McGILL UNIVERSITY

REASONS FOR THE ADMISSION TO CARE OF PRESCHOOL CHILDREN USING THE ONTARIO ELIGIBILITY SPECTRUM

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ABSTRACT

This study analysed why children under four years old were admitted to care, and whether they suffered harm due to abuse or neglect, based on file documentation regarding all 175 admissions, involving 129 children and 93 mothers, by one Ontario Children's Aid Society between 1992 and 1996. Using the Ontario Child Welfare Eligibility Spectrum to classify reasons for admission, more admissions were due to risks defined under Caregiver Capacity than Harm by Commission or Omission. Mothers' background and lack of resources were common factors. Evidence of harm was often hard to establish but was rated as clear or extreme in 12% of cases. Differences related to fathers' status, number and age of children in the home, and history of agency involvement were found between cases where children suffered severe harm due to abuse or neglect, and cases where they did not, but these differences were not statistically significant.

RÉSUMÉ

Cette étude a analysé pourquoi les enfants âgés de moins de quatre ans ont été placés en famille d'accueil, et s'ils ont subi des maux dûs à l'abus ou à la négligence, basé sur la documentation du dossier pour toutes les 175 admissions, concernant 129 enfants et 93 mères, par une Société d'aide à l'enfance de l'Ontario entre 1992 et 1996. En utilisant les Échelles d'admissibilité (Ontario) pour classifier les raisons d'admission, il y avait plus d'admissions dûes aux risques classés sous la Capacité du/de la personne responsable que celles dûes aux risques classés sous maux par action ou par omission. Le milieu socio-culturel de la mère et le manque de ressources étaient des facteurs communs. L'évidence de maux était parfois difficile à établir mais était évaluée comme claire ou extrême dans 12 pour cent des cas. Des différences reliées au statut du père, le nombre et l'âge d'enfant(s) au foyer, et l'intervention de l'agence au passé ont été trouvées entre les cas d'enfants qui ont subi des maux graves dûs à l'abus et des maux graves dûs à la négligence, et les cas non-affectés, mais ces différences n'étaient pas significatives statistiquement.

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1. INTRODUCTION

Overview of issues

In 1996 the Ontario Child Mortality (OCM) Task Force conducted an inquiry into child deaths in Ontario that focussed on children who were 'in care' or living in families that had open cases with Children's Aid Societies (CAS) in the province. This inquiry occurred around the same time inquiries into child deaths in British Columbia and New Brunswick. Unlike other inquiries which only focussed on deaths caused by child abuse and neglect , the OCM Task Force looked into all deaths where a CAS was involved and where a Coroner's inquiry was held, regardless of the causes – accidental, natural, maltreatment or otherwise. The inquiry found that more of the cases had been referred due to concerns related to neglect than due to physical or sexual abuse. While the inclusion of neglect had already been recommended by other organizations, the findings of the OCM Task acted as a catalyst to include neglect in the Child and Family Services Amendment Act, 1999, which was proclaimed March 31, 2000. The amendments broadened the authority of child protection workers to intervene; made it easier to use evidence of a parent's past conduct towards children, and reduced the total cumulative period of time children under six can be in care before permanent arrangements are required.

Child protection legislation and practice requires a careful balance between the rights of families, including both the parent and child, and right of the state to intervene. One of the main goals in child welfare is to act early enough to prevent serious harm from occurring to a child, but it is also based on an investigation based approach that waits for an initial allegation or request before getting involved. Whenever agencies intervene before harm has occurred, it is hard to know whether the harm would have occurred without intervention. The OCM Task Force used a very broad definition of neglect which included terms such as: inadequate parenting, inadequate child care arrangements, and inappropriate discipline. This study explores concerns that the wide ranging definition of neglect used by the Task Force further blurs the line between child maltreatment and a parent's lack of resources. It also

questions whether there should be less focus on increasing the power of the CAS and more emphasis on improving the quality and flexibility of services to children at risk in their own families.

There is a lack of agreement over what workers are trying to protect children from, in what situations do the concerns arise, and what strategies would best address the risks. As child protection agencies expand their focus beyond actual incidents of harm, caused by a parent or caregiver, to potential harm caused by less than optimal parenting, it is hard to justify why CAS investigates and intervenes in some forms of harm but doesn't focus on others. One of the most common causes of death or physical harm to children are accidents, yet there is no consensus that Children's Aid Societies should play a primary role in ensuring that safety concerns such as: high speed driving, car seats, enclosed swimming areas, safe housing, smoke detectors, are investigated and considered reasons for intervention. The National Longitudinal Survey of Children and Youth (Landry & Tam,1998; Lipman, Boyle, Dooley & Offord, 1998; Ross, Roberts & Scott, 1998) has clearly identified that children are much more likely to have long term problems related to their physical and mental health, academic success, and adjustment in school and community if they grow up in a home headed by a lone female parent, on low income, with less than a high school education, with some history of parental depression, family dysfunction, and using a style of parenting described as hostile-ineffective. However C.A.S.'s don't seek out these children, who are clearly at risk, unless there is a suggestion of maltreatment. Many researchers have criticized the role of child protection in focussing on the consequences of poverty and disadvantage while failing to address the underlying social and environmental causes (Garbarino, 1981; Lindsey, 1994; Parton et al., 1997; Swift, 1995). Leroy Pelton (1989) has charted how the rate of admissions to care, in the U.S., closely matched the rates of children residing in families below the poverty line:

> Our current emphasis in child welfare on the constructs of "abuse" and "neglect" promotes an inclination to blame parents for their child welfare problems and a disinclination to appreciate the ways in which the

> circumstances of poverty might give rise to these problems. Such an emphasis has sustained the dysfunctional dominance of the investigative/coercive role in public child welfare agencies, to the detriment of its family preservation role. (p. 142)

The increasing focus on risk assessments is drawing more attention to trying to understand the potential of harm, but in trying to find scales that cover a wide range of child protection concerns, agencies are encouraged to use one tool for all types of risks. There is a clear understanding that these assessments are not predictive and that the relationship between the risk factors and likelihood of harm is still very weak (Child Welfare League of America/Canada, 1991; Corby, 1996). These scales are likely to include a number of parents in the high risk category who will not cause harm (false positives) and miss many parents who will cause harm (false negatives) (Browne & Sagi, 1988; Dingwall, 1989). There are also concerns that these assessments provide further justification to intervene in poor, single parent families, based on poverty and the lack of resources (Krane, J. & Davies, L., 2000; Parton, Thorpe & Wattam, 1997).

One of the primary interventions provided by C.A.S.'s, once an investigation has been initiated, is the removal of the child from the home identified to be a risk and to place the child with a relative or foster home. It has been identified that one of the few real services provided by child protection agencies, aside from investigation and assessment of risk, is placement. The Sub-Committee of the Joint MCSS/OACAS Work Group (Sub-Committee, 1995) reported that only a small percent of agency budgets go to family support. There have been some efforts to focus more resources into support programs. From 1971 to 1991 the proportion of Ontario children in C.A.S. care dropped from 0.61% of the child population to 0.37% (Trocmé, Fallon, Nutter, MacLarin & Thompson, 1999). For many years there was an effort to reduce admissions through changes in legislation, decreasing the length of time in care and improved family preservation programs. There has been criticism (Gove, 1995; Local Director's Section, 1993) that the attempts to maintain children in their families has

gone too far and has been putting children, especially children under six, at risk. An Ontario review of crown wards (Snowden, 1995), expressed concerns about children moving in and out of care; being left too long in natural families, and too long in temporary wardship. Since the start of the OCM the number of children in care at any one time has been increasing from 10,266 children on January 1, 1996, to 14,219 children on April 1, 2000 (OACAS, October 2000, p.31). This cannot be attributed to a significant change in the child population.

Some researchers (Besharov & Laumann, 1996; Department of Health, 1991; Lindsey, 1994) have argued that the focus on increasing public reporting of abuse and neglect, more comprehensive and standardized investigation procedures and risk assessment tools, and the broadening of the definitions of child maltreatment are taking away direct service to families and children and therefore placing more children at risk. Studies (McCain & Mustard, 1999; Steinhauer, 1996) indicate that the best programs to engage parents of children at risk need to be voluntary, to serve a broad base of families rather than just at-risk families, and that build on strengths rather than liabilities.

This thesis examined a group of children who, due to their age and type of agency intervention, have been identified by child protection workers in their day to day practice as being at greatest risk of harm due to abuse or neglect. This study looked at all the children ages zero to three who were admitted to care in one Children's Aid Society from 1992 to 1996, the reasons for their admission, and the level of harm they suffered prior to admission.

Children under the Age of Four

As a group, young children are more strongly affected, both positively and negatively by agency interventions. Studies on child deaths (Greenland, 1987; OACAS, 1997; Reder et al., 1993) clearly show that younger children, especially those under one year old, are more likely to be killed due to abuse or severe neglect. The younger a child is when he or she suffers serious harm, the more likely it is that the harm will be long lasting and have a greater effect

on their development (Crittenden & Ainsworth,1991; Steinhauer, 1991). A child's development is already well established by the age of three and that there are long term negative consequences for the child and society when they are raised in a home where there are less supports, poorer parenting skills and negative family interactions (Carnegie, 1994; McCain & Mustard, 1999). This can increase pressure on agencies to act quicker, when there is the appearance of neglect and severe conflict, even when the harm is not visible.

Due to their young age, any protective measures that remove the child from the care of the primary parent may affect the bonding between parent and child. Repeated changes in the primary parenting figure in a child's life can cause serious long term damage to a child's ability to attach to their parent or alternate caregivers (Crittenden & Ainsworth, 1991; American Academy of Pediatrics, 2000; Steinhauer, 1991). Unnecessary interventions can undermine a young parent's self-confidence with their child and reduce the likelihood that they will seek help from voluntary services.

Child Maltreatment

There is a lack of consensus regarding what constitutes child abuse or child maltreatment (Parton et al., 1997; Trocmé, 1992) and no common agreement regarding how to define reasons for admission, since different researchers have used reasons that reflect traditional practice and legislation in the child protection agencies in their regions. The terms used in the legislation may not match the terminology in the literature. Research in Ontario has been handicapped by the fact that there are 55 different Children's Aid Societies, with very little consistency (Trocmé, 1992) in how they gather and share their statistics on the clients they serve. In the Child Mortality Study (OCMTF, 1997), the two most frequent reasons for involvement by the Children's Aid Society, accounting for 47 % of cases reviewed, were listed as inadequate parenting and inadequate child care.

Nico Trocmé (Trocmé et al., 1994) led a comprehensive examination of 2,447 children investigated by Children's Aid Societies across Ontario, which found that neglect was a

concern in 30% of cases. Dividing the children into age groups of zero to three, four to seven, eight to eleven and twelve to fifteen, this study found that, of children investigated for reasons of maltreatment, 41% were alleged to have suffered physical abuse, 30% for neglect, 25% for sexual abuse, 10% for emotional maltreatment and 2% for other reasons. There were significant differences by age group and children under four were more likely to be investigated for neglect than older children (Trocmé et al., 1995). Neglect had the highest substantiation rate at 30% while physical abuse had one of the lowest at 22%. In this study physical abuse included excessive discipline where often the distinction between physical abuse and corporal punishment was unclear. Fathers or step-fathers were seen as responsible in 54% of physical abuse cases and mother's were held responsible in 82% of neglect cases even when fathers were present in the home or had abandoned their families.

Findings in other jurisdictions (American Humane Association, 1995; Creighton, 1988) show that young children are more likely to suffer neglect than abuse Several studies clearly indicate that there are significant differences between abusing and neglecting parents.(Cameron & Rothery, 1985; Crittenden, 1988; Wolfe, 1985), with single parents and young families over-represented in neglect category (Trocmé et al., 1995). Mothers were usually under 20 at the birth of her first child or the identified child (Browne & Saqi, 1988; Creighton, 1988; Zuravin, 1988). A mother's low income and educational level was seen as an impediment to achieve and maintain gains by prevention programs (National Committee to Prevent Child Abuse, 1996). Browne and Stephenson (1983) (as quoted in Browne & Saqi, 1988) found low birth weight, prematurity, and physical or mental challenges were factors in children under five who suffered physical abuse and neglect. Wolfe (1985) in reviewing several studies concluded that child characteristics were a factor in abuse but not in neglect.

In their report on child maltreatment in Ontario, Trocmé, McPhee, Tam and Hay (1994) looked at whether any harm was documented, however the method of documenting harm was unclear. No harm was indicated to have occurred in 54% of cases; there was an observable

injury or psychological condition in 11% ; and 2% required medical treatment or counselling.

Admission to care

A study of the children removed from their parents should identify the children believed by child protection agencies to be at greatest risk in the care of their families, and the types of situations and concerns that warrant this level of intervention. The admission of a child usually requires some consultation or scrutiny by supervisors, agency committees, and courts, so that it should reflect more than just an individual worker's practice. It involves a specific intervention, clearly set in time, which lends itself to research into the factors related to this event. This can be helpful when trying to gain a better understanding of concerns such as neglect, inadequate parenting and inappropriate discipline which may be more chronic in nature. In most agencies an admission to care requires additional documentation which also facilitates any research dependent on the gathering of information from agency files.

