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# Re-involving the community: The need for a differential response to rising child welfare caseloads in Canada

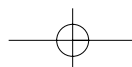
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## Abstract

This chapter describes the increase in child welfare caseloads that has been observed in Canada over the last decade. The authors argue that the current increase in investigations and children in need of protection provides an incomplete picture of the changes that have been occurring over a longer period of time. Data from the 1993 and 1998 Ontario incidence studies of reported child abuse and neglect are highlighted to provide a more detailed breakdown of some of the factors underlying these increases. A careful analysis of the data suggests the increases have not been uniform across all types of maltreatment. A detailed analysis of trends specific to types and severity of maltreatment as well as potential harm to children is also presented. In the second section, the authors argue for a broader array of intervention and prevention strategies that move beyond the actual child welfare system to mobilize community based services and supports. Challenges and benefits associated with alternative strategies are discussed. Potential benefits include improved partnerships among families, communities, and service providers; continuity of services; the assessment of children's needs rather than risks; and increased access to preventive services for vulnerable children and families.

## Increasing caseloads across Canada

Child welfare caseloads have been increasing across Canada. Between 1996 and 2000, the number of child protection investigations increased 13% in British Columbia, 21% in Alberta and 55% in Quebec. Between 1993 and 1998, rates of investigated child abuse and neglect increased 44% while the number of substantiated cases doubled (Trocmé, Fallon, MacLaurin, & Copp, 2002). The number of children in care has been increasing as well in



some provinces. Between 1996 and 2002, the number of children in care increased 38% in British Columbia, 59% in Alberta, and 60% in Ontario. Between 1995 and 2001, the number of children from First Nations communities placed in out of home care increased by 71%.

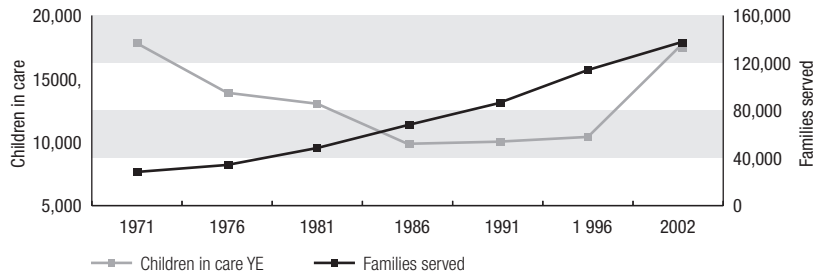
These increases come in the wake of inquiries into the tragic deaths of children who had been under the supervision of child welfare authorities. From the Gove inquiry in British Columbia to a series of six coroner's inquests in Ontario, to the Beaumont inquiry in Quebec, public pressure, new policy directives, and legislative changes had been calling for earlier and more decisive interventions. The pendulum having just swung away from "family centred" models towards more intrusive "child centred" models, service providers and policy makers are now wondering whether the pendulum should swing back.

The analogy of a pendulum swinging between family centred and child centred approaches to child welfare practice is well accepted, but in our opinion, poses a false dilemma that confuses issues. Child welfare policy and practice debates have tended to take place around poorly defined one-dimensional models: more intrusive vs. less intrusive; low risk vs. high risk; children's rights vs. parent's rights. The focus on crude indicators, such as caseloads and children in care, fails to recognize the complexity and diversity of need among children and families receiving child welfare services. Through a more detailed analysis of trends specific to different types of maltreatment and to different types of harm, we argue for a broader array of intervention and prevention strategies that move beyond the child welfare system to mobilize community based services and supports.

### **A 31-year perspective: Ontario, 1971-2002**

The current increase in investigations and number of children in care provides an incomplete picture of the important changes that have been occurring over the longer term. Figure 1 tracks two important trends in Ontario over the past 30 years: the number of families served during the year and the number of children in care at year-end. Three distinct trends appear over this period of time with respect to children in care: (1) from the early 1970s to the mid-1980s, a sharp decrease in children in care corresponding to the dual impact of permanency planning and the decreased availability of foster homes; (2) from the mid-1980s to the mid-1990s, a period of relative stability; and (3) the recent increase in admissions to care.

