



# We Care

Partnering to protect children in Peel  
Child Abuse Report 2007-2008





## OUR MISSION

To protect children and strengthen families and communities through partnership

## OUR VISION

Every child cherished

## OUR VALUES

**COLLABORATION** and **DIVERSITY**

**ACCOUNTABILITY** to the children, families and community we serve

**RESPECT** and compassion

**EXCELLENCE**, learning and innovation

In a supportive environment

## WE CARE

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

# Introduction



Last year, Peel Children's Aid received 11,734 calls from schools, police officers, doctors, nurses, day care staff, neighbours, and family members about concerns of possible maltreatment of children and youth. About 40 per cent or more than 4,000 of these calls were serious enough to warrant the involvement and support of a social worker.

The focus of this year's report "Partnering to protect children in Peel" highlights how together with the community, Peel Children's Aid is helping to keep children in Peel Region safe.

The changes to Child Welfare in Ontario have created a system that recognizes the individual needs of children and their families, and allows Child Welfare agencies, such as Peel Children's Aid, the opportunity to work "differentially" to serve the needs of our children. Ontario's new flexible intake and assessment model has improved the way that we respond to families. "Differential Response" is a method of service delivery where child protection workers, using clear standards and guidelines, determine the kind of support and services needed to keep children

safe and families healthy in situations involving child maltreatment.

The model assesses eligibility for service, safety and risk, while allowing for greater engagement with families, acknowledging that families have inherent strengths and ought to have greater input in developing safety solutions for their families. A revised set of child protection standards and established aids to decision-making gives child protection workers clear guidelines to complete a thorough assessment of what each child and family requires. The use of this new model is enabling us to provide a more collaborative and holistic service which in turn is strengthening families and keeping children safe.

We embrace the ability to partner with the community, as this is directly in line with our Mission Statement: "To protect children and strengthen families and communities through partnership." As the old adage goes, "It takes a village to raise a child". Through the collaborative efforts of families and community agencies such as, United Achievers, Peel Police, South Asian Welcome Centre, Peel Children's Centre, local hospitals, schools, faith agencies and all others, we ensure children in our community grow up in a supportive environment.

# Referrals

2007-2008 shows the first decrease in the number of total investigations completed by our child protection staff over a five year

period. During 2007-2008, of the 11,734 referrals to Peel Children's Aid, 4,371 situations resulted in a child protection investigation.

During 2007-2008, there was a decrease of total investigations. This was attributed to the beginning of a change in practice as a result of the recent change in child welfare legislation. Peel Children's Aid continues to be committed to Differential Response and assessing each call to the agency in a customized way to meet the specific and unique needs of the families we serve. 37% of all referrals resulted in child protection investigations. For the remaining 63% of the families that we received calls about, Peel Children's Aid was able to intervene, assess, and together with community partners, provide support and education to families. We have been able to support families better through the use of ethnocultural community services, many of whom we continue to develop strong partnerships with.