Admission to care is very costly in a number of ways and therefore agencies and governments should benefit from any interventions which reduce admissions. A funding review by the Sub-Committee of the Joint MCSS/OACAS Work Group on Child Welfare Funding (Sub-Committee, 1995) reported that foster care and group care boarding costs "account for an average of 65% of total society expenditures" (p.3) and that "the rate of admissions per child population is the single most powerful factor in predicting the net expenditure of an agency, 49% of the variation can be explained by the admission rate" (p. 6). A workload study indicated that it required approximately 30 hours in the first month a child comes into care for a social worker to meet the basic ministry requirements regarding service to that child; time that otherwise could be put into other interventions. It is costly in terms of court time and in terms of damaging the working relationship between worker and parent. The removal of children from their homes can generate a lot of negative publicity for the agency in the higher risk communities it is trying to reach out to. Placement also has a very big impact on the child, his/her feelings of security, and bond with the parents (Children in Limbo Task Force, 1996).

There have been very few published studies on admission patterns in Ontario. In his summary of child welfare services in Ontario, Nico Trocmé (1991) concluded that there is a lack of information about the factors related to a child's coming into care. The Sub-Committee of the Joint MCSS/OACAS Work Group (1995) recommended that there be "more research into the positive relationship between investment in family support and reduction of admission to care for the 0 to 5 age group" (p. 5). Most information on the children in care in Ontario comes from the Ministry of Community and Social Services and does not indicate reasons for admission. On Dec. 31, 1991, 20% of the children in care were age five and under; 19% were in care under voluntary agreements, 31% were temporary wards and 41% were crown wards (Federal-Provincial Working Group, 1994).

Previous studies on children admitted to care in Ontario (Cameron & Rothery, 1985) indicated that children were more likely to be admitted due to factors related to neglect than due to abuse. In an extensive study of the family support measures used by Ontario Children's Aid Societies, neglect was identified as the most common presenting problem, and reasons for admission to care which were related to neglect and failure to provide medical treatment were more common with young and single parent families, and less common with parents with teens (Cameron & Rothery, 1985). A review of admission studies in other jurisdictions also concluded that issues related to neglect (Campbell, 1991) parenting behaviour (Packman, 1986) and deprivation (Department of Health,1991) were common factors.

For children admitted to care, neglect is not seen as less of a concern than abuse, as several longitudinal studies concluded that children admitted due to abuse were in care for less time than children admitted due to neglect (Benedict & White, 1991; Seaberg & Tolley, 1986). In studies of court applications and decisions, Campbell (1991) found that "The reason for admission did not appear to be statistically associated with the level of interim order sought, the type of order requested, the parents' consent, or the courts' dispositions" (p. 21).

Provincial Context

Along with the new amendments to the legislation and the new protection standards, which focus heavily on younger children, the Ontario government also identified the need for better prevention and support programs directed to this age group (MCSS, 1997; McCain & Mustard, 1999; Ministry of Community and Social Services, 1997; Steinhauer, 1996). Since 1998 the Ontario Government has developed new early intervention programs including the Healthy Babies/Healthy Children, a lay home visitor program geared to at risk parents of children from birth to four years old, based on the Hawaii Healthy Start model, and the Early Years Challenge Fund to encourage the creation of early child development and parenting centres.

Increased concerns around neglect are occurring at the same time that the level of child poverty has increased across North America, as well as in Ontario (National Council of welfare, 2000). In 1995 the Ontario government reduced social assistance payments, including payments to single mothers and children, by 21.6%, in an effort to reduce dependence on welfare, and is requiring participation in adult education and work training programs.

This research covers the years before, during and just after the period covered by the Child Mortality Study, and just before the introduction of the Ontario Child Welfare Eligibility Spectrum and Ontario Risk Assessment.

Prevalence

In 1994 Ontario Children's Aid Societies were providing service to over 100,000 cases at any on time, involving 69,000 new or reopened family files, and investigated 19,000 allegations of abuse. That same year, 9111 children were admitted to care and there were approximately 20,800 children in care at some time during the year (OACAS, 1995).

Table 1 shows the number of admissions and case openings by the Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry, and the number of children in care at the end of each year for the period studied.

TABLE 1

Admissions to care and Family case openings / reopenings in the United Counties of Stormont, Dundas and Glengarry

Admissions to care in the United Counties of Stormont, Dundas and Glengarry	Year of Admission or Opening				
	1992	1993	1994	1995	1996
Admissions, Children under age 4	39	29	18	39	48
Admissions, All children	114	102	124	121	115
Children in care at Year End	190	178	192	184	173
Family Case Openings/ Reopenings	844	900	867	827	905

Child Welfare Legislation in Ontario

Children's Aid Societies in Ontario are mandated to investigate allegations and to protect children under the age of sixteen who may be in need of protection under the Child and Family Services Act of 1984 (C.F.S.A.). It grants Children's Aid Societies the right to admit children into care in three ways:

- Through a voluntary agreement signed with the parent or person having custody of the child.
- Through a court order, where a child has been determined to be in need of protection under sub-section 37 (2).
- Through an apprehension, when the society believes a child is in immediate risk and cannot be safely left in the care of the parent or person having custody of the child, in the time it takes to hear this matter in court.

In all cases where the society apprehends a child from a parent's care, the society has five days to either: appear before a family court judge to request an interim order to keep the child in the society's interim care; or return the child to the parent from whom the child was removed. In its initial court application, the society has to define why it believes the child is "in need of protection" as defined by sub-section 37 (2) of the C.F.S.A. Any court application must include an affidavit clearly explaining the reasons for the society's actions, which has to be filed at court and served on the parents. While the court application is usually prepared by the admitting worker, it is reviewed by a supervisor and by the agency lawyer, who must approve the contents. The parents are encouraged to get a lawyer and to respond to the society's application.

Prior to the new amendments passed in 2000, there were twelve reasons listed under C.F.S.A. sub-section 37 (2) as to why a child might be "in need of protection". All twelve reasons are outlined in Appendix A. These reasons do not specifically refer to abuse and neglect but focus on harm and risk of harm. Clause 37 (2)(b) "substantial risk that the child will suffer physical harm" was used for most of the neglect cases.

The Ontario Child Welfare Eligibility Spectrum

For the purposes of this study, the Ontario Child Welfare Eligibility Spectrum (Ontario, 2000) has been used as the tool to classify the reasons for admission.

The Ontario Child Welfare Eligibility Spectrum is one of a number of tools introduced in Ontario along with the Safety Assessment and Risk Assessment as part of the Ontario Risk Assessment Model (Ontario, 2000). Other tools include the Toronto Parenting Capacity Assessment (Steinhauer et al., 1995) designed to assess the risks to children in their family settings, and OnLac (Trillium Foundation, 1999) which assesses the needs of children in care. Only the Risk Assessment Model and Safety Assessment, in earlier draft versions, were being used during this period by the local C.A.S. when cases were initially investigated but were not used consistently on ongoing cases. None of these tools were being used in a consistent

manner by a majority of Children's Aid Societies (Trocmé et al., 1999). Since the Eligibility Spectrum was designed to rate the need for service based on information from a referral source, shared either through an interview or through correspondence, it appeared to be the best tool to classify the reason for admission based on file documentation. The Ontario Risk Assessment Model, Parenting Capacity Assessment and Looking After Children depended on rating many factors which were not clearly known at time of admission nor easily available from file documentation. The Safety Assessment (Ontario, 2000) is a tool to determine whether children are unsafe in their own homes at the point of initial contact between child protection worker and family. It had some value as a tool to classify reasons for admission, however it lacked the detail descriptions and the clear relationship to the legislation that had been built into the Eligibility Spectrum.

The Eligibility Spectrum was first introduced in 1997 "to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral" (Ontario, 2000, p. 1) based on verbal or written information shared by a referral source. Even though it was not designed to identify a reason why a child was admitted to care, it is very suitable for applying to the child protection worker's recorded description of what concern was being investigated that resulted in a child being admitted to care. It is based on classifying an allegation, not assessing an interaction or process. This tool has been mandated for provincial use and careful work was put into developing this tool so that it reflects both the legal requirements of the C.F.S.A. and also the concerns of child welfare professionals in Ontario. As the Eligibility Spectrum and was originally constructed from categories and descriptors from the Child Well-Being Scales (Magura & Moses, 1986), it has a strong focus on neglect issues and uses descriptors that can be easily related to common child welfare case situations. The Spectrum was adapted in March 2000 to reflect the new amendments to the C.F.S.A.

The Eligibility Spectrum is a two-dimensional matrix, with the vertical axis denoting the reasons for service based on the legislation (Table 2). The reasons for service are broken down into ten sections of which the first five are the most relevant to child protection: 1) Physical/Sexual Harm by Commission, 2) Harm by Omission, 3) Emotional Harm, 4) Abandonment/Separation, 5) Caregiver Capacity. Under non-protection services only Request for Adoption Services is relevant which is listed as 7-E. Each of the protection sections are broken down, each with its own scales and levels of severity. "Each scale contains an interpretive statement which explains the rational behind the scale and links it to the current literature on the subject" (Ontario, 2000, p. 5). The horizontal axis describes four levels of severity: extremely, moderately, minimally and not severe. Normally only "extremely" and "moderately" severe justify a child protection intervention but some "minimally" severe situations may be considered as secondary factors. The levels of severity were drafted to indicate the required investigation response time and the immediacy of the risk identified. A rating of "extremely" severe in the first three sections, Physical/Sexual Harm by Commission, Harm by Omission, and Emotional Harm indicates that some form of harm is alleged to have already occurred.

TABLE 2

Eligibility Spectrum Code Table

	Eligibility Spectrum	Level of Severity		
SECTION	SCALE	Extremely	Moderately	Minimally
1- Physical / Sexual Harm by Commission	1-1 Physical Punishment and/or Maltreatment			
	1-2 Cruel / Inappropriate Treatment			
	1-3 Abusive Sexual Activity			
	1-4 Threat of Harm			
2- Harm by Omission	2-1 Inadequate Supervision			
	2-2 Neglect of Basic Physical Needs			
	2-3 Caregiver Response to Child's Physical Health			
	2-4 Caregiver Response to Child's Mental, Emotional, Developmental Condition			
	2-5 Caregiver Response to Child under 12 - Who has Committed a Serious Act			
3- Emotional Harm	3-1 Caregiver Response to Child's Emotional Harm or Risk of Harm			
	3-2 Adult Conflict			
4- Abandonment	4-1 Orphaned / Abandoned Child			
	4-2 Caregiver-Child Conflict / Child Behaviour			
5- Caregiver Capacity	5-1 Caregiver has History of Abusing/ Neglecting			
	5-2 Caregiver Inability to Protect			
	5-3 Caregiver with a Problem			
	5-4 Caregiving Skills			
7-E: Request for Adoption Services				

Community context

This research took place in the United Counties of Stormont, Dundas and Glengarry (S.D.& G.), an eastern Ontario community which borders the Province of Quebec and New York State. The population is approximately 105,000 people, with slightly more than 43% of the population residing in the city of Cornwall with the rest of the population scattered in a mix of rural communities and small towns and villages. The majority of the population is Caucasian and English speaking, with approximately 23% Francophone families. Services are offered by the agency in both English and French. There is a small Native American community living on Mohawk Territory next to Cornwall, with some members living in the city. They are served by the local C.A.S. for child protection purposes but have their own support programs. There are very few visible minorities although this is gradually changing. During the period covered, there was a large amount of low rent housing, including subsidized housing, and there is no observable homeless population. The population tends to be fairly stationary and the agency does not serve a large transient population. There are four women's shelters, including one Native shelter, which serve mothers and children both from within the county and from the surrounding jurisdictions.

The average family income in the S.D.& G., including Cornwall, was $49,762 in 1996 (Eastern Ontario Health Unit [EOHU], 2000) which is lower than the provincial average of $59,830. The average family income in Cornwall was $43,310, with families in the city being less well off and more dependant on government transfers. Female lone parent income in Cornwall averaged $24,173 compared to $26,802 across S.D.& G. and $30,182 across the province (EOHU, 2000). According to data broken down by county, Stormont County has more lone parent families (16.7%) than the counties of Dundas (10.2%) and Glengarry (10.5%), since approximately 72% of the population of Stormont is made up of residents of Cornwall, and more single parents appear to live in the city. In 1996 14.4% of Ontario families were headed by a lone parent. S.D.& G., including Cornwall, has fewer adults with some university education than the provincial average, and more adults without a high school certificate (EOHU, 2000).

