 weeks	1
At least every 8 weeks	2
At least every 10-12 weeks	5
Not Stated	3

TABLE 6.2. LACK OF SUPPORTING SERVICES IN TREATING CONFIRMED CASES OF CHILD ABUSE IN ONTARIO CHILDREN'S AID SOCIETIES

A. Societies reporting consistent negative effects on their ability to deal with cases of child abuse, because of the lack of supporting services in their jurisdiction.

	# of Societies
Yes, negative effects due to lack of supportive services	32
No negative effects	16
Not Stated	2

TABLE 6.3. SUPERVISORY PRACTICES IN ONTARIO CHILDREN'S AID SOCIETIES IN CONFIRMED CASES OF CHILD ABUSE

A. Societies which have procedures in place which ensure that the supervisor is consulted at each of the following points:

	# of Societies		
	YES	NO	NOT STATED
(a) when the treatment plan is first prepared	43	6	1
(b) at the time of changes or modifications in the plan	41	8	1
(c) upon any major crises in the life of the family	40	9	1
(d) when the court or other law enforcement agencies are used	45	4	1
(e) when a child is to be removed from the home	47	2	1
(f) when a child is to be returned to his/her home	46	3	1
(g) when a case is to be terminated	46	3	1

B. Frequency with which child abuse case plans are usually reviewed by supervisors:

	# of Societies
Reviewed as required	6
At least weekly	11
At least every 2 weeks	9
At least every 3 weeks	5
At least every 4 weeks	12
At least every 10-13 weeks	4
Not Stated	3

TABLE 6.4. SUPERVISION PATTERNS FOR STAFF ENGAGED IN WORK WITH CHILD ABUSE CASES IN ONTARIO CHILDREN'S AID SOCIETIES

FREQUENCY OF SUPERVISION	Frequency that supervisors usually meet with individual workers dealing with child abuse cases, for case discussions and consultation	Frequency that each supervisor usually meets with his/her unit as a team for case discussions and/or to review Society policies and procedures	Frequency that the Local Director (or his delegate) holds meetings with protective service supervisors whose workers are engaged in child abuse work	Frequency that the Local Director (or his delegate) holds meetings with a liaison committee of supervisors and workers (or in small Societies, all such supervisors and workers)
	# of Societies	# of Societies	# of Societies	# of Societies
As needed	2	1	3	2
At least every week	35	17	8	5
At least every 2 weeks	7	13	9	5
At least every 3 weeks	2	1	0	0
At least every month	1	4	15	21
At least every 2 months	0	1	3	2
At least every 3 months	0	1	1	5
At least every 4 months	0	0	1	0
At least every 12 months	0	1	0	0
Never	0	1	1	5
Not Stated	3	10	9	5

TABLE 6.5. CASE RECORDING IN ONTARIO CHILDREN'S AID SOCIETIES IN CHILD ABUSE CASES

A. Societies where every child abuse case record contains:

	# of Societies		
	YES	NO	NOT STATED
(a) a copy of the reporting form	41	9	0
(b) intake summary, including findings and supportive documentation	50	0	0
(c) a case management treatment plan	42	7	1
(d) copies of any court orders	46	4	0
(e) a record of contacts	48	2	0
(f) a record of services provided to clients	50	0	0
(g) reports on reviews by the supervisors	16	31	3
(h) a summary of the circumstances surrounding termination when a case has closed	49	1	0

TABLE 6.6. COLLABORATION OF ONTARIO CHILDREN'S AID SOCIETIES WITH OTHER AGENCIES IN HANDLING CHILD ABUSE CASES

A. Frequency with which workers are usually in touch with supporting service providers on a case by case basis, to see if services are being utilized by abusing families:

	# of Societies
As required	4
At least weekly	4
At least every 2 weeks	15
At least every 3 weeks	8
At least every 4 weeks	13
At least every 12 weeks	1
Not Stated	5

B. Societies where caseworkers personally introduce the client to any new service providers:

	# of Societies
Always introduce client to new service providers	5
Usually introduce client to new service providers	28
Sometimes introduce client to new service providers	16
Seldom introduce client to new service providers	1
Never introduce client to new service providers	0

C. Societies where staff of other service-providing and treatment agencies are included in C.A.S. case conferences where they serve the same client:

	# of Societies
Always include other agency staff	8
Usually include other agency staff	32
Sometimes include other agency staff	10
Seldom include other agency staff	0
Never include other agency staff	0

D. Societies where procedures have been developed for use of other community services in treating child abuse, such as:

	# of Societies		
	YES	NO	NOT STATED
(a) social assistance/welfare	21	25	4
(b) day care centres or home day care	20	28	2
(c) public health units	35	15	0
(d) homemaker services	17	30	3
(e) other social services	24	24	2
(f) court preparation services	21	27	2

TABLE 6.6. (CONTINUED)

E. Societies where these procedures are documented or written:

	# of Societies
Procedures for use of other community services are all written	5
Some procedures are written	15
None of the procedures are written	28
Not Stated	2

F. Societies where these service or treatment collaborations are underlined by written interagency agreements or contracts:

	# of Societies
Collaboration always underlined by written agreements	1
Usually have written agreements	3
Sometimes have written agreements	6
Seldom have written agreements	10
Never have written agreements	25
Not Stated	5

G. In cases where abuse is known to have occurred, but some agency other than the Children's Aid Society is providing the primary service to the family, does your Society:

		# of Societies
(1) determine and put in writing which agency is assuming the primary role and accepting responsibility for the case?	Always	16
	Usually	12
	Sometimes	8
	Seldom	6
	Never	2
	Not Stated	6
(2) determine and put in writing the treatment plan and the other agency's assurance of continuing service on a regular basis?	Always	9
	Usually	11
	Sometimes	14
	Seldom	6
	Never	3
	Not Stated	7
(3) ensure that the Children's Aid Society receives immediate notification of any incidence or suspicion of further abuse, avoidance of service, or removal of the family to another location?	Always	25
	Usually	11
	Sometimes	5
	Seldom	1
	Never	1
	Not Stated	7
(4) ensure that there is a sound plan for assessing movement of the case with the CAS at least every three months?	Always	12
	Usually	12
	Sometimes	9
	Seldom	7
	Never	3
	Not Stated	7
(5) see that the CAS is involved in any case conferencing of the family, especially when termination or any other critical decision is being considered?	Always	11
	Usually	17
	Sometimes	6
	Seldom	6
	Never	3
	Not Stated	7

7. Guidelines for Making Critical Decisions in Child Abuse Cases.

Survey results regarding four critical decisions in child abuse cases are presented in Tables 7.1 and 7.2.

In Table 7.1, for example the data clearly indicate that procedures around these four decisions are informal in a majority of Societies: only 24 of the Societies have written procedures for factors to be considered and steps to be taken in removing the child from his/her home; only 16 of the Societies have procedures written regarding the decision to return a child to the home.

In Table 7.2, data are presented to indicate who is involved usually in these four critical decisions. These data suggest that: the use of consulting specialists in these decisions is relatively rare (for example, only 16 Societies reported involvement of a lawyer or court worker in decisions to refer a case to the courts or other law enforcement agencies); the decision to return a child to the home or to close a case -- critical decisions for the child potentially at risk -- are often made with minimal professional advice.

TABLE 7.1. GUIDELINES FOR MAKING CRITICAL DECISIONS IN ONTARIO CHILDREN'S AID SOCIETIES IN CHILD ABUSE CASES

A. Written guidelines available regarding factors to be considered and steps to be taken when:

	# of Societies		
	YES	NO	NOT STATED
(a) removing a child from his/her own home	24	25	1
(b) returning a child to his/her own home	16	32	2
(c) referring a case to the courts or other law enforcement agencies	21	27	2
(d) terminating a case	15	33	2

TABLE 7.2. WHO MAKES CRITICAL DECISIONS IN THE HANDLING OF CHILD ABUSE CASES IN ONTARIO CHILDREN'S AID SOCIETIES?

Besides the caseworker (and the supervisor, if he/she is involved), additional Society staff, or staff of other agencies which are usually involved in:

	A. Decisions to remove a child from his/her home (or not):	B. Decisions to return a child to his/her own home (or not):	C. Decisions to refer a case to the courts or other law enforcement agencies:	D. Decisions to terminate a case:
	# of Societies	# of Societies	# of Societies	# of Societies
1. Caseworker/Supervisor only	4	6	9	12
2. Caseworker with senior staff or team	15	14	14	13
3. Local Director	11	14	17	11
4. Other social work consultants and CAS staff as needed	8	6	3	4
5. Legal consultants or cour worker	4	2	16	3
6. Medical professionals	7	2	1	0
7. Psychiatric, psychological consultants	3	3	1	4
8. Police	1	0	2	0
9. Other consultants/agencies as needed	7	13	4	5
10. Not Stated	3	4	3	6

8. Use of Law Enforcement Agencies in Child Abuse Cases

Survey results (Tables 8.1 and 8.2) indicated a variety of relations between Childrens Aid Societies and law enforcement agencies in the handling of child abuse cases.

Only 3 of 50 Societies reported liaison with the police on all cases of child abuse, with most Societies only involving police in cases where injuries were serious, sexual assault was involved, or where there was apparent danger to the social worker in dealing with the family. The researchers deemed this to be especially interesting, since (as is noted in a later portion of the study) case study data pointed to police involvement as a generally positive influence on investigations of child abuse. Generally, relations between Childrens Aid Societies and the police were deemed to be good, by 47 of 50 of the Societies, however.

Survey results regarding relations with the Courts indicated a good relationship generally, but considerable dissatisfaction with results of recent court cases. Only 3 Societies reported a poor relationship with the Court, but 12 Societies indicated dissatisfaction with outcomes of recent court cases. Major problems with the Court appeared to focus on: philosophical differences as to a proper protective role; inability of many social workers to deal with the Court process. Interestingly, in relation to this last concern, case study observations discussed below pointed to best Court performance and best outcomes for children, in instances in which the Court process was approached with proper legal staff advising or representing the Childrens Aid Society.

TABLE 8.1. ISSUES IN THE USE OF LAW ENFORCEMENT AGENCIES IN CHILD ABUSE CASES: USE OF THE POLICE BY ONTARIO CHILDREN'S AID SOCIETIES

A. Circumstances (in the last year) where Societies have referred cases to the police, or collaborated with the police in child abuse cases:
(multiple responses raise total beyond 50)

	# of Societies
Liaison on all child abuse cases	3
Liaison on every case of confirmed abuse	1
Where injuries are serious	28
In cases of alleged sexual abuse	19
In situations of potential danger to workers	6
Where charges may be laid	5
In complicated investigations	8
To assist in dealing with uncooperative parents	6
To aid in apprehending a child	2
Other	11

B. Quality of Societies' working relationships with the police in handling child abuse cases:

	# of Societies
Very good relationship with police	24
Good relationship with police	23
Poor relationship with police	2
Very poor relationship with police	0
Not Stated	1

C. Kinds of problems or difficulties experienced with the police: (selected comments)

"Philosophical differences over status of child abuse. Criminal code versus Child Welfare Act. Police refused to become involved in child abuse committee because of that."

"Primarily a difference in philosophy. Many police regard child abuse as a crime and regard the Society approach as too slow or too lenient. Need for improvement in communication which is complicated by dealing with several police forces at the same time."

"No officer in area trained to deal with child abuse cases."

"Approach of police sometimes inappropriate."

"Reluctant to become involved in 'domestic' situations."

"Ambivalence of some CAS workers around reporting child abuse to the police, as they consider this a breach of confidentiality."

"Mutual inability of CAS and police to understand respective roles and responsibilities."

TABLE 8.2. ISSUES IN THE USE OF LAW ENFORCEMENT AGENCIES IN CHILD ABUSE CASES: RELATIONS BETWEEN THE COURTS AND ONTARIO CHILDREN'S AID SOCIETIES

A. Quality of local Society's working relationship with the court in handling child abuse cases:

	# of Societies
Very good relationship with court	16
Good relationship with court	30
Poor relationship with court	3
Very poor relationship with court	0
Not Stated	1

B. Satisfaction with results of recent court cases (regarding child abuse):

	# of Societies
Very satisfied with results of court cases	8
Satisfied with results of court cases	26
Dissatisfied with results of court cases	11
Very dissatisfied with results of court cases	1
Not Stated	4

C. Problems or difficulties with the court in handling child abuse cases: (selected responses)

"Difficulty in obtaining and giving evidence."

"Adversary system in court results in apparent slant towards parents' rights."

"Court seems reluctant to accept that abuse has occurred, even when there is strong medical and other evidence."

"Court underestimates danger to the child, is overly optimistic about security offered by a supervisory order."

"Court sees CAS as overzealous, biased against parent, if many witnesses are brought into court."

"The major problem is the long drawn-out process with many adjournments, weeks between hearings etc. . . .Several cases started in 1976 are still before the Court in 1978."

"Reluctance of Court to accept psychiatric and psychological evidence. . . ."

"Court is disposed to disregard any but unequivocal evidence of abuse. Practically impossible to get custody in situations of psycho-emotional abuse."

9. Some Regional Patterns Evident in the Survey and Case Study Data

Both the case study data and the survey results pointed towards considerable variations between regions in resources, and guidelines and practices for handling child abuse cases. This analysis of survey data is somewhat exploratory compared to the general descriptive analysis but some results are reflected in Table 9, which shows selected indicators by region.

These indicators point towards higher caseloads and higher staff turnover as more typical of Societies in Northern and Eastern Ontario. We note also that Northern Societies (and to a lesser extent, Eastern Societies) tended to dominate the group with difficulties in recruiting staff (this data is not shown in Table 9). Additionally, they point towards a tendancy for guidelines and procedures to be most developed in South-western Ontario (with Central Ontario close behind), and least developed in Eastern and Northern Ontario Children's Aid Societies.

Case study observations were highly consistent with these observations and pointed to a few other considerations not developed in the survey: small Societies in each region faced a range of special difficulties in dealing with a rural social system not geared-up to dealing with child abuse; Northern Societies were found to face a wide range of very special problems in providing protective services over large areas, and to children in Native communities.

10. Views of local Directors as to Future Direction in Development of Guidelines and Procedures for Handling Child Abuse Cases

Local Directors of Children's Aid Societies generally indicated a preference for stronger Provincial leadership in developing guidelines and procedures for handling child abuse cases. Of the fifty (50) agencies surveyed, 26 indicated that detailed Provincial guidelines would help societies a great deal, while only 3 indicated that such guidelines would be no help at all.

TABLE 9. SOME REGIONAL PATTERNS: SELECTED INDICATORS OF THE SITUATION OF CHILDREN'S AID SOCIETIES IN FOUR REGIONS OF ONTARIO*

	REGIONS AS DEFINED BY TEIGA			
	CENTRAL ONTARIO	SOUTHWESTERN ONTARIO	EASTERN ONTARIO	NORTHERN ONTARIO
% of Societies with caseloads greater than 35	22.2%	30%	40%	40%
% of Societies with 25% turnover or greater among social work staff dealing with child abuse	18.7	22.2	42.8	42.8
% of Societies with own written guidelines for handling child abuse cases	57.9	60	40	36.4
% of Societies where definitions and guidelines documents have been distributed to all child protection staff	63.2	90	70	81.8
% of Societies where all workers assigned to investigation and intake of child abuse cases have previous experience with child abuse work	57.9	70	22.2	54.5
% of Societies with well publicized telephone number available for reporting child abuse 24 hours a day, 365 days a year	73.7	90	70	54.5
% of Societies where workers doing assessment and intake have a set of written guidelines that spell out information to be obtained from persons reporting abuse or neglect	47.1	60	60	18.2
% of Societies with written guidelines as to information to be obtained and procedures to be used in investigating reports of abuse	94.7	100	100	90.9

*Percentages are for different numbers of Societies responding to some questions.

Altogether, 43 agencies, or 86% indicated that COMSOC should take a greater role in developing guidelines and procedures, as compared to 28 agencies, or 56%, who felt OACAS should take a greater role. These survey results were validated as well in the case studies, where a number of caseworkers and supervisors put forward similar views. Typical views of local Directors as to action the Province should take are:

- taking more and specific leadership around guidelines and procedures
- setting guidelines for caseloads
- standardize working definition of child abuse for all agencies
- providing funds needed to implement OACAS Guidelines
- provide more inter-agency level training
- establishing clear guidelines for presentation of evidence to the courts
- should officially endorse OACAS Guidelines or some similar general guide
- guidelines for Judges
- clarify roles of CAS, Police and Courts
- mandatory guidelines and procedures for handling of child abuse by agencies under other Ministries than COMSOC
- clearer requirements re reporting to COMSOC

11. Priorities in Controlling Child Abuse: The Views of Local Directors

Local Directors put forward a number of views on three questions related to priority problems and solutions:

- What are some of the more severe problems which staff of your Society have encountered in dealing with child abuse cases in the last year?
- How could these problems be resolved or alleviated through changes within your own Society's operations?

- (If additional resources are thought to be needed, indicate specifically what additional staff or resources would be used for (e.g. if staff, what sort of staff to do what jobs exactly)).

- How could these problems be alleviated through changes in the broad framework of social welfare policy and legislation?

