

## **Executive Summary**

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Keeping our children safe is the responsibility of our *whole* community, not the child protection system alone. As the agency mandated to protect vulnerable children under the age of 16, Children's Aid Societies act as a barometer of the health and well-being of families in communities; but the issue is too large, its impact too far reaching, and its causes too complex for them to shoulder the responsibility alone. Results from this study are alarming – too alarming to ignore.

Over the last decade, the number of CAS referrals for service and admissions to care has dramatically increased. In a six-year period between 1995 and 2001, the number of children in CAS care in London and Middlesex increased 70% – from 445 children to 758. In the last two years, the trend has shown no signs of slowing down.

While there has been considerable speculation in the community and among professionals in the child welfare field regarding the increase in families requiring service and children being admitted to CAS care, there was little factual information. In 2001, at the request of the Children's Aid Society of London and Middlesex, United Way of London & Middlesex commissioned a team of researchers from the University of Western Ontario to conduct a study to determine the causes and impacts on vulnerable children in the community. The study is the largest child protection research of its kind in Canada. The research included an intensive review of 1,042 CAS child protection files in 1995 and 2001, a literature review, focus groups with CAS staff and consultation with professionals and researchers in the child welfare field.

The researchers found no evidence that the CAS is not fully meeting its mandate to protect vulnerable children. Results identified woman abuse, poverty, mental health issues and poor parenting skills as contributing factors to the increase in referrals and admissions to care. Unless we address these factors, we can anticipate that the demand for protection services will continue to increase and the number of children in CAS care will continue to escalate.

## **Background**

In the early 1990s, the deaths of children known to CASs in Ontario prompted the Ontario Association of Children's Aid Societies and the Office of the Chief Coroner for

Ontario to establish the *Ontario Child Mortality Task Force* in 1996. The Task Force reviewed the deaths of 100 children known to CASs in Ontario that occurred from January 1, 1994 to December 31, 1995. Then in 1996, the Office of the Chief Coroner announced eight individual inquests into the deaths of children who had been involved with a CAS during 1994 and 1995.

Following the release of the Interim Report of the *Ontario Child Mortality Task Force*, the then Ontario Ministry of Community and Social Services announced three reviews – a compliance review, an accountability review and a review of the *Child and Family Services Act*. The final report of the *Ontario Child Mortality Task Force* included 16 recommendations to improve the child welfare system in Ontario. The results from the eight inquests included more than 400 recommendations calling for changes to improve the protection of vulnerable children.

The government responded to the information and recommendations from the reviews, the *Ontario Child Mortality Task Force* and recommendations from the inquests and introduced the *Child Welfare Reform Agenda* in 1998. The *Child Welfare Reform Agenda* was a step-by-step approach to improving the protection of vulnerable children in Ontario. The most significant of the reforms were the introduction of a new *Funding Framework for Child Welfare* (1998) that resulted in increased expenditures of CASs from \$542 million in 1998 to \$870 million in 2002, and amendments to the *Child and Family Services Act* that came into effect in April 2000.

### **Popularly Held Beliefs**

Previous research has suggested that the changes to child welfare policy have possibly influenced the increase in referrals and admissions to CASs across the province. To investigate the impact of policy change in London and Middlesex, the research team tested a series of hypotheses based on three popularly held beliefs: 1) that the threshold for admitting children had been lowered; 2) that the increase in reported cases of neglect by professionals had been driving the overall increase in referrals higher; and 3) that less experienced CAS workers rated risks to children higher than more experienced CAS workers. Results indicated that none of these beliefs were supported when the researchers compared child protection cases at the CAS of London and Middlesex in 1995 and 2001. Children were coming to the CAS with a higher degree of risk in 2001

than in 1995. No one referral source was driving the overall increase in the rate of referrals, and CAS workers, whatever their experience, were rating the level of risk to children consistently.

## **The Six Studies**

Results from the above set of investigations clearly indicated that the nature of risk was changing and the degree of risk was increasing for children seen by the CAS. Further, there were several factors or specific clinical areas that had shown increases in prevalence rates of certain disorders among children and families. These included child maltreatment, woman abuse, poverty, maternal depression, parenting capacity, and intergenerational CAS involvement. The research team designed six studies each addressing one of the above factors or clinical areas. As results unfolded, it became increasingly clear that there is no single reason to account for the increase in referrals and admissions, but rather there is a multitude of complex and interwoven factors that compound one another.