Hypotheses

The goal of this study is to analyze why children under four are being admitted to care, with the hypotheses that, in at least one Ontario jurisdiction:

1- the Ontario Child Welfare Eligibility Spectrum can be used effectively to represent the various reasons why children are admitted to care;

2- using the Spectrum, most children who have suffered harm will be admitted for situations rated as extremely severe in the first three sections of the spectrum: Physical/Sexual Harm by Commission, Harm by Omission, and Emotional Harm, however many more children will be admitted for reasons covered in the section Caregiver Capacity;

3- the lack of a clear definition of neglect has not prevented children from being admitted to care based on the broad range of concerns classified as neglect;

4- significantly more children are admitted due to child protection workers' concerns about the risk that a child may suffer harm in the future than because there are indications that a child has already suffered physical or developmental harm due to abuse or neglect; and

5- while there are many similarities among the families involved with child welfare agencies, there are significant differences between those families who are seen to be potentially harmful and those who have actually caused harm to their children.

2 METHODOLOGY

Using the local Children's Aid Society's database, all children under the age of four who were admitted to care between January 1,1992 and December 31, 1996 were identified and studied. The total number of applicable admissions over this five year period was 175, involving 129 children and 93 mothers. Thirty-four children were admitted on more than one occasion with two children being admitted five times during this period. Subsequent

admissions were not included once a child turned four. Excluded from this sample were children transferred to the society's care from another jurisdiction and children who were admitted more than once, as part of a planned parental relief program, were only counted once in each calender year. Each admission was looked at separately, especially findings related to reason for admission and degree of harm. Findings regarding the profiles of the children admitted and their mothers were also assessed by child and by mother so as to factor in the effects of repeat admissions and admissions of sibling groups.

Information was gathered from reviewing Family and Child files and was therefore dependent on the accuracy of the person who initially recorded the information. The local Children's Aid Society maintains records similar to most other agencies in the province: there is a Family file maintained on each family involved with the Children's Aid Society, usually listed under the name of the mother, and a Child's file for each child who is brought into care. Unless or until children are admitted to care, information on them is usually recorded as part of the Family file.

A file survey questionnaire was gradually developed based on many of the factors identified in the literature as related to child maltreatment or child placement and which could be found in a majority of the files reviewed. There were many factors identified in the literature which might have been significant, however there were insufficient details recorded on the files to rate them. Each file survey questionnaire was completed based on the documentation on file, such as workers' case notes and case recordings, court affidavits, assessments and case conference minutes, from both the Family and Child files. One researcher completed all the questionnaires using information recorded in the files by many other workers and professionals. Whenever there were conflicting details, information that was shared with the parent was used in preference to a worker's personal recordings, as the parent either played a role in the gathering of that information or had a chance to comment on it. A copy of the File Survey Questionnaire can be found in Appendix B.

Information was gathered whenever possible on the following areas:

- Demographics: location, mother's race and language, family size, sibling set, repeat admissions.
- Child Characteristics: age, gender, prematurity and birth weight, birth order, special needs and behaviour problems.
- Family Status: caregiver at time of admission, mother's and father's involvement prior to admission, marital status and stability, and mother's present partnership.
- Mother factors:
  - mother's childhood: childhood disruption, abuse, foster placement, C.A.S. involvement, adoption.
  - mother's lifeskills: age of first live birth, early independence, education level, work experience, dependency on social assistance.
  - mother's handicaps: intellectual, physical, psychiatric.
  - mother's Support Systems: part of community, family support system, housing.
  - risk behaviour: substance abuse, aggression, criminal behaviour, transiency, partner's criminal behaviour, spousal violence.
  - history of involvement with C.A.S., as a parent: active with local C.A.S., with other C.A.S., number of known children, past attachment issues, past history of abuse.

For factors related to the child or caregivers, their past history or history of agency involvement, a wide range of documentation was used, especially assessments completed by the family court clinic or other external professionals, even though this information may have been obtained years after the admission and was not known to the worker at the time. For child factors, the statement of live birth was relied on when available, followed by the admission social history. In trying to rate factors for the mother and the child, most sections of the child and family files were examined. If it was not possible to find any information for a specific factor, it would be rated as unknown if there was generally very little information on the file. In those cases where there was a fair amount of other information on file

regarding other factors, it would be rate it as "not identified as a concern".

Child's age at admission was calculated based on the child's date of birth and date of admission. Mother's ages at child's date of birth and at admission were calculated based on her date of birth. The age of mother at birth of first child was entered in years as the actual date of birth of earlier children was not on file in many cases and had to be guessed at based on statements on file, reflecting information shared by the mother or another source. In some cases there was inadequate information to know if there were other children, especially in cases of mothers who moved to the area from another jurisdiction.

Admission Status

The admission status was determined based on whether there was a clear voluntary agreement or a court application on file.

- Cases where children were admitted without a clear written or verbal agreement, were counted as apprehensions, even though an agreement could be arrived at within five days.
- Where there was a new court application, the sections of the C.F.S.A. under which the child was admitted were also tracked, to see if there was a clear relationship between the reason chosen from the Eligibility Spectrum and the legislation.

Documenting Harm

Harm as defined in the C.F.S.A. and the Eligibility Spectrum includes physical, sexual, emotional and developmental. In many files there was documented evidence of physical and developmental harm; however evidence of emotional harm with children this age could not be established as independent from other forms of emotional trauma, including the effects of separation and placement. Harm was rated under three different categories:

cad01 - physical harm due to abuse (acts of commission),

cad02 - physical harm due to neglect (acts of omission), and

cad03 - signs of developmental harm;

using the following rating scale:

1) No evidence of any harm.
2) Minor unexplained bruises, scratches, rashes, or delays which could be found on similar age children in any nursery or daycare, if there was no suggestion that they were the result of caregiver behaviour.
3) Minor unexplained bruises, scratches, rashes, or delays where there was a written suggestion that these were likely to be related to the caregiver's behaviour.
4) Clear signs of harm were there was a strong indication that the harm was related to parental behaviour.
5) Severe harm, such as broken bones, internal injuries, failure to grow or develop, requiring hospitalization or specialized treatment, where there was a strong indication that the harm was related to parental behaviour.

For each admission, signs of harm were rated for the child under each of the three categories and for any siblings in the home based on court records, admission medicals, admission social histories and case recordings.

The rating of harm focussed on signs of harm either just before or within a few days after admission, not indicators that may have shown up weeks later. The rating also did not consider new information or explanations discovered later. In some cases there were clear indicators of harm known to the worker prior to admission; in those cases this harm was considered in how the reason for admission was rated. In cases where the signs of harm were only noticed after admission, the level of harm was rated but this information was not used to change the reason for admission. In many cases marks or injuries would be scored under both abuse and neglect, if there was no clear explanation or if injuries appeared to be further complicated by the failure to seek medical attention. Indications of harm due to neglect were harder to rate relative to the reason for admission as some children's problems were more

chronic, such as children with birth defects where prenatal or post natal neglect was suspected, rotten teeth due to baby-bottle syndrome or poor well water, asthma in children where caregivers allowed smoking in crowded apartments. In cases where a child was admitted more than once, these possible signs of harm were considered for the first admission but not for subsequent admissions unless there were concerns that the parent's behaviour was continuing to aggravate the problem.

Where there were siblings in the home at time of admission, whether they were admitted or not, a sibling score was rated for each of the three categories, using the highest score for any of the siblings where harm was documented. Combined scores for the three categories of harm were calculated for both the child and siblings under

cad 10 - child suffered harm due to abuse or neglect or

cad 11 - sibling suffered harm due to abuse or neglect

and a third combined score,

cad 101 - either suffered harm due to abuse or neglect,

based on the highest score from either the child or sibling category.

Rating Reason for Admission according to the Ontario Eligibility Spectrum

In reviewing the files, a primary and secondary reason for admission were determined based on categories outlined in the Ontario Eligibility Spectrum. Just as the referral source may report a number of different issues, all of which could be a concern and may fit into different scales, the reasons for admission usually include a variety of concerns. What was apparent in many cases was the complex relationship between a number of issues which played a role in the worker's decision to admit. In this study, the rating of the reason according to the spectrum deviated from the guidelines in two areas: 1) The Spectrum guides the worker to rate the primary reason according to which reason has the highest severity rating and then what reason comes first in the scales. Instead this study used the spectrum rating that appeared closest to the reasons emphasized in the worker's records, rather than where they

ranked in the scale. 2) The Spectrum reflects an allegation that is not necessarily specific to one child, but to a family. In cases where one child was abused, Physical/Sexual Harm by Commission, but not all the children, the reason for the admission of the other children was rated as Caregiver has a History of Abusing / Neglecting, unless a pattern of abuse was also identified with those children. As a check on rater reliability, twenty cases, chosen at random, were also rated by an experienced child protection worker who was familiar with rating cases at point of referral.

The following is an example of a more complex case, in terms of determining reason for admission. A young couple John D. and Jane S. had a young baby; the agency became involved due to concerns related to allegations of Adult Conflict and Caregiving Skills. The worker learnt that Jane had separated from John and was staying with a friend, where there were inadequate sleeping arrangements for the child, and inadequate baby-food and supplies, Neglect of Basic Needs. Arrangements were made for the child to stay with an aunt for a few days, until the child was admitted to hospital for a planned operation, however the aunt was not a long term option. During the hospital stay, the hospital reported concerns about the parents arguing loudly in the child's room, Adult Conflict, and Joan talking about being depressed and wanting to harm herself, Caregiver with a Problem. Arrangements were made for the child to be discharged to another relative to give more time to work out parents' issues but, on the day of discharge, the worker was told that the relative allegedly abused another child years ago, Caregiver has a History of Abusing / Neglecting. At that point the worker apprehended the child and placed the child in care. Each of these factors played an important role in the reason for admission and it is likely that different workers might rate the primary reason differently depending on their own biases. In this case, the primary reason was rated as Neglect of Basic Needs because this was the reason that first led to the decision to have the child stay elsewhere, at least temporarily, even though concerns regarding Adult Conflict and Caregiver with a Problem were serious. If the child had already been placed with the relative with the history of abuse, it would have been rated Caregiver has a History of Abusing / Neglecting.

Analysis

Data were analysed using SPSS v. 7.5 to determine means and frequencies and, to compare variables, cross tabulations using chi-square were used for bi-variate comparisons on most variables, and ANOVA was used to test for significance when comparing the mean ages of the children and mothers for various sample subgroups.

Most of the variables under the categories: demographics, child, family status, mother factors regarding her childhood, lifeskills, disabilities, support systems, risk behaviour and history of involvement with C.A.S. as a parent, were initially coded with four values. For analysis, these were recoded to two values reflecting when various factors were 1) less of a concern or 2) more present as a concern. These recoded variables were analysed by admission, by child and by mother to give a general picture of the population of children and their families. They were then analyzed, using cross tabulations, to see if there was a relationship between these variables and the cases where children suffered harm.

Levels of harm were analysed as a nominal values, using cross tabulations to relate them to the child, family status and mother variables. Due to the low numbers of children suffering clear and extreme harm, using ANOVA to analyze level of harm as an ordinal variable was not as informative.

A new variable was created in each case, showing whether each Spectrum scale was present as either a primary and secondary reasons for admission. Using this combined variable, the top ten reasons for admission were compared, using the multiple response feature in SPSS, to check for differences related to levels of harm and admission status.

The reasons for admission, using the Spectrum, were also grouped under a new variable with the values:

1. Scale includes allegation of harm for all cases where the primary reason for admission was rated "Extremely Severe" in the first three sections: Physical /

Sexual Harm by Commission, Harm by Omission, and Emotional Harm, and

2. Scale does not include allegation of harm for all other reasons and/or lower levels of severity.

3 FINDINGS

It was clear from reviewing the files that information was frequently inaccurate. Workers may have been rushed or careless in recording the information, parents and relatives often had reasons to portray a situation either more positively or negatively, and parents sometimes tried to cooperate by guessing at forgotten information. In some cases parents shared different details from one admission to another; even details such as length of pregnancy or birth weight, or spelling of a child's name, where there would appear to be no reason to deliberately alter the information given. Even in the agency database on children admitted to care there were a number of inaccuracies around their dates of birth, legal spelling of names and reasons for admission. The database tended to be more accurate around dates of admission and placement changes as these were important for foster payments, and mistakes would be picked up by the foster parents. As expected, there usually was more file information on children who remained in care longer or whose parents were well known to the agency. In a small number of cases, usually where children were in care under one week or where the family was from another jurisdiction, there was very little information on the parents' background or family situation. Court applications were usually filed if children were in care over five days, Statements of Live Birth were usually only sought after 30 days in care and court clinic assessments were sought where long term planning was required.

There were 129 children under the age of four, admitted during this period, totalling 175 admissions. Occasionally it was hard to calculate family groupings as family characteristics sometimes changed over the period, siblings were sometimes admitted at different times, especially younger children admitted at birth after older children had already been placed.

Families were grouped by mothers for the purpose of this study. There were 93 mothers counted, although three were uninvolved and there was almost no information on file. There were two mothers caring for their partners' children, who were older than four, and one mother who was caring for a step-child, under the age of four, along with her own two. The biological mother of that child was also included as she was fighting for custody and there were details of both mothers on file.