Some of the problems indicated (financial constraints, high caseloads and need for staff, attitudes of the courts, activities of the medical profession) are widely reported, as are some of the solutions. Generally, however, the material is too rich for mere statistical summation. Therefore, we have referenced these materials in several places in our concluding section and also attached summaries of local directors' views as Appendix A of this report.

B. Interpretation of the Eight Case Studies

1. Using the Case Studies as a Guide to Interpreting the Survey Results

The principal purpose of the eight case studies was to validate the mail-out survey. During the research design phase, it was argued that study of a small sample of Societies using personal interviews and a review of case files would provide a good picture of actual procedures in effect. This picture was then to be compared to the questionnaire returns from the same Societies to identify:

- The degree of correspondence between survey responses and the reality of operations in each Children's Aid Society so studied;

- Any matters neglected by the survey or (alternatively) areas where the survey tended to over-identify problems or issues.

This role of the case studies proved to be most valuable to the study overall. *In general, the comparison of case study and survey data showed the survey results, (unsettling as the survey results are to begin with) to represent a somewhat better picture of procedures and practices than the reality should have warranted.*

This was quite true for three of the case study societies, and slightly true for three others.

For example: In a number of instances, reported procedures (e.g. supervisor always involved in closing a case) were not always followed; frequencies of contacts with abusive families tended to be less regular than reported. In most of the eight Societies, survey responses indicating that OACAS guidelines had been "distributed" to all staff, were found to compare poorly with reality (the reality was that a single copy might have been circulated, but usually kept by one staff person, that most staff had "seen" the document but not had a chance to read it). And so on...

Numerous such instances led the researchers to interpret the survey results (even as they stand) as presenting at least a moderate degree of positive error in the picture portrayed of guidelines and procedures in effect for handling child abuse. This interpretation which the researchers have great confidence in, is reflected throughout our summary assessment of survey results and case study results in Section III below.

2. Using the Case Studies as an Independent Source of Data

The case studies provided insights regarding a number of issues not touched on or only indirectly examined in the survey. These insights included such matters as: the state of record keeping; the quality of treatment plans (not assessed in any way in the survey); the quality of supervision; the effect of community size on handling of child abuse cases; the impact of other professions on handling of child abuse; the quality of evidence obtained in child abuse investigations; particular problems encountered in dealing with child abuse in Native communities; and many other matters.

These insights must be regarded as somewhat tentative since they are based on a sample of only 8 of 51 agencies. This interpretation should hold even in light of the fact that parallel research by Greenland and Lewis in another 8 Societies has indicated very similar findings. With this caution noted, the patterns that have appeared throughout the case studies have been included in the summary of findings and conclusions which follows.

III FINDINGS AND CONCLUSIONS OF THE STUDY

A number of assessments and conclusions emerge from the researchers' analysis. In some instances these are based on findings of the survey, and in some instances on interpretation of data from the case studies. In many instances these assessments are based on convergent evidence of both study approaches, and in these cases the research conclusions are most firm. Findings and conclusions are noted below, along with notes regarding the basis for conclusions.

Subsequent to their review of conclusions as to the current situation, the researchers outline a number of policy and program directions suggested by the research, which were presented to the Task Force in the course of its deliberations.

A. Findings Regarding Current Guidelines and Procedures for Identifying and Treating Child Abuse Cases

The conclusions and assessments which emerge from the research are set out immediately below on a section by section basis, paralleling the presentation of survey results in Section II above. In each case conclusions are numbered and set out in italics. Each conclusion is followed by a brief discussion and/or a note as to the source of evidence for the conclusion.

1. Community Context: the setting for identification and treatment of child abuse

1.1 The social structure and context of smaller, more rural, and Northern communities presents unique problems and obstacles to effective treatment of child abuse.

Size, for example, creates a number of peculiar difficulties in smaller communities: support services (e.g. day care) and professional specialists (e.g. psychiatrists) are likely to be fewer or absent;face to face contacts make child protection more personal and sometimes more difficult for social workers -- abusing families are more likely to be friends, acquaintances or relatives of social workers; threats of violence may be more common. In the North, of course, vast distances create additional problems in responding to reports of abuse, serving caseloads, etc. (Conclusions based on case study observations).

1.2 *In the North especially, the treatment of child abuse in Native communities presents challenging problems for which there are at present no generally demonstrated effective strategies or responses.*

Child abuse is thought to be a growing problem in Native communities because of increasing social disorganization, (in the opinion of several social workers interviewed in Northern communities). Children's Aid Societies are generally all-white agencies imposing foreign concepts of child welfare on Native communities. Native communities lack resources to engage in indigenous self-help or prevention programs. Very high proportions of the Native child population are brought into care in some Societies. (Conclusions based on case study observations).

1.3 *In many smaller Eastern and Northern Ontario communities the lack of supportive social services and health facilities (e.g. group homes, homemakers, psychiatric consultants) appears to limit the effectiveness of treatment.*

This situation often appears to go hand in hand with high caseloads, repetitive crises, and the maintenance of at-risk children in the home with only light or sporadic supervision. Preventative efforts tend to be greatly limited. (Parts of this conclusion based on survey data, parts based on case study data).

1.4 *In all communities, but especially smaller, more rural, and Eastern and Northern Ontario communities, there is clear need for greatly expanded professional education programs on handling child abuse, both for Children's Aid Society staff and other professionals, especially physicians.*

Lack of early reporting by physicians, and lack of good guidelines for handling abuse in institutions (e.g. hospitals and schools) seemed to have a detrimental effect in a number of cases examined. (Observation based on case study data).

1.5 *Less than half of the communities or catchment areas served by the Children's Aid Societies have an active interagency council to support collaboration on child abuse education and treatment.* (Based on survey data).

2. Organization and Resources for Dealing with Child Abuse

2.1 *A number of Children's Aid Societies appear to be grossly under-resourced relative to other local societies and relative to the job they face. This situation seems most pronounced and indisputably extreme in several of the Northern Societies,*

especially those serving extensive populations of native peoples, and in some Societies in Eastern Ontario. (Conclusion based on survey data and case study observations).

2.2 *In some Societies where caseloads are very high, social worker effectiveness is greatly reduced and the quality of protective services greatly undermined.*

Average caseloads for workers who deal with child abuse range from a reported low of 15 to a high of 48 (survey). As a result the quality of protective services tend to vary greatly from society to society (based on case study observations). This conclusion must be tempered somewhat by the reality of variable definitions of a "case" across Societies. Nonetheless worker to worker comparisons across Societies, using the case study data, indicate that caseload variations would be extreme even with uniform definition of a case. (Case study data and survey data).

2.3 *Staff training in techniques for handling of child abuse cases is often minimal. Only a small percentage of social workers dealing with child abuse cases, at most 13%, have had special training in handling physical and sexual abuse.*

Many staff interviewed in the case studies indicated a desire for more training and materials, and the opinion that these should be provided by COMSOC. Case study observations pointed to lack of training as a key problem in the handling of many cases. (Based on survey data and case study observations).

2.4 *Turnover of staff dealing with child abuse is a major problem in a notable minority of Societies, especially in Northern Ontario.*

Of the 50 Societies surveyed, 12 had more than 25% turnover among social workers dealing with child abuse in 1977. (Based on survey data and case study observations).

2.5 *Staff turnover has a detrimental effect on Societies' ability to provide experienced, effective investigation and treatment.* (Based on case study observation mainly).

2.6 *A number of smaller Children's Aid Societies have no staff turnover problem, but difficulty attracting highly qualified staff. In such Societies it is suggested that there is a need for upgrading of indigenous staff who sometimes have minimal formal training.* (Observation from the case studies).

2.7 *More than half of Ontario's Children's Aid Societies indicate that they lack staff with special language skills (especially French, Italian, Portugese, Cree and Ojibway).* (Based mainly on survey data).

3. Child Abuse as an Aspect of Protective Services

3.1 *Child abuse in the classic sense (child battering) represents a small element in the total protection caseloads of most local Societies. Many children who are not abused in the classic sense are "at risk" nonetheless, and require intensive concern on a par with that abroad at present for child abuse cases.* (Observation based on analysis of survey data combined with case study data).

3.2 *The inclusion of child abuse cases in generalized caseloads appears in some instances to lower the attention given to abuse cases, so that in some Societies they are treated very much like ordinary protection cases.* (Observation based on case study data).

3.3 *Many children who are abused have previously been in the local Children's Aid Society caseload;where the mother has been unmarried and in need of support, or wished to give the child up for adoption, or because of neglect, lack of supervision, etc.*

This points towards the value of appraising all protection cases on an "at risk" continum, to aid early identification of possible abusive situations. (Observation based on case study data).

4. General Development of Guidelines and Procedures for Identifying and Treating Child Abuse Cases

4.1 *Guidelines and procedures for identifying and treating child abuse cases are not extensively developed in the Children's Aid Societies of Ontario.*

This is reflected in the survey data, where we note that only 18 of 50 Societies surveyed had developed their own definitions of abuse, and only 25 of the Societies were found to have their own written guidelines.

As well, guidelines and procedures seemed to be poorly disseminated within Societies (case study and survey data), and weakly implemented in some societies (case study observation). On the more positive side, the researchers noted considerable on-going activity in the development of guide-

lines and procedures, and considerable interest in obtaining better guidelines from the Province.

4.2 *Where guidelines do exist, the level of development of guidelines and procedures varies greatly from Society to Society.*

A number of societies were found to have well developed and effectively implemented guidelines and procedures, while many others had few or no guidelines, or had guidelines that were poorly implemented. (Case study and survey data).

4.3 *In some cases Societies have adopted guidelines and procedures which are not fully in effect: in such Societies the appearance of having guidelines and procedures may be misleading.*

This was observed in particular in the case studies. There the researchers were able to see instances where OACAS guidelines had been adopted, or were supposed to be in use, but where actual implementation was limited or of little consequence. This reflects that fact that actual implementation of guidelines and procedures requires a major administrative committment as well as supporting educational efforts. (Observation based mainly on case study data).

4.4 *Conversely, but more rarely, it appears that some Societies follow reasonably good procedures in handling child abuse cases, but that these procedures are not written, codified, subject to evaluation, or institutionalized.*

This problem is not as serious in some ways, as that of the Society with weak or poor procedures. Nonetheless, this situation is part of the whole, and not fully satisfactory. In such Societies as these, documentation of procedures should be a simple step to take to assure better institutionalization of guidelines and procedures. (Observation based on case study data).

4.5 *Resources alone are not enough to predict adequacy of guidelines and procedures: some Societies with limited resources have managed to organize and effectively implement very strong guidelines and procedures.* (Conclusions based on case study observations).

In such instances, the training and skill of key supervisors and other staff seems to be a major consideration. This suggests that training in the area of handling child abuse cases may by itself provide a major stimulus for upgrading of guidelines and procedures. (Observation drawn mainly from the case study portion of the study).

4.6 *OACAS Guidelines are not well distributed to line staff as rule, and not not appear to be actively used in most of Ontario's Children's Aid Societies.*

Only 8 societies, or 16% of the fifty surveyed had adopted OACAS Guidelines at the Board level. In 33 Societies, survey responses indicated that OACAS Guidelines had been distributed to all child protection staff; however, in the case studies we found that even where administrators had 'distibuted' the document, few staff had seen it or read it. (Observation drawn mainly from the case study portion of the study, with collatoral data from the survey).

4.7 *Workers in many Societies desire more explicit guidelines, check-lists, etc., than they have at present.*

Case study data, including interviews with supervisors and case workers, gave this general indication. This conformed well with the responses of local directors to questions on the need for more specific guidelines, and some of their views as to action the Province should undertake in this area. Where interest in guidelines was expressed, interest in more training in how to deal with child abuse was usually expressed simultaneously. (Based mainly on case study data).

5. Investigating Reports of Child Abuse

5.1 *The failure of other major institutions and professions (especially physicians) to effectively support child abuse reporting often appears to greatly weaken the efforts of local Children's Aid Societies.* (Conclusions drawn from case study data, as well as survey reports of local directors as to major problems faced by Societies).

5.2 *Emergency duty rotation shared by all social work staff in the smaller Societies often means that child abuse cases will initially be investigated by inexperienced and untrained workers.* (Conclusion derived from case study analysis).

5.3 *Many workers have only a very elementary understanding of evidence and procedures of investigation suited for preparation of court cases.* (Conclusion derived from case study observations).

5.4 *Societies vary greatly in the way in which investigations are conducted, clarity of procedures for investigations, specification of steps to be taken, etc.*

This was reflected in the survey data, where we noted that only 23 Societies indicated they had written procedures on how investigations should be conducted etc. In the case studies this was reaffirmed through the examination of case files. These indicated uneven performance in the recording of witnesses statements, getting of medical examinations etc. Some Societies collected high quality evidence (more usually where cooperation with the police was good) while others seemed to leave at least occasional gaps in investigation and evidence. (Based on survey data to some extent, but mainly on the case studies).

6. Case Management and Treatment in Cases of Child Abuse

6.1 As with guidelines and procedures generally, guidelines and procedures for case management and treatment are often lacking, unwritten, or (when they do exist) not always followed. (Conclusion based on survey data and case study data).

6.2 Inexperienced staff often manage and treat child abuse cases, often with poor case outcomes and poor effect on the working capabilities of the social workers involved.

Survey data pointed to the fact that few workers dealing with child abuse had had any specific training for such cases. Survey responses also indicated that in only about half of the Societies did all staff assigned to investigation and intake of child abuse cases have previous experience with child abuse cases. (Conclusion based both on survey and on case study data). In the case studies, comparison of cases handled by experienced and inexperienced social workers indicated apparently much better outcomes for workers who were more experienced. Poor case outcomes apparently had poor effect on morale of the less experienced workers. (Analysis based on a limited number of cases).

6.3 Treatment plans appear to be highly variable from Society to Society in interventive skill evidenced, resources used and apparent effectiveness. (Conclusion based on case study data).

6.4 Few social workers interviewed (in the case studies in eight Societies) felt confident about their interventive and treatment skills. Most claimed limited success in treating child abuse cases -- an interesting observation given the number of child abuse cases maintained in the home (and including many risk cases). (Conclusion based on case study data).

6.5 *Societies vary significantly in the intensity of casework with abusing families, and the rigour of monitoring processes.* (Case study and survey data).

6.6 *Societies vary greatly in their propensity to take children into care. In some Societies evidence of possible risk will suffice to apprehend the child, while in others children may remain in the home even in the face of extreme risk.*

This was reflected in a number of comparable cases examined in the different Societies visited by the researchers. In Societies where children were more likely to be left in the home, reasons varied, but the decision to leave the child in the home often tended to reflect uncertainty about the safety of the child, even while leaving the child at risk. Constraints (e.g. the attitude of the court towards the Children's Aid Society;and child rights as against parent rights) often seem to produce this situation. In Societies where the propensity was to take children into care whenever apparently at risk, a clear philosophical premise prevailed: "safety of the child comes first".

That the tendency to take children into care varies greatly is borne out by analysis of available statistics. In some Societies children in care represent as much as 64% of all protection cases, while in others children in care represent as little as 29% of all protection cases. (Conclusion based on case study analyses and examination of existing Provincial statistics on cases and caseloads).

6.7 *In many Societies children are left in high-risk situations partly because no better place than the home is available. In such Societies there is often a shortage of foster homes, or other receiving facilities, and especially foster homes suitable for the needs of abused children.*

The lack of foster home care (and in some cases group homes for older children) is a problem which varies in magnitude from Society to Society, but case study evidence points to greater need in rural and Northern Societies. A very particular need seems to exist for special homes where the foster parents have some training to deal with the unusual emotional needs of the abused child. (Based on case study observations only).

6.8 *Procedures for searching for "missing families", especially those who have left the area, are highly variable across Societies, and in some cases haphazard or based only on the know-how of individual workers.*

Contrary to current opinion that suggests that abusive families are not highly mobile, the researchers found evidence of numerous instances of moving and missing families in current child abuse caseloads. Skill of individual workers as detectives counted most for success. Degree of effort and success seemed highly variable. The situation reflects the need for more centralized direction on how to find missing families, or perhaps a centralized search procedure and/or bulletin on missing families. (Based mainly on case study data).

6.9 *Administrative and supervisory mechanisms for assuring best safeguards for abused children and other children at risk are highly variable from Society to Society.*

For example, survey responses indicate that supervision of workers dealing with such cases may be weekly (the norm) or as infrequently as monthly. Equally important: case study observations indicated that much supervision is based solely on the worker's agenda, rather than a case monitoring strategy set by the supervisor. (Based on case study data and survey data).

6.10 *Record keeping on child abuse cases tends to be highly variable across Societies and inadequate records often tend to limit: (1) the effectiveness of case monitoring; (2) evaluation of effectiveness of services; (3) evaluations of worker performance.*

These observations come mainly from the eight case studies. (Comparable results are reported for an additional sample of eight Societies studied by Greenland and Lewis).

6.11 *Inter-agency collaboration in the treatment of child abuse varies greatly in its scope and effectiveness across the Children's Aid Societies surveyed.*

Many Societies have well developed procedures for inter-agency collaboration, maintain close relations with collateral services, define their roles clearly with other agencies providing primary service to abusing families. Many other Societies appear to have no procedures, weak contacts, and vague divisions of responsibility with other agencies, through which child abuse cases may escape monitoring. (Based on survey data and case studies).