The research team conducted file reviews of 1,042 child protection cases chosen at random from 2,316 child protection cases in 1995 and 2001. Data was analyzed in two steps: 1) a comparison of data between 1995 and 2001; and 2) a comparison of the characteristics of children in CAS care with those who were receiving CAS services while living in their homes. The researchers created a standard method to extract current and historical family information from the child protection files. They also developed an approach to assessing risk to children by using a “cumulative risk assessment score” comprised of a total score of 22 individual risk elements in the CAS Risk Assessment Model. The cumulative risk assessment score is different from the risk analysis completed by CAS child protection workers in the course of their work.

### **Study One: Child Maltreatment**

*7 out of 10 children were admitted to CAS care in 2001 for reasons of neglect, physical abuse, sexual abuse and emotional abuse, up from 4 out of 10 children in 1995. The rate of children who were admitted to CAS care for reasons of physical abuse tripled from 1995 to 2001.*

Many children served by child protection agencies have been exposed to or been a victim of maltreatment. Maltreatment refers to neglect, physical abuse, sexual abuse and/or emotional abuse. In looking at the issue of child maltreatment, the researchers investigated 214 child protection cases of children who were identified as experiencing maltreatment at the point of their CAS referral. The study revealed that the rate of children who were admitted to CAS care for reasons of physical abuse tripled from 1995 to 2001. The proportion of cases of sexual abuse, emotional abuse and neglect did not differ across years. Further, 7 out of 10 children were admitted to CAS care in 2001 for reasons of abuse and neglect, up from just over 4 out of 10 children in 1995.

*Witnessing abuse is as detrimental to a child as being physically abused, and the combination of both is more devastating than either one alone.*

A recent review of literature on child maltreatment concludes that witnessing woman abuse has as devastating an effect on children as being a victim of physical abuse. The researchers found that in a group of 190 maltreated children in 2001 there was a high degree of similarity from risk indicators between children who were physically abused and children who witnessed woman abuse. Further, children who were exposed to woman abuse and were victims of physical abuse were more likely to be diagnosed with ADHD and they had higher rates of cumulative child welfare risk.

### **Study Two: Woman Abuse**

*In 2001, more than half the mothers of children receiving services from the CAS were victims of abuse – 45% of them suffered from a mental health disorder, 23% had a substance abuse problem, and 20% experienced a chronic medical condition.*

Given that child protection workers are increasingly addressing the impact of woman abuse on the well-being of children, the research team studied 853 mothers with a child served by the CAS in 1995 and 2001. A startling 47% of mothers in 1995 were victims of woman abuse. By 2001, more than half the mothers were victims of woman abuse. Forty-seven (47%) percent of these mothers suffered from major mental health disorders,

23% had a substance abuse problem, and 20% had a chronic medical condition. Further, 66% of abused women whose children came to the attention of the CAS in 2001 were on social assistance compared to 44% of non-abused women. Sixty-nine (69%) percent of these abused women were unemployed compared to 59% of non-abused women. Finally, the abused women were more likely to have less reliable social supports and more likely to have experienced abuse as a child.

### **Study Three: The Impact of Poverty**

*Almost double the number who were admitted to CAS care in 2001 were living in poverty compared to 1995.*

The impact of poverty on children and families involved in child protection was also examined. In the 1996 census, Canada had a national poverty rate of 21.1%. In Ontario, arguably the country's most affluent province, the situation is no better with 20.3% of children living in poverty. Within a wealthy nation, in the wealthiest province, London and Middlesex County has a family poverty rate of 17.1%. For children under the age of 15 London's poverty rate is 24.5%.

The research team examined 693 children from families seen by the CAS in 1995 and 2001. Results indicated that there was a consistent rate of families who were on social assistance between the years: 65% of families in 1995 compared to 64% in 2001. There was evidence, however, that families on social assistance were not doing as well in 2001. The rate of children admitted to CAS care whose families were on social assistance almost doubled from 47% in 1995 to 80% in 2001. The rate of single mothers on social assistance increased significantly from 71% in 1995 to 83% in 2001. Further, 84% of the single mothers in this study who were experiencing woman abuse were on social assistance in 2001 compared to 63% in 1995. Finally, in 2001, 86% of cases of child neglect had mothers receiving social assistance compared to 56% of cases of neglect in 1995.