Demographics: (93 families)

- 71% of the families were living in Cornwall at time of admission, even though Cornwall has less than 46% of the population. 20% lived in the counties. 4% lived on Mohawk territory and the remaining lived either in foster care (2) or were travelling through the region (2).
- 85% of the families were English speaking, with 11% being mixed French/English, and 4 % primarily French speaking. No other languages were identified.
- 86% of the mothers were White, with 13% Native, and one was Black.
- Most of the families were small, with only 10% having four or more children.

Sibling Groups and Repeat Admissions: (175 admissions)

- 44.6% of admissions involved a single child. 10% of the children were admitted as part of a sibling group of four or more children.
- In 9% of cases (16) not all the children in the home were admitted, usually in cases where the admission was voluntary (11), or where the youngest child (5) was seen to be the one at greatest risk. In one case, an infant was left in the care of the parent when the older child was apprehended, as the excessive discipline wasn't seen as a risk to the infant.
- 55.4% of children were admitted as part of a sibling group. In 29% of admissions all siblings were under four and were part of this study.
- Of the 129 children admitted over this period, 74% were admitted only once before turning four; 20% -- twice; 5% -- three times; and 2% -- five times.

- Eight children had been in care at least once before January 1992.

Child Characteristics: (129 children)

- The mean age of the children admitted to care was 1.7 years, with 43% being under a year old at the time of their first admission during this study period.
- Boys were more likely to come into care than girls, 55.8% vs 44.2%.
- 10% were born premature, under 37 weeks; based on 116 out of 129 children.
- 9.4% were under 2500 grams at birth, based on 117 out of 129 children.
- 11.8% were seen as having some type of special need, physically, medically or developmentally; based on 127 out of 129 children.
- 25% were seen as having some behaviour problems which frustrated the parent or alternate caregiver; based on 127 out of 129 children. Evidence of some behaviour problems changed slightly from 23% of first or only admissions to 25% based on last or only admissions.
- 31 % of children admitted were the first born child, based on 124 out of 129 children.
- 81 % of the children admitted were a mother's first, second or third born child.

Caregiver at time of Admission: (175 admissions)

- In 17% both mother and father were caring for child at time of admission.
- In 56% mother was the main caregiver.
- In only 3% of cases was father caring for the child independent from the mother.
- In 25% of cases the child was with another caregiver at time of admission; either with a very temporary caregiver (25), such as a babysitter or in a temporary placement (18). These children were either admitted due to concerns about the temporary placement or due to concerns about the potential of the parent resuming care of the child.
- 17 children were admitted at birth. In those cases, the parents were considered the caregiver if the mother was still in the hospital at the point the agency took over guardianship of the child.

- In only 8 % of the cases was the mother not considered the usual custodial parent.

Marital Status and Parental Relationships: (175 admissions)

- At time of admission 8% of mothers were married, 32% were in common-law relationships, and 60% were single; based on 172 out of 175 cases.
- Of the mothers who were married or in a common-law relationship, approximately 40% had partners who were out of the home, either due to their relationship being in some type of transition or where their ability to live together was restricted due to criminal or C.A.S. sanctions or because the partner was in jail.
- 74% of mothers were not living with the father of any of their children.
- Fathers were in the home in 22% of the cases, and lived separately but had regular access in another 20%.
- 48% of fathers played a very limited role (41) or were uninvolved (43).
- With 34% of the children there was no father listed at birth; based on 94 out of 129 children where there was a Statement of Live Birth or other birth registration form on file.

Mothers' Situation: (93 mothers)

- Average age of the mothers at the time of the child's admission was 24.9 years, with 29% being under 20 years old when their first child in this study was admitted.
- 74% gave birth to their first child before they turned 20, and 39% gave birth to their first child before they turned 18; based on 89 out of 93 mothers.
- 80% had left home before they turned 18; based on 70 out of 93 mothers.
- 85% had not completed High School or Grade 12, with 25% not proceeding past grade nine; based on 82 out of 93 mothers.
- 80% had almost no work experience; based on 73 out of 93 mothers.
- 97% were very dependent on social assistance; based on 84 out of 93 mothers. In most cases, it did not appear that dependency on social assistance was a temporary situation resulting from a recent crisis. There was evidence that some mothers or

their partners made money through illegal activity, but this was hard to track.

Disabilities: (93 mothers)

Physical or intellectual disabilities were not identified as common factors. Only one mother was identified as having ongoing physical disabilities, while two others had temporary injuries. There was some evidence that many of the mothers had trouble in school, and may have had low average to borderline intelligence. Mental health problems were more common, with 22% of the mothers having either a recent mental health crisis, just before admission, or a history of some mental health problems requiring some medication or treatment.

Mother's Family Support and Housing: (93 mothers)

- 59% of the mothers had been raised mostly in the area, 22% had moved to this area in the past three years and 19% were very new to the area.
- 60% reported some family supports able to help out on an ongoing basis or in a crisis; 40% had little or no family support. The quality of the family support was hard to measure, as relationships could have positive and negative aspects at the same time.
- At least 76% of mothers were not living in the same residence as they were in two years before, and had experienced a number of housing changes. There were no cases where mothers owned their home; based on 162 out of 175 admissions.
- In 37% of cases the mother's housing situation at the time of the child's admission, was very short term and they were in a shelter, in transition, or being evicted.

Mother's Childhood: (93 mothers)

In many cases there was very little information on the mother's childhood, or only one factor was mentioned. In approximately 75 cases there was sufficient involvement or information to indicate whether childhood concerns were raised.

- 60% were not raised in intact families, that is, they were not raised by both parents, complicated by further changes in parental figures, or they were raised for a substantial periods out of the family home.

- 72% of mothers were raised in families where there was some involvement with a child welfare agency.
- 55% of mothers had spent some time in foster care themselves.
- 62% reported being abused by a meaningful person in their childhood.
- 8.5% of mothers were adopted, based on 82 out of 93 mothers.

Risk Behaviours: (175 cases)

- Problems related to mother's substance use or abuse were mentioned in 48% of cases, but factoring in repeat admissions and sibling groupings, this represented approximately 43% of the mothers.
- In 32% of cases involving approximately 25% of the mothers, mother's aggression towards others, usually a partner, a relative or police, was mentioned.
- Some history of criminal charges showed up in 19% of cases, involving 19% of mothers; most involved minor charges.
- Of the mothers who had partners, only 9% of the partners appeared to have no criminal convictions.
- In 31% of cases, involving 29% of mothers, some pattern of transiency was identified, with approximately 12% showing a pattern of moving from jurisdiction to jurisdiction.
- In approximately 60% of cases, involving 61% of the mothers, there was some pattern, either present or past of spousal violence. Verbal violence was only included where it appeared to have been serious and a possible risk issue. This study did not record whether the mother or partner was the primary source of the violence; in many cases physical conflict was reported between the couple with differing versions regarding the primary aggressor.

History of involvement with C.A.S.: (175 cases)

Looking at C.A.S. involvement with the mother, not as a child but as a parent, most families were involved with Children's Aid Societies before the incident which resulted in the child's admission.

- In 63% of cases, the local agency was involved with the family as an ongoing protection file prior to the child's admission.
- In 7% of cases, the local agency was still at an assessment/investigation stage when a new concern resulted in the admission.
- In 14% the local agency had previous involvement with the family but the file had been closed and just reopened prior to admission.
- In 15% of cases, the agency had no involvement prior to the incident or concern which resulted in the admission.
- In 43% of cases, the family had some history of involvement with another child welfare agency, and this involvement may have played a role in the decision to admit the child.
- In only 7% of the admissions, was there no evidence on file of any previous involvement with any child protection agency prior to the incident or allegation resulting in admission of the child.

37% of the mothers had lost care of another child at the point their first child in this study was brought into care; based on 90 out of 93 where there was information. In some cases these were first born children given up for adoption, other times the children were in the care of another parent (father) or grandparent, where the C.A.S. had no role in the decision; in other cases they had already gone through a process where a child was removed permanently by a child welfare agency.

In 35% of cases there had been suspicions, prior to admission, that the child had suffered harm due to abuse or neglect. This varied from 30% based on first admissions during study period, to 35 % based on the last or only admission; based on 126 out of 129 children. In 11% of all admissions the agency records indicated that the mother was previously believed to have caused some harm prior the child's admission. The majority of these cases involved harm due to neglect.

TABLE 3

Matching of Eligibility Spectrum scales by first and second rater.

			Second Rater											
			n	1-1	1-3	1-4	2-2	2-4	3-2	4-1	5-1	5-2	5-3	5-4
First Rater	1-1	Physical Force / Maltreatment	2	1*	-	-	1	-	-	-	-	-	-	-
	1-3	Abusive Sexual Activity	-	-	-	-	-	-	-	-	-	-	-	-
	1-4	Threat of Harm	1	-	-	-	-	-	-	-	-	-	1	-
	2-2	Neglect of Basic Physical Needs	-	-	-	-	-	-	-	-	-	-	-	-
	2-4	Response to M/E/D Condition	-	-	-	-	-	-	-	-	-	-	-	-
	3-2	Adult Conflict	1	-	-	-	-	-	-	-	-	-	1	-
	4-1	Abandoned Child	2	-	-	-	-	-	2	-	-	-	-	-
	5-1	History of Abusing/ Neglecting	6	1	-	-	-	-	-	-	4*	-	1	-
	5-2	Inability to Protect	1	-	1	-	-	-	-	-	-	-	-	-
	5-3	Caregiver with a Problem	6	-	-	-	-	1	-	1	-	-	4*	-
	5-4	Caregiving Skills	1	-	-	-	-	-	-	-	-	-	-	1*
	Total		20	2	1	-	1	1	2	1	4	-	7	1

* choice of Scales Match

Using the Eligibility Spectrum

For someone familiar with the tool, the Eligibility Spectrum was fairly easy to apply and was able to reflect a broad range of situations under which children came into care. When counting both scale and severity, there are 52 possible options. This variety and the clear descriptors made it easier to find one or more categories that fit the narrative reasons outlined in the workers' records. There were problems trying to select which of several possibilities best described the reason that resulted in placement. A second researcher independently rated the reason for admission in twenty randomly selected cases, using the Eligibility Spectrum, after reviewing file documentation. There was a lot of variance (50%) in the selection of scales between the first and second researcher. Table 3 shows the variance between their ratings.

There was a match between first rater and second rater in the following ways:

- Both raters' primary scale and severity 7
- Both raters' primary scale, different severity 3
- First rater's primary scale and second rater's secondary scale and severity 1
- First rater's primary scale and second rater's secondary scale, different severity 2
- First rater's secondary scale and second rater's primary scale and severity 4
- First rater's secondary scale and second rater's primary scale, different severity 1

There was no match in two cases.

In this study, the reasons for admission were quite varied, covering 16 out of 18 possible scales in the Spectrum, with only Cruel/Inappropriate Treatment (1-2) and Caregiver's Response to Child Under 12 Committing a Serious Act (2-5) not present. Table 4 outlines the primary and secondary reasons by Section, Scale and Severity, and the number of times either reason was present. Counting both primary and secondary selections, there were a total of 337 responses, out of a possible 350. In 13 cases there was no secondary scale rated.