6.12 *Variability in the quality of protective services provided to abused children by local Societies is often exacerbated by the handling of child abuse cases in other institutional settings, especially hospitals, the courts and schools.*

This was most clearly reflected in the matter of reporting of child abuse by physicians and hospitals and in case-monitoring. (Conclusion based on case study observations and survey opinions of local Directors).

6.13 *In general, the quality of protective services for abused children seems to be positively correlated with: (1) the existence of written, institutionalizing guidelines; (2) frequency and rigour of supervision; (3) qualifications, training and experience of staff; (4) moderate to low caseloads.* (Observations mainly from case study data).

6.14 *In general, many Children's Aid Societies are ill-equipped to handle the stress of greatly increased reporting of child abuse which may result from anticipated changes in legislation, and from expanded COMSOC child abuse training programs.*

Indeed, many of the difficulties encountered by some Children's Aid Societies in handling child abuse cases in the past few years may stem from a rapid rise in reported instances of child abuse from 1975 onwards. A realistic program to implement satisfactory minimum standards around the handling of child abuse cases may be essential if Societies are to handle further increases of reports in the period 1978 onwards. (Judgement based on case study and survey data).

7. Guidelines and Procedures for Making Four Key Decisions in Child Abuse Cases. Factors to be considered and steps to be taken when: (a) removing a child from his/her own home; (b) returning a child to his/her own home; (c) referring cases to the courts or other law enforcement agencies; (d) terminating a case:

7.1 *Children's Aid Societies were found to be highly variable in the way in which critical decisions were formalized and handled.* (Based on survey data and case studies).

7.2 *Many Children's Aid Societies were found to have no written guidelines for these four critical decisions affecting abused children.*

In fact, only 48% of the Societies surveyed had written guidelines regarding removal of a child from the home; only 42% had written guidelines regarding steps to be taken or factors to be considered when referring to law enforcement agencies; only 32% of the Societies surveyed had guidelines for factors to be considered or steps to be taken in returning a child; only 30% had written guidelines regarding termination of a case. This problem appears to reflect greater caution in the removal of children from possible risk situations (mainly because of the courts), and much less caution around return to a possible risk situation. (Based on survey data and case study data).

7.3 *In most Societies the survey indicated that critical decisions were made jointly by caseworkers with supervisors or the local Director.*

In practice, the case study data indicated that critical decisions were occasionally made by caseworkers alone. Several Societies could give no clear indication as to who was involved in such decisions. (Based on survey and case study data).

7.4 *Survey results indicated that use of other professional consultants (e.g. doctors, psychiatrists, psychologists, lawyers) in key decisions regarding child abuse cases appeared to be very limited and variable from Society to Society.*

8. Relations with Law Enforcement Agencies in Child Abuse Cases

8.1 *Societies which readily involve the Police in child abuse investigations appear to collect higher quality evidence, and often complete investigations (obtain admissions of abuse, etc.) more readily and successfully.*

Police involvement leads more readily to the collection of physical evidence (photographs) and conduct of proper medical examinations. This is, of course, as regards confirmed cases of abuse. What effect occurs in other instances (e.g. neglect, suspicion of abuse) is not reflected in case records examined. Our data, it should be emphasized, says nothing about the activities of police in jurisdictions where they do not play a major role in child abuse investigations. (Observations based on the case studies).

8.2 *Societies vary greatly in the extent to which they use lawyers, or the court process generally. Societies reporting greater usage of lawyers report good satisfaction and better clarity of outcome of court cases.* (Observation based partly on survey data, partly on case study data).

8.3 *Staff in a number of Societies where case study visits were made indicated a desire to make more extensive use of lawyers, but that current use was low because of expense. This view was also supported by many local Directors in their responses to the survey.* (Observations based partly on survey data, partly on case study data).

8.4 *Only a very small minority of Societies (2 Societies, or 4%) report a poor working relationship with the police; only 3 Societies (or 6%) report a poor working relationship with the courts.* (Conclusion based on survey data).

8.5 *A more sizeable group (12 Societies, or 24%) report general dissatisfaction with court outcomes.* (Conclusion based on survey data).

8.6 *Variability in the protective services provided to abused children appears to be exacerbated by inconsistencies in treatment of cases by the courts.*

In a number of instances it was noted that similar cases were handled differently in different Societies simply because of the expectations and attitudes of the local courts. In some Societies, it appeared that children could be taken into care with evidence of reasonable suspicion that children were abused or in potential danger. In other Societies even badly abused children were kept with their families, against Children's Aid Society advice, because of the different attitudes and expectations (for evidence) of the particular judge. (Case study observation mainly).

B. Areas of Priority Concern Identified Through The Research

Findings of the study point to several priority concerns which encompass most of our conclusions above, and which may have inplications for action. These concerns relate to: (1) the general level of development of guidelines and procedures, and the sophistication of management and treatment practices in handling child abuse cases; (2) varying standards for handling child abuse cases in the various Regions, Counties and Districts of the Province; (3) the question of resources; (4) the apparent need for strong leadership from the Province; and (5) the apparent need for immediate remedies.

After these areas of concern have been discussed, the report will turn to: Section III. C. Strategies for Program Development Suggested by the Findings, including some recommendations which were previously presented to the Task Force for consideration.

1. The general level of development of guidelines and procedures, and the sophistication of management and treatment practices in handling child abuse, as evidenced in Ontario Children's Aid Societies as of March-April, 1978.

While the evidence from the survey and the eight case studies shows that good procedures and practices for dealing with child abuse exist in many of Ontario's Children's Aid Societies, the data also indicates quite clearly that procedures and practices are ineffective or quite unsatisfactory in many others. No alternative conclusion could be drawn from the total set of data examined.

This matter should be one of serious concern for the Task Force and the Ministry.

Evidence indicates that a major up-grading of guidelines and procedures, training and management practices is called for in many of the 51 Children's Aid Societies, if Ontario's children are to receive good protection in abusive situations.

2. Varying Levels of capability in handling child abuse cases in the various Regions, Counties and Districts of the Province: the issue of unequal protection.

The apparent variability of protective services for abused children across the various regions of the Province represents an issue of perhaps equal concern. Without question, the data from the survey and case studies indicates that abused children in different areas of the Province are protected from abuse or

recurrent abuse more or less effectively merely because of where they live.

Historically, local Societies have developed local standards for services and programs for the protection of children who are abused or otherwise at risk. Variations in the past have reflected local standards, local attitudes and local budgets and priorities. Yet at the present, it seems unreasonable for child welfare services funded principally by the Province to provide very different safeguards for the well-being of children merely because they live in different Regions, Counties or Districts in which different service standards have developed historically.

3. The question of resources.

Current discussion of child abuse and its treatment in Ontario often focuses on questions of resources. Some child welfare advocates argue that child abuse can only be combatted by pouring many more dollars into the child welfare sector. Others argue that the Children's Aid Societies could do a better job with the money they have.

The researchers are inclined to view this question from an in-between perspective. In our view, merely 'throwing money' at child abuse will not resolve the problem. This is true in part because of the source of abusive situations in broader social conditions, and in part because of the probable inability of some Societies to apply additional resources effectively against child abuse in their current organizational situation.

It appears at the same time, however, that some objectives can only be achieved, to up-grade the performance and capabilities of some Societies, with reallocation of resources to those Societies, or with the allocation of new resources to those Societies.

The situation of the Societies which appear to be most deficient in handling of child abuse is often one where poor performance is part of a syndrome of inadequate community resources, high caseloads and constant crisis management. The researchers are inclined to suspect that in those Societies, significant up-grading of guidelines and procedures can only be achieved if attempted hand in hand with the upgrading of staff resources. For the relatively small number of Societies in this category, immediate action in this area to move towards more adequate staffing, appears to be a highest priority. After remedy of the situation of grossly under-resourced Societies, additional resources might be best spent on specific centrally administered programs designed to aid up-grading on Ontario's Children's Aid Societies' handling of child abuse cases.

4. The need for strong leadership from the Province

The research suggests most emphatically, that improved handling of child abuse cases calls for strong leadership by the Province not only in establishing much needed guidelines and standards for handling child abuse cases, and in providing the resources necessary for implementation, but also in the broader areas of public education, legislation, children's rights, and prevention. This study of Children's Aid Societies suggests that only the Province, acting with consultation but acting authoritatively, can remedy the present unsatisfactory situation.

The research indicates that much talent, skill and dedication exists even within the Societies where child abuse procedures are weak. Our research also suggests that social work professionals and most administrators in these Societies are eager to benefit from stronger Provincial leadership in dealing with this problem.

5. The need for immediate remedies.

The research findings point to a highly unsatisfactory situation, for which action now seems essential: to begin to up-grade guidelines and procedures; to deal with immediately solvable problems; and to lay the groundwork for systematic development in the future.

Already many Societies are hard pressed to provide adequate handling of child abuse cases, for various reasons noted above. This difficulty has, we suspect, been exaggerated in the past few years by growing volume of child abuse cases investigated and dealt with. Anticipating even more rapid increase in rates of reporting in the next few years (as a result of proposed changes in legislation on reporting, and as a result of Provincial Training Programs) up-grading of guidelines, standards, and (in some Societies) staff resources, seems a critical need. Failure to act in this regard, in the face of rapidly growing child abuse caseloads, must inevitably lead to continuing crisis in many Societies, and likely in some cases, to organizational breakdown.

C. Strategies For Program Development Suggested By the Findings

The study findings suggest a number of approaches that can be used to strengthen guidelines for practice and procedures in the handling of child abuse cases in Ontario's Children's Aid Societies. These are offered here for consideration by the Task Force:

1. Provincial guidelines and procedures for handling child abuse cases

The findings indicate value in the Province (in collaboration with OACAS) producing new and more authoritative guidelines for practice and procedures in the handling of child abuse. The findings indicate that such guidelines should to a major extent reflect standards of service to be achieved in handling child abuse cases. Their implementation would involve much more than simply compilation and mailing out of a document -- a strategy which apparently worked very poorly with the OACAS Guidelines in 1976.

Rather, any new guidelines issued by the Province would be better distributed to all workers dealing with child abuse, and carefully assessed with each Society -- to determine obstacles to implementation, resources needed, etc., so that implementation could proceed in a logical, evaluable manner. Simultaneously, systems could be established for assessing progress in implementation of guidelines. Such new guidelines would reflect standards of service.

Rather than focusing on development of a single massive document, a more effective strategy might be the step-by-step development and implementation of particular guidelines and procedures. Such a strategy would allow immediate attention to major problems in the most immediate future (e.g. in Section III. A. above, the noted weakness in the area of decisions to return an abused child to the home), while lesser problems or those demanding research might be attended to over a somewhat longer period.

This strategy for development of guidelines and procedures could be developed in consultation with children's Aid Societies or an advisory committee. But to be effective, the strategy would almost certainly require: (1) the issuing of authoritative directives by the Province as each new guideline was issued; and (2) an effective mechanism for implementation and evaluation.

2. Training Programs

The research suggests that training programs and workshops on an on-going basis are required in more regions of the Province, in more communities, to provide special training to all protective service workers who may deal with child abuse cases. Such programs would be greatly expanded relative to the current COMSOC child abuse training program (which apparently has been very well received).

3. Inter-Ministry Coordination

The study findings point to the need to obtain full coordination among Ministries which may be able to affect child abuse cases (e.g. COMSOC, Health, Housing, Attorney General, Education). Such coordination could be aimed towards breaking down obstacles to inter-disciplinary cooperation through the development of systematic guidelines for the behaviour of other key professionals and institutions (doctors, police, schools, hospitals, the court) which play a major role in handling child abuse cases.

4. Public Education

The research suggests that extensive public education programs must be developed at the Provincial level, to promote greater public awareness of and reporting of child abuse. Such programs could aim towards increasing reporting, but perhaps also towards improving the public attitude towards the Children's Aid Societies' role. Consideration could be given to the feasibility of a toll-free information line where information might be given about: the law, operation of local Children's Aid Societies, local telephone numbers, etc.

5. Educational Up-grading

The study findings indicate that to aid general professional development, the Province should re-institute its previous (now defunct) program to provide educational up-grading to indigenous workers of non-urban, isolated Children's Aid Societies. Such a program could aid Children's Aid Societies (for example in the North) which have difficulty keeping well qualified non-indigenous social workers.

6. Central Child Abuse Registry

The study findings suggest that COMSOC shoudl undertake a major up-grading of the Central Child Abuse Registry, to:

(a) allow full-time access;
(b) have linkages to community based child abuse registries;
(c) provide better feedback to local Societies;
(d) provide a central mechanism for searching for missing families.
(e) provide clearer and stronger rules for reporting.

7. Community Child Abuse Registries

The study findings suggest considerable value in COMSOC undertaking careful review of the feasibility of developing community child abuse registries, and providing guidance to local communities on how such registries might be best designed and operated.

8. Resources

The research clearly indicates the need for COMSOC to examine the situation of Societies vis-a-vis resources. The research, for example, indicates a number of Societies with extremely high caseloads. In such instances the element of crisis and overwork militates against effective treatment of child abuse cases. To clarify these needs, Societies that are greatly understaffed must be identified. The staff complement for this sub-set of Societies must be increased, and caseloads moved towards the Provincial norm. Case study and survey assessments indicate that this is essential as a first step in up-grading procedures and practices in that sub-set of Societies.

9. Legal Resources

The study findings point towards the need for the Province to examine the conditions under which court cases are presented by Children's Aid Societies, and if necessary, to provide financial resources to assure that trained legal counsel is available to the Children's Aid Societies for cases involving child abuse.

10. Strategies for monitoring child abuse cases

The study findings suggest that Provincial leadership must be directed at the fostering of better inter-disciplinary and institutional cooperation in monitoring child abuse and other "at risk" cases. (Evidence from the case studies suggests that such monitoring cannot be accomplished effectively by the Children's Aid Societies alone).

Strategies for achieving this could include:
or increased education and training for other professions; guidelines for child abuse for hospitals, police, schools and related professionals; a "how to do it kit" on monitoring the "at risk" child in the community; support for the development of stronger inter-agency collaboration and inter-disciplinary child abuse committees in local communities, and so on.

11. Supportive Services

The study findings suggest that COMSOC should undertake an investigation of the situation of the smaller rural-based Societies vis-a-vis day care, homemakers, etc., with an eye to developing focused strategies for the easier provision of such services to abused children and other children in risk situations.

12. Foster Homes

The study findings suggest that COMSOC should undertake to identify better ways to recruit and maintain foster homes. Part of this review could include a reassessment of per diem rates paid to foster homes, and the basis for inter-regional differences. Special attention needs to be paid to the therapeutic aspect of foster homes for the abused child, the question of training for foster parents of abused children, and differential per diems for foster parents providing care to abused children, who are often in need of very, very special care.

13. Preventive Programs

The study findings point towards the need to initiate long term planning and demonstration projects in the area of preventive programs (e.g. family life and parenting education).

D. Directions for Research and Demonstration Suggested by the Findings

Broadly speaking, the research findings underline the fact that short term and medium term research needs in the area of child abuse are extensive. Many issues are little understood as regards the origins of child abuse, strategies for identification, treatment, etc.

Program developers may be informed by carefully prioritized, program-relevant research. Therefore, several strategies are suggested below.

Consistent with the purposes of this study, the research strategies suggested follow directly from our findings, and some of the program strategies suggested above. Basically, these represent possible directions for program oriented research, rather than pure research. As well, most of the strategies suggested are for Ontario-based research, but research that might be aided by examination of related research conducted in other jurisdictions.

(a) Research on caseloads and resources in Children's Aid Societies:

Research in this area is needed to examine the inequality of resources between agencies dealing with comparable tasks. Our research confirms in a general way the proposition that some agencies are significantly underresourced (mostly understaffed), relative to other agencies. Remedying the few extreme cases of concern could be undertaken on the basis of fairly immediate analyses of caseloads. Development of a longer term strategy, however, appears to call for investigation of the following basic questions: how should a case be defined; how should alternative kinds of cases be defined; how, if at all, should different sorts of cases (especially child abuse cases) be weighted? What caseloads are optimal for the effective treatment of child abuse cases?

(b) Research on guidelines and procedures for handling child abuse in other agencies in the Province: Police, courts, schools, hospitals, etc.

The findings of the study suggest that treatment of child abuse in most communities is made less effective in a major way because other key institutions in the community have abdicated responsibility for child abuse, and because they generally have had few or no procedures for handling child abuse. Remedial action on these several institutional fronts, would, it appears, be more effective if further research (comparable to this study) were undertaken to determine: (1) current practices and procedures for handling child abuse in key institutions that can or should support work

of the Children's Aid Society; (2) institutional and attitudinal constraints to the introduction of suitable guidelines, practices and procedures where needed.

(c) Research on the basis, handling and outcome of court decisions in child abuse cases:

In a similar vein to (b) immediately above, our research points to considerable variability in the handling of court cases by Children's Aid Societies, and considerable variation in the decisions rendered by Courts, when comparisons are made from jurisdiction to jurisdiction and judge to judge. The extent of this phenomenon could be clarified by a focused study of court handling of cases of child abuse, legal procedures utilized, evidence, and outcomes across jurisdictions.

