Would you call if a child needed help? Take the quiz on pages 6-8 and find out.
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Thank you for taking the time to read our most recent report “Working together to keep children safe,” a collaboration of Peel’s Child Abuse Review Team (CART). CART is a committee focused on improving and enhancing child abuse awareness, investigations, service and community collaboration to prevent child abuse and better serve children and families in Peel.

Over the past year, the inquest into the death of Jeffrey Baldwin was completed. A death of any child is devastating and the recommendations from the inquest will help to prevent this type of tragedy from reoccurring. One of the recommendations includes raising awareness about when to call a Children’s Aid Society if you are concerned about the safety and well being of a child. Professionals like teachers, physicians and those who work with children are required to call CAS if they suspect a child may be at risk of harm. However, it is also important for others like friends, family members or neighbours to call if they are worried about a child’s safety and well being.

This year, we are focusing our report on how the community can work together to keep children safe. At times, knowing if, and when, to call CAS can be confusing. To better understand the role everyone plays in keeping children safe, we have created a variety of scenarios involving children who may need help. By reading the scenarios and taking the “quiz” you can see what you would do if faced with these different situations. In the earlier scenarios it may seem like there is more than one correct answer. It may even seem like calling CAS isn’t necessary. However let us give you a hint – sometimes there is more than one answer. Child safety and well-being is a community responsibility so calling CAS to consult with us and share your concerns is always a good choice.

We hope you find the report helpful. We want to use every opportunity to work together with our partners in the medical community, police, education system, legal system, early childhood education and community services to keep children safe.

Mahesh Prajapat
Director of Service
Peel CAS
Co-chair, CART

Paul Donnelly
Inspector, Crimes Against Persons
Peel Regional Police
Co-chair, CART

From April 2013 – March 2014, Peel CAS investigated 7,515 reports of child abuse and neglect.
What is CART?

As part of the Child and Family Services Act, Peel Children’s Aid is required to form a Child Abuse Review Team (CART). Members of CART come from Peel Children’s Aid, the medical community, police, education system, early childhood education, community services and Office of the Crown Attorney. This multi-agency committee focuses on improving and enhancing child abuse investigation, service and community collaboration to prevent child abuse and better serve children and families in Peel.

**CART Mission:** Community partners working together to keep children safe in Peel

**CART Vision:** Child protection is a shared responsibility in Peel

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**Referrals to Peel CAS come from a variety of sources**

<table>
<thead>
<tr>
<th>Source</th>
<th>Referrals</th>
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<tbody>
<tr>
<td>Police</td>
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<td>School</td>
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<tr>
<td>Other agency</td>
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<td>Self</td>
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<td>Health care professional</td>
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<td>Community professional</td>
<td>842</td>
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<tr>
<td>Other</td>
<td>370</td>
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<td>Dental professional</td>
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<td>Peel CAS staff</td>
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<tr>
<td>Relative</td>
<td>160</td>
</tr>
<tr>
<td>Friend/neighbour</td>
<td>152</td>
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<td>Community caregiver</td>
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Keeping children safe is everyone’s responsibility. If you have any reason to believe that a child is in need of protection, or is at risk of harm, make the call to Children’s Aid.

Talking about abuse is hard. But not as hard as seeing or suspecting that a child is being abused. And it’s better to call than to regret not calling after a child has been harmed.

Did you know?
• You do not need proof to place a call
• The person with a concern must be the one to call
• You can contact Children’s Aid anonymously
• Abuse and neglect are not the only times a report should be made. Report if you are concerned by:
  – Domestic violence
  – Substance abuse by a caregiver
  – Mental health problems of a caregiver
  – Abandonment of a child

Between April 2013 and March 2014, Peel CAS received 12,132 calls from concerned citizens, health care professionals, teachers, and the police about children who might be in need of protection.
Take the quiz and see what you know about protecting children.

Scenario 1

Michaela, age 10, goes to school, an after school program, visits a medical clinic, is seen by Emergency Medical Services (EMS) and is finally taken to a hospital. Throughout these scenarios there are a number of choices about what those coming into contact with Michaela should do. Take the quiz and see if you know what you can do to keep children safe.

School

Mr. Khan notices Michaela – one his students – doesn’t seem like herself. A good student, she has recently had a decline in her grades and has become withdrawn. He has been trying to reach Michaela’s parents about her behaviour but they haven’t called him back. During the day Michaela has an emotional outburst which is out of character for her. Mr. Khan calls the principal to get some advice but they don’t connect before the school day is over. When Michaela goes to the after school program Mr. Khan forgets to mention his concerns to the teachers who work there.

What should Mr. Khan do?