TABLE 4

Primary and secondary reasons for admission by Eligibility Spectrum Scale and level of severity

Eligibility Spectrum Code		Primary Scale by Severity				Secondary Scale by Severity				Either	
Section	**Scale**	n	Ext	Mod	Min	n	Ext	Mod	Min	n	%
1 - Harm by Commission	1-1 Physical Force / Maltreatment	17	15	2	-	10	2	8		27	15.4
	1-3 Abusive Sexual Activity	2	2	-	-	-	-	-	-	2	1.1
	1-4 Threat of Harm	5	2	3	-	19	-	18	1	24	13.7
	Total	**24**	**19**	**5**	**-**	**29**	**3**	**26**	**1**	**53**	
2 - Harm by Omission	2-1 Inadequate Supervision	8	2	6	-	7	4	3	-	15	8.6
	2-2 Neglect of Basic Physical Needs	9	6	3	-	11	3	8	-	20	11.4
	2-3 Response to Physical health	5	5	-	-	4	-	4	-	9	5.1
	2-4 Response to M/E/D Condition	2	-	-	2	2	-	-	2	4	2.3
	Total	**24**	**13**	**9**	**2**	**24**	**7**	**15**	**2**	**48**	
3 - Emotional Harm	3-1 Causes/ Response to Emotional Harm	-	-	-	-	2	1	1	-	2	1.1
	3-2 Adult Conflict	9	3	6	-	15	1	14	-	24	13.7
	Total	**9**	**3**	**6**	**-**	**17**	**2**	**15**	**-**	**26**	
4 - Abandonment	4-1 Abandoned Child	12	9	3	-	3	3	-	-	15	8.6
	4-2 Child Behaviour	4	4	-	-	1	-	1	-	5	2.9
	Total	**16**	**13**	**3**	**-**	**4**	**3**	**1**	**-**	**20**	

TABLE 4 (Continued)

Primary and secondary reasons for admission by Eligibility Spectrum Scale and level of severity

Eligibility Spectrum Code		Primary Scale by Severity				Secondary Scale by Severity				Either	
Section	**Scale**	n	Ext	Mod	Min	n	Ext	Mod	Min	n	%
5 - Caregiver Capacity	5-1 History of Abusing/ Neglecting	30	23	7	-	13	11	2	-	43	24.6
	5-2 Inability to Protect	9	8	1	-	19	11	6	2	28	16
	5-3 Caregiver with a Problem	50	33	15	2	33	11	22	-	83	47.4
	5-4 Caregiving Skills	12	12	-	-	23	11	11	1	35	20
	Total	**101**	**76**	**23**	**2**	**88**	**44**	**41**	**3**	**189**	
6 - Request for Adoption		**1**	**1**	-	-	-	-	-	-	**1**	0.6
Total		**175**	**125**	**46**	**4**	**162**	**61**	**98**	**6**	**337**	

TABLE 5

Ten most frequently occurring scales, as either a primary or secondary reason for admission, based on 175 cases

			Frequency	
Order	Scale		n	%
1st	5-3	Caregiver with a Problem	83	47.4
2nd	5-1	History of Abusing/ Neglecting	43	24.6
3rd	5-4	Caregiving Skills	35	20
4th	5-2	Inability to Protect	28	16
5th	1-1	Physical Force / Maltreatment	27	15.4
6th	1-4	Threat of Harm	24	13.7
7th	3-2	Adult Conflict	24	13.7
8th	2-2	Neglect of Basic Physical Needs	20	11.4
9th	4-1	Abandoned child	15	8.6
10th	2-1	Lack of Supervision	15	8.6

Table 5 indicates the ten scales that were scored most frequently as either a primary or a secondary reason for admission. At least one of these scales was selected in all 175 cases. 23 cases had either a primary or secondary scale not covered in the top ten reasons. The four most frequently occurring scales were in the section Caregiver Capacity, followed by two which came under the section Physical/Sexual Harm by Commission. However variables associated with the different scales in each section tended to vary from each other, making it less valuable to complete further analysis by section instead of scale.

As demonstrated in Table 6, Adult Conflict and Threat of Harm occurred most frequently as secondary reasons in combination with Caregiver with a Problem. Caregiver with a History of Abusing / Neglecting was frequently associated with caregiver's Inability to Protect. Admissions for Physical Force / Maltreatment and Caregiver with a Problem were most likely to have no secondary reason for admission.

TABLE 6

Either reason for admission by spectrum - as they relate to each other

Primary Reason			Secondary reason for admission by spectrum scale														
Section	Scale	n	0	1-1	1-4	2-1	2-2	2-3	2-4	3-1	3-2	4-1	4-2	5-1	5-2	5-3	5-4
1	1	17	5	-	1	3	4	-	-	-	0	-	-	-	3	-	1
	3	2	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-
	4	5	-	-	-	-	-	-	-	-	-	-	-	2	3	-	-
2	1	8	2	-	-	-	-	-	-	-	-	-	-	-	-	2	2
	2	9	-	2	-	1	-	-	-	-	-	-	-	1	-	2	3
	3	5	-	-	1	-	-	-	-	-	-	-	-	-	-	-	4
	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
3	2	9	-	-	2	-	-	-	-	-	-	-	-	2	1	4	-
4	1	12	-	-	-	-	2	1	-	-	-	-	-	4	-	5	-
	2	4	-	-	-	-	1	-	-	-	-	-	-	1	-	2	-
5	1	30	-	4	-	1	-	-	-	1	2	-	-	-	11	4	7
	2	9	1	-	-	-	-	-	-	-	1	-	-	-	-	4	3
	3	50	5	3	15	2	4	1	2	1	8	2	1	3	2	-	1
	4	12	-	-	-	-	-	-	-	-	4	-	-	1	-	7	-
7	E	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Total		175	13	10	19	7	11	4	2	2	15	3	1	13	19	33	23

Admission Status: (all 175 cases)

- 75% of all admissions were through apprehensions or court orders. Court Orders were only used in three cases where the children were already out of the parents' care, either in hospital or a community placement.
- In 15% of the apprehensions, there already was a court order finding the children in need of protection and the children were either with parents or a community placement under a Supervision Order.
- In 17% of the apprehensions the children were either returned home or a voluntary agreement was signed before the five day requirement to appear in court.
- 25% of admissions were through voluntary agreements. Of these voluntary agreements, approximately two thirds were initiated by the parent. Six of these were planned parental relief agreements.

TABLE 7

Level of severity in the primary and secondary reason for admission by admission status

			Apprehension or Court	Voluntary Agreement
		n	%	%
Primary Reason for Admission [1]	Extremely Severe	125	83.2	16.8
	Moderately Severe	46	60.9	39.1
	Minimally Severe	4	-	100
	Total	175	75.4	24.6
Secondary Reason for Admission [2]	Extremely Severe	58	86.2	13.8
	Moderately Severe	98	72.4	27.6
	Minimally Severe	6	-	100
	Total	162	74.7	25.3

[1] χ^2 (2, N = 175) = 21.61, p < .001
[2] χ^2 (2, N = 162) = 22.03, p < .001

According to the three levels of severity outlined in the Spectrum, the rating of Extremely

Severe was part of the primary reason for admission 71% of the time, Moderately Severe in 26% and Minimally Severe in 2%. The severity level in situations where children were admitted under voluntary agreements was proportionately less severe than for children admitted by apprehension, as reflected in Table 7.

As shown in Table 8, the two main reasons where admissions through voluntary agreements were likely to occur were: Threat of Harm and Caregiver with a Problem. Threat of Harm frequently reflects a statement of frustration by a parent seeking help. Almost all children admitted due to History of Abusing / Neglecting, Abandonment and Lack of Supervision were apprehended.

TABLE 8

Admission by apprehension or voluntary agreement by top ten reasons for admission (Multiple Response)

Top Ten Reasons for Admission	n	Voluntary Agreement %	Apprehension or Court %
1-1 Physical Force / Maltreatment	27	11.1	88.9
1-4 Threat of Harm	24	70.8	29.2
2-1 Lack of Supervision	15	6.7	93.3
2-2 Neglect of Basic Physical Needs	20	10	90
3-2 Adult Conflict	24	20.8	79.2
4-1 Abandoned child	15	6.7	93.3
5-1 History of Abusing/ Neglecting	43	4.7	95.3
5-2 Inability to Protect	28	10.7	89.3
5-3 Caregiver with a Problem	83	42.2	57.8
5-4 Caregiving Skills	35	17.1	82.9
Total	314	23.9	76.1

χ^2 (9, $\underline{N}$ = 314) = 66.21, $\underline{p} < .001$

Court Applications: (95 out of 175 cases)

Reasons for admission, based on initial court applications were found in 95 cases. Table 9 outlines the clauses checked off in those cases (see Appendix A for definitions). These add up to more than 100 % as more than one clause is usually checked off. As the court application may cover several siblings admitted at the same time, the clauses checked off may pertain more to a sibling than the admitted child; this is especially true with physical and sexual abuse. Clause (b): "there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);" was indicated in 95% of cases.

TABLE 9

Reasons for admission by sub-section 37 (2) of the Child and Family Services Act

Clauses under CFSA sub-section 37 (2)		Number	%
Clause (a) -	Physical harm / caregiver caused or failed to protect	29	31
Clause (b) -	Risk of physical harm as outlined in clause (a)	90	95
Clause (c) -	Sexual abuse / caregiver caused or failed to protect	4	4
Clause (d) -	Risk of sexual abuse as outlined in clause (c)	14	15
Clause (e) -	Medical treatment required / caregiver fails to provide	1	1
Clause (f) -	Emotional harm / caregiver fails to provide treatment	2	2
Clause (g) -	Risk of emotional harm as outlined in clause (f)	13	14
Clause (h) -	Child has a M/E/D condition / caregiver fails to provide	2	2
Clause (i) -	Child has been abandoned	11	12
Clause (l) -	Parent unable to care / brought to court on consent	4	4

Levels of Harm to admitted child or sibling

According to the Spectrum, if there is an allegation that a child has suffered harm due to acts of commission or omission by a caregiver, that reason should be rated as Extremely Severe under one of the first three sections: Physical/Sexual Harm by Commission, Harm by

Omission, or Emotional Harm. As shown in Table 10, there was no evidence on the child in some cases where harm was alleged; and harm was documented in a few cases rated under other reasons.

TABLE 10

Type and level of harm suffered by child by scale includes allegation of harm

Type of Harm	Whether Scale includes allegation of harm	Levels of harm suffered by child					
		n	None %	Unclear %	Minor %	Clear %	Severe %
Physical harm due to abuse [1]	In Spectrum scale	42	47.6	14.3	14.3	14.3	9.5
	Not in Spectrum scale	133	89.5	8.3	2.3	-	-
	Total	175	79.4	9.7	5.1	3.4	2.3
Physical harm due to neglect [2]	In Spectrum scale	42	35.7	23.8	16.7	14.3	9.5
	Not in Spectrum scale	133	72.9	19.5	5.3	2.3	-
	Total	175	64	20.6	8	5.1	2.3
Developmental harm [3]	In Spectrum scale	42	47.6	21.4	19	7.1	4.8
	Not in Spectrum scale	133	78.2	17.3	3.8	0.8	-
	Total	175	70.9	18.3	7.4	2.3	1.1
Physical or developmental harm due to abuse or neglect [4]	In Spectrum scale	42	11.9	14.3	31	26.2	16.7
	Not in Spectrum scale	133	61.7	27.1	9	2.3	-
	Total	175	49.7	24	14.3	8	4

[1] χ^2 (4, $\underline{N}$ = 175) = 48.88, $\underline{p} < .001$
[2] χ^2 (4, $\underline{N}$ = 175) = 34.03, $\underline{p} < .001$
[3] χ^2 (4, $\underline{N}$ = 175) = 26.59, $\underline{p} < .001$
[4] χ^2 (4, $\underline{N}$ = 175) = 73.83, $\underline{p} < .001$

The rating of Extremely Severe in Physical/Sexual Harm by Commission, Harm by Omission, or Emotional Harm did capture proportionately more children who suffered harm than the other scales or levels of severity. Young children frequently had injuries or health problems when examined by doctors, child protection workers or police officers, but it was hard to

determine the cause. Most of the children were non-verbal or had difficulty giving detailed explanations. Developmental delays could have been caused by a poor level of care however this was hard to determine. Table 11 shows the levels of harm documented on any siblings at time of admission, by the type of harm suspected.

TABLE 11

Levels of harm suffered by a sibling by type and level of harm

			Percent of children by Levels of Harm				
		n	None	Unclear	Minor	Clear	Severe
Harm to Sibling	Physical harm due to commission	112	75.9	8	5.4	9.8	0.9
	Physical harm due to omission	112	61.6	24.1	10.7	1.8	1.8
	Developmental harm	112	69.6	21.4	5.4	2.7	0.9
	Combined physical / developmental harm due to abuse or neglect	112	42	29.5	15.2	11.6	1.8

Table 12 describes some examples of Minor, Clear and Severe levels of harm by the type of harm. There was some overlap in the type of harm documented, as physical harm might be suspected to have been caused an act of commission or an act of omission, but both might be raised by the worker as possibilities; this overlap is demonstrated in Table 13. Most cases of developmental harm were also listed as physical harm by omission, and usually the physical harm was rated as equally or more severe. There were only five cases of developmental harm rated at the Minor level, and none at the Clear and Severe level, which did not also show up as physical harm by omission.

TABLE 12

Signs of harm suffered by children admitted to care

Level of Harm	Physical Harm due to acts of Commission	Physical Harm due to acts of Omission	Developmental Harm
Minor	Small cut near eye, possible family violence. Number of clear minor bruises, no clear pattern, but suspicious due to: referral allegation harm to other child anger and stress in home other family dynamics. Bruises to head, possible headbanging, but suspicious.	Clear bruises, possibly due to abuse or lack of supervision. Poor nutrition accompanied by some delays. Clear bruises, no pattern, plus signs of eczema. Unattended scabies. Suspected failure to thrive. Pale, lethargic appearance, plus past hospitalization due to asthma. Poor dental, ear infection and a hernia.	Delays accompanied by some signs of physical neglect such as failure to thrive, skin rash. Delays, flat head along with allegations child is usually left in crib. Delays, accompanied by lack of affect in child and poor interaction by parent. Delays and behaviour problems in home with marital violence. Delays accompanied by numerous caregiver problems.
Clear	Unexplained bruises and scratches accompanied by failure to thrive. Large bruise, injuries on face, either being hit or falling against an object. Inconsistent disclosure by child. Suspicious swelling to penis. Bruises on buttocks consistent with spanking. Adult bite mark on child. Slap mark on face	Failure to thrive, rash, developmental delay. Child hospitalized due to asthma, ill anemic, with concerns of poor home conditions, smoking, inconsistent medical follow up. Child born with defects, possibly due to cocaine use in pregnancy. Rotten teeth requiring an operation, suspected baby bottle syndrome. Child with special needs hospitalized with concerns about quality of ongoing care.	Child with special needs not making expected developmental gains, either hospitalized with concerns about quality of ongoing care or suspected substance abuse. Failure to thrive, both in growth and development.