(d) Research on Foster Homes:

In a number of jurisdictions, the study data points to a shortage of foster homes, and especially homes which fulfil focused needs (suitable for abused children, suitable for native children, suitable for children who are emotionally disturbed). Research could be undertaken to: (1) identify better mechanisms for recruiting and screening foster homes; (2) assess training needs of foster parents dealing with abused and emotionally disturbed children and whether such training can be provided in an economic manner; (3) assess the suitability of current per diem rates (including variations across regions, variations for children of different ages, and the issue of variations for children with special needs, e.g. abused and emotionally disturbed children).

(e) Research and demonstrations on the development of Child Abuse case handling and treatment in rural or isolated communities:

In the researchers' view, most of the current theory on how to identify and treat child abuse derives from contemporary urban experience. Yet, child abuse in rural or isolated communities represents many unique problems as we have noted above.

At least partial remedies for this situation might be identified through a modest research program directed at: (1) experiences of other jurisdictions with child protection in rural or isolated areas; (2) clarification of the extent to which some rural or isolated communities have found remedies; (3) development and testing of innovative strategies for provision of treatment, services, etc. to abused children in such communities.

Research and demonstration dealing with the particular needs of native communities, appears to be a high priority need in this respect. Research and demonstration efforts in this area would ideally focus on identifying culturally acceptable strategies for prevention and treatment.

(f) Research to develop methods to identify "at risk" children including those who are likely to be abused:

The study findings indicate a need for research to develop methods to identify "at risk" children, including children who are likely to be abused. Such research would have at least two aspects: (1) a component focused on the identification of risk indicators; (2) a component aimed at developing a practical system for identification of "at risk" children.

(g) Research on the feasibility of local community child abuse registeries:

The study data suggests value in research undertaken to identify alternative models for local community child abuse registeries: to test their feasibility, obstacles to full use, etc. Such research could: (1) involve critical examination of existing registeries and their effectiveness; (2) assess possible linkages with or incompatibilities with a Central Registry; (3) be aimed towards development of one or more implementable models ("how to do it" kits) for easy use by local communities.

(h) Research on the long term demand for protection services for abused and battered children:

The study findings suggest a need for local Children's Aid Societies to better forecast service demand for children in need of protection. Current discussions of children's services give little attention to demographic patterns that constitute a major

determinant of service needs in child abuse and child welfare generally. Research to assess demographic trends may tell us much about future demands in particular areas, or even need for specific programs. Such research may be especially valuable in assessing program needs of "new communities" and other areas locked into patterns of rapid population change.

APPENDIX A. RESPONSES OF CHILDREN'S AID SOCIETIES LOCAL DIRECTORS TO KEY QUESTIONS ON PROBLEMS IN THE HANDLING OF CHILD ABUSE CASES, AND THEIR VIEWS AS TO POSSIBLE SOLUTIONS

This appendix sets out the responses of the local directors of the 50 Societies surveyed to three questions on problems facing Children's Aid Societies, and possible solutions. The questions are:

A. What are some of the more severe problems which staff of your Society have encountered in dealing with child abuse in the last year?

B. How could these problems be resolved or alleviated through changes within your own Society's operations? (If additional resources are thought to be needed, indicate specifically what additional staff or resources would be used for - e.g. what sort of staff to do what jobs exactly?)

C. How could these problems be alleviated through changes in the broad framework of social welfare policy and legislation?

In some cases the local directors responses have been edited to preserve anonymity. Listing of the Societies' responses, from 1 to 50, is strictly random, for reference purposes, and bears no relation to any existing list of Societies.

CAS DIRECTORS' RESPONSES*

* Numbering of the Societies' responses, from 1 to 50, is for reference purposes only and is strictly random. The order bears no relation to any existing list of societies.

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1 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of uniformity in staff in our agency with respect to theoretical knowledge, skill and other case load variables which have resulted in too much variation between staff in terms of response timing and intensity of follow-up.
- Resistance from a small number of medical people toward working with staff in the investigative and follow-through stages.
- Lack in role clarification between agencies and professionals dealing with individual cases.
- The severe exhaustion and anxiety in staff which is related to the variable of handling these crises alone.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Increasing time to handle child abuse cases. This would entail increasing our staff complement to handle all new intake inquiries involving alleged physical ill-treatment, to do an extended intake so that planned appropriate transfers take place to the general protection caseload workers, and to carry a limited number of these cases to term.
- Some of the resistances and lack of role clarification will be alleviated at the case level through case reviews by an inter-disciplinary group.
- A systematic training program for all key professionals at an inter-disciplinary level should be developed locally with the Province taking leadership.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Provincial standards should be developed for the monitoring of competence of the professionals dealing with child abuse and appropriate resources should be made available for upgrading competence levels.
- A special case-weighting factor should be developed in all CAS's to indicate appropriate recognition in terms of the provincial workload formula.
- Development of a more active Central Registry system in terms of uniform data collection so that the data becomes "researchable" and goal directed.
- Generally the proposed amendments in the Child Abuse section to the C.W.A. should be supported.

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2 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Time!

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Staff to which specific task assignments might be made, to wit: an "expert" within the system to which referrals of child abuse might be made.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Recognition that quality service costs money.

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3 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- The collecting and presentation of evidence in court.
- The apparent slant of the courts toward parental rights as compared to the rights of the children.
- The need for more time (more staff) to spend with these families.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- By more education of parents and the general public in regard to abuse.
- The establishment of a clear, concise and unanimous definition of child abuse.
- Programs for teaching of parental skills.
- More parental counselling both individually and in groups by persons trained in child care skills.
- More funds to employ more social workers for child welfare agencies so that more time can be spent with each of these families and programs.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- The recognition by government of the need to spend a great deal more money aimed at preventing child abuse.
- The recognition by government of the very difficult and complicated problems that lead to the abuse of children and, therefore, the need for the child welfare system to have skilled staff available to alleviate these problems.
- The need for an intensive public relations program by the government to inform the media and the public about the complicated nature of child abuse to avoid the sensationalism which appears to have taken over recent publicity. In addition, such public relations should be aimed at encouraging the reporting of abuse.

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4 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of evidence to proceed to court, particularly in sexual abuse cases, i.e. incest with an adolescent.
- Frequent reluctance on part of police and the crown attorney to become involved unless they are certain of winning in a court case.
- Reluctance of citizens in a small community to become involved in a way that is helpful in providing evidence because of fear of retaliation.
- Generally speaking, Public Health nurses are reluctant to become involved because they fear court involvement.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- By providing additional highly experienced staff who could exercise more intensive investigation and supervision, and provide ongoing consultation and support to our line workers.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Clarification of sec. 43 of the Criminal Code.
- Legal requirement on all citizens to report suspected child abuse and provision of penalties for non-compliance.
- Clear legislative instruction to police and crown attorneys as to their responsibilities.

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5 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Collection of evidence for court.
- Staff time for in-depth work with abusive families.
- Resistance on part of some medical practitioners to become involved.
- Staff time for more inter-agency consultation and conferencing.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Family Service workers at this agency are generalists, with extremely high caseloads.
- Additional front-line staff would not be specifically limited to child abuse but would be assigned a general family service caseload.
- At present, one more worker in this area would be sufficient.
- One worker, specially trained in child abuse would be a great asset.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Proposed legislative changes re: information from other Agencies and institutions would be very helpful.
- More equitable distribution of money in CAS's would help to alleviate staff problems.
- 1975 Index for staffing and programs is limiting work in child abuse and prevention of child abuse.

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6 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Staff not specifically trained or knowledgeable about child abuse.
- Staff dealing with child abuse have too many other responsibilities.
- Not enough time to develop community awareness and willingness to cooperate.
- Few prevention program resources.
- Legislation & Ministry supports unclear (Mandates vague).
- Court ineptness & uncooperativeness.
  (Judges untrained - too much power - often block CAS efforts to protect, returning children to high risk situations against our advice).
- Poor theoretical base for treatment - Do we dare return children home as part of a treatment plan - where do we go from here?

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More funds for staff training (Supervisory & Staff)
- More funding resources and a mandate to hire community outreach staff to develop long range community programs (prevention).
- 2 clear staff persons to handle child abuse and to coordinate community intervention teams (i.e. medical-crown-police-CAS).
- Provide resources to hire <u>own legal staff</u>.
- *We need the mandate and resources to do the job--if the CAS is to continue providing effective service, then <u>all</u> Societies must be provided with equal and adequate <u>staff</u>, <u>supervisors</u> and <u>resources</u> with clear policies, procedures, etc.

6 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- A look at the total Child Neglect & Services - not just Child Abuse.
- Perhaps a look should be taken at the Police and Crown being more involved as primary deliverers of investigatory & prosecutory procedures in Child Abuse.
- CAS is not being accepted in Court--much time is lost and so are cases because of this--children are being placed at risk.
- *We should have some avenue for immediate Ministry intervention when we feel a judge has placed a child at risk--time is often critical--the Court must be answerable to someone.

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7 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Our overall workload has increased greatly while staff size is unchanged.
- Children in group and institutional care increased--made it difficult to give any case, abuse case or otherwise, the time it deserved. Abuse cases nearly doubled from 1976 to 1977. The publicity given abuse cases and the criticism of CAS handling of them made staff edgy and defensive.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More services designed to prevent child neglect as well as abuse must be available. These include more CAS services in counselling and child care as well as personnel to develop programs in family enrichment, like P.A., Big Sisters, Big Brothers, relief services for parents under stress.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Child abuse must be seen as a community responsibility and not as a 'CAS problem'. Research i.e. causes and treatment must be increased. Abuse cannot be treated as an isolated happening but as part of a chain of events. Programs must be developed to respond to causes and to prevent occurences and to provide appropriate treatment. The Ministry must resist the temptation to jump on the child abuse bandwagon while rejecting other child welfare matters.

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8 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Refusal of cooperation from some medical personnel - Drs. Public Health.
- Lack of time caused by existing caseloads (30-35) leading to, among other things, inability to delegate child abuse cases to a less pressured worker who could provide the in-depth case work so necessary in these situations.
- Recent media pressure causing well trained staff to seriously doubt their abilities.
- Unavailability of specialized training for staff in child abuse situations.
- Diametrically opposed views being rec. by "experts" i.e. "Never take an abused child from his home" - "Always take an abused child from his home" - "Be punitive" - "Don't be" etc....

8 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Need qualified experienced staff members to take over completely a child abuse education-publicity-casework and prevention oriented treatment programme. To become involved in developing a county policy for child abuse.

  The incidence of battering and sexual abuse is low in our area, however there is much need for a continuing prevention programme.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- More recognition and financing towards preventative services instead of the present occupation of dealing with the youngsters we failed to be aware of earlier and thereby cause expensive in-service care. We need help dealing with the causes.

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9 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of definitions as to what is "child abuse" and standard of services for such cases.
- The caseload factor that our agency is locked into prevents a concentration on specific cases.
- Lack of community acceptance that the CAS has the basic responsibility for child abuse cases.
- Diminishing support services (i.e. public health).
- Increased demands for service from CAS without corresponding allocation of funds and staff.
- Assist in finding missing families.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Additional staff to reduce caseloads to a reasonable load.

  3 workers as child abuse specialists - one at Intake, one at Family Services and one at Child Care.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Social Welfare policy and legislation must have minimum standards of service defined and funding allocated to meet this standard.

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10 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- No problems in 1977 that could be called severe.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- n/a

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- n/a

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11 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- In some cases obtaining witnesses to give evidence in Court.
- Follow-up on anonymous complaints.
- Medical persons - not referring cases of suspected child abuse.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- N/A because problems mentioned are presently beyond our control.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Protection from civil liability suits.

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12 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Community Attitudes: - reluctance to becoming involved
  - medical practitioners tend to practice family therapy

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

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SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- ?

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13 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Although we could not say that we were prevented from handling cases through lack of legal advice due to shortage of funds, had additional funds been available we would have been happy to obtain legal advice.

  For the current year we have been requested to reduce the amount provided for legal fees--this amount has already been overspent before the end of March.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Through more specialization of workers with smaller caseloads where long term casework is required to abusive families.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Provision of legal aid for wards--we have never yet obtained legal aid for a child where his wardship status was known. This is not common to all Societies.

CONTINUED

1 OF 2

14 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Delay by M.D.'s to report situations.
- Lack of appropriate Home Care Assistance.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Funds to provide Positive Parenting Programs & Case Aids

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Implementation of suggested Legislation re Child Abuse.
- Broader interpretation of Homemaker's Act.

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15 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of time is really the main one and Court difficulties.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- 1 new position excl. with child abuse & high risk excl.
- 1 position to free time of other workers to also cope with child abyse cases,

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Equate this with roads, etc.
- Give priorities to resource planning and developing instead of curtailing.

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16 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Poor communications with physicians in private practice.
- Difficulty in determining whether injuries result from abuse or accident when making initial investigation.
- Difficulty in obtaining sufficient proof for Court.
- Shortage of time for intensive contact because of heavy caseloads.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Improve communications with M.D.'s - a start has been made by Child Abuse Committee.
- Medical personnel available to accompany worker when investigating report. In-staff training in recognition.
- Reduce caseloads.
- Obtain services of lawyer in all abuse/neglect cases unless uncontested.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Appropriate training for Judges.
- More flexible, less legalistic Court system.
- Regulations allowing for freer exchange of information between agencies <u>before</u> court action necessary, in order to protect children before rather than after serious injury.
- Allow for delegation of responsibility in supervision and treatment to other agencies.
- Ensure that evidence of previous abuse can be introduced in hearing.

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17 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Referrals made too late i.e. using CAS as a last resort when all else fails.
- Too little community involvement in decision-making process.
- Heavy caseloads and staff shortages and little time for staff development = minimal, if any progress in terms of dealing with abusive families.
- Media criticism, in general, adds an extra pressure in dealing with child abuse cases.
- Community expectations don't always equal CAS decisions re cases.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Greater recruitment and training of volunteers as a resource.
- Closer direct supervision.
- More formalized guidelines and procedures need to be laid down.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Greater emphasis placed on community education.
- Ensuring that, where possible, decisions are made and shared by community abuse committees, not CAS's on their own.

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18 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- The imposition, by the Child Welfare Branch, of the 1975 workload factor or 36+ cases per worker--including supervisor (which, if he carries no cases requires an actual caseload of 40+ average).
- The formation of a community child abuse team which increased our workload by more than four-fold in just 1977. However, the team was not sharing the workload, only identifying new cases for the agency. These additional cases receive no weighting by the Child Welfare Branch and as this program was not in existence in 1975, no credit was given for the extra work involved.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Attempts to have one worker identified in this agency as a child abuse worker, carrying a reduced caseload--but not to have this effect the overall workload factor. This agency is fortunate to have an excellent child abuse caseworker who has specialized training and experience. Unfortunately with a caseload of over 30 cases--including 15 child abuse--she cannot function in the way that she wants.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Identifying a worker within a Society--as indicated above--who could be a child abuse worker with a reduced caseload, without the Branch threatening to reduce staff because of lack of numbers.
- The Branch develop a profile of abusing families and give a case weighting to such families so that the additional work could be recognized. As far as the Branch is concerned, a high risk child who has been in the same foster home for 10 years and needs little service.

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19 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of time - Isolation: working alone in a very difficult case. Lack of support through a lack of supervisory time, a lack of colleague support, lack of case discussion in referral to decision making and casework planning. Lack of appropriate and in-depth training in the area of child abuse. Pressure of the community: i) lack of understanding of CAS position and decision i.e. lack of evidence to apprehend a child, child being returned by court but community blaming us; ii) for automatic withdrawal of child in all cases of child abuse. This affects general credibility of agency. Lack of other resources in our community to share case management and meet the need.
- Frustration of seeing other services getting off the case because of lack of progress, leaving unique responsibility to CAS. Incapacity of using measures felt most beneficial--like using lay people but no time for preparing this kind of intervention. People wanting to get involved but us not having time to involve them. General feeling of social workers not being recognized, appreciated, paid for job performed.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More staff: 1) more adequately trained in dealing with child neglect and abuse; have a better definition of CAS employee's role & expectations (CAS protection role vs its preventive and family counselling role). ii) A coordinator and adequate front line staff of treatment of child abuse cases: as we know child abuse cases require long term treatments. iii) More supervisory staff: increase time and expertise to the decision making, evaluation of the case, decision and monitoring of the decision. Give CAS preventive money; capacity to develop community resources according to local needs. A child abuse program should be integrated into CAS and promote within CAS a community approach to child abuse. Community is waiting. Bring about measures that will improve CAS employees' status; therefore have better training, better quality of personnel, better general recognition - socially, financially.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- By recognition and commitment to child welfare field--in terms of manpower, skills, status.
- Working with child abuse and neglect should become a specialty as it became one in the field of mental retardation.

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20 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- How can you adequately protect the rights of a child who has been abused, if the abusive parent enters into counselling with a psychiatrist for the duration of a court case only, and is given "another chance"?

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- A registry of properly trained legal solicitors available across the province would be helpful. (Trained in Family Court procedures).

