

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Acting Medical Officer of Health; Emily Williams, CEO

DATE: 2022 February 17

UPDATE TO MLHU POLICY ON CHILD ABUSE AND/OR NEGLECT AND DUTY TO REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 07-22 re: “Update to MLHU Policy on Child Abuse and/or Neglect and Duty to Report” for information.

Key Points

- The MLHU policy on Child Abuse and/or Neglect and Duty to Report has been updated to clarify the legislative responsibilities and procedures when staff need to respond to child protection concerns; these policy changes will be communicated broadly and onboarding modules will be revised.
- While evidence on the impact of the pandemic on child abuse and neglect is still being gathered, it is clear that risk factors for child abuse and neglect have increased during the pandemic; there is an urgent need to strengthen child maltreatment surveillance and research.
- MLHU is committed to the promotion of healthy growth and development and the prevention of child abuse, through both direct work with families, and in its collaborative work with community partners.

Background

Child maltreatment includes physical, sexual, and/or emotional abuse, neglect, and exposure to intimate partner violence, and can cause serious physical and mental health concerns in children. Prior to COVID-19, child abuse and neglect were significant concerns in Canada; while evidence on the impact of the pandemic on child abuse and neglect is still being gathered, it is clear that risk factors for child abuse and neglect – such as financial insecurity, school/child care closures, use of alcohol, stress and mental health problems, and limited access to supports (relatives, teachers, coaches, friends, healthcare and social services) – have increased during the pandemic. While referrals of suspected child abuse to police and child protection services have decreased overall, several studies have observed an increase in abuse-related pediatric injuries (e.g., fractures and head trauma in children younger than one year). Community caregiver surveys have shown that pandemic-related stressors were associated with increased emotional/psychological abuse, physical/supervisory neglect, and greater use of harsh disciplinary practices. Unfortunately, lack of consistent, reliable data makes it difficult to fully understand child abuse and/or neglect in Canada, and the pandemic has reiterated the urgent need to strengthen child abuse and/or neglect surveillance and research.

The Children's Aid Society (CAS) of London & Middlesex is a vital partner in MLHU's work with families, and this partnership is highlighted in the formal Protocol in place with CAS. The Protocol promotes joint consultation and collaboration related to the legislative duty to report and ensuring families receive support.

MLHU's policy on Child Abuse and/or Neglect and Duty to Report provides clarity regarding legislative responsibilities and procedures when staff need to respond to child protection concerns.

Domestic violence (child abuse and intimate partner violence) is one of five prioritized areas of focus in MLHU's recovery efforts (see [Report No. 049-20](#)).

Revisions to MLHU's Policy on Child Abuse and/or Neglect and Duty to Report

The MLHU policy on Child Abuse and/or Neglect and Duty to Report has been updated to reflect legislation changes. Previously, the duty to report applied to any child who was, or appeared to be, under the age of 16 years; however, the age of protection in Ontario has been raised from 16 to 18 years. As a result, 16- and 17-year-olds are eligible for the full range of child protection services, including the option of voluntary youth services agreements if the youth needs protection and an out-of-home placement is required. The revisions also strengthen communication processes when a report is made to CAS, with the requirement for written (electronic or hard copy) follow up after the initial verbal report to CAS has been completed. In addition to revisions to enhance clarity and flow of the policy, the Oral Health team's procedure for reporting potential dental treatment neglect has been documented and included in the policy.

Preventing and Addressing Child Abuse and/or Neglect

MLHU's home visiting and group programs promote healthy growth and development and prevent child abuse and/or neglect through the use of multiple strategies which can enhance protective factors and reduce risk factors for child abuse and/or neglect.

Staying connected to and involved in supporting families is an important factor in preventing and addressing child abuse and/or neglect. The annual CAS report of 2020-2021 highlighted there were lower referrals and investigations during school closures, followed by surges when schools reopened. MLHU's ongoing provision of virtual / home visiting services throughout the pandemic demonstrates its commitment to preventing and addressing child abuse and/or neglect.

MLHU participates in the Child Abuse Prevention Council of London and Middlesex, which advocates for the prevention and treatment of child abuse and/or neglect through community partnerships, public and professional awareness, education initiatives, and the promotion and support of healthy families. MLHU also participates on the Community Plan Liaison Committee, which focuses on service coordination with families who have a child under 24 months and are generally involved with CAS. One of the recent Child Abuse Prevention Council initiatives involved creating and distributing flyers and posters highlighting community resources for parents during the pandemic, and this resource was made available at mass vaccination clinics.

To ensure all MLHU staff understand the duty to report, the continued expectation is that all new staff review MLHU's policy on Child Abuse and/or Neglect and Duty to Report and complete learning modules about child abuse and neglect. In the event MLHU staff need to refer to CAS, they emphasize to clients the support that CAS can provide to families. Clients are almost always informed of referrals that will be made to CAS, and sometimes the referral calls to CAS are made jointly by the client and the employee.

Conclusion

MLHU is committed to the promotion of healthy growth and development and the prevention of child abuse and/or neglect, through direct work with families and in its collaborative work with community partners. MLHU employees do not assess whether child abuse and/or neglect is occurring or not as this is the role of CAS; however, employees play a key role in connecting families to child protection services for assessment, and steps are taken to support employees in understanding their duty to report potential child abuse and/or neglect. MLHU will consider its role in addressing the urgent need to strengthen child abuse and/or neglect surveillance and research.

This report was submitted by the Healthy Start Division.



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