TABLE 12 (Continued)

Signs of harm suffered by children admitted to care

Level of Harm	Physical Harm due to acts of Commission	Physical Harm due to acts of Omission	Developmental Harm
Severe	Admitted to hospital with broken bones, head injuries, internal bleeding. Suspected shaken baby syndrome. Severe internal injuries eventually leading to death.	Internal injuries due to suspected shaken baby syndrome, complicated by a delay in seeking medical treatment. Serious failure to thrive requiring hospitalizations Serious failure to thrive, accompanied by rashes and sores. Child born premature with special needs, accompanied by poor medical care in pregnancy, who later showed signs of suspected non-organic failure to thrive.	Child with special needs not making expected developmental gains, accompanied by suspected non-organic failure to thrive or poor follow on medicals.

TABLE 13

Relationship between levels of harm due to abuse and levels of harm due to neglect

			Harm due to neglect				
		n	None	Unclear	Minor	Clear	Severe
Harm due to abuse	no harm	139	105	16	9	7	2
	unexplained bruises	17	-	13	2	2	-
	minor visible harm	9	1	5	3	-	-
	clear visible harm	6	3	2	-	-	1
	severe visible harm	4	3	-	-	-	1
	Total	175	112	36	14	9	4

Table 14 shows the levels of physical or developmental harm found on children either due to abuse or neglect by reason for admission. Children who had clear or severe levels of harm were most frequently admitted due to Physical Force / Maltreatment followed by Neglect of Basic Needs. Children admitted due to a History of Abusing / Neglecting had the least evidence of harm. Table 15 breaks down the levels of harm due to physical abuse and Table 16 breaks down levels due to neglect.

TABLE 14

Reasons for admission by levels of harm suffered by child due to abuse or neglect (Multiple Response)

Top Ten Reasons for Admission		Levels of harm suffered by child due to abuse or neglect					
		n	None %	Unclear %	Minor %	Clear %	Severe %
1-1	Physical Force / Maltreatment	27	11.1	18.5	29.6	22.2	18.5
1-4	Threat of Harm	24	54.2	25	15.7	4.2	-
2-1	Lack of Supervision	15	26.7	40	20	13.3	-
2-2	Neglect of Basic Physical Needs	20	20	15	35	20	10
3-2	Adult Conflict	24	54.2	20.8	25	-	-
4-1	Abandoned child	15	46.7	40	6.7	6.7	-
5-1	History of Abusing/ Neglecting	43	69.8	20.9	7	2.3	-
5-2	Inability to Protect	28	57.1	21.4	14.3	-	7.1
5-3	Caregiver with a Problem	83	63.9	25.3	7.2	3.6	-
5-4	Caregiving Skills	35	57.1	20	5.7	11.4	5.7
Total		314	51.9	23.6	14	7	3.5

χ^2 (36, $\underline{N}$ = 314) = 95.52, $\underline{p}$ < .001

TABLE 15

Reasons for admission by levels of harm suffered by child due to abuse (Multiple Response)

Top Ten Reasons for Admission		Levels of harm suffered by child due to abuse					
		n	None %	Unclear %	Minor %	Clear %	Severe %
1-1	Physical Force / Maltreatment	27	29.6	14.8	22.2	18.5	14.8
1-4	Threat of Harm	24	83.3	8.3	8.3	-	-
2-1	Lack of Supervision	15	66.7	20	6.7	6.7	-
2-2	Neglect of Basic Physical Needs	20	70	20	5	5	-
3-2	Adult Conflict	24	83.3	8.3	8.3	-	-
4-1	Abandoned child	15	80	20	-	-	-
5-1	History of Abusing / Neglecting	43	81.4	14	2.3	2.3	-
5-2	Inability to Protect	28	78.6	3.6	10.7	-	7.1
5-3	Caregiver with a Problem	83	91.6	7.2	1.2	-	-
5-4	Caregiving Skills	35	94.3	2.9	-	2.9	-
Total		314	79.6	10.2	5.4	2.9	1.9

χ^2 (36, $\underline{N}$ = 314) = 105.57, $\underline{p} < .001$

TABLE 16

Reasons for admission by levels of harm suffered by child due to neglect (Multiple Response)

Top Ten Reasons for Admission	Levels of harm suffered by child due to neglect					
	n	None %	Unclear %	Minor %	Clear %	Severe %
1-1 Physical Force / Maltreatment	27	40.7	33.3	11.1	7.4	7.4
1-4 Threat of Harm	24	70.8	20.8	4.2	4.2	-
2-1 Lack of Supervision	15	33.3	46.7	13.3	6.7	-
2-2 Neglect of Basic Physical Needs	20	25	15	30	20	10
3-2 Adult Conflict	24	70.8	16.7	12.5	-	-
4-1 Abandoned child	15	60	26.7	6.7	6.7	-
5-1 History of Abusing / Neglecting	43	74.4	23.3	2.3.0	-	-
5-2 Inability to Protect	28	71.4	21.4	3.6	-	3.6
5-3 Caregiver with a Problem	83	74.7	15.7	6	3.6	-
5-4 Caregiving Skills	35	74.3	8.6	2.9	8.6	5.7
Total	314	65	20.4	7.6	4.8	2.2

χ^2 (36, $\underline{N}$ = 314) = 74.28, $\underline{p} < .001$

Levels of harm related to child, family and mother factors

In general the different child, family and mother variables were not related to the levels of harm found, either due to abuse or neglect. Occasionally there were some differences when there was clear physical harm and frequently when there was extreme physical harm, but due to the small sample sizes, these differences were not statistically significant.

Child Characteristics: Three out of the four children who suffered severe harm due to abuse were only children and one was a second child, however children who suffered less severe harm due to abuse were more likely to be part of a sibling group. Three quarters of children

who suffered clear or extreme harm due to neglect were single children and if there were siblings they were under four years old. The mean age of all children admitted to care was 1.74 years, with 43% being under a year old at the time of their first admission during this study period. The average age of the children who suffered harm varied by type and level of harm is outlined in Table 17.

TABLE 17

Type and level of harm by mean age of child in years

		Mean age of child in years by level of harm									
		None		Unclear		Minor		Clear		Severe	
		n	Mean	n	Mean	n	Mean	n	Mean	n	Mean
Type of harm suffered by child (N=175)	Physical harm due to commission	139	1.65	17	2.33	9	2.15	6	2.44	4	0.2
	Physical harm due to omission	112	1.69	36	2.18	14	1.68	9	1.12	4	0.7
	Developmental harm	124	1.65	32	2.21	13	1.97	4	0.56	2	0.78
	Either physical or developmental harm due to abuse or neglect	87	1.56	42	2.12	25	2.09	14	1.71	7	0.44

The seven children who suffered the most severe forms of harm were all under 14 months old, with a mean age of five months. The four children who suffered severe physical harm due to abuse were younger than those who suffered harm due to neglect. The children who had less severe signs of physical harm due to abuse were older than average and the children who suffered neglect were younger.

- Boys were more likely to have suffered either clear or extreme harm due to abuse whereas there was little difference by gender in neglect.
- 50% of the children admitted with signs of clear or extreme physical or developmental harm due to neglect were premature or underweight at birth; this was not a factor with

harm due to abuse. This was partly because a pattern of neglect was often noted during pregnancy or at delivery.

- Behaviour was more of an issue with children who suffered harm due to abuse and less common with evidence of neglect.

Parent and Caregiver Status: as outlined in Tables 18 and 19, mothers were in a live -in relationship with the father of the child in all seven cases where children suffered severe physical or developmental harm due to abuse or neglect. In one case of severe harm due to neglect, the mother had left the relationship and the father was caring for the child; but they reunited when the child was admitted. Where children suffered minor or clear levels of harm, the rates of marital status and marital stability were close to sample average.

TABLE 18

Levels of physical harm due to abuse or neglect by marital status

Level of Harm	Harm due to abuse			Harm due to neglect		
	n	Married or Common-Law %	Single %	n	Married or Common-Law %	Single %
None	138	37.0	63.0	111	39.6	60.4
Unclear	16	43.8	56.3	35	37.1	62.9
Minor	8	37.5	62.5	13	23.1	76.9
Clear	6	50.0	50.0	9	44.4	55.6
Severe	4	100.0	-	4	100.0	-
Total	172	39.5	60.5	172	39.5	60.5

TABLE 19

Levels of physical harm due to abuse or neglect by marital stability

Level of Harm	Harm due to abuse[1] n	With father of all or last child %	Not with father of any child %	Harm due to neglect[2] n	With father of all or last child %	Not with father of any child %
None	139	23.7	76.3	112	25.9	74.1
Unclear	17	29.4	70.6	36	22.2	77.8
Minor	8	12.5	87.5	13	15.4	84.6
Clear	6	33.3	66.7	9	22.2	77.8
Severe	4	100	-	4	100	-
Total	174	25.9	74.1	174	25.9	74.1

[1] χ^2 (4, $\underline{N}$ = 174) = 12.82, $\underline{p}$ = .012
[2] χ^2 (4, $\underline{N}$ = 174) = 12.52, $\underline{p}$ = .014

Mothers' Situation: With children who suffered severe harm due to abuse, the mothers were slightly older on average at the birth of their first child and younger at the age child was admitted. With children who suffered clear or severe harm due to neglect, the mothers were younger than average at the birth of their first child and at the age the child was admitted. In the 21 cases where children suffered clear or severe harm due to either abuse or neglect, all mothers had left home before 18 and only one had completed grade 12.

Disabilities: There were too few mothers with documented physical or intellectual disabilities for analysis. Mental health didn't appear to occur more or less frequently when higher levels of harm occurred.

Mother's Family Support and Housing: In all eight cases where children suffered severe harm due to either abuse or neglect, the mothers had lived in the community for years and had more family supports. In cases of clear harm due to neglect this was also true.

Mother's Childhood: There did not appear to be any significant differences by level of harm or type of harm.

Risk Behaviours: In cases where children suffered severe harm due to abuse, concerns regarding mothers' substance abuse, aggression, criminal behaviour or transiency were not found, and were lower than average with extreme harm due to neglect. Spousal violence was identified in all three cases of severe harm due to abuse, where there was information. In one case there was no information on file. It was rarely reported with clear harm due to abuse. With harm due to neglect there were no differences.

TABLE 20

Levels of physical harm due to abuse or neglect by whether file was an ongoing protection case

Level of Harm	Harm due to abuse[1]			Harm due to neglect		
	n	Opened recently %	Ongoing Case %	n	Opened recently %	Ongoing Case %
None	139	32.4	67.6	112	37.5	62.5
Unclear	17	35.3	64.7	36	41.7	58.3
Minor	9	66.7	33.3	14	28.6	71.4
Clear	6	50	50	9	22.2	77.8
Severe	4	100	-	4	25	75
Total	175	36.6	63.4	175	36.6	63.4

[1] χ^2 (4, N = 175) = 11.99, p = .017

History of involvement with CAS: As outlined in Table 20, cases where children suffered extreme harm due to abuse were not opened prior to admission whereas cases of harm due to neglect usually were.

- None of the mothers of the children who suffered severe harm due to abuse or neglect

had lost custody of a previous child and only one of the mothers whose child suffered clear harm due to neglect had previously lost care of a child.

- In none of the cases where children suffered severe harm due to abuse had there been any past agency suspicions that the child had been harmed due to abuse or neglect.
- In the majority of cases where children suffered severe harm due to neglect, there were already concerns, specific to the child, documented by the agency.

4 DISCUSSION

Key findings

Regarding the five points raised in the hypotheses:

1) The wide variety of options presented by the different scales and levels of severity, accompanied by clear descriptors, made it fairly easy to find one or more categories in the Eligibility Spectrum to classify why each child came into care. These categories defined the nature and degree of risk better than the broader definitions of abuse, neglect and maltreatment, or the reasons for "in need of protection" in the Child and Family Services Act. On the other hand, the number of categories increased the chance that various raters would chose different scales. In this study the agreement between raters was weak.

2) Situations rated as extremely severe in the first three sections of the spectrum: Physical/Sexual Harm by Commission, Harm by Omission, and Emotional Harm did cover the majority of cases where harm was documented, including:

- 67% of the children who had signs of minor, clear or severe signs of harm, and
- 86% of the children who had signs of clear or severe harm, at time of admission.

However only 24% of all admissions were represented by these primary reasons and only 26% of all children admitted had evidence of minor, clear or severe signs of harm at admission. In 58% of admissions the primary reasons came under the section, Caregiver Capacity.