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

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21 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- The problem of uncertainty with regard to the facts in certain cases.
- The competing demands on the worker's time. A social worker who has to spend 20 hours this week on 1 child abuse case, may also have 30 other cases needing attention, including a half-dozen troubled adolescents.
- The "fishbowl" atmosphere in which the work must be done, whereby there is public criticism over action or inaction for the same event, and few clearly accepted Provincial guidelines on key decision-making points.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- The uncertainty is something we have to live with because even with the best cooperation of various professionals, the evidence is not always clear.
- We are considering specialization at least at the Intake level for child abuse and other cases. However, this does not resolve competing demands, it just changes them.
- The Ministry of Community and Social Services has to realize that if an expectation is created for more specialized, intensive, and publicly responsive child abuse work, it takes time, money and staff. The present Provincial case-staff ratio is one of the biggest inhibitors in this field.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Doubt that much of the answer lies in broad policy or legislation except for the extent to which the rights of parent, child, and state agent, can be clarified.
- Significant alleviation required in program priorities which recognize the demands of this work. We can pay for a 24 hour labour intensive hospital intensive care unit, but give 1 social worker on a day shift 30 tough cases.
- Provincial guidelines supported by politicians in the most sensitive areas, and recognition that human error exists in a finite world.

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22 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Investigation of child abuse referrals are time consuming - necessitate immediate response with 2 staff. Court preparation and appearance is stressful because of court demands for evidence apart from that which the social worker can provide, i.e. doctors. Our court seems to accept disciplines other than CAS workers as more expert in determining abuse. Lack of awareness of the community re child abuse is a problem for us.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Additional staff to handle investigation, follow-up work with families. Staff need to be highly trained to assess problems and treat parents and child. Such specialized staff could prepare for court cases. Evidence gathering is time consuming. Additional funds for child abuse training should be provided along with other staff development allotment.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Clear definition of child abuse - legislation to encourage reporting, experts on child abuse teams.

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23 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- A substantial increase in the volume of work due to greater public awareness as a result of: a) a greater increase in public education in the area of child abuse; b) the publicity accruing from the notorious cases such as Ellis, D'Eri, Popen, etc.
- The Family Courts are increasingly adversary in their approach as a result of which obstacles are encountered in entering evidence in child abuse cases.
- For this Society, there are communication problems with the ethnic population.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- There is need for more staff with language facility in various other languages. The staff involved with child abuse cases certainly require specialized training in this area.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Within the broad framework of social policy, there is need for education programmes to better inform the public, especially the ethnic population.
- In the area of legislation, we suggest rationalization of various pieces of legislation, i.e. the Child Welfare Act, the Hospitals Act, the Education Act which, sometimes, inhibit the free flow of information between organizations, or, at other times, present conflicting interests, i.e. the Ellis case.

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24 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Reporting abuse episodes too late. (a)
- Difficulty in gathering sufficient evidence for court. (b)
- Resistance of clients-cultural groups where continued physical punishment is acceptable. (c)
- Confusion with psychiatrists re legal basis for action on their information. (d)
- Occasional breakdown in communication and timing with professionals involved, e.g. child discharged from hospital without shared discharge planning. (e)
- Staffing - need for lower caseloads to provide intensive services to high risk cases. (f)
- Actual care of abused child who is admitted. (g)

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Continued efforts at public information to correct attitudes and fears about the way we work with abuse situations.
- See below.
- Should be helped through a) and f).
- See below and continued dialogue with psychiatric community.
- This is much better than it used to be--continued demonstration of effect of well-planned shared planning needed in an ongoing way.
- Increasing the number of specialized caseloads--changing focus of present abuse team.
- Possible changes include: 1) changing focus of abuse team as long term case carriers to one of crisis intervention and assessment, case consultation and teaching of regular staff. 2) new staff positions to provide a child abuse specialist with low caseload (about 15) in each, or in selected Family Service Units. This would still not cover all cases, nor the cases where abuse occurs in existing cases opened for other reasons. The many commonalities in general neglect protection cases with actual abuse cases means protection workers still need to learn about and have experience with some abuse cases.

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- More intensive help to those who care for the abused child--more attention needs to be paid in research etc. to this aspect of abuse situations--more collection of data and sharing experience of past and present child carers.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Proposed short term legislative amendments would help b)* by use of longitudinal experience with families and d)* by ability to order psychiatric assessments.
- Clearer and more widely understood definition of abuse.
- Efforts directed at change in attitudes towards physical punishment and violence in general.
- Amendment of Section 43, Criminal Code, to eliminate possible misuse for the defence of child abusers, and to convey clearly disapproval of child abuse in Federal legislation.

* See "Problems Which Society Staff Have Encountered in Dealing with Child Abuse in the Past Year".

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25 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- The increase in general interest in the problem of child abuse has severely taxed all agency staff. Reports of child abuse increased about 50% in the period 1975 to 1977. Efforts were made to improve service, but difficult to do so under budgetary limitations.
- Demands of court work have been exhausting and costly in terms of staff time, legal fees, witnesses fees, transcripts, psychological reports and so on. Cases are dragged on for months and months.
- Demand for public education, speakers, articles, etc. too heavy to deal with.
- Difficulty maintaining good supervision of abused children in their own homes.
- Unavailability of demonstration funds (not enough available now from COMSOC to test innovative programs).
- Considering all of these factors, it is obvious that the present staff cannot follow the "Practices and Procedures in Handling Cases of Child Abuse", as recommended by OACAS, and social workers involved in child abuse case work have to live with the knowledge that many of the children on their caseloads are still at risk.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- The problems related above could not be resolved or alleviated through changes within our own Society's operations, other than withdrawal of some service such as Family Counselling which was considered by _____ in a study done in 1974 to be so valuable that the Society should be strengthening this service at a time when it had been withdrawn for economic reasons.
- Additional staff are needed if this Society is to bring its standard of service in child abuse cases to the level expected by the public (i.e. a Court Worker to relieve the Director and Supervisors from the role of Court Officers and funds to retain outside counsel when required; one additional social worker with M.S.W. and several years' experience; paid Case or Parent Aides to work intensely with families; etc.).

25 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Recognition that the problem of Child Abuse is a community responsibility and all supportive services need increased resources to meet the growing demand for service:

  The Criminal Code should be amended to remove the right given to certain adults to physically punish children.

  The present Legal Aid Program is not an asset in processing child abuse cases in Family Court.

  The value of a Public Defender for parents' and childrens' rights should be explored.

  The Society has already commented on Legislative changes.

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26 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- The most serious problem has been the failure of medical doctors to report abuse. In at least 2 situations in the past year, when a child received broken bones as a result of abuse, the attending physician failed to report the incident.
- We have had strong negative reaction to our investigation of child abuse cases where the family is viewed by the community as a "good" family. A large segment of our community endorses corporal punishment as a means of parental control, and it is difficult to arbitrarily define the line between corporal punishment and child abuse.
- There is no agreement regarding the definition of child abuse. This is demonstrated by a most inadequate definition as presented in the proposed Amendments.
- We have the problem of assigned social workers not having the specialized skills required to investigate and deal with these cases.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- There is a need for community discussion and recognition of the issues related to this problem. There is a need for more interdisciplinary training and consultation. An additional CAS staff person would be required, and it would be necessary to assign a social worker to handle the anticipated increased number of referrals.
- There is a need to establish a better working relationship with the medical profession and one plan is to have a clearer consultative relationship with the local pediatricians (no additional resources required).

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- There is a need for a clear, concise definition of child abuse. Also required is a clear decision about whether to expand the definition "to include emotional or psychological abuse and possibly to include less serious forms of physical or sexual abuse" (p. 37 of Proposed Amendments). This decision will have far-reaching effects at the direct service level (for example, with regard to specialized case assignment, public education, etc.).
- Provincial policy makers should address themselves to issue of corporal punishment.
- The Province should assume leadership with regard to the issue of a punitive vs treatment approach to child abusers.

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27 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Because of additional time required to deal with child abuse cases, additional staff, hopefully experienced in dealing with such cases, are needed to assist in such investigations. Child abuse cases create anxiety and fatigue in workers. Because of client mobility, it is difficult to follow abusing parents, so coordination between agencies is very important, yet difficult, because of distance, etc.
- Gathering evidence of abuse is difficult. Doctors are busy, etc. Courts have backlogs and by the time a case gets to Court, witnesses can be reluctant or disappear. Of the 5 cases where abuse may have been present to some degree, at least one parent was cooperative with the agency in all but 2 cases (where great hostility prevented us from working with the family as effectively as we would have liked).

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- At least one staff member or supervisor should be considered an expert witness for court purposes to be able to give such opinions. We are in homes much more frequently than doctors or psychiatrists, yet can give such evidence regarding abuse quite rarely.
- The Ministry could place greater emphasis on training programs geared for workers to deal with abuse cases. Experts, medical and otherwise could conduct more seminars on specific types of abuse, e.g. bruising, etc. An intensive public education programme supportive of CAS efforts to deal with child abuse is needed--a programme educating the public through the mass media in the social work profession, the identification of abuse and how to report it. Through such a programme, more volunteers (e.g. Big Brothers) might be located to assist families and relieve social workers.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- The Ministry could provide funding and support to individual agencies to help educate the public and further the training of social workers in the child abuse area. Input from front line workers and supervisors should be considered strongly in any new legislation. Cooperation between Ministries could perhaps lead to courses in Schools of Social Work that could bring about expert practitioners in Child Abuse diagnosis and treatment.

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28 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- It is difficult to arrive at a consensus among agencies and professionals. There is a tendency to want the child removed from his home. We are not thinking here of cases of severe abuse but rather children who often are in a deprived environment and fail to thrive or realize their full potential. Often community resources (day care, health, teaching, etc.) have had little or no positive result.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- The inter-disciplinary team approach may be an effective process which will make it easier to reach a consensus, especially with less severe cases of child abuse. Trained volunteers and family care workers would also be helpful. We are interested in hearing more about the various pilot projects across the province funded through the Child Abuse Program.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Perhaps legislation can begin to change attitudes about reporting if penalties are introduced, where people would begin to care more about reporting incidents of abuse in their community. Abolishing the use of all forms of physical punishment in the criminal code and providing additional resources would be useful.

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29 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Case Management: Inadequate Staffing (workers in CA as well as supervisor)
  a) re volume
  b) re nature of cases
  c) execessive demands on "overtime".

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More staff.
- Staff training - additional expert staff to provide a therapeutic setting for abused children in foster care and abused children on adoption.
- Can function with Comsoc - OACAS and CA teams of various agencies. This issue is studied in detail--hopefully leading to some solutions easing the burdens for all who have to struggle with this.
- Changes in legislation.
- Guidance from court to Board of Directors re expert legal counsel.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- All Board of Directors be given training in understanding child abuse to facilitate appropriate decision making and more adequate support to staff.

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30 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Our ability to move the medical profession as a body in a direction which indicates their willingness to identify and work on child abuse situations.
- The backlash re the recent media coverage of abuse - some members of community pushing for removal of all children where abuse is suspected.
- There is a need for greater provincial support in encouraging changes within allied services.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More inter-ministerial encouragement, discussion, working together.
- More availability of specialists re abuse.
- Perhaps a provincial conference for workers in child abuse.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Define abuse.
- Remove vagueness re reporting.
- Set-up guidelines re charges being laid.
- Strongly support the CAS role as one where we use the Child Welfare Act, not Criminal Code to help families and children, and don't give in to the backward stance taken by Globe & Mail.

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31 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Had one case of sexual abuse. No specific procedural problems encountered except that on occasion it was difficult to assign 2 staff members to work with the family (staff shortage) as a team.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Add more staff.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Lack of communication between Court and CAS.
- Court dealt with case too leniently.

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32 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Heavy workloads have meant lack of sufficient time to devote to abuse cases resulting in many hours of overtime.
- Abuse cases are very demanding of the workers energy and personal resources. They should have smaller caseloads.
- Lack of strong available psychiatric assessment and treatment services for child abuse families.
- Bad publicity from press regarding CAS handling of abuse cases further impaired the morale of workers already tired and over-worked and doing their best.
- Lack of financial support from COMSOC to develop preventative program such as parent education, has a negative effect on staff and morale.
- Lack of funds to allow staff to obtain training in the special areas relevant to working with abuse.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More funds and staff time made available for training. Consistent staff development courses could be made available by COMSOC.
- We would like to be doing more in the area of prevention (parent training, child management, etc.) but do not have the staff time or skills.
- We are being pushed back to the provision of an "ambulance" service at the bottom of the cliff instead of being allowed to build a fence at the top.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Policy and legislation should enable the provision of prevention services and we should be allowed to provide them with integrity, not as at present when the application of preventative legislation is crippled by the withholding of funds.

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33 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Intensity of input required resulting in heavy commitment of staff time.
- High cost of time spent in court hearings and legal fees.
- Intense supervision ordered by the court without additional staff.
- Lack of comprehension on the part of some community agencies as to intense follow-up treatment and outreach re child abuse cases. Lack of motivation on part of the client often times results in other community resources terminating their input prematurely.
- Priority and emphasis given to child abuse cases reduces or limits staff time and input re other cases under our mandate.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Auxiliary staff such as para professionals and parent aides to work with families on an intensive input basis.
- More CAS social work time freed up for coordination of services.
- Reduction of caseloads to make higher frequency of input. Intense caseload input would from our experience, limit the peak load at any one time to seven to ten cases per worker. There are occasions when even this figure is too high because of the severity of the situation.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Concentration in legislation has been primarily on reporting of child abuse cases and this is only the tip of the proverbial ice-berg. Every community agency has or should have a built-in commitment to provide meaningful input to services required. In other words, don't leave it all either in legislation or social policy to the Children's Aid Society.

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34 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- The Court's failure to inform itself on the basics of abuse/battery.
- Lack of experience and awareness among lawyers.
- Lack of training and staff development opportunities in this area for CAS workers and collaterals.
- Extreme reluctance of medical profession to contact and work with CAS.
- Absence of credible Ministerial program and expertise.
- Social worker funk in the face of the Court majesterium.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Additional staff training to development activities on this specific problem--also, increasing emphasis on new worker orientation re abuse.
- Access to additional resources and public educational materials via budget allocation.
- Tightening up supervisory function (difficult to attract trained, experienced supervisors)

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Incorporate cogent definition of neglect and abuse into the CWA to provide support for Court action.
- Specify emotional neglect as a component of abuse in a CWA definition.
- Specify the role of the police when CAS ascertain that a crime has been committed.

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35 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Community resistance based upon misunderstanding and ignorance, reinforcing a particular family's refusal (husband's) to provide cooperative access to enable assessment and support; inadequate communication between social agency and hospital.
- Unclear authority and responsibility lines between Federal (Immigration) and Provincial (Ontario) Child Welfare Act.
- Insufficient permeation of our Communal sub-culture.
- Unclear legal capacity to prevent flight from jurisdiction.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- We are intensifying our educational campaign on Child Abuse within our Community and its sub-cultures.
- One hospital, through their Social Work Department, has developed a crisis anticipatory program by assessing the risk potential in all families using their obstetrics department. Liaison and highly skilled referral procedures have accelerated immediacy of availability of protective, treatment and support services from the Society and social Agencies. Follow-up is excellent as well. Suggest this model be studied by other general hospitals.
- Meetings held with Immigration Authorities indicate their greater willingness to cooperate in future, rather than merely to dispose of a political "hot potatoe". Nevertheless, Child Welfare Protection jurisdiction remains at risk, from our view.
- In the question of the case where the family fled jurisdiction, while still not clear legally other than our having fought to have the Courts refuse bail, which we did not do, this case pertains to the need to deepen our ties within our immigrant sub-culture. We are doing this. In addition, we are in all these cases requiring our staff to ensure separate legal counsel for the child, re her status in the period interim to her father's trial. The existence of such legal counsel could well have deterred the precipitous action of her extended family.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Having Child Abuse Teams at each general hospital.
- For the Society to retain legal counsel for children involved in child abuse Court proceedings.
- Make the Registry an active, live resource for use by Societies, Police, Child Abuse Centres, Hospital Emergency Rooms and Public Health Practitioners.
- Intensify educational efforts at a grass roots level and encourage Societies to work more intimately within ethnic sub-cultures.

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36 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Medical Doctors reluctant to refer cases.
- Lack of appropriate resources for placement of abused child.
- Lack of supportive services such as Parents Anonymous, volunteers, programs for the abused child.
- Need for development of special skills and knowledge of all professionals working in child abuse.
- Negative media, scapegoating of CAS's.

36 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- It would be helpful if we had a paid full time volunteer coordinator.
- Increased need for legal services consultation, court work, therefore budget required to hire lawyer on staff or pay fee for service.
- Doctors, Teachers, Police require more knowledge and training in this area.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- One of the greatest delusions of this Province is the hope that all of society's problems can be cured by legislation.
- Child Abuse (violence) and other patterns of anti-social behaviour arise from a deep discontent of the mind and unbalanced emotions.

  No approach to the problem of abuse can be truly effective unless the basic weakness of the mind and emotions are remedied.

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37 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Unable to obtain concrete evidence to support suspicions of ill-treatment.
- Uncertainty as to when, or if, a child should be returned to parents.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

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SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Perhaps each area should have a committee to determine the function of each organization dealing with abuse.
- Perhaps each area should have a child abuse team such as exists at the Children's Hospital in Ottawa.

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38 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Reluctance of potential witnesses to give evidence.
- Heavy caseloads preventing workers from being able to expend the amount of time and concentrated effort needed to work with child abuse cases.
- Lack of resources.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Sufficient staff to be able to use specialist workers.
- Day care centres and crisis nurseries.
- Time and money to develop volunteer programme.
- More training for workers dealing with child abuse cases--both workers and other agencies (PHN, Police, etc.).

