



# WE CARE

Protecting children in Peel Region  
Child Abuse Report 2006-2007

# Our 30<sup>th</sup> Anniversary 1977-2007

We are pleased to present our 30th report on protecting children in Peel Region. Over the past 30 years there have been many changes in the field of child protection and this report continues to evolve to reflect these changes.

While we believe that statistics on child abuse remain an important measure of our community's health, this report offers a broader view of our work and how we work together with community partners to ensure the well being of children in Peel.

As you read the following pages, you will learn how we work to engage families to strengthen their parenting practices, involve extended family networks to protect children and in Raquel's story, when there is no other option, be the best parent we can be with the support of our community partners.

While we embrace the changes we continually face, the one thing that remains constant is our passionate belief that every child has the right to grow up in an environment where they are loved, nurtured and supported to achieve their full potential.



Paul Zarnke

Thank you to the family, friends and staff of Peel Children's Aid, whose photos were used throughout this report.

All names throughout this report have been changed for confidentiality purposes.

Photographs © Adiseshan Shankar

## OUR MISSION

To protect children and strengthen families and communities through partnership

## OUR VISION

Every child cherished

## OUR VALUES

**C**OLLABORATION and DIVERSITY

**A**CCOUNTABILITY to the children, families and community we serve

**R**ESPECT and compassion

**E**XCELLENCE, learning and innovation

In a supportive environment

**WE CARE**

# Introduction



*Each year, Peel Children's Aid receives more than 13,000 calls from teachers, teaching assistants, school social workers and principals about concerns of possible maltreatment of children and youth. We also receive calls from police officers, neighbours, daycare staff, doctors, nurses and family members. Approximately 5,000 of these calls are serious enough to warrant an investigation by a social worker.*

This year's report focuses who calls our agency (referral sources) and the types and outcomes of the investigations we conduct. The report also focuses on the children in our care and the realities facing the children and youth we serve. These statistics and stories bring to life the real experiences of the families and children we work with on a daily basis.

Changes in Child Welfare in Ontario have helped Children's Aid Societies create a more flexible child protection system and enabled our agency to work more effectively with our community partners and the children and families we serve. We now have more options for responding when we receive child protection calls. Depending on the type and severity of child abuse allegations and the needs of the family, different types of service are provided.

When there is no immediate child protection concern, we work together with our community partners to engage families to change parenting practices and better protect their children. We encourage "kin" or extended family to help look after children when they cannot remain in their home, and for children who are currently in the care of our agency, we work to find permanent family-based homes.

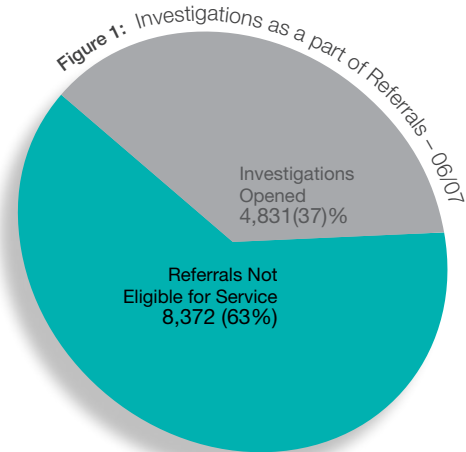
Peel Children's Aid, together with our community partners, continues to strive to protect children in our community. By sharing stories of real children and families we work with, it is our hope we can help keep children safe in the Region of Peel.

# Referrals



During 2006-2007, Peel Children's Aid received 13,203 referrals reporting concerns of potential child abuse in the community, slightly down from the 13,541 cases referred to us in 2005-2006. We need referrals from our community partners to protect children in our community.

As we examine the calls that we receive from the community each year, it is clear that the majority (about 70 per cent) of referrals come from Police, School and other Child Protection Agencies. Of these referrals, 4,831 required an investigation while the remaining 8,372 callers were able to receive help by well-trained phone screeners at the time of the call. Keeping children safe is everyone's responsibility and our referral sources show us that our community takes this responsibility seriously.