3) Reasons covered under the section, Harm by Omission, made up 14% of the primary reasons for admission and the scale, Neglect of Basic Needs, was a factor in 20% of cases. The C.A.S. was involved on an ongoing basis with over 70% of the cases where children suffered minor, clear or severe harm due to neglect. This study cannot prove whether there was a delay in admitting the children because workers felt they lacked the legal grounds until more evidence of harm was proven; or if the delay was seen as a reasonable effort to try and assist the parents before taking more intrusive steps. However, more children were admitted for reasons even less clearly defined in the legislation and with little or no evidence of harm. This probably indicates that the lack of a clear statement about"neglect" in the C.F.S.A. was not the determining factor in whether children were admitted earlier or later.

4) The four scales which came up most frequently as either the primary or secondary reason for admission are all under the section Caregiver Capacity. The definition of Caregiver Capacity, according to guidelines is:

> No harm has yet come to the child and no evidence is apparent that the child may be in need of protection for a reason indicated in Sections 1 through 4. However, the caregiver demonstrates characteristics that indicate that without intervention, the child would be at risk in one of the previous sections. (OACAS, 2000, Tab 5)

Children were admitted less frequently because of abuse, neglect or any clear evidence of maltreatment, but more due to parents, usually mothers, lacking safe alternatives when they have problems or engage in activity usually considered unsuitable around children. The second most frequent reason is because they have a past history of putting a child at risk or have a partner with a history. Their lack of resources, past behaviour, lack of skills or maturity and their inability to judge community perceptions of risk are the main reasons why the children in this study were admitted.

5) Most of the children who were admitted with possible signs of physical or developmental

harm due to abuse or neglect came from families similar to those where no harm was documented, however there were several differences when children suffered the more serious levels of harm.

Harm due to abuse: In the majority of cases where there was harm attributed to abuse, the physical harm tended to be superficial, likely to disappear within a week, and not more medically harmful than harm children suffer from typical playground activity. It was not possible to measure the emotional harm connected to the incident and how this compared to the impact of admission to care. In the four cases where children suffered severe harm due to abuse, the injuries were potentially life threatening, causing death in one case. In those cases:

- children much younger, averaging two months old;
- three out of four were the only children in the home;
- fathers were living in the home;
- mothers were slightly older at time of their first child's birth but younger than average at age of child's admission;
- mothers in these cases had lived in the community for years and had some support from extended family;
- the cases were not open to any child protection agency before the incident that resulted in injury; and
- in only one of the four cases was there any past involvement with the family.

Harm due to neglect: In most cases where there were concerns for developmental harm, there was also concern for physical harm due to neglect; for this reason variables have not been described for developmental harm . Harm due to neglect, even at the minor level, had the potential for long term consequences, since the child's health, teeth, growth rate, and physical and mental development were affected. The positive impact of improved care would probably be much greater with these children, compared to the negative effects of separation. In cases where children suffered clear or severe harm due to neglect:

- the children tended to be younger than average;
- were usually single children or the youngest in the family;
- more of these children had evidence of special needs, low birth weight or prematurity and often harm due to neglect started before birth;
- fathers were living in the home in cases of severe harm, but were less likely to be present where harm was minor or clear;
- mothers were younger at their first child's birth and at age of child's admission;
- mothers usually had lived in the community for years and had some support from extended family;
- the cases were usually ongoing files where attempts had been made to help parents before using admission as an intervention. The one case of extreme harm which was not an ongoing case, was opened primarily due to abuse, with neglect being a secondary factor.

In most cases where there was no harm, or the harm was unclear or minor, the child, family and mother characteristics were similar, whether the less severe allegations of harm were due to abuse or neglect. Mothers were the primary parents in majority of cases and they had a high number of risk factors with few resources to offset them. The majority of the mothers in this sample had several of the following experiences:

- their difficulties started early in childhood, with years of family instability, abuse and/or child protection involvement;
- they left home early without adequate education or employment skills;
- they started parenting at a young age and lacked the support of the child's father;
- they had to learn early how to cope with the challenges of parenting and managing a household while living below the poverty line;
- this required juggling the competing demands of their basic needs as an individual and the basic needs of their children, and an ongoing dependency on social agencies;
- some suffered mental health problems and many were physically and emotionally harmed by their partners, partners who often used up some of their meagre resources;
- their efforts to cope, to withdraw or to fight against the people or situations that

threatened them, to seek some relief in potentially risky activities or relationships, frequently put them in conflict with the law, their family, neighbours or the social agencies involved with them;

- their past experience, in their childhoods or as parents who had already lost a child, had given them little reason to be optimistic that the involvement of the Children's Aid Society or other agencies would improve their opportunities in life; and
- they have trouble understanding why their behaviour justifies more intrusion and criticism than others in their extended family or neighbourhoods.

Limitations

This was an exploratory study based on the admission pattern in one Children's Aid Society. Other studies (Packman, 1986; Mandel, Lehman & Yuille, 1994) have shown that there can be significant differences among workers and teams with similar mandates, even within agencies, so it is hard to know how typical the pattern observed in S. D. & G. is to the rest of the province. Although many of the findings match patterns identified in other studies of child maltreatment and child placement (Campbell, 1991; Department of Health, 1991).

Many of the variables were rated based on a wide variety of documents, recorded with different perspectives by a large number of child protection workers and other professionals. There were many inaccuracies based on conflicting documentation, which will have affected the reliability of the data gathered. There was only one rater for most of the information who was very familiar with the agency and many of the families, which may have affected how the information was scored. In rating the level of harm, and how it influenced the choice of spectrum scale and severity, this researcher was aware of details not known to the worker admitting the child.

To date, there is no evidence that different child protection workers will rate situations consistently using the eligibility spectrum, even if sufficient training is provided. In the twenty cases rated by another child protection worker, there was more disagreement than agreement

in scoring.

The total number of children admitted was relatively small, so that any findings are limited in value, especially when it came to factors related to evidence of clear or extreme harm.

Implications

The children in this study should represent the children seen to be at greatest risk in the community of Stormont Dundas and Glengarry over a period of five years. It is hard to see how the C.A.S. could have prevented the four cases of severe harm due to abuse as the families were unknown to the agency and did not stand out as problem families before the injury. In cases of neglect, the harm frequently started during pregnancy and could not be clearly linked to specific acts of commission or omission by the parent. Since it is recognized that young, first time parents will make mistakes and need help to learn, how much time and assistance is required to prove failure. Many of these children are already suffering harm or are at high risk of suffering harm in the care of their parent or parents, and the environment they live in. The National Longitudinal Survey of Children and Youth has found that children living in the type of families profiled in this study are much more likely to have negative outcomes. What is surprising is that most children being admitted to care don't have more evidence of harm.

The Ontario Eligibility Spectrum can be a useful tool to classify the reason for admission. It avoids categorizing most cases as abuse or neglect and could facilitate a clearer debate over what justifies a reason to remove a child from a parent's care, and how resources could best be applied to address concerns. Caregiver Capacity clearly reflects the high risk situations many child protection workers find the children in. Workers, in consultation with others at the agency, end up investigating a situation where they feel the specific risk is hard to define and hard to protect the child against, nonetheless the risks are seen as very real. The lack of a clearly defined risk is frequently hard to develop a safety plan around and involves an allegation that is often hard for a parent to defend themselves against.

What is clear from this study is that the mothers involved have fewer resources, fewer positive experiences to draw from, and fewer reasons to be optimistic about their ability to solve the risks facing them and their child, than most families in the community. They know better than most the stigma of being in foster care, of being involved with child welfare, of failing at school and depending on social assistance. They are aware of the risks of living in high risk communities, of having friends or acquaintances with criminal backgrounds or social problems, of getting involved with extended family. They are aware of the dangers of being foolish with their money, taking chances with who cares for their child, of going out and getting drunk. What they don't know is how to get out; how to build a better life.

Most child protection workers are very aware of the disadvantages facing the parents and children they investigate and have a strong desire to help get their clients out of the stressful situation they are in. The risks they see to the children are very real and are usually very visible. They are aware that many of these parents have previously been identified by other agencies and child protection workers as being a risk to their child due to past actions or inactions and there may be suspicions or evidence that the children have already suffered some harm by a past or present caregiver. In the way resources are set up, workers have few options to get mother and child out of this risky situation. What both worker and parent are continually aware of is that, with one mistake, the child can be removed and maybe be given a different life. That mistake could be the parent's or the worker's.

Most admissions occurred in ongoing cases, where workers were already involved to address some concerns. It's not clear if this highlights the failure of the parents to improve or a failure of the agency to choose the right interventions. When child protection workers intervene, the resources available to reduce the identified concerns are very minimal and frequently increase the level of stress in the home. Offers to provide counselling to bring out all the past hurts, conflicts, and mistakes, or guidance how to parent, budget, clean or socialize better, frequently do little to address the day to day pressures. Assistance with drives, emergency food vouchers, social activities, are usually short lived and accompanied by further intrusions

and the stigma of being a child protection case. It appears that the lack of resources and alternatives available to the mothers, and acceptable to the Children's Aid Society, was the most significant reason for admission.

How to address these risks first requires a moral or philosophical position. Different professionals will argue whether the neglect or failure to put the child's needs ahead of one's own personal, social or economic interests are the fault of the parent or the fault of the larger community. Should disadvantaged parents be prevented from parenting unless they can prove they have overcome their disadvantage or dedicated their lives to putting their children's needs always foremost in their thoughts and actions.

It is very likely that the new standards and legislation will increase the uneasiness for workers and agencies faced with what to tolerate in the families they serve. How should agencies balance the potential of harm, which is hard to control in the complex and impoverished home environment, with the goal of helping families grow and improve. With the increasing pressure to cover the risks and not leave young children in unsafe situations, there is a greater liability on the social worker and the agency. Already there has been a substantial increase in the number of children being admitted to care, admissions which may reduce the money available for prevention programs and reduce the willingness of marginal families to reach out for help.

These findings support the benefits of broad based community approaches such as Healthy Babies/Healthy Children, parent resource centres, day care and mothers support groups, as long as they are geared towards accepting those mothers whose social and educational skills are not as well developed, and where programs reach out to these clients who are used to failure and rejection. The underlying principles of social work should be to advocate for positive, prevention based programs, where professional intervention recognizes the importance of doing no harm, of respecting self determination and advocating for those who are disadvantaged.

Recommendations for further research

There has been a heavy investment in Ontario in using the Eligibility Spectrum not only when new referrals come in, but also to justify reasons for ongoing service. Workers across Ontario are becoming very familiar with this tool and work is being done to train workers to use the Spectrum more consistently. This makes using the spectrum very appropriate to classify the reason for admission. The effort to develop a province wide data base should allow comparisons across regions, to relate reasons for admission with reasons why cases were initially opened and why they remain ongoing files.

Since this study is limited to one jurisdiction, it would be informative to do a similar study of a random sampling of children admitted to care in a number of Children's Aid Societies in Ontario, to see whether there are significant differences in the reasons for admission in different jurisdictions and whether the profiles of the children and their families change by community.

This study covers the first year of the reductions in social assistance but does not address the recent changes to the legislation and the recently introduced early intervention programs. There would be a real benefit to completing a similar study in the next few years, once the changes in the legislation and changes to child protection standards are fully implemented, to see how these changes and the other provincial interventions have had an impact on admission patterns.

It is also hoped that this study can be the first part of a longitudinal study to look at the aftermath of admission: which children returned home, and did children get more stability and belonging in their families of origin or in foster or adoptive care.

APPENDIX A

The Child and Family Services Act (1984)

Sub-Section 37 (2) A child is in need of protection where:

a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by that person's failure to care and provide for or supervise and protect the child adequately;

b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);

c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

d) there is a substantial risk that the child will be sexually molested or sexually exploited as described in clause (c);

e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment;

f) the child has suffered emotional harm, demonstrated by severe

   1) anxiety,

   2) depression,

   3) withdrawal, or

   4) self-destructive or aggressive behaviour,

   and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

g) there is a substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the child's parent or the person having charge of the child does not

provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;

i) the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, **or** the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody;

j) the child is less than twelve years old and had killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a reoccurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;

k) the child is less than twelve years old and has, on more than one occasion, injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately; or

l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

Government of Ontario (1984). Child and Family Services Act; Chapter 55, Statutes of Ontario. Ont: Ministry of the Attorney General.

