

# *CAS recommendations...United Way Research*

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This research supports the fact that the implementation of the Child Welfare Reform Agenda beginning in 1998 is having some effect on the protection of vulnerable children. The government and children's aid societies must continue to implement the projects included in the Child Welfare Reform Agenda namely

- Application and review of the Funding Framework for Child Welfare—benchmark review is essential
- Continued application and review of the Risk Assessment Model in all child protection cases
- Mandatory training for child protection workers
- Ongoing review of the Child and Family Services Act

The research indicates that these initiatives, introduced in 1998, have had a beginning positive impact on the protection of children in Ontario. The following recommendations are made

1. Governments must provide adequate funds to support prevention and support programs in the community—these funds should be directed at sustaining existing programs and creating new programs to support children to live in their own family homes
2. Governments must encourage the development of prevention and support programs in the community
3. Social assistance payments must be increased to provide adequate funds for single parents to provide for their children
4. Better linkages must be established between the CAS and adult and children's mental health services in the community. These services must be expanded to provide priority access to those parents and children referred by CAS
5. Better linkages between the Violence Against Women Sector and the CAS must continue to be pursued. CASs should consider the establishment of a VAW Specialist on staff. Joint training initiatives for the CAS and VAW sectors must continue
6. Employment support programs with incentives for the participation of single parents on social assistance must be established
7. Parenting programs must be available to CAS clients—these specialized programs must be focused on the needs of CAS clients and be delivered by the CAS or a partner agency in the community; CAS clients must have priority access to parenting programs in the community





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## The research

- CAS of London and Middlesex requested the research
- United Way of London and Middlesex commissioned a team of researchers from the University of Western Ontario to conduct the research study to determine the causes for the increase in the number of children admitted to CAS care over the past 5 years
- Largest research of it's kind in Canada
- Research included an intensive review of more than 1,000 child protection cases from the CAS of London and Middlesex
- Research included a literature review, focus groups with London CAS staff and consultation with child welfare experts and researchers

## Methodology

- file reviews of 1,042 child protection cases chosen at random from 2,316 child protection cases in 1995 and 2001
- analysis of data between 1995 and 2001
- comparison of the characteristics of children in CAS care with those who were receiving CAS services while living in their homes
- used a standard method to extract information from the child protection files
- developed an approach to assessing risk to children by using a "cumulative risk assessment score" comprised of a total score of 22 individual risk elements in the CAS Risk Assessment Model
- cumulative risk assessment score is different from the risk assessment completed by CAS child protection workers in the course of their work

## The statistics

- number of children in CAS care increased by 70% between 1995 and 2001
- number of children increased from 445 to 758 during this period
- today, there are more than 850 children in care of London and Middlesex CAS
- this trend is reflected throughout all of Ontario's 52 CASs



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## Popularly held beliefs

- Previous research has suggested that the changes to child welfare policy have possibly influenced the increase in referrals and admissions to CASs across the province—ie. changes in legislation; introduction of risk assessment model and that
  - the threshold for admitting children had been lowered
  - the increase in reported cases of neglect by professionals had been driving the overall increase in referrals higher
  - less experienced CAS workers rated risks to children higher than more experienced CAS workers

## Research results

- none of these beliefs were supported by the research
- children admitted to care in 2001 are at higher risk than those admitted in 1995
- no one referral source is responsible for the overall increase in the rate of referrals
- CAS workers, whatever their experience, rate the level of risk to children consistently
- CAS is carrying out it's mandate within the resources available to it
- child maltreatment (physical, sexual, emotional abuse and neglect) was the primary reason for children being admitted to CAS care
- the following issues and factors contribute to children being admitted to care-- woman abuse, poverty, maternal depression, parenting capacity, and previous contact with CAS



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## The findings

### Child maltreatment

- 7 out of 10 children were admitted to CAS care in 2001 for reasons of neglect, physical abuse, sexual abuse and emotional abuse up from 4 in 10 in 1995
- rate of children admitted to care as a result of physical abuse tripled over the 5 year period
- the proportion of cases of sexual abuse, emotional abuse and neglect did not differ across years

### Woman abuse

- high degree of similarity from risk indicators between children who were physically abused and children who witnessed woman abuse
- children exposed to woman abuse and who are victims of physical abuse are more likely to be diagnosed with ADHD
- children exposed to woman abuse and who are victims of physical abuse have higher rates of cumulative child welfare risk
- 47% of mothers in 1995 were victims of woman abuse; by 2001, more than half the mothers were victims of woman abuse
  - 47% per cent of these mothers suffered from mental health disorders
  - 23% had a substance abuse problem
  - 20% had a chronic medical condition
- 66% of abused women whose children came to the attention of the CAS in 2001 were on social assistance compared to 44% of non-abused women
- 69% percent of these abused women were unemployed compared to 59% of non-abused women
- abused women are more likely to have less reliable social supports and more likely to have experienced abuse as a child



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## Poverty

- there is a consistent rate of families on social assistance in 1995 and 2001-- 65% in 1995 compared to 64% in 2001
- rate of children admitted to CAS care whose families were on social assistance almost doubled from 47% in 1995 to 80% in 2001
- rate of single mothers on social assistance increased significantly from 71% in 1995 to 83% in 2001
- 84% of the single mothers were experiencing woman abuse and were on social assistance in 2001 compared to 63% in 1995.
- 86% of cases of child neglect had mothers receiving social assistance compared to 56% of cases of neglect in 1995.

## Mental health

- 2003 Canadian Community Health Survey indicated that 4% of Canadians suffer with major depression
- 29% of the cases had mothers diagnosed with depression compared to only 15% in 1995.
- 59% of the depressed mothers were unemployed
- Children of depressed mothers were more likely to be diagnosed with ADHD and more likely to be medicated for an adjustment disorder
- Children of depressed moms had academic concerns such as chronic absence from school
- significant relationship between being socially isolated from community supports and being diagnosed depressed



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## Poor parenting

- caregivers of children in 2001 scored significantly higher in impaired parenting capacity compared to caregivers of children in 1995
- parents were more likely to have unrealistic expectations and angry conflicts with their child, were more likely to disapprove, reject and be indifferent to their child, and were more likely to have negative and inconsistent family interactions
- poor parenting affected the child's likelihood to be diagnosed with ADHD, identified with a conduct disorder, and/or to be on medication for an adjustment disorder
- poor parenting increased the child's likelihood of receiving suspensions and experiencing chronic absence from school
- a diagnosis of depression negatively impacted the ability to effectively parent.
- being homeless, on social assistance, and experiencing woman abuse significantly affects a parent's ability to cope

## Previous CAS Contact

- of the children served by the CAS while living in their own homes, 26% had a CAS involved caregiver in 1995 compared to 35% in 2001
- of the children admitted to CAS care, 36% had a CAS involved caregiver in 1995 compared to 42% in 2001
- CAS involved caregivers were more likely to be diagnosed with depression, more likely to be diagnosed with a major mental illness, have increased involvement with woman abuse, be either unemployed or on social assistance, and more likely have poor parenting skills

## Research funded by

City of London  
County of Middlesex  
An anonymous donor through United Way  
United Way of London & Middlesex

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