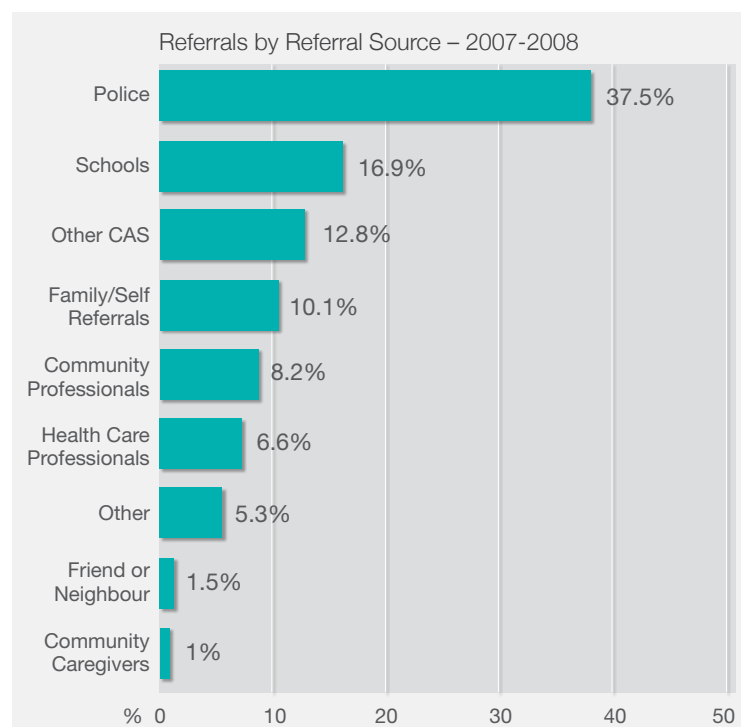


Investigations Opened by Type 2007 – 2008

Investigations by Abuse Type	Extreme	Moderate	Minimal	Total	% to Grand Total
Physical Abuse	369	1,054	2	1,425	32.6%
Domestic Violence	29	794	69	892	20.4%
Caregiver with Problem	23	708	1	732	16.7%
Neglect	33	536	1	570	13.0%
Caregiver-child Conflict	22	195	1	218	5.0%
Caregiver Capacity	26	145	45	216	4.9%
Sexual Abuse	87	107	3	197	4.5%
Emotional Abuse	3	86	1	90	2.1%
Abandonment/Separation	22	8	1	31	0.7%
<b>Grand Total</b>	<b>614</b>	<b>3,633</b>	<b>124</b>	<b>4,371</b>	<b>100%</b>

The majority of investigations, over 83%, were deemed to be moderately severe. Physical abuse investigations continued to be the majority of the calls that we received, numbering at almost 33%, and the highest number of cases that were extremely severe. Domestic violence cases numbered at about 20% and represent a significant proportion of our intervention and support for families.

Of the 11,734 calls that we received during 2007-2008, the majority came from police, schools and other child welfare agencies.



## Nora's Story

Nora knew she needed help. These latest feelings of hopelessness and wanting to kill herself had led to a three day drinking binge that landed her in a hospital's psychiatric unit. The doctors were worried enough that she was being kept for observation and treatment. They had also called Peel Children's Aid about Nora's five year old daughter, Maggie.

A worker from Peel Children's Aid contacted Nora to offer assistance in ensuring Maggie was safe. They found that Nora wanted to be a good Mom, wanted to remain sober and wanted to be more optimistic about her life, but she just couldn't seem to get it right. Nora and Maggie lived with Nora's grandparents and they and her aunts stepped in to care for Maggie when Nora had one of her "depressive bouts". Maggie's home life appeared stable and secure and she had not seemed affected by her mother's absences and erratic behaviour.

With the receptiveness of the family and Nora's strong desire to change, the agency's new Differential Response procedures, which allow for more customized service for families where the child's safety risk was low, was used in developing a plan for Maggie and Nora. The worker arranged a meeting with Nora, her extended family and others involved in Maggie's life to discuss what support systems the family might need to weather this current crisis and what was needed to ensure that Maggie continued to be raised in a safe and stable environment.

Nora is now in an addiction treatment program. Extra supports have been put in place to support Nora's extended family to care for Maggie. To help Nora once she has completed her treatment program, her Peel Children's Aid worker will ensure Nora gets into an after treatment program in the community. As well, the worker will continue to meet with Maggie's family as frequently as necessary to ensure the plans that have been put in place for Maggie's security and safety continue to meet their needs.

# Investigations

## 5 YEAR TRENDS



Although the number of our investigations over the last five years has decreased, so has the number of former clients requiring mandated child protection services. We can reduce risk to children by connecting families to community service providers and capitalizing on their expertise and extended informal support networks. When children and families are connected to services within their community, risk can be minimized, and the need for future or continued intervention by a child welfare authority is decreased.

Investigations as a part of Referrals 2007-2008

	2003-04	2004-05	2005-06	2006-07	2007-08
Total Referrals in past 5 years	12,354	12,491	13,541	13,203	11,734
Opened investigations (no history in past 12 months)	3,851	3,925	4,283	4,060	3,604
Reopened investigations (protection history in past 12 months)	890	820	934	771	767
Total Investigations in past 5 years	4,741	4,745	5,217	4,831	4,371
Investigations completed and transferred to ongoing protection	571	622	637	646	527

## Community Links

Peel Children's Aid has a legal mandate to protect children; however, we cannot do this alone. Together with our community partners, we continue to work to ensure that all children and their families have access to services, support and resources. Together, we seek out ways to support families and enhance the quality of life for children and youth in Peel Region. When the involvement of Peel Children's Aid is not legislatively mandated, the changes in Child Welfare allow us the opportunity to link children and families to other community services that better suit their needs. Last year alone, almost 2,000 families were offered supportive services in the community. Providing a link to community services is a proactive way to connect families to services and to their communities, and help minimize the need for future legislative child protection services.