☐ A. Call Michaela’s parents again tomorrow
☐ B. Consult with another teacher who knows Michaela to see if she has noticed anything different
☐ C. Call the local CAS to express concern about a child
☐ D. All of the above

After school program

Michaela goes to her after school program. She is quiet and withdrawn and goes to nap in a quiet area of the room. Mrs. Moore, the after school teacher, notices Michaela isn’t herself and while checking on her, notices a fading, unusual bruise on her neck. When Michaela’s dad picks her up, Mrs. Moore mentions her concerns and is told Michaela had a busy weekend and got the bruise when she fell off her bike. Mrs. Moore feels uneasy, but knows the family well and doesn’t want to probe further.

What should Mrs. Moore do?

☐ A. Speak with Michaela’s teacher Mr. Khan
☐ B. Speak with the school social worker
☐ C. Call the local CAS to express concern about a child
☐ D. All of the above
Walk-in clinic
Michaela develops a high fever and her mom takes her to a walk-in clinic. While examining the child, the physician notices a bruise on her neck. He asks the child how she got the bruise, and she says she fell off her bike and her mom confirms this explanation. On further examination, the doctor also notices additional bruising on her back and shoulder. The doctor feels the bruise isn’t consistent with the type of fall, but the child seems okay otherwise and there are a lot of patients still waiting to be seen.

What should the doctor do?
☐ A. Diagnose Michaela and send them home
☐ B. Probe further into how she got the bruises
☐ C. Call the local CAS to express concern about a child

Emergency Medical Services (EMS)
EMS receive a 911 call for a 10 year old girl. When they arrive they find her lethargic and unresponsive. While they are trying to treat her, the girl’s parents are arguing that the mother called 911. They said she wasn’t wearing her helmet and fell off her bike and hit her head. Upon examination the EMS also notice there are old and fresh bruises on the girl’s back and shoulder. The EMS workers feel there is more to the story rather than the child falling off of the bike.

What should the EMS workers do?
☐ A. Deal with the child’s injury and bring her to the hospital, where someone else will figure out what happened
☐ B. Tell the doctors at the hospital they feel something isn’t quite right with the parent’s explanation of how the child was injured
☐ C. Call the local CAS to express concern about a child

Hospital
Once treated at the hospital, Michaela doesn’t respond when asked how she was injured. In addition to her head injury, x-rays show fractures both new and healing in her arm.

What should the doctor do?
☐ A. Treat the child’s head injury and send her home. The parents seem very concerned and children bruise easily
☐ B. Tell the hospital social worker or a nurse to call the local CAS
☐ C. Call the local CAS to express concern about a child

*answers on page 12
Scenario 2

Dr. Ali has been working with Mrs. Johnson for five years. Six months ago, Mrs. Johnson’s husband died. Recently Dr. Ali prescribed her with anti-depressants and is now seeing her for a follow up visit.

- Mrs. Johnson brings her three year old son, who she is now raising alone, to the appointment
- During Dr. Ali’s assessment he finds out that Mrs. Johnson has no family or friends nearby and doesn’t often get out of the house
- Dr. Ali notices Mrs. Johnson seems very tired
- Staff notice that Mrs. Johnson’s son is running around the office and often attempts to get his mother’s attention but she seems sad and tired and doesn’t respond
- During the visit, Mrs. Johnson’s son falls and hits his head against one of the tables, resulting in a small cut on his forehead
- Mrs. Johnson is upset with her son and yells at him for not staying in his chair – she does not seem to notice the cut on his forehead
- Dr. Ali has never had concerns about Mrs. Johnson’s parenting in the past
- Today’s visit makes Dr. Ali feel conflicted as to whether Mrs. Johnson is coping well with her husband’s loss

- Dr. Ali’s concerns include Mrs. Johnson not having enough support during a difficult time and being able to care for her son
- One of the nurses in Dr. Ali’s office suggests calling Children’s Aid to support Mrs. Johnson

What should Dr. Ali do?

☐ A. Nothing right now but ask Mrs. Johnson to come back in two weeks to see how she is doing
☐ B. Change the medication he has prescribed for Mrs. Johnson
☐ C. Have his nurse call CAS to find out if there are ways the agency can help out Mrs. Johnson
☐ D. Call the local CAS to express concern about a child

*answers on page 12*
Types of child abuse

Physical Abuse
A child is at risk of or has suffered physical harm inflicted by a person having charge of the child. It also occurs when a person fails to adequately supervise, protect, care for or provide for a child. Physical abuse also includes a pattern of neglect in supervising, protecting, caring for or providing for a child.