#### **Study Four: Maternal Depression**

*The number of depressed mothers of CAS children doubled from 1995 to 2001, and their children were twice as likely to experience a mental health disorder.*

A parent's mental health plays a significant role in their ability to care for and meet the needs of their children. In 1995, the Canadian Mental Health Association reported that one out of twenty Canadian adults suffers from depression. The recent Canadian Community Health Survey (CCHS) of 2003 indicated as many Canadians suffer from major depression as from other leading chronic conditions, including heart disease, diabetes, or a thyroid condition. Four (4%) percent of people interviewed in this survey reported having experienced symptoms associated with major depression, compared with 5% with diabetes, 5% with heart disease, and 6% with a thyroid condition. Given its prevalence, the researchers examined the impact of maternal depression on 853 child protection cases in 1995 and 2001 where the biological mother was the primary caregiver. Results indicated that in 2001, 29% of the cases had mothers diagnosed with depression compared to only 15% in 1995.

Of 477 mothers with a child served by the CAS in 2001, 29% were depressed mothers and 59% of those mothers were unemployed. Children of depressed mothers were more likely to be diagnosed with ADHD and more likely to be medicated for an adjustment disorder. Further, children of depressed mothers had higher cumulative risk assessment scores, and had academic concerns such as chronic absence from school. Finally, there was a significant relationship between being socially isolated from community supports and being diagnosed depressed.

#### **Study Five: Impaired Parenting Capacity**

*Parents whose children are receiving services from CAS have less effective parenting skills in 2001 as compared to 1995.*

Healthy child development is affected by the quality of the parent-child relationship. The concern for parenting capacity was investigated in 1,042 caregivers with a child served

by the CAS in 1995 and 2001. Results indicated that the caregivers of children in 2001 scored significantly higher in impaired parenting capacity compared to caregivers of children in 1995. This means that parents were more likely to have unrealistic expectations and angry conflicts with their child, were more likely to disapprove, reject and be indifferent to their child, and were more likely to have negative and inconsistent family interactions.

Further examination of 592 cases of children seen by the CAS in 2001, revealed that poor parenting affected the child's likelihood to be diagnosed with ADHD, identified with a conduct disorder, and/or to be on medication for an adjustment disorder. Related to academic concerns, poor parenting increased the child's likelihood of receiving suspensions and experiencing chronic absence from school. In relation to the caregiver, being diagnosed with depression and/or a major mental illness negatively impacted their ability to effectively parent. Finally, being homeless, on social assistance, and experiencing woman abuse significantly affects a parent's ability to cope.

#### **Study Six: Intergenerational CAS Involvement**

*4 out of 10 children admitted to CAS care in 2001 had a parent who was involved with CAS as a child...and the number is growing.*

Children's Aid Societies often serve clients who receive services from one generation to the next. The impact of the caregiver's history with the CAS on their children was examined in 1,042 pairs of caregivers and their child in 1995 and 2001. The nature of the caregiver's previous involvement could have ranged from personal or family counselling, to some form of service that resulted in the caregiver (who was then a child) being removed from the home, such as foster care or adoption. Of the children served by the CAS while living in their own homes, 26% had a CAS involved caregiver in 1995 compared to 35% in 2001. Of the children admitted to CAS care, 36% had a CAS involved caregiver in 1995 compared to 42% in 2001.

The research team analyzed risk for children related to three factors: 1) their exposure to abuse/neglect; 2) the caregiver's abuse of alcohol and drugs; and 3) the caregiver's motivation for seeking help. Results determined that the overall risk for

children was higher for those children with caregivers who had previous involvement with CAS.

An examination of CAS involved caregivers indicated that they were more likely to be diagnosed with depression, more likely to be diagnosed with a major mental illness, have increased involvement with woman abuse, be either unemployed or on social assistance, and more likely have poor parenting skills.

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The individual studies in this report examined relevant factors in understanding the increase in referrals and admissions to care to the Children's Aid Society of London and Middlesex. As the authors of the report, we were struck by the familiarity of the themes identified in the children and families seen at the CAS of London and Middlesex. They confirmed what our community agencies have been reporting – that the issues facing high-risk children are increasingly severe and complex. The research team trusts that the identification of the specific contributing factors – woman abuse, poverty, mental health issues and poor parenting skills – will create a sense of urgency in our community to act on the findings.