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Apart from the very broad changes in the country's economic situation and societal attitudes...a change in COMSOC method of determining CAS staffing needs, to make allowance for the complexity and time-consuming nature of abuse cases, would certainly help.

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39 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- It is felt that some cases do not get reported because some do not want to get involved.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More community education, but additional staff time would be required to specifically deal with this area. Staff person would be responsible for working on child abuse team, coordination of in-service abuse education and community education re speaking, distribution of material, etc.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Proposed legislative changes would assist in alleviating this problem, but it will only be resolved with increased community involvement which can only be accomplished with increased community education.

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40 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Need for specialized training:
  a) identification/investigation
  b) assessment
  c) treatment of family/child
- 'Dumping' e.g. CAS problem. Limited community ownership of problem beyond reporting.
- Unrealistic community expectations of CAS ability to protect children:

e.g. When a child is in need of protection.
e.g. Success of intervention.
e.g. Supervise daily.

- Absolute lack of treatment resources:

e.g. CAS staff to supervise/treat family on very intensive basis.
e.g. Other treatment resources (lay therapists; day care; assessment; family therapy).

- Specialized placement for children.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Need additional sub office staff to assist in covering large geographic area.
- Need additional staff for intensive treatment supervision e.g. daily supervision of high risk cases.
- Support staff e.g. homemakers; lay therapists.
  - coordinate volunteers
- Specialized child placement treatment resources.
- Development & operation of preventative programs.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Improved legislation to protect children.
- Funding of preventative programs.
- Increase priority/funding for child welfare.
- Funding of support programs.
- Legislating child protection teams in areas of certain population or incidence of abuse.
- Increased curriculum development in school system re family life, etc.

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41 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of time for extra input for Child Abuse cases (Note Ministry's endorsed O.A.C.A.S. guidelines for practice and procedure in handling cases of child abuse - various references, e.g. pages 26 & 28).
- Time for second worker's involvement per guidelines.
- Time for recommended intra and extra agency training, programming, and coordination.
- Lack of reporting by other systems.
- Vagueness in other systems' minds of CAS legal authority in this area.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Funds for - a) mature staff to pick up cases which should be relinquished by a senior staff person assigned to child abuse per guidelines(*).
  b) intra and extra agency training, programming, and coordination.
  c) funds for materials and misc. services to support child abuse program.

  (*) e.g. formerly we had one full time social worker on child abuse and program development: now these cases are being added to existing caseloads.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- There is already enough policy and legislation long awaiting implementation by means of necessary funding. Government should respond to public outcry around child abuse by beefing up its own program: expand functions, activities, and planned media information, and actively monitor reports to registry.
- Government should acknowledge financially its statutory commitment to prevention (C.W.A. 6(2)(c)
- Only change required is Government practice.
- Ministry of Health should reinstate visits by P.H.N.'s to all babies under three years.

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42 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of expertise in handling such cases.
- Lack of resources to assess and investigate situations.
- Lack of cooperation from certain doctors.
- Lack of coordinated-inter agency approach.
- Lack of staff time.

SOLUTIONS WHICH MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More training workshops on child abuse are needed.
- More publicity and public awareness is needed.
- More staff or staff time is needed to involve other agencies in community in a concerted, cooperative, coordinated approach.
- More staff are needed.
- I would see a child abuse resource team of 1 psychologist, 1 family counsellor and therapist and 1 child care worker with expertise in behaviour management. Its function would be: handling cases, coordinating approach in the other agencies, consultation, training, public information.

42 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- More funds have to be made available at the preventative level. Means of detecting and reporting potentially abusive parents have to be developed.
- More public education has to be made available around means of preventing abuse.
- Legal obligation to report child abuse cases has to be made much clearer, and has to be enforced to a greater extent.

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43 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Deciding on whether the case is one of abuse.
- Getting the necessary evidence.
- Balancing "best interests" of the child and the risk to the child in the home.
- An order of CAS wardship is made to investigate situation and/or to improve home situation. We must then determine if improvement(?) warrants return. What expectations can be placed on parents which, if met, will assure the child's safety?
- The tendency of the court to give what is, in our opinion, undue weight to the rights of the parents as opposed to the rights of the child.
- A certain tendency by the courts to see agency supervision as a compromise between the conflicting application of the CAS and the parents. In no way can a supervision order guarantee the safety of the child.
- The medical profession are not willing to appear in court.
- Lack of psychiatric facilities in our community.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- (Blank)

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Publicity which would encourage more people to report suspected abuse and would emphasize the need to report immediately when suspected abuse occurs. Keep records of what happens to abused children returned home and circulate to family court judges.

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44 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of a clear definition as to what constitutes abuse as apart from neglect.
- Problem: As a result of lack of definition there is no commonly accepted diagnostic area of treatment modalities. There is disagreement between professional groups in the community as to criteria for diagnosis and treatment methods as for abused children.
- There is no adequate community-wide system in the community.
- There is lack of appropriate placement resources in this Community together with a lack of facilities outside _____ which this Community can make use of.
- Lack of adequate number of staff available for the intense long-term follow-up required in severe neglect situations.
- Lack of adequate supervisory follow-up and support.

44 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- One staff member whose specific job would be to deal with follow-up in cases of severe neglect.
- More clinical supervision to assist in the identification, diagnosis and development of treatment program as well as monitoring of treatment progress.
- Specialized placement facilities for severely neglected children staffed by professional paid parents.
- The development of a number of adequately supervised individuals who can be identified as human resources on whom parents can call at point of crisis on a 24 hour basis.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Precise definition as to what constitutes "abuse" as opposed to "neglect".
- Legislating of additional adequate financial resources in order to implement the above mentioned recommendations for greater emphasis on children's rights.
- Elimination of section 43 of the Criminal Code.
- Compulsory reporting to Children's Aid Society of all alleged child abuse.

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45 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Professional community's unrealistic expectations of Children's Aid Societies re responsibilities and role in child abuse cases.
- Professional community's lack of understanding and acceptance of their own roles and responsibilities.
- Inconsistencies in criteria for referral from community and conflicting criteria.
- Negative Public Relations and consequent public perception of Children's Aid Societies.
- Legislative versus clinical points of view and consequent frustration.
- Conflicting professional opinions about a situation (i.e. if any helping person or profession is prepared to work with a child and family, child will be returned to the family by the court. When situation breaks down, Children's Aid Society must assume responsibilities).

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

a) Provision for time for more P.R. work, especially by staff who have practical field experience, professional credibility and P.R. skills.

Addition of P.R. staff.

Development of P.R., Audio Visual materials (Child Abuse Package).

Addition of one staff to acute care team.

More internal staff development and training.

More help in recruiting and training volunteers as lay therapists. This could be done by additional direct line staff. If volunteers cannot be recruited then additional trained family enablers would be needed.

b) Realistic goal oriented approach in individual cases and to have mutually agreed on standards of operation among jointly involved societies and agencies.

45 SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- By the provision of acceptable criteria relating to the identification, acceptance and consideration of predictive criteria in child abuse legislation under the Child Welfare Act.
- Coordination and funding of Child Abuse Programmes in the Community.
- Re-evaluation of function, mandate and use of Child Abuse Management Team in this Community.
- By possible changes in the criminal code, making it an offence for parents, teachers, who assault children.
- By the use of a different type of Family Court System - less emphasis on the advisory system.
- More education in elementary and high school on parenting skills (not just theoretical courses, but practical experience).
- Ability to remove a child(ren) from families where there has been proven previous child neglect and abuse rather than the need to wait until the child(ren) has suffered neglect or abuse.
- By down-playing violence in our Society. i.e. TV programmes.

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46 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Budget reductions have brought increased workload for workers carrying child abuse coordinating responsibilities.
- Lack of consistent Ministry guidelines in terms of abuse investigation and disposition.
- Lack of community supports after identification of abuse cases e.g. day care, homemakers.
- A heightened public awareness through media attention has brought with it not only increased child abuse reporting but also ongoing media surveillance which has had considerable effect on staff who feel their decisions are being second-guessed in the press.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- To service child abuse cases effectively most often requires more than one staff and to staff effectively we would require additional staff to protect caseload size. With our 1978 budget still unresolved, and a clear Ministry guideline that no additional staff will be allowed for program enrichment, (they operate on the assumption that an abuse case is weighted in the same way as any other case), it is somewhat academic to speculate on staff increases.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- It is our thinking that any attempts on the Ministry's part to provide clear guidelines in the area of child abuse will be helpful. It is our opinion that the current proposals for revisions in the Child Welfare Act, particularly as they pertain to child abuse, are a good beginning.

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47 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of experience on the part of the worker.
- Lack of cohesive guidelines as to how these cases should be handled.
- Resistance on the part of medical people to become involved.
- Lack of knowledge on the part of police as to their role and the scope of their involvement potential.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Training (specifically relating to child abuse).
- Guidelines which assist the societies rather than hasty, ill-thought-out ones which seem designed only to protect the Child Welfare Branch or the government.
- Public information and information aimed at specific groups such as police, doctors.
- Formation of a child abuse team through the local medical community.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Development of more cohesive definition of abuse.
- Change court situation from a confronting lawyer to lawyer situation and take away the quasi-criminal element.

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48 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Inadequate staff complement consequently high caseload and inability to provide intensive continuous casework.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Additional protection staff.
- Additional child abuse workers.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- Additional, rather, increased budget.

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49 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Lack of required evidence to act under our Child Welfare Act Mandate.
- Lack of understanding and/or acceptance of the legal responsibility of CAS in matters of child abuse.
- Delays in reporting by other professions motivated by fear of losing working relationships with clients.
- Predetermined procedural communication patterns and systems which presents swift and direct communication with CAS (i.e. nurse - doctor; teacher - principal).
- Accurate assessment of risk factor with resistant clients.
- Parental rights and invasion of privacy vs the risk factor.
- Workers' time availability.
- No coordinated intra-disciplinary team.
- Radically diverse views, assumptions and judgement from various segments of the professional and lay community resultant in totally unrealistic and conflicting expectations of the CAS.

49

- Lack of specific and ongoing training.
- The tendency for the community (police, neighbours, etc.) to over-react and escalate situations.
- Lack of good transportation services to help clients take advantage of supportive programs in the community.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- Trained child abuse team.
- Continuing community education.
- Intra-disciplinary regional committee on child abuse.
- More available support services (day care, homemaker, recreation) for middle class families.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- All community residents should be obligated to report child abuse and be penalized for failure to do so.

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50 PROBLEMS WHICH SOCIETY STAFF HAVE ENCOUNTERED IN DEALING WITH CHILD ABUSE IN THE PAST YEAR

- Insufficient staff man hours.

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN THE SOCIETY'S OWN INTERNAL OPERATIONS

- More staff man hours required for direct service (investigation and/or treatment); supervision/consultation; staff training (including time for everyone to "think").

SOLUTIONS THAT MIGHT BE EFFECTED THROUGH CHANGES IN SOCIAL WELFARE POLICY AND LEGISLATION

- By first and honestly defining what are the problems and respective solutions, and then deciding what the system can or will financially support. It seems we are too often attempting to justify programs based on a pre-determined amount of available funds.
- By more Ministry support, rather than political scapegoating. This must be applicable to all CAS endeavours and not simply to child abuse.

APPENDIX B. METHODOLOGICAL NOTES

1. Aspects of the Questionnaire

The questionnaire was found to be quite satisfactory in most respects, excepting the tendency for the questionnaire generally to elicit somewhat positive descriptions of the current situation in Societies (vis a vis actual guidelines and practices). This feature, discussed earlier, seemed to constitute a general tendency towards response bias, with the picture of practices in agencies generally painted in a somewhat more positive light than reality warranted. This source of bias, identified through the case studies, has been taken into account throughout our assessment, and in the researchers' formulation of conclusions.

A few questions did not work exceptionally well. For example, the questions regarding foster homes elicited some unclear responses, and questions regarding numbers of children in care and numbers of children abused, returned to the home, and then removed again definitely did not work, as respondents did not in every case understand the intent of the researchers--to get information regarding abused children only. Additionally, some of the open-ended questions elicited rather little response--possibly because of the time pressure under which the survey was completed. In future replications, if any, a number of these questions would be better formulated as "check off" type questions.

In coding of the data, some ambiguities surround the cases where 'missing information' occurs--mostly instances of the respondents not stating an answer to a question. The researchers suspect that most of these are 'no's' or 'none' answers, but this can not be definitively ascertained from the surveys. In those cases the data are left in the tabulations as 'not stated'.

2. Convergent Validation of the Greenland and Lewis Case File Study

At the start of this report, we noted that conclusions drawn from the case study materials should be interpreted carefully because of the small sample (8 Societies of 50) on which they are based. Since drafting of those initial sections, we have had many of our initial conclusions which followed from the case studies compared with results obtained by Greenland and Lewis, in their study of case files in an additional sample of 8 Children's Aid Societies. Since many of our conclusions were found to correspond with those of Greenland and Lewis, we have greater confidence in the validity of our conclusions, and indeed a still clearer picture of the descriptive study results generally.

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Child Abuse Deaths in Ontario

Ontario
Ministry of Community and Social Services

Cyril Greenland

June 1978

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Contents

CHILD ABUSE DEATHS

IN ONTARIO

CYRIL GREENLAND *

Although great concern has been expressed about the highly publicized child abuse deaths in Ontario, the incidence of these fatalities remains remarkably constant. During the past decade there have been eight to 10 cases per year. A particular cause for alarm, however, is the recognition that many of the victims of child abuse had been previously injured and identified to a Children's Aid Society as being in need of protection. The failure of our society to protect the lives of these highly vulnerable infants is indeed alarming.

This study,** undertaken at short notice, was designed to examine the decision-making processes involved in the management of child abuse cases resulting in death. Thirteen cases of child abuse deaths in 1976-1977 were selected for study. In order to obtain a more balanced view of the work of Children's Aid Societies, however, the societies concerned were asked to select comparable examples of child abuse where the case management could be regarded as exemplary or at least, adequate.

*Professor, School of Social Work, Associate Dept. of Psychiatry, Faculty of Medicine, McMaster University, Hamilton, Ontario

**This study was undertaken at the request of the Child Abuse Task Force. The generous cooperation of the relevant Children's Aid Societies is acknowledged with gratitude. The assistance of Frank Lewis is also gratefully acknowledged.

METHOD

The case resumes (Appendix A) and case "trajectory" charts were generated from a study of CAS records of 13 child abuse deaths and 11 control cases. In examining these records particular attention was paid to gathering information on three phases of the intervention process:

I ALERTING (Who reported and who received the initial complaint or request for help?)

II RESPONSE (What investigation was undertaken - by whom and what immediate action was taken?)

III ACTION (If the abused child was removed, what action, if any, was taken to help the other children at risk? If the child was not removed, who was responsible for working with the family and other agencies to protect the abused children?)

Unfortunately the shortage of time and the uneven quality of case recording made it difficult to obtain all the desired information. The "trajectory" charts,* which were designed to provide a synoptic view of the patterns of intervention of the human service agencies, from the initial warning to the child's death, had to be abandoned due to the inadequacy of the available information. Fortunately a survey of 23 child abuse deaths, undertaken quite independently by Dr. Kent Mancer, Pathologist at the Hospital for Sick Children, (Appendix C)** amply confirms the findings of this study.

* Two examples are shown in Appendix B
** Appendix C

CONCLUSIONS

I Table I confirms that infants under two years of age (11 of 13 cases) have a substantially higher risk of death from child abuse.

Five of the mothers were very young - age 19 years or less. Three of them had themselves been wards of CAS and two were pregnant. The combination of a very young infant and young unstable parents should be regarded as indicating a potentially lethal situation. Risk taking, in the management of these cases, should be reduced to an absolute minimum.

In its work with very young parents, Children's Aid Societies should place a heavy emphasis on the provision of effective fertility control services. This is particularly important since the young mother's second pregnancy appears to increase the hazards faced by very young children.

II In its initial investigation of these child abuse cases, the CAS appeared rarely - if ever - to make use of the Central Child Abuse Register. Reporting to the Central Register, when it occurred, was often late.

III The agencies' response to the initial alert, especially after office hours, depended far too much on judgements made by untrained or inexperienced workers.

IV Arbitrary decisions, not to take children into care or to return them to their parents, made by CAS workers without consulting the other agencies such as the police, physicians, public health, etc., had dire consequences - particularly when very young children were involved. In the absence of such consultation, keeping the infant in a safe place should always be the primary consideration.

V Since in many child abuse cases the CAS are dealing with multi-problem families, cooperation with other social agencies is essential. It cannot be over emphasized that the primary role of the CAS is to protect children and not to provide family therapy. Failure to give child protection the highest possible priority was a contributing factor in several deaths.

VI The quality of care in some foster homes leaves much to be desired. This and the frequent movement of some very young infants from one foster home to another is deplorable.

VII The failure of abusive parents to keep appointments or to answer the door when the CAS worker calls should be immediately regarded with ALARM. If necessary the police should be called to gain entry so that the child or children can be properly examined. The duty of the CAS to examine a previously abused infant should be explained to the parents when such children are returned to them. Failure to comply should be sufficient reason for the CAS to remove the child immediately to a place of safety.