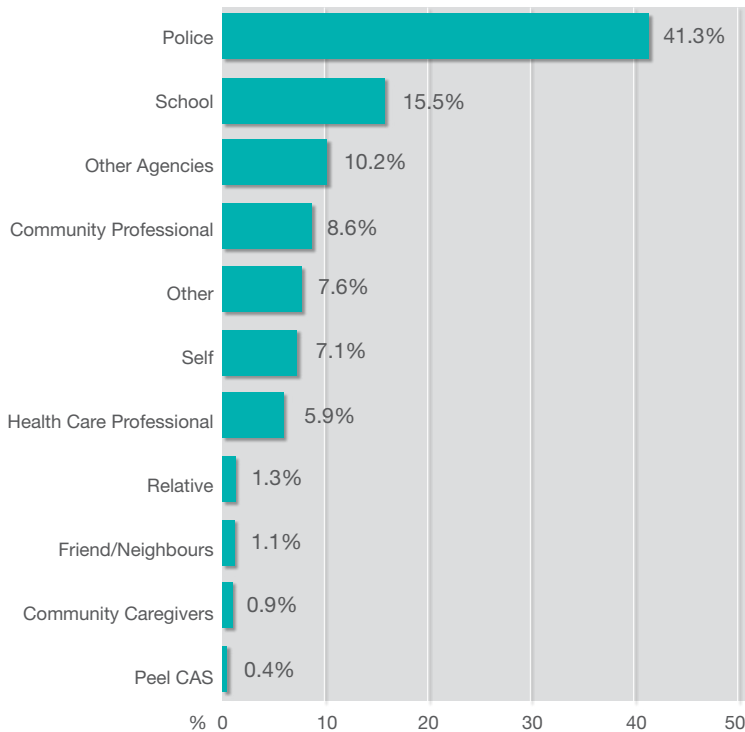
## Raquel's Story

Five years ago, a three month old baby girl named Raquel was referred to Peel Children's Aid from the Suspected Child Abuse and Neglect Unit at the Hospital for Sick Children (SCAN). She had severe and sudden lethargy and following a battery of tests it was determined that she had Shaken Baby Syndrome. Her brain was swelling with extra pressure and she did not have enough oxygen in her system. Raquel was not expected to live.

After staying in the hospital for two and a half months, she came into the care of Peel Children's Aid. There were many challenges in the beginning. She was medically fragile and suffered from constant seizures, triggered by something as simple as a diaper change.

Today Raquel is five years old. As a result of being shaken as a baby, she is blind, non-verbal, in a wheelchair and has global developmental delays. However, due to the exceptional care she receives in her residential placement, she enjoys a rich and active life. She has learned to cuddle, likes multi-sensory stimulation and participates in many activities other children her age enjoy. Raquel attends church, summer day camp and a special school program. She loves swimming and has recently started a special needs horse back riding program. Her favourite colours are pink and purple and she loves having polish on her nails. Like other five year olds, she smiles and laughs in the bath and loves stories at bedtime.

Figure 2: All Referrals by Referral Source – 06/07



# Investigations



## Overview

### Investigations – 5 year trends

The number of investigations completed by our child protection staff has remained consistent over the past five years. There is a slight decrease in the number of referrals from 5,217 in 2005-2006 to 4,831 in 2006-2007. This decline is a direct result of the transformation agenda and the agency's increased focus on processing calls coming into the agency differently. Each call that comes into the agency is assessed in a customized way to meet the specific and unique needs of the families we serve. In assessing each call, the agency may complete an investigation, provide a brief service or link the family to a community resource.

During 2006-2007, out of the 13,203 referrals to Peel Children's Aid 4,831 or 37 per cent resulted in an investigation. For the remaining 63 per cent of calls, Peel Children's Aid was able to intervene, assess, and together with community partners, provide parenting support and education to all families, including families requesting an ethnocultural specific service.

When looking at investigations based on severity of abuse, 699 cases or 14.5 per cent were designated as extremely severe and the remaining 4,132 cases or 85.3 per cent were designated as moderate or minimally severe (see figure 4). Of the 4,831 investigations conducted by Peel Children's Aid, 33.1 per cent involved physical abuse, and 22.8 per cent involved domestic violence.

# Stephen's Story

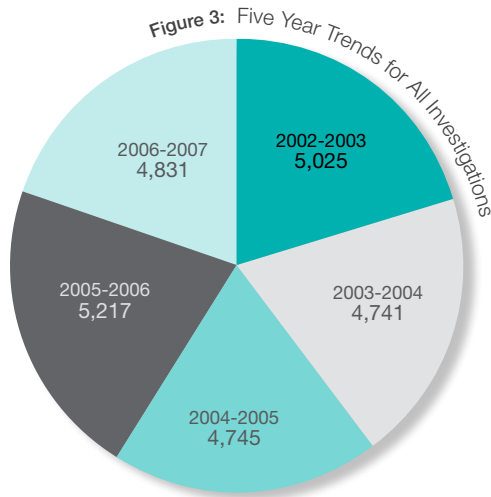


Figure 4: All Investigations by Abuse Type for 06/07

Investigations by Abuse Type	Extreme	Moderate	Minimally/ Not Severe	Total	% to Grand Total
Abandonment/Separation	17	9	0	26	0.5%
Caregiver-Child Conflict	21	149	0	170	3.5%
Domestic Violence	27	1071	2	1100	22.8%
Emotional Abuse	3	92	1	96	2.0%
Neglect	29	559	2	590	12.2%
Physical Abuse	442	1156	2	1600	33.1%
Sexual Abuse	113	111	3	227	4.7%
Caregiver Capacity Risk	23	249	1	273	5.7%
Caregiver with Problem	24	722	3	749	15.5%
<b>Grand Total</b>	<b>699</b>	<b>4118</b>	<b>14</b>	<b>4831</b>	<b>100%</b>

Stephen is a 14 year old autistic boy who is living at home with his parents and two younger siblings with support from community agencies. Stephen's behaviour recently became aggressive and unpredictable. He was violent towards all family members, destroyed household items and refused to participate in his community programs.