## Charmaine's Story

Charmaine, a 22 year old mother of two, a 3 year old girl and one old year boy, was picked up for shop lifting for the second time in a month. Police called Peel Children's Aid. Although Charmaine was not arrested she was cautioned by police and knew if she didn't change her ways she might be arrested and there wouldn't be anyone to look after her children.

Laura, the child protection worker who took the call determined that Charmaine was stealing only non essential items like jewellery, cosmetics, and hair products. Her children appeared to be well fed and cared for, they were young enough that Charmaine's behaviour was not yet having a negative effect on them, and it seemed that Charmaine was stealing compulsively.

Although there were no immediate child protection issues it was important that Charmaine get some support to ensure that she manage her stealing. Laura knew that Charmaine's behaviour would only continue or get worse. With the changes in legislation, Laura referred Charmaine to the Elizabeth Fry Society which offers support and counseling for women who are dealing with shop lifting.

Charmaine is now attending the support program at Elizabeth Fry Society so she can continue to raise and care for her children.

# Ongoing Protection Services

In 2007-2008, of 4,371 investigations, 527 were transferred to ongoing child protection services. Of significant interest is that only 8% of these investigations turned out to be verified child protection matters requiring ongoing service. In all of the other investigations, 92%, we intervened and supported families through other means, working closely with community partners and organizations. Children and their families are provided with ongoing services when there is a decision that the investigated concerns have been verified, and ongoing involvement by a child welfare agency is necessary in order to adequately ensure children's safety while they are cared for by their caregivers. When we work with families on an ongoing basis, we also work with our community partners to support families, build on their strengths and thereby minimize the risk to children.



Cases transferred to ongoing protection services by abuse type 2007-2008

	Extreme	Moderate	Minimal	Total	% to Grand Total
Caregiver with Problem	16	123	1	140	27.0%
Physical Abuse	36	49	4	89	17.0%
Caregiver-child Conflict	12	61	0	73	14.0%
Domestic Violence	3	66	2	71	13.0%
Caregiver Capacity	6	48	5	59	11.0%
Neglect	2	49	2	53	10.0%
Sexual Abuse	8	6	0	14	3.0%
Abandonment/Separation	12	4	0	16	3.0%
Emotional Abuse	0	12	0	12	2.0%
<b>Grand Total</b>	<b>95</b>	<b>418</b>	<b>14</b>	<b>527</b>	<b>100%</b>

Of the 527 families that were transferred for ongoing services, 95 were designated as extreme, 418 moderately severe, and 14 were minimal / not severe. Although the highest percentage of all calls investigated by Peel Children’s Aid were concerns of physical abuse, these cases represented only 17% of the total of all transferred cases. Physical, sexual and emotional abuse cases totaled almost 22% of the all children and families served on an ongoing basis.

Concerns about caregivers with a problem, numbering at 27%, have the highest number of all transfers for ongoing services, with 14% of caregiver-child conflict and 13% of domestic violence situations requiring ongoing child protection support.

Five year trends of cases transferred for ongoing services

	2003-04	2004-05	2005-06	2006-07	2007-08
Physical Abuse	126	135	129	132	89
Sexual Abuse	14	15	20	23	14
Neglect	74	63	67	57	53
Emotional Abuse	10	9	9	11	12
Domestic Violence	84	98	106	90	71
Abandonment/Separation	15	12	20	13	16
Caregiver-child Conflict	83	83	64	69	73
Caregiver Capacity	51	62	64	73	59
Caregiver with Problem	114	145	158	178	140
<b>Total</b>	<b>571</b>	<b>622</b>	<b>637</b>	<b>646</b>	<b>527</b>

Over a five year period, cases of “caregiver with problem” have become increasingly the highest number of case type, requiring ongoing child protection involvement. Physical abuse concerns continue to be the next case type requiring continued intervention and support.

## Megan’s Story

Megan, aged 15, needed her dad (Joe). He’d spent a lot of years being absent from his daughter’s life. However, when she said she needed his help to get out of an abusive living situation with her mother and step dad, he knew he had to become the father she deserved.

Although Joe had faced many obstacles including long-term addiction, he knew he had to do whatever he could to be a better parent.