Sexual Abuse
A child is at risk of or has been sexually molested or sexually exploited by a person having charge of a child or by another person. It also occurs when the person having charge of a child knows, or should know, of the possibility of sexual molestation or exploitation by another person and fails to protect a child.

Emotional Abuse
A child is at risk of or has suffered emotional harm demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development and there are reasonable grounds to believe this harm results from the actions, failure to act or pattern of neglect by the person having charge of the child. It also occurs when a child exhibits the above serious behaviours and the person having charge of the child does not provide services or treatment to alleviate the harm. Emotional abuse can also include exposure to domestic violence.

Neglect
A child is at risk of or has been harmed as a result of the caregiver’s failure to adequately supervise, protect, care for or provide for a child. Neglect also occurs when a child has a medical, mental, emotional or developmental condition that requires services or treatment and the person having charge of the child does not provide these services or treatment.

Abandonment/Separation
A child has been abandoned, a child’s parent has died or is unavailable to exercise his or her custodial rights over a child and has not made adequate provision for a child’s care and custody. It also occurs when a child is in residential placement and the parent refuses or is unable or unwilling to resume the child’s care and custody.

Caregiver Capacity
No harm has come to a child and no evidence is apparent that a child may be in need of intervention. However the caregiver demonstrates, or has demonstrated in the past, characteristics that indicate the child would be at risk of harm without intervention. These characteristics can include a history of abusing/neglecting a child, being unable to protect a child from harm, problems such as drug or alcohol abuse, mental health issues or limited care giving skills.
Child Abuse Review Team
The Child Abuse Review Team is an advisory body which provides consultations to Peel CAS on issues related to child abuse and oversees the delegation of the review of cases through the Child Abuse Panels. CART considers information related to the volume and nature of child abuse, and makes recommendations with respect to the development of agency services or community initiatives. CART also provides a forum for discussion, planning and advocacy on child abuse issues.

Police Services
Police have the mandate to enforce the Criminal Code of Canada, as well as other federal, provincial and municipal legislation. Police have the primary responsibility for conducting law enforcement and criminal investigations pertaining to allegations of child abuse.

Children’s Aid Societies
Children’s Aid Societies have the primary responsibility, under the Child and Family Services Act, to investigate child abuse and child protection allegations and to support children and families. Children’s Aid Societies aim to promote safety, well being and permanency for children, in collaboration with families and community organizations.

School/Education
School boards have a major role to play in the identification of suspected child abuse and neglect. School boards recognize that all issues in the lives of children can present themselves at school and therefore it is critical that school staff are vigilant in identifying and reporting suspected cases of abuse and neglect.

Health Care
Health Care professionals identify, assess and report suspected cases of child abuse and neglect both in a community and hospital environment. They provide both general and specialized programs such as diagnosis, treatment, support and referral service to children and their families.

Child Mental Health
Children’s Mental Health Services are focused on addressing serious psychiatric, behavioral, emotional and social difficulties. They provide assessment and intervention to children, youth and their families/caregivers.
children safe?

**Adult Mental Health**
Adult Mental Health Services are focused on addressing serious emotional, psychiatric, behavioral and social difficulties that are impacting an individual’s life.

**Developmental Services**
Developmental Services are specialized supports that are available to children, youth and adults who have a developmental disability that impacts their daily living. Developmental Services supports can include (but are not limited to) assessment, information, intervention, training, skills development, specialized funding, educational supports, respite and residential supports.

**Early Learning and Child Care**
Early Learning and Child Care services work with children from birth to up to 12 years of age. They provide a key role in identifying families at risk, identifying signs of abuse and neglect, and reporting concerns to the Children’s Aid Society. They also provide ongoing support through service delivery and, in some case, specialized supports as to these families as recommended by the CAS.

Last year, Peel CAS served 10,612 families in the Region of Peel
What happens when you call Peel Children’s Aid?

Calls to CAS are answered by a trained child protection worker. These ‘front-line’ workers are part customer service rep, part counselor and their role is to listen carefully so they can understand how to help. After hours, several teams work together to provide services 24/7 to the Peel community.

When you call, you will be asked questions to help determine how much support a family may need. Sometimes assistance can be provided over the phone. Other times, it will be recommended that one of the agency’s workers sets up a time to visit with a family to see if there are any other ways Peel CAS can help. If a child is at risk, a worker may visit a family right away.

While one call from the community may not always result in Peel CAS involvement, different calls about the same children or family helps to identify patterns of concern which may indicate the need for further assistance. This is why concerned members of the community are encouraged to call Peel CAS – no matter how minor or serious their concern for a child.

If you are wondering if you should call the answer is yes.

Quiz Answers
Scenario 2 – D

If you require the information contained in this report in a different format, please call Communications at 905-363-6131.