VIII The involvement of the police, even in investigation of the most serious cases of child abuse, appears to be haphazard. Ministerial guidelines on cooperation with the police in the investigation of all life-threatening events is obviously necessary.

IX It is noted that only four inquests were held and three charges laid in respect to the 13 child abuse deaths. As a matter of public policy it is recommended that inquests should be held into all child abuse deaths if the case is not otherwise dealt with by a court. The coroners should also be obliged to consult with the local Children's Aid Society to protect any other children in the family whose lives might be in jeopardy.

X In addition to the coroner's Inquest, the Ministry of Community and Social Services, Child Welfare Branch, should commission independent case studies of all child abuse deaths in order to examine the quality of services provided by a CAS. The resulting information should be made available, if necessary on a confidential basis, to all the relevant community agencies.

NOTE: Additional supporting data for some of these recommendations will be found in the evidence presented by Dr. H. B. Cotnam, Chief Coroner for Ontario, to the Standing Committee on Health, Welfare, and Social Affairs, respecting Measures For the Prevention, Identification and Treatment of Child Abuse and Neglect. (Chairman Mr. Kenneth Robinson, MP) House of Commons Issue No. 34, Thursday, Jan. 29, 1976.

APPENDIX A

CASE SUMMARIES

These summaries have been edited to protect the confidentiality of the persons concerned.

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CASE SUMMARY NO. 1

This single parent, age 19, is living with her common-law partner, age 22.

Their family consisted of:

Sibling, born Sept. 19, 1974, and apprehended after the fatality.

The deceased, born March 13, 1976, died August 2, 1977.

Sibling, born January, 1978, was apprehended from hospital.

No inquest was held but charges are being considered. The cause of death was dehydration, duodenal perforations and hematoma.

The father is unemployed.

The case came to CAS attention becuase of an injury to the older child in February, 1976. As the summary outlines, the case was active for the next 18 months.

After the fatality, the CAS obtained a 1974 report from another CAS which showed that the family had been known since 1950 as a multi-problem family.

> "The whole family are mentally defective and dependent.
>
> Four of eight children were in care and the mother in this case was then pregnant with the older child born in 1974."

Alerting

a. Feburary 18, 1976-hospital emergency reported to intake worker the older child suffering fracture of left femur.

b. June 15, 1976-older child again at hospital emergency with bruises.

c. August 1, 1977-child admitted to hospital, died next day.

Response and Alerting

Initially, home visits were made, and the agency conferred with the hospital emergency department.

The Central Register received a report of the first episode in February, 1976. The case was accepted for service and a file opened.

Following the June, 1976 incident, the agency speedily apprehended both children and applied to the court for wardship. This episode was also reported promptly to the Central Register. The children were placed in a foster home and a six-month temporary wardship was ordered.

Action

After the apprehension in June, 1976, there were consultations with pediatricians, with the Family Service Agency, with a Public Health Nurse, a Family and Children's Centre, and with Canada Manpower. The parents were encouraged to take part in modelling for the home in parents groups on life style. The father was referred to Canada Manpower for the Basic Job Readiness Training Program. This all shows an emphasis on helping the family.

After a conference involving two pediatricians, both parents, and the CAS worker, the two children were returned to the home under supervision in December, 1976.

They were temporarily removed from the home on March 22, 1977, because of an altercation between the parents. They were returned on April 26, 1977.

The last contact was ten days before the fatality. An appointment for a home visit for July 29, three days before the death, was cancelled by the father. A home visit was made, but there was no answer.

CASE SUMMARY NO. 1A

In this selected case the father and mother, born in 1943 and 1954, lived with their son, born February 7, 1975.

The mother's mental illness resulted in some harm to the baby.

The baby was placed in foster care and eventually was adopted.

Alerting

On December 11, 1975, the psychiatrist in charge of case called the agency and reported that the mother was schizoid and that the baby had been hurt.

Response

The child was admitted to care December 23, 1975.

Action

Workers counselled the father in his predicament. The child was in a total of five foster homes.

By February, 1977, the mother, who was still under psychotherapy, had had a tubal ligation. The father, who had contemplated taking the baby and returning to the U.K., became reconciled to the situation and resolved to stay with his wife. In the spring of 1977 the boy was adopted and the file closed.

CASE SUMMARY NO. 2

This mother, born in 1950, lived with her husband, born in 1948. Both were immigrants and there is a language barrier. The child, now deceased, was born on October 22, 1974, and died April 12, 1977.

The cause of death was a fractured skull. No inquest was held. The mother was charged with second degree murder and pleaded guilty to manslaughter. She was sentenced to two years less a day with a recommendation that the term be served in a psychiatric hospital. Deportation is probable.

Alert

a. In October, 1976, a staff doctor called CAS about the child having sustained a fracture of the right humerus and about old rib fractures.

   That doctor reported that the mother had seen a psychiatrist and been hospitalized for depression.

b. On February 15, 1977, on a house visit, the child was observed to have a large bruise on his face. The mother offered an explanation and the family doctor said he did not suspect abuse.

c. April 13, 1977, the police called to advise of death of the child the previous evening.

Response

The initial response to the first alert was to confer with the staff doctor and the psychiatrist.

There were a number of contacts with both parents and with the doctor.

No alternatives to leaving the child in the home seem to have been considered because of "the family's willingness to cooperate with CAS".

The second alert caused an enquiry to be made of the family doctor who didn't suspect abuse.

Action

The Abuse Committee reviewed the case at time of intake and decided not to go to Court or to remove the child but to monitor closely and offer support in terms of agency programs.

Either the CAS worker or Public Health Nurse in cooperation saw the family weekly from mid-November, 1976, to mid-March, 1977. From then on the CAS worker visited once and the Public Health Nurse twice, the last time on April 12, 1977, when the situation was described as "stable, the child fine". Later that day the child was admitted to hospital "Dead on Arrival".

Reports on abuse were filed on December 22, 1976, and on September 28, 1977, with the Central Register.

CASE SUMMARY NO. 3

This is an immigrant couple. The father, born in 1939 and the mother in 1951, lived together with their three children, born in 1974, 1975, and 1976. The deceased daughter, born on August 8, 1976, died on February 12, 1977.

No inquest was held. The mother, still a patient at an Ontario psychiatric hospital, is described as 'acutely psychotic'.

A Public Health Nurse who speaks their language has lessened the family's isolation.

Alerting

On December 16, 1976, a police officer called the CAS night duty worker to report that at about 11:00 p.m. he had found the mother and her three children who were clad only in their pyjamas walking along a highway. The officer asked that the children be placed under CAS care and they were admitted that night to the receiving home. The officer further stated that he took the mother to the psychiatric unit of the local hospital and that she had been described as having an "acute reactive depression".

Response

As above.

Action

The following morning, December 17, 1976, the mother, having been released from hospital, visited the agency office together with her husband to have their children returned. They saw the intake worker who complied with their request.

On February 12, 1977, the mother killed the baby. The father, discovering this, called his clergyman and the police to report the death.

On February 15, 1977, a detective from the regional police called CAS to discuss the fatality.

CASE SUMMARY NO. 2A

This father, aged 45, lives with his immigrant wife, aged 28. Their son was born on June 15, 1974. The wife's niece called the society with a request that the mental health of her aunt and the safety of the boy be investigated. The society, after a home visit, arranged for psychological and psychiatric examination and thereafter obtained a supervision order and had the boy enrolled in a pre-school where he is doing well. The supervision order has been extended until September, 1978.

Alerting

October 23, 1975, as above.

Response

After a home visit and discussions with both mother and father, it was arranged for the mother to be seen at the psychiatric wing of the local hospital. The report of that was placed before the court.

Action

As above. In a conference at the hospital it was stated that the mother was not psychotic but was a mental defective of long standing. The report of the psychiatrist was sent to the family doctor and an anti-depressant was prescribed. After further home visits aimed at helping the mother in homemaking and parenting, the first application to the court was made in February, 1976. The enrollment of the lad in pre-school has relieved pressure on the mother and has provided an additional opportunity to monitor the situation.

CASE SUMMARY NO. 3A

These parents are in their early 40s and live together with a daughter 16, who is not deemed to be at risk, two boys of nine and six, and a daughter of four.

The six-year-old boy sustained a fractured arm in early 1977. Police investigated and the agency was called. The family insisted it was only an accident and the father was warned by the police. The oldest daughter had spoken of the family being terrified of the father. The four-year-old girl had suffered a lacerated scalp. It was said that her father had pushed her against a wall. At that time there was still family silence. The agency followed the case until autumn of 1977.

At school the boys were noted to be much bruised and by arrangement with the teachers they were taken out of school and photographed by the police. The father is being charged with causing injury and a wardship hearing application has been launched. More recent developments are set out under Action.

Alerting

As above.

Response

This has involved cooperation between police, school and the agency.

Action

The agency had placed the matter before an interdisciplinary team on child abuse at a local hospital.

CASE SUMMARY NO. 4

This single mother, born in 1959, had been admitted into care in 1974. She had been picked up by the police as a runaway. Her parents were said to be separated and to be alcoholics. She was one of five surviving out of 12 children born to her parents. CAS wardship ended October 8, 1975.

Her mental slowness had been remarked on by two workers and her flashes of temper by one.

She came to the agency in January, 1976, during her pregnancy and was delivered of a girl on May 14, 1976. The agency ended unmarried parent service on July 5 at the mother's request. As will appear, a protection file was opened on July 12, 1976. The baby died on July 31, 1976.

No inquest was held. She pleaded guilty to infanticide and was required to live in an Indian Centre and to attend for psychiatric treatment. In January, 1978, her mother called the CAS to say that her convicted daughter was eight months pregnant and expressed the view that she should be sterilized. The baby was apprehended at birth from the hospital.

Alerting

On July 12, 1976, a volunteer Big Sister called the agency having heard her "Little Sister" speak of the baby in question being slapped, and also of problems about feeding the baby.

Response

A protection file was opened and the same worker made a home visit, mentioning the complaint.

The CAS RN visited, examined the baby, and found no evidence of bruises.

Action

The worker made home visits for the next three weeks and also checked with a neighbour. On July 27th she phoned, but got no response. On July 31 the baby was found dead in the crib with a fractured skull.

CASE SUMMARY NO. 4A

This mother, born in 1954, is separated from her husband, who was born in 1949. The daughter who is the subject of this summary was born in 1973. The father, who had been missing for two years, called the agency to complain about beatings by a boyfriend. Eventually, after court proceedings, the child was made a ward and placed with the maternal grandparents.

Alerting

In September, 1976, as above.

Response

This involved consultation with the Public Health Nurse, with the physician, and with police, as well as home visits to the mother and the maternal grandparents, and applications to court.

Action

Following the complaint, the child was hospitalized for vomiting. Multiple bruises and internal injuries requiring surgery were found. The child was apprehended from the hospital and the court made a wardship order and prohibited visiting by the parents except with the CAS approval.

Because of the interest of the maternal grandparents and their good health, the agency agreed to the child's being placed with them. The CAS continues to monitor the situation.

CASE SUMMARY NO. 5

A female child, born on December 18, 1976, died January 28, 1977. Child abuse was suspected and the CAS informed. A report, prepared by the CAS March 29, 1977, was received by Central Register on April 7, 1977.

The family was not previously known to CAS. The mother's age is 29. No other information is available.

CASE SUMMARY NO. 6

This separated mother, born in 1954, lives with her common-law partner, born in 1951. She had been separated less than a year from her husband. The family consisted of a daughter, aged 2½ years, and an 18-month-old boy, the subject of this summary, who died on January 29, 1977.

At an inquest it was concluded that the boy died from "pulmonary embolism", and had "suffocated on his own nausea". The jury found the embolism to be "from injuries sustained by unknown causes" and recommended:

1. That CAS keep close surveillance on the welfare of the surviving daughter.
2. That the mother and common-law partner both undergo psychiatric examination by a psychiatrist appointed by the court.
3. That, if a child is admitted to hospital with injuries suspected child syndrome (sic), it should be compulsory that the child and any other children in the family undergo monthly examination by the examining physician.

No charges have been laid.

Alerting

On January 13, 1977, the pediatrician called the CAS to complain of two unexplainable injuries to the two children in the family. The girl had been hospitalized in December, 1976, with a collection of blood on the brain, possibly caused by a blow. The 18-month-old boy was in hospital with a broken leg sustained after January 6 when he was last seen. The pediatrician suspected child abuse.

Response

The intake worker conferred with the pediatrician and also with his colleague who had seen the girl the previous month. The worker arranged to meet the mother and her partner and to interview the babysitter.

Action

In addition to the above meetings, the worker discussed the case with a new family doctor who agreed to release the child to the mother. The babysitter, who had four teenage children herself, spoke highly of the mother and her partner and of the appearance of the children when brought to her.

On January 19, the CAS decided to keep the case for two weeks so that the worker might visit several times unannounced and observe the children with the two adults.

On January 20, the worker telephoned the home but got no answer. At 9:30 a.m. on January 29, the family doctor called the agency to advise that the child had been admitted to hospital, D.O.A. The police were informed.

The CAS intervened that day and placed the older child with relatives of the mother. The worker also called the babysitter and was told that she was away on a trip. When informed of the boy's death, the husband said that the agency should have known before that the children would sometimes arrive with noticeable bruises.

CASE SUMMARY NO. 6A

In this selected case, the father and mother, aged 32 and 22, both immigrants, live together with a daughter, born May, 1977. A pediatrician called the CAS August 19, 1977, about serious injuries to the child. They were:

1) fractured skull
2) fractured right clavicle
3) irregularity of upper end of right humerus
4) four fractured ribs, two left and two right
5) compression fracture of left distal tibia

Counselling at the psychiatric hospital has been used. The agency applied to the court on October 12 and the child was placed in a foster home. At present there is a six-month supervision order.

Alerting

Complaint from pediatrician as mentioned above.

Response

Home visits, contact with psychiatric hospital and application to court.

Action

The mother was conselled about her expectations of the baby.

Based on her counselling, a psychological profile was developed. This was in disagreement with the views of the pediatrician. A conference at the CAS office involved the pediatrician, the psychologist, the Public Health Nurse, the CAS worker, and the CAS senior supervisor.

The agency had contemplated relinquishing wardship. The pediatrician wrote a strong letter after the conference expressing his reservations. As a result a six-month supervision order was made and is now in effect.

The mother is at the moment on a trip to her native country with the child.

CASE SUMMARY NO. 7

These parents, age 24 and 27, respectively, have children by previous marriages. The mother has an eight-year-old son. The father's son, born January 9, 1974, died December 26, 1976.

The inquest, which lasted four days, concluded that there was insufficient evidence to find child abuse and that the cause of death was subdural hematoma caused by-

> "Blow or blows to his head caused by his falling which could be caused by a complex series of uncorrelated inexplicable factors that include:
>
> 1. An extremely high salt content in his blood.
> 2. An unquenchable thirst for fluids.
> 3. Falling or fainting spells which caused him to strike his head several times including once on the back and once on the front.
> 4. An involuted, severely atrophied thymus gland indicating evidence of severe stress or long illness.
> 5. Fever of 101 deg. to 102 deg.
> 6. Trouble in swallowing fibrous foods.
> 7. Some emotional stress suffered during his short life."

The jury stated 'in summary or in hindsight' that the parents should have sought medical advice about the child in the five or 10 days before the hospital admission and that the family doctor should have followed up his concern about the case. The jury also made observations about the desirability of pre-marital counselling and family counselling.

No charges were laid.

Alerting

On December 23, 1976, the step-mother called the emergency department of the local hospital which in turn called the police and transferred the case to the Hospital for Sick Children.

The pediatrician had, in the meantime, spoken to the father's brother and to his mother who were, in general, critical of the father. On Christmas Eve, the pediatrician called the CAS to have the eight-year-old son checked.

Response

A home visit was made on December 24, 1976. By that time the police, who were also involved, suspected child abuse and had interviewed the father and step-mother.

Action

The CAS consulted a psychiatrist regarding its assessment of the family. It sought an opinion whether the eight-year-old was in jeopardy, and directions as to whether the agency should continue working with the family.

The psychiatrist reviewed the file and conferred with three CAS workers and took part in a conference with the pediatrician. The doctors outlined their differing views as to whether this was child abuse.

Eventually the agency concluded that because of the serious medical concern about unexplained injuries, the file must remain open and the situation be monitored to ensure that the eight-year-old is not at risk. The file remains open.

CASE SUMMARY NO. 7A

This immigrant couple, aged 35 and 34, live together. They have an older child, born in 1975. The subject of this summary is a daughter, born May 13, 1976, prematurely at 28 weeks. The child was retained in hospital from birth until July 12. At the end of August, the parents took her to the Hospital for Sick Children complaining about her head being too large. She was discharged on September 10. The hospital saw her again on November 11, 1976, when the parents brought her in complaining of the left leg being larger than the right. X-rays showed fractures of both knees and three ribs. At this point the HSC involved the CAS. The agency is satisfied with the family's progress and the child's safety.

Alerting

As above.

Response

This had involved the Abuse Team, a Public Health Nurse, HSC personnel, as well as the Youth Bureau.

Action

There have been a number of home visits, including an early one together with a police officer. After one conference, the pediatrician expressed his reservations about the child being with the family.