Together, Joe and Megan began a long journey that involved working with Peel Children’s Aid. It quickly became apparent that Joe and Megan would benefit from the specialized services offered by the agency’s Adolescent Team. Together with partners Associated Youth Services of Peel (AYSP) and Peel Wraparound Process, this team combines child protection with the specialized services of child and youth workers to work through the conflict and problems teens and families face.

Peel Children’s Aid workers met with Joe and Megan as a team to determine the best way to help. Also, Megan met with an Adolescent Youth Worker individually and her dad met with the facilitator from Peel Wraparound Process to focus on developing and maintaining a support team for both of them.

Today, Megan is living with her dad. Megan faced so much while her dad wasn’t there for her and he had to build up her trust in him. At the same time, he is discovering that there is a lot to learn about being a good parent and communicating with a teenage daughter.

# Domestic Violence and Safer Families



The changes to Child Welfare also encompassed a focus on domestic violence. Workers maintain a focus on the effects of domestic violence on children and work with community partners to support these children and families. Peel Children's Aid statistics over a five year period reflect a significant and consistent number of families requiring child protection involvement as a result of domestic violence.

All referrals are screened for the presence of domestic violence. A referral in which the only allegation is exposure to domestic violence does not in itself meet the definition of a child in need of protection under the Child and Family Services Act. Child protection services are required when exposure to domestic violence has resulted in a child being physically, sexually or emotionally abused or neglected, or raises the risk that such physical, sexual or emotional abuse or neglect of the child may occur.

Why do we “universally screen” all calls for the presence of domestic violence?

- adult domestic violence and child maltreatment co-occur in families
- children in homes where domestic violence occurs are at greater risk of being maltreated
- children exposed to adult domestic violence are sometimes at risk for developing behavioural, emotional, cognitive and attitudinal problems
- children who suffer both physical abuse and witness domestic violence are impacted more severely, however many children who are exposed to domestic violence may not develop problems or be abused.

When domestic violence is identified, we refer the family to the Safer Families Program which is a collaboration between Peel Children’s Aid, Catholic Family Service and Family Service of Peel. The program is a family focused, shared approach to ensuring the safety and well being of children in families where violence is present.

## Mildred’s Story

This time when the police came to break up the fight between Gus and Mildred, they arrested Gus. The kids were home and had heard the yelling and name calling. They had seen Gus hit Mildred, giving her a black eye and making her nose bleed. The police called Peel Children’s Aid – Jack, her one year old son and Daria, the 10 year old daughter, were hysterical over what they had witnessed and Mildred was in crisis and needed help sorting out what was happening in her marriage.

Upon receiving the call from police, the Peel Children’s Aid worker Greta contacted a counselor with the Catholic Family Services, a member of the Peel Safer Family Program to join her in assessing this family situation. Counselors in this program specialize in domestic violence issues and having the presence of both a counselor and child protection worker meant the family’s needs were addressed while ensuring the safety of the children and Mildred, who was a victim of violence.

Mildred is now meeting with counselors at Catholic Family Services who are helping her sort through her concerns and problems with her husband, especially Gus’s drinking problems. Ten year old Daria is also receiving counseling and support. She is very attached to her father, and his absence as well as witnessing his violence against her mother has traumatized her.

Mildred and Daria will continue to get the counseling and support they need from the Safer Family Program while Gus receives counseling and works on managing his anger and becoming a better dad.

# Children in Care, Kinship Service and Kinship Care



We help provide safe and loving homes for children and youth by partnering with members of our community and other agencies. In 2007-2008, there were 474 children in our care at any given time through the year. 252 children were admitted to our care this same year. We admitted far fewer children to care in Peel Region than the provincial average. During 2007-2008, of the 269 children discharged from care 198, or 74% were returned to their caregivers, as we were able to ensure adequate safety for those children in their homes. Our continued commitment to strengths based, safety organized practice will hopefully continue to keep children safe and in their homes. When a child cannot safely remain in his or her home, we try to work with families and their extended support system in an effort to maintain safety and stability.

Children in care (monthly average)	474
Children admitted to care (2007-2008)	252
Children discharged from care	269
Children returned to caregiver	198
Children in care served for every 1,000 children in Peel	2
Children in care served for every 1,000 children in Ontario	9
Average children in Kinship service (out of care)	105
Average children in Kin care (in care)	20

The highest number of children coming into care is a result of caregiver-child conflict. Often times parents need support around difficulties in managing their children and Peel Children’s Aid with community agencies and extended family members work to reunify families building on their strengths so that parenting skills can be improved, risk mitigated and children are safe.