His mother contacted Peel Children's Aid to seek assistance with her son as the family was feeling challenged and overwhelmed by his aggressive and unpredictable behaviour. In order to assess the family situation more completely, Peel Children's Aid conducted an investigation.

A social worker met with the family and consulted with all other professionals already involved with them. We discovered that while Stephen was safe living with his family, extra supports were needed to continue to provide him with the proper care. After collaborating with community agencies, the family has been able to get tailored services for Stephen that will address his specific needs and Peel Children's Aid was able to close this case.



## Ongoing Protection Services

In 2006-2007, of the 4831 investigations opened, 646 were transferred to ongoing child protection services. A case is transferred when there is a need to ensure children's safety while they are under the supervision of caregivers. Peel Children's Aid works with our partners to refer families to community services and to provide education and advocacy.

Of the 646 cases, 133 were designated as extreme, 507 moderately severe, and six were minimally/not severe. Almost 50 per cent of cases requiring ongoing protection services involved physical abuse or a caregiver with problems that may put the child at risk of being abused.

There has been a slight increase of cases being transferred to ongoing services over the past five years. In 2002-2003 there were 619 cases transferred to ongoing services compared to the 646 cases transferred for ongoing service in 2006-2007.

**Figure 5:** Transferred to Ongoing Protection Services

Investigations by Abuse Type	Extreme	Moderate	Minimally/ Not Severe	Total	% to Grand Total
Abandonment/Separation	10	3	0	13	2.0%
Caregiver Capacity	7	65	1	73	11.3%
Caregiver-Child Conflict	15	54	0	69	10.7%
Domestic Violence	5	85	0	90	13.9%
Emotional Abuse	1	10	0	11	1.7%
Neglect	7	50	0	57	8.8%
Physical Abuse	62	68	2	132	20.4%
Sexual Abuse	14	9	0	23	3.6%
Caregiver with Problem	12	163	3	178	27.6%
<b>Grand Total</b>	<b>133</b>	<b>507</b>	<b>6</b>	<b>646</b>	<b>100%</b>

# Child Abuse Definitions

## **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 abuse or limited care giving skills.

\*Please see the Child and Family Services Act for complete definitions.

# Children in Care



In 2006-2007, there were on average 482 children in the care of the agency at any given time through out the year. There were 258 admissions to our care and on the opposite end of the spectrum there were 208 children discharged from our care back to their caregiver. Peel Children's Aid has a significantly lower number of children in our care compared with the provincial average.

## Quick Facts

APRIL 2006 – MARCH 2007

Children in the Care of Peel Children's Aid (monthly average):	<b>482</b>
Admissions to care in 2006-2007:	<b>258</b>
Children discharged and returned to caregiver in 2006-2007:	<b>208</b>
Children in care served for every 1000 persons Provincially:	<b>9</b>
Children in Care served for every 1000 persons in Peel:	<b>2</b>
Children in Kinship Service (out of care):	<b>96</b>
Children in Kinship Care (in care):	<b>15</b>

## Kinship Service and Kinship Care

The average number of children admitted to the care of Peel Children's Aid was 258 – well below the Provincial average (see pg. 10). Our lower number of children in care can be attributed to Peel Children's Aid commitment to working with and strengthening families and getting involved earlier to help stabilize families before child protection becomes an issue. We also work to find alternatives to bringing children into care.

In Kinship Service and Kinship Care, extended families or community caregivers (those closely involved with children) become involved in looking after children instead of having them enter our formal system. In both cases, a thorough review, including criminal and agency background checks, personal interviews and a home and family assessment is completed.

In Kinship Service, a child is not under the care of Peel Children's Aid. Members of the child's extended family or community provide care when the child cannot live with his/her family because of a protection concern.

In Kinship Care, a child is in the care of the agency. Members of the child's extended family or community provide care for the child. If a child cannot be reunited with his/her family, the kinship family may provide permanent care for the child through adoption or legal custody. In addition to the above noted assessments, Kinship Care families also participate in an intense preparation program and receive ongoing support from our agency.

## Bob's Story

Bob, a single parent to three daughters, had very few social supports and experienced a significant emotional breakdown that required him to be hospitalized. With his consent, Peel Children's Aid contacted Bob's parents to ask whether they would be willing to care for their grandchildren until Bob stabilized and his ability to care for his children could be assessed.

This arrangement, called a kinship service agreement, allowed the grandparents to provide a stable and loving home for their grandchildren. It also meant that the children would not have to come into the agency's care. The children had a significant bond and relationship with their grandparents which meant they were able to maintain their sense of security during this difficult time in their lives.

Peel Children's Aid's Kinship Team supported the grandparents while they cared for the children. By working together with this family, we were able to connect them with available financial resources in the community, help them to access parenting resources to manage the high behavioural needs of the children, and provide ongoing emotional support. For the children, the trauma of being separated from their father was significantly reduced by being placed with their relatives.



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