After a number of visits in which the father's expectations of the mother and the mother's expectations of the child were reviewed, the parents returned to their homeland with the children for a family visit.

On return they found accommodations in an apartment with a number of their countrymen. This has reduced their social isolation.

A note as of February 28, 1978, records that the home situation is stabilized, but that it is still important to be involved with the family in order to monitor the situation and to support the mother.

CASE SUMMARY NO. 8

The mother's age 17 and the father is 25. The parents were married in March 1977. The infant was born on March 30. The father was described by the Public Health Nurse as a heavy drinker, irresponsible, aggressive and unemployed. This case was first reported to CAS by the Hospital Child Abuse Team after the baby had been brought by mother to the emergency room with head injuries. The family was being supervised by the PHN, the police and a CAS worker when the infant was killed by the father on July 30, 1977. Charges are pending.

Alerting

There was no prior contact with CAS until the case was reported by the C.A. Consultation Team. Since the mother had left her husband, it was agreed that no specific action be taken by the CAS, but contact with the mother be continued by the Public Health Nurse and the police sergeant.

Response

Records show that the family was visited by a PHN, police officer and a CAS worker after the mother had returned to live with her husband. The family physician and pediatrician were involved in the case.

Action

When it was discovered that the mother and baby had returned home (25.5.77) a crisis situation was recognized and all agencies were alerted.

After being punched by the father, the baby died of a skull fracture on 30.7.77.

CASE SUMMARY NO. 8A

The ages of the parents are not stated, but it is assumed they were in their late 20s. The abusive incident was reported by the mother. She indicated that due to marital difficulties the father was hostile towards their five-year-old daughter. An older child by the same parents was said to have been adopted, but this was not checked out by CAS. The father wants to be rid of this child to give the marriage a chance to work.

After being hit with a stick and slapped across the face by her father, the child was taken to hospital by the mother. She was examined and photographed, but there was no evidence of any serious injury or neglect.

The mother and child left home and moved into a hostel on an emergency basis.

Alerting

The mother contacted CAS and an experienced worker was assigned to the case.

Response

Because the mother had difficulty in establishing herself after separating from her husband, the child was put into a foster home on a temporary basis.

Action

The child was treated as a psychiatric outpatient. The CAS worker was intensivley involved in the re-settlement of the mother after her separation. As soon as she found suitable accommodation, mother and father resumed living together. No further abuse was anticipated, but the CAS worker is still actively involved.

CASE SUMMARY NO. 9

This 17-year-old mother lived in an isolated area. Her daughter was born on November 11, 1975, and died December 29, 1976.

At an inquest on January 28, 1977, the cause of death was found to be internal bleeding. The jury said, "We believe that _____ _____ died from a severe fall or from an extreme blow in the abdominal area."

The jury recommended:

1. Where any doubt exists as to the safety of a child, authorities should take prompt action to protect the child.
2. Telephone services in out-lying areas should be upgraded.
3. Courts should help authorities take prompt action to protect children.

No charges were laid.

A radiologist testified at the inquest that X-rays of the broken leg showed the fracture to be a most unusual one, especially uncommon in a child. X-rays taken after the death showed a number of fractured ribs not shown in previous X-rays.

Alerting

On May 5, 1976, the agency learned from the Public Health Nurse that the baby was hospitalized with a broken leg.

Response

The CAS asked the attending doctor about the possibility of child abuse. He replied that it was unlikely, that neglect because of the mother's young age was more likely.

The agency proposed to take the baby into care and to help the mother to make some decisions about the baby's and her own future.

Action

Weekly meetings with the mother were held for one month. Regular contact was maintained over the summer by the worker, the Public Health Nurse and the Family Benefits worker.

The worker made an effort to discuss the possibility of charges with the Crown Attorney. Requests for a medical opinion about the case on August 25 and September 24, 1976, were not answered.

The worker's last contact was on September 27, 1976.

CASE SUMMARY NO. 9A

In this selected case, the mother, in her late 30s, who was widowed in 1975, lived with her two sons, born in 1965 and 1969 respectively.

After a complaint by one of the sons and a neighbour, the CAS was called. The children have been in care and the mother has been receiving treatment.

Alerting

A neighbour, who is a board member of the society, called the CAS.

Response

The mother was admitted to hospital. She remembered hitting the children and giving them some drugs with the intent of killing herself and the children. The boys were immediately placed in care with relatives.

Action

The mother was seen by a psychiatrist who made a report. She has since had seven counselling sessions with a psychologist employed by the agency. Three sessions were held with the mother and children.

The boys are still in a foster home, but visit their mother each weekend and one evening during the week. The situation is to be assessed in May, 1978.

CASE SUMMARY NO. 10

This separated mother, born in 1954, lived by herself. The deceased daughter was born on March 26, 1971, and died August 19, 1976. A younger son was born in April, 1973.

The inquest determined the death to be caused by asphyxia, aspiration of vomitus, faecal impaction and parental neglect.

No charges were laid.

Alerting

The family was unknown to the Agency. On October 5, 1976, the Coroner wrote to the agency:

> "As there is another younger child in the family, a boy 3½ years, I would commend him to your care. The mother seems quite irresponsible in that she was called by a babysitter to let her know her child's condition, while at a party in a bar across the U.S. Border, and did not take any steps to return until she was informed that the child was dead."

Response

The CAS worker found that the mother received Family Benefits. The worker had some meetings with the mother who resented CAS involvement.

Action

The worker pursued information through the Public Health Nurse and the Family Benefits worker.

The coroner wrote a follow-up letter in January, 1977, to which the Agency replied on February 2, 1977.

> ". . . family benefits worker feels there is no evidence of neglect in the care that_____ receives. In cases where there is resistance to our involvement and no apparent evidence of neglect, we try to coordinate service or contact from another agency seen as less threatening . . . . If during her contact with the family, the Family Benefit worker feels our agency should be involved, she will notify us."

File was closed February 21, 1977.

CASE SUMMARY NO. 10A

This mother, born in 1954, lived with her husband, born the previous year, and later with a boyfriend, born in 1951. The children, who are the subjects of the summary, were born in October, 1974, and November, 1975. On July 12, 1977, the paternal grandmother called the police to report the abuse of the younger child. At that time the father was unemployed and on parole. The two children were medically examined, apprehended overnight and a court application was made. Temporary wardship was ordered and this has been extended several times, most recently on February 7, 1978.

Alerting

As above.

Response

This has involved cooperation with the police, Public Health Nurse, physician, and the courts.

Action

The mother had alleged that abuse had been committed by her boyfriend who has now departed. The agency had noted that the injuries were inconsistent with the explanation given by the mother.

In August, 1977, a report was obtained from another CAS. This stated that the mother had been referred to CAS in January, 1970. She was said to have had brain damage caused by a fall at the age of three and to be completely incapable of looking after a child.

CASE SUMMARY NO. 11

This single parent, born in 1944, lived alone in an OHC project. She had previously been known to the agency in 1968 when she made a declaration of paternity and a claim for welfare. The putative father and his family complained in May, 1972, about her drinking and her lack of care for her son, then aged 4. After a fighting and drinking episode, the putative father applied to court for and obtained custody of their child. That file had been closed in November, 1973.

She came to the agency about a declaration of paternity on January 19, 1977, and was delivered of a boy on June 6, 1977. The boy died on October 6, 1977.

No inquest was held. The mother was committed for trial for second degree murder.

Alerting

On July 11, 1977, the hospital where birth occurred called the agency to speak of mother's 10-year history of alcoholism which had caused brain damage and a tendency to confusion. The hospital official said that both he and a Public Health Nurse doubted her ability to care for the child.

Response

The intake worker made a home visit, and conferred with the PHN. He learned that the Public Health Nurse and a probation officer were both making weekly visits to the mother.

Action

The worker made a number of home visits and, after receiving complaints from the OHC community guardians about problems caused by the mother drinking, he cautioned her.

On September 9, 1977, the mother together with her baby, visited the psychiatric unit of a local hospital. Finding the mother was impaired, the nurse took the baby and called CAS night duty worker.

On September 12, 1977, the child was returned to the mother.

On September 29, 1977, the OHC reported that the mother had been "drunk out of her mind, foul-mouthed, and abusive".

From September 20 to October 4 the worker sought to contact the mother and on October 4 made an appointment through a neighbour for 11 a.m., October 6.

About 3:30 a.m. October 6, the mother, apparently in a state of confusion, called the neighbour to look over the 8th floor balcony from which she had thrown the baby. The mother was arrested.

CASE SUMMARY NO. 11A

In this selected case, the mother, in her mid-30s, lived with her daughter, aged 14. A "boyfriend" was also present.

On October 11, 1976, the agency became involved through a call from police to the night duty worker about the 14-year-old being beaten by the boyfriend.

Alerting

As above.

Response

The child was in care for three days and a court application was made October 14, 1976.

Action

The court application was withdrawn with the child's consent on October 19, charges against the man were withdrawn, and on October 20 the mother and boyfriend voluntarily accepted supervision of agency for an indefinite period.

In October, 1977, both mother and daughter were functioning well. The boyfriend had left the home and was not present.

CASE SUMMARY NO. 12

The case involves a single parent, age 17, living with common-law partner, age 26. This young mother was a CAS ward at the time of her pregnancy. The child was 22 months at the time of his death. Following an inquest (November 20, 1977) charges against the mother and her partner are pending. The Coroner's Jury recommended that the baby born August, 1977, and any other to be born to the couple be made permanent wards of the CAS.

Alerting

The mother's family was involved with the CAS from 1945. The mother was a ward of the CAS at the time of pregnancy.

On April 19, 1977, an official from the Hospital for Sick Children, called the CAS to report that infant was admitted with suspected child abuse.

Response

The worker met with the pediatrician and hospital staff to discuss the case.

Action

The worker met the mother who objected to CAS involvement. The society's duties were explained and further meetings took place. It was agreed on May 5 that the police must become involved. On May 6, 1977, the boy died and the police were notified.

The mother was delivered of a child in August, 1977, which was apprehended from the hospital.

CASE SUMMARY NO. 12A

This is a selected case. The father was born in 1936 and the mother in 1944. When the case first came to agency attention in 1969, a divorce action was in progress and a daughter, aged 2½ years, was with the mother. On March 16, 1969, police called the CAS because of a suicide attempt by the mother. At that time the father was prepared to take the daughter. The case came to CAS attention again on November 22, 1969, when a Hospital for Sick Children physician called the night duty worker. The mother had brought the child to hospital complaining of abuse by the babysitter. The hospital concluded this to be neglect rather than abuse.

The focus of the CAS was to help these divorced people make realistic plans for their daughter.

Alerting

As above on two separate occasions.

Response

On the first occasion, the child was placed with the father. On the second occasion, at the mother's request, on November 26, 1969, the child was taken into care.

Action

When the child was admitted to care, the case was transferred from intake to protection. The worker met with the mother and the father. On January 22, 1970, on an application to the court, the daughter was returned to the mother and the case was adjourned indefinitely. On March 13, 1971, the case was in court again. The mother had had surgery and was under psychiatric

care. Under a written agreement between the parents, the child went to the father and the court made a six-month supervision order.

The file was closed in October, 1971, on the expiry of the supervision order, as the child was doing well.

CASE SUMMARY NO. 13

This mother, born circa 1948, lives with her spouse of about the same age. The child in question was born on February 1, 1977, and died on March 2, 1977. An inquest occupied 22 days and found that the daughter had died from natural causes resulting from cerebral oedema consequent on extreme hypernatremic dehydration. The jury further found that the death was contributed to by:

a. Improper feeding by the mother and/or father.
b. High body fluid loss brought on by severe diarrhea.
c. Gastro-enteritis.
d. Severe electrolyte imbalance.
e. Irreversible shock.
f. Possible errors in judgment on the part of supervising authorities.
g. Inadequate supervision by authorities of the parents in the care and feeding of the daughter.
h. Lack of immediate action on the part of the parents.

The jury made a number of wide-ranging recommendations.

No charges were laid.

Alerting

This family was well known to the CAS.

The mother had given birth to four children. Two of them were wards. In one case proceedings were concluded two weeks before the birth of the infant victim. Of the two children who died, one was born August 12, 1971, and the other on July 21, 1972. Contributing factors in the deaths of the children were said to be

physical and emotional neglect on the part of the mother, and possible errors in judgement on the part of supervising authorities. The jury recommended that the child born in 1969 not be left alone with her mother.

Another child born December 28, 1973, died on May 8, 1975, by drowning in its bath while the mother was with the new-born babe.

Response

The pregnant mother had been seen in court on January 19, 1977, when the wardship of the child born on April 5, 1975, was finally concluded. All hospitals in the region were circulated and it was learned that on February 1, 1977, the mother had been delivered of a girl. An official swore an information setting out the family history referred to above. The document continued,

> "Infant_____will be in imminent physical danger if not immediately taken into the care and custody of the CAS and detained in a place of safety."

Action

A hearing was held on February 9, 1977, before the judge who had made the wardship order on January 19, 1977. The CAS relied on the evidence then put forward and about which the judge said he was ordering wardship because of the marital strife and the psychiatric problems of the father.

His order on Feburary 9, 1977, was to adjourn the case to February 1, 1978, and to order that the child be returned to the care and custody of the parents during the adjournment on condition that the court receive monthly reports from a worker of another institution (who had testified) advising the court about:

- marriage counselling for the parents:
- individual therapy for each of the parents: and
- regular visits to a pediatrician for the child.

The baby girl was admitted to the Hospital for Sick Children on March 1, 1977, and died March 2, 1977.

TABLE I

Showing Ages of Mothers and Ages of Children
Deaths and Controls

Ages of Mothers in Years

Ages of Children	-19		-24		-29		-34		39+		Total	
	D	C	D	C	D	C	D	C	D	C	D	C
- 3/12	1	-	-	-	1	-	-	1	1	-	3	1
- 12/12	1	-	-	2	1	-	1	-	-	-	3	2
- 2 yrs.	3	-	1	1	1	1	-	-	-	-	5	2
- 3 yrs.	-	-	-	1	1	1	-	1	-	-	1	3
4 +	-	-	1	-	-	1	-	2	-	-	1	3
Tots	5	-	2	4	4	3	1	4	1	-	13	11
Totals	5		6		7		5		1		24	

APPENDIX B

CASE TRAJECTORIES

EXAMPLES

BEST AVAILABLE COPY

CASE #1

C.A.S.	Emergency Hospital	C.A.S.	Central C.A. Registry	Foster Homes	Court Hearings	Medical Centre	F.S.A.	Manpower	Police	Child & Fam. Centre		
M. was a ward of C.A.S.											1974	
											1976	
											18	- 2
											20	- "
											15	- 6
												7
												8
												9
												10
												11
											15	- 12
											1977	
											22	- 3
											30	- "
												4
											18	- "
											19	- "
											26	- "
												5
											4	- "
												6
Child reported to have a broken nose											6	- "
Child #2 "Falls downstairs" ? reported											14	- "
Night call from police re disturbance											15	- "
											23	- "
												7
Home visit - nobody at home											14	- "
Office interview with mother											15	- "
Home visit - nobody at home.											21	- "
Emergency Admission at St. J. Hospital											29	- "
												8
DEATH											1	- "
2nd child apprehended											2	- "
											3	- "
											8	- "
												12
Report on family history received from Metro T./C.A.S.											29	- "
											1978	
New baby apprehended from hospital												1

PSYCHIATRIST

C.A.S.

FOSTER HOME I

FOSTER HOME II

FOSTER HOME III

FOSTER HOME IV

FOSTER HOME V

Birth of Infant

C.A. Reported
C.A.S. Conference with father & Psychiatrist
Non-Ward Protection foster home

Child Adopted Case Load

1975
7 - 2
12
11- "
1.5-"
2.3-"

1976
3
13 - "
17 - "
13 - 7
3 - 8
9
9 - "
26 - "

1977
.5

Control Case # 1A

APPENDIX C

THE BATTERED CHILD

Dr. Kent Mancer, Pathologist
Hospital for Sick Children
Toronto
May/78

APPENDIX C

THE BATTERED CHILD *

This report concerns 23 cases of battered children who have died, 12 of which might have been prevented if the offending parent had been removed from custody of the child. In these 12 cases there was documented evidence that the child had been previously hospitalized related to his injuries, or been seen with injuries by a medical practitioner or an outpatient clinic or had been followed by the Children's Aid Society or should have been followed because of previous child abuse having occurred in a brother or sister.

The children ranged in age from two weeks to three years and all at the time of death had physical evidence of child abuse, fractures, bruises and in some cases cuts and evidence of neglect or failure to seek medical care for serious illness.

The twelve preventable cases included only those in which there was documented opportunity for the diagnosis of child abuse and it is likely that many of the other cases also had been seen by physicians and could have been prevented.

Prevention of these deaths is dependent upon not only adequate reporting of such cases but also prompt investigation and, when considered appropriate, separation of the child from the offending parent.

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In addition, there were three cases of death due to neglect, one of which could probably have been prevented because of knowledge of a previous death in the same family due to neglect.

During the same period of time, there were 13 cases of homicide which were probably unpreventable because of a single violent action without evidence of previous injury or neglect of the child. Many of these cases involved a mentally disturbed assailant and possibly could have been prevented if that person had sought or been committed to psychiatric care.

END