Children admitted to care by abuse type in 2007-2008

Abuse Type	Extreme	Moderate	Minimal	Total	% to Grand Total
Caregiver-child Conflict	40	34	2	76	30.2%
Caregiver with Problem	28	47	0	75	29.8%
Abandonment/Separation	27	2	1	30	11.9%
Other Caregiver Capacity Risks	7	11	2	20	7.9%
Physical Abuse	17	2	1	20	7.9%
Neglect	6	9	0	15	6.0%
Sexual Abuse	4	3	0	7	2.8%
Emotional Abuse	1	4	0	5	2.0%
Domestic Violence	1	3	0	4	1.6%
<b>Grand Total</b>	<b>131</b>	<b>115</b>	<b>6</b>	<b>252</b>	<b>100%</b>

## What is Kin Care?

Kin Care is the nurturing, care, and protection of children by relatives, members of their tribes or clans, Godparents, or adults or community members who have an emotional bond with the child. It is a strengths-based, culturally sensitive approach to protecting children. It is a way to promote greater stability, reduce trauma, and achieve permanency for children who cannot remain in or return to their own homes. It also reinforces children’s sense of identity and self-esteem which comes from knowing their family history and culture.

## Anthony’s Story

Two year old Anthony lost his mother in a car accident. His father, grief stricken, was unable to care for Anthony so his aunt Mary stepped in to look after him. Over the next six years, Anthony adjusted well to his new home and became very close to his aunt, calling her Mom. He enjoyed school, was outgoing, had many friends and enjoyed playing soccer. Meanwhile his father re-married and wanted his son to come live with him and his new wife. At age eight, Anthony went back to live with his father.

Soon afterwards, Peel Children’s Aid began receiving calls about Anthony. Reports were made about excessive physical punishment, Anthony coming to school in inappropriate clothing, unclean and hungry and unsure of the last time he’d eaten. A call then came in reporting Anthony had come to school with visible bruising. The outgoing, happy Anthony had become a sullen, withdrawn little boy who seemed to lose interest in school and sports.

Janet, a Peel Children’s Aid worker investigated and found Anthony to be in need of protection. With his dad’s agreement, Anthony was placed back with his aunt Mary. In exploring the options with dad for Anthony, it was evident that Anthony needed permanency and that his aunt was the appropriate person to provide that stability. The Kinship out-of-care service would enable Anthony to remain with his aunt through a court order while being supervised by Peel Children’s Aid.

Now that Anthony has security and stability, Anthony’s aunt, working with the agency, will work towards obtaining full custody of Anthony to provide him with the permanency and loving home he needs to grow up happy and well adjusted. Anthony’s dad knows that even though he wanted to be a good father, Anthony needed the security and safety his aunt could provide.

# 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 or alcohol abuse, mental health issues or limited care giving skills.

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

# From Our Community...



**Family Court Brampton, Family Judge...** it is really impressive to see how much work Peel Children's Aid and the worker have put into this case seeing that it reaches a resolution that has been reached here, which keeps the child in the family and keeps the family together, and keeps them working together... I guess that explains in large part why matters proceed so effectively in this court in Brampton and why we have so few of these matters really going to trial.

**Peel District School social worker...** one of my students and her mother recently told me how very connected they felt to their Peel Children's Aid worker, that the worker took the time to get to know them and that her guidance and suggestions were practical and thoughtful. She also said that she was treated with respect and that meant a great deal to her and her daughter.

**Peel Police...** during a particular difficult domestic violence case it was clear the very positive impact the Peel Children's Aid worker's involvement had on the family and the decisions that were reached. Initially they were not receptive to the options being offered, however, the trust and rapport the worker had built with the family helped move us in the right direction.

**Credit Valley Hospital social worker...** I am pleased to have seen some positive changes with the introduction of Differential Response. A call to Peel Children's Aid is now a professional conversation, rather than a report. The family's context is considered and Peel Children's Aid workers are asking for our assessment of family dynamics and sources of support.

**A client...** I just want to let you know you have a real compassionate person working on your staff... she has given me total confidence in myself and that I'm doing a great job raising my children. I feel lucky to have had such a great experience. Thank you from the bottom of my heart.

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