APPENDIX B

File Survey Sheet

1 - File Data

file - File # _____

childob - Child's D.O.B. _____

datead - Date Admitted _____

datedis - Date Discharged _____

Date of child's discharge from care or date of Crown Wardship Order

2 - Demographic Data

oci01 - Family Location

1 City

2 County

3 Mother in Foster Care

4 Reserve

5 Other

oci02 - Number of children in home

number of children living in family at time of admission

oci03 - Mother's Race

1 White

2 Akwesasne Native

3 Other Native

4 Other

oci04 - Mother's Language

1 English

2 French

3 Mixed French English

4 Other

fccass - Assessment by Family Court Clinic

1 Yes 2 No

3 - Sibling Groups and Repeat Admissions

set01 - Age / Sibling Group - in Study Data

1 Single child under age one

2 Single child between one and 3.9

3 Sibling group, all under 4

4 Sibling group, some above age four

sib012 - Siblings Admitted - if under four years old and in study
enter total number in sibling group admitted, including child.

sib013 - Siblings Admitted - including older siblings not in study
enter total number in sibling group admitted, including child.

set020 - Previous Admissions by child

1 Only admission

2 First admission during study period

3 Last admission during study period

4 Additional admissions during same period

set 021 - Number of previous admissions during study period
enter number of past admissions by agency during period

set 022 - Number of previous admissions in all, including pre 1992
enter total number of past admissions by agency

4 - Child Characteristics

sex - Child's Gender

1 Male 2 Female

slb01 - Statement of Live Birth

1 Yes 2 No

ci01 - Premature Birth

1 Not a concern or over 38 weeks

2 Between 37 to 38 weeks

3 Under 37 weeks

4 Significantly premature; requiring hospitalization.

ci02 - Birth weight

1 Over 6 lbs 8 ozs

2 Over 5 lbs 8 ozs, or 2500 grams

3 Between 5 lbs and 5 lbs 8 ozs, or under 2500 grams

4 Under 5 lbs.

ci03 - Special needs

1 None identified

2 Mild disability, does not hinder lifestyle

3 Disability causes some noticeable difficulties

4 Disability causes significant ongoing difficulties

ci04 - Behavioural Problems

1 None identified

2 Very minor problems identified.

3 Child identified as having difficult behaviour periods by parent

4 Child identified as having very difficult behaviour observed by others.

ci05 - Birth Order

1 First Born

2 Second Born

3 Third Born

4, 5 6 etc.

5 - Primary Caregivers

mp01 - Parents involved prior to at Admission

1 Mother and Father

2 Mother

3 Father

4 Neither

mp02 - Caretaker at time of admission

1 Mother and Father

2 Mother

3 Father

4 Other briefly involved caregiver - babysitter

5 Long term caregiver

mp03 - Mother as Caregiver

1 Child's primary caregiver

2 Primary caregiver with some supervision

3 Mother temporarily unavailable

4 Mother doesn't have / exercise custody

5 Child admitted at birth

mp04 - Father of this Child (Including non-biological father, if involved since birth)

1 Plays a parenting role and lives in home

2 Separated but maintains regular access and some support

3 Recently unavailable or role is in transition

4 Father plays very limited role, limited contact

5 Father is unknown or uninvolved

mp05 - Father listed on Statement of Live Birth

1 Yes

2 No

3 No Statement of Live Birth

6 - Mother's Marital / Partnership Status

mms01 - Marital Status (Would include a same sex partner if identified as such.)

1 Married (Including situations where husband is away, in jail, etc. but mother is maintaining contact.

2 Common Law Relationship (same as above, and including recent partners who have moved in and started assuming parenting role.

3 Single (Includes cases where there is a regular boyfriend, not declared due to social assistance, but where they are not identified as playing a parenting or housekeeping role.

4 Other

mms02 - Marital Stability (Father would include non-biological parent having assumed parenting role before child's birth)

1 Living with Father of all her children

2 Living with Father of all children in home

3 Living with father of last child

4 Not living with father of any child

mms03 - Mother's Present Partner

1 Her partner is actively involved in the home.

2 Relationship recently in conflict or transition.

3 Relationship is continually in conflict or transition

4 Ongoing relationship but maintaining separate residences.

5 Maintaining a hidden relationship due to police / CAS restrictions.

6 Partner is in jail or unavailable but relationship is significant

9 No present partner

7 - Mother's Age and Life Skills

momdob - Mother's date of birth _____

mag01 - Mother's at birth of first known child _____

ml01 - Early Independence

1 Left home after age 20, or still with parent.

2 Left home between age 18 and 20

3 Left home between age 16 and 18

4 Left home or foster care before age 16

7 Still at home or Foster Home

9 Mother uninvolved

ml02 - Education

1 Post Secondary or specialized training

2 Completed grade 12 or high school equivalent

3 Did not complete grade 12 or high school

4 Did not go beyond grade 9

7 Still at home or Foster Home

9 Mother uninvolved

ml03 - Work History

1 Has a field of work experience and has been employed more often than not

2 Stable periods of work when not having children

3 Very short periods of work - no prospect of career

4 Never worked more than a month except for short job training programs

7 Still at home or Foster Home

9 Mother uninvolved

ml04 - Social Assistance

1 Not on social assistance

2 On social assistance for short periods

3 Lengthy periods on social assistance

4 Lengthy periods on social assistance and not managing financially

7 Still at home or Foster Home

9 Mother uninvolved

8 - Mother's Support Systems and Disabilities

mss01 - Part of Community

1 Lived and raised in general area

2 Brief periods away from area, or moved to area over 3 years ago

3 Moved to area in past 3 years

4 Very new to area

mss02 - Family Supports

1 Extended Family are very involved

2 Extended Family help out in crisis.

3 Extended family has limited involvement with child.

4 Extended family has no involvement with child.

mss03 - Housing

1 Long term rent or own in one location

2 In geared to income housing over past year.

3 Several address changes in past two years.

4 Frequent address changes due to rent problems - in shelter - or in transition.

md01 - I.Q.

1 average, including low average, if not identified as a limitation

2 Low or borderline intelligence, identified as a minor limitation

3 Clear disability, mother qualifies for disability

9 Mother uninvolved

md02 - Physical Handicap

1 No physical handicap noted.

2 Minor disability, minor limitations but does not prevent lone parenting.

3 Clear disability, mother qualifies for disability assistance, would require assistance in lone parenting.

4 Temporary injury, would require assistance in lone parenting.

9 Mother uninvolved

md03 - Psychiatric Problems

1 None noted, or past history, not an ongoing issue

2 Some ongoing mental health difficulties requiring medication or periodic follow-up

3 Ongoing problem, not adequately controlled through medication or counselling.

4 New mental health crisis, impairing ability to parent.

9 Mother uninvolved

9 - Mother's Childhood History

mch01 - Family Stability

1 Natural Mother and father together

2 Mother and father together with minor separations or Mother takes new partner, relationship stable

3 Parents separated for significant periods, with much instability or Mother has changing partners acting in parenting role

4 Child spends significant periods out of parent's home in first

12 years of life, bonding is effected.

mch02 - Abuse in Childhood

1 No abuse disclosed

2 Harsh discipline - or isolated incident of s.a. non- family.

3 Some ongoing physical or emotional abuse or an isolated incident of s.a. by family member or periods of sexual abuse by non-family

4 Very significant ongoing emotional or physical abuse or sexual abuse

mch03 - Foster Care

1 No time in foster care

2 In care under one year, placement described as stable / non-abusive

3 In care over one year - or under one year but placement described as very negative

4 In care over one year with several changes in placements or abused physically / sexually in care

mch07 - CAS Involvement

1 No indication that mother's family was involved with C.A.S.

2 Mother's family had limited involvement with local C.A.S.

3 Mother's family had significant involvement with another C.A.S.

4 Mother's family had significant involvement with local C.A.S.

mch08 - Mother placed for adoption

1 No 2 Yes

10 - Mother's Risk Behaviour and Spousal Violence

mri01 - Drug / Alcohol History

1 None, or never identified by anyone as a problem

2 Past periods or incidents where it appears to be a problem - no treatment required

3 A recent problem - or past problem that client saw need to get treatment, or crisis caused change in behaviour

4 Present ongoing problem

mri02 - Aggressive Behaviour

1 None identified

2 Minor aggressive behaviour as an adolescent or in defensive situations.

3 Incidents of aggression causing bodily harm - threats and aggressive to fight.

4 Repeated incidents of aggression causing bodily harm - threats and aggressive acts towards people in authority.

mri03 - Criminal Behaviour

1 None

2 Minor charges for non-violent crimes, offences as juvenile not requiring custody.

3 Convictions resulting in significant periods on probation

4 Convictions resulting in jail time - fairly recent criminal activity of a high risk nature.

mri04 - Transient Behaviour

1 Fairly stable as an adult, moves are local or required by family responsibilities.

2 Periodic moves seeking change, excitement, not a feature of normal lifestyle.

3 Pattern of moving, not staying in one place for years.

4 Pattern of moving frequently, clearly avoiding authorities or always seeking new start.

rmp01 - Mother's Present Partner's Criminal Involvement

1 No criminal convictions or charges

2 Criminal record does not impact on parenting / partner role

3 Criminal charges are specific to marital conflict

4 Ongoing criminal charges, convictions impact on parenting / partner role

5 Partner is in jail

9 No present partner

rmp02 - Spousal Abuse (Usually refers to violence against mother but can include aggression by her in a cohabiting relationship - Can be used also for very controlling, verbal, emotional behaviour.

1 None reported.

2 Isolated incident - mother terminated relationship or no indication of pattern.

3 Significant periods where marital violence has been a concern but relationship was terminated, or occurred recently, but no pattern

4 In an ongoing relationship where violence, intimidation is described. Or may have recently left abusive relationship but there has been past pattern and relationship is still in transition.

11 - Past Children's Aid Society Involvement

mpp01 - File Active with Children's Aid Society

1 First opened just before admission

2 Prior involvement, but reopened just before admission

3 Opened but still at initial assessment stage

4 Opened as an ongoing family protection file

mpp02 - Other C.A.S. Involvement

1 None disclosed involvement with other CAS

2 Other involvement but not significant in decision to admit

3 Knowledge of other involvement impacted on decision

4 Other CAS involvement initiated decision to admit.

mpp03 - Number of Known Children Born to Mother (Doesn't include abortions or stillbirths)

Enter total number

mpp05 - Past Abuse / Neglect of Admitted Child

1 No past history that this child has suffered harm due to abuse or neglect.

2 It is suspected that this child has previously suffered harm due to abuse or neglect.

3 This child has previously suffered substantiated harm due to abuse or neglect, but not by present caregiver.

4 This child has previously suffered substantiated harm due to abuse or neglect by present caregiver.

12 - Child Abuse Details (at time of admission)

cad01 - Child suffered physical harm due to abuse

1 No physical injuries noted

2 Child has minor unexplained bruises - abuse possible cause but no clear allegation.

3 Child has minor unexplained bruises, abuse considered a possibility.

4 Child has clear bruises / physical harm, abuse suspected

5 Child has severe injuries requiring hospitalization, abuse suspected

cad02 - Child suffered physical harm due to neglect

1 No physical injuries noted

2 Child has minor unexplained marks, rashes or health problems

- neglect possible but no clear allegation.

3 Child has minor unexplained marks, rashes or health problems , neglect considered a possibility.

4 Child has clear health problems, neglect suspected

5 Child has severe health/growth problems requiring hospitalization, neglect suspected

cad03 - Child suffered developmental harm due to abuse or neglect

1 No suspicious delays in child's development noted

2 Child has minor delays, abuse or neglect possible cause but no allegation.

3 Child has clear delays, abuse or neglect suspected. Failure to thrive with medical issues complicating feeding.

4 Child has clear developmental delays, abuse or neglect suspected, includes less severe non-organic failure to thrive.

5 Child has significant developmental delays requiring ongoing treatment, abuse or neglect suspected

13 - Sibling Abuse Details (at time of admission)

cads01 - A sibling suffered physical harm due to abuse

1 No physical injuries noted

2 Sibling has minor unexplained bruises - abuse possible cause but no clear allegation.

3 Sibling has minor unexplained bruises, abuse considered a possibility.

4 Sibling has clear bruises / physical harm, abuse suspected

5 Sibling has severe injuries requiring hospitalization, abuse suspected

cads02 - A sibling suffered physical harm due to neglect

1 No physical injuries noted

2 Sibling has minor unexplained marks, rashes or health problems - neglect possible but no clear allegation.

3 Sibling has minor unexplained marks, rashes or health problems , neglect considered a possibility.

4 Child has clear health problems, neglect suspected

5 Sibling has severe health/growth problems requiring hospitalization, neglect suspected

cada03 - A sibling suffered developmental harm due to abuse or neglect

1 No suspicious delays in child's development noted

2 Sibling has minor delays, abuse or neglect possible cause but no allegation.

3 Sibling has clear delays, abuse or neglect suspected. Failure to thrive with medical issues complicating feeding.

4 Sibling has clear developmental delays, abuse or neglect suspected, includes less severe non-organic failure to thrive.

5 Sibling has significant developmental delays requiring ongoing treatment, abuse or neglect suspected

14 - Court Application - CFSA Section 37 (2)

cfsa01 - Section of C.F.S.A. court application

Multiple response ---- ---- ---- ----

carvol - Voluntary or Involuntary

1 Parent requests admission

2 Parent voluntarily accepts admission under T.C.A.

3 Parent reluctantly accepts admission under T.C.A. instead of court

4 Apprehension or Court Order

adstat - Admission Status

0 Planned parental relief

1 Temporary Care Agreement

2 Apprehension, 5 day return

3 Apprehension, Protection Application

4 Court, Protection Application

5 Apprehension, Status Review

6 Court, Status Review

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