**Figure 1: Children in care and families served: Ontario 1971–2002**

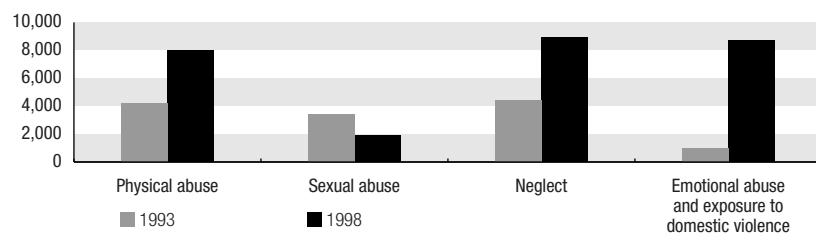


Throughout this period, the number of families served has increased at a fairly steady pace. As a result, the ratio of children in care to families served has dropped from 0.63 in 1971 to 0.09 in 1996, increasing slightly in the last few years to 0.13 in 2002. Service trends in most other Canadian jurisdictions appear to have followed a similar pattern. Although the recent increases in caseloads and admissions to care are indications of a potentially significant shift in approaches to child welfare practice across Canada, closer analysis is required to identify the factors driving these changes.

### Differential trends by form of maltreatment: OIS 93-98

Two Ontario incidence studies of reported child abuse and neglect (OIS 1993 and OIS 1998) provide a more detailed breakdown of some of the factors underlying recent increases in investigation caseloads.<sup>1</sup> Between 1993 and 1998, the estimated number of child maltreatment investigations increased from 44,900 to 64,800 and the number of substantiated investigations nearly doubled, from 12,300 to 24,400.

**Figure 2: Differential trends by form of maltreatment (OIS 93-98)**



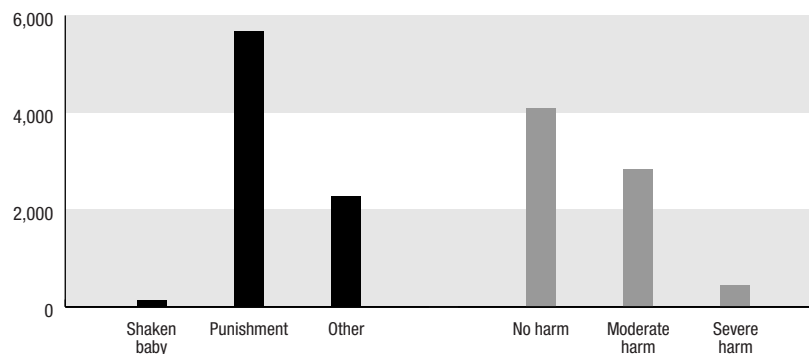
<sup>1</sup> The 1998 Ontario Incidence Study of Reported Child Abuse and Neglect (OIS 1998) is the most detailed source of child welfare investigation statistics available in Canada. The first Canadian Incidence Study of Reported Child Abuse and Neglect (CIS 1998) and the upcoming CIS 2003 will provide a similar level of detail across Canada.

The overall increase has not been uniform across types of maltreatment: rates of physical abuse have nearly doubled; rates of sexual abuse have decreased by 44%; rates of neglect have doubled; and rates of emotional maltreatment and exposure to domestic violence have increased nearly nine-fold (Trocmé, Fallon, MacLaurin, & Copp, 2002, Table 2a).

### Physical abuse and corporal punishment

The number of substantiated investigations of physical abuse nearly doubled, growing from an estimated 4,200 in 1993 to 8,000 in 1998. Although physical abuse is often assumed to involve situations in which children have been severely harmed, in 55% of cases no physical harm was noted and severe harm requiring medical treatment was noted in only 6% of substantiated physical abuse cases (Trocmé, Fallon, MacLaurin, Daciuk, et al., 2002, Table 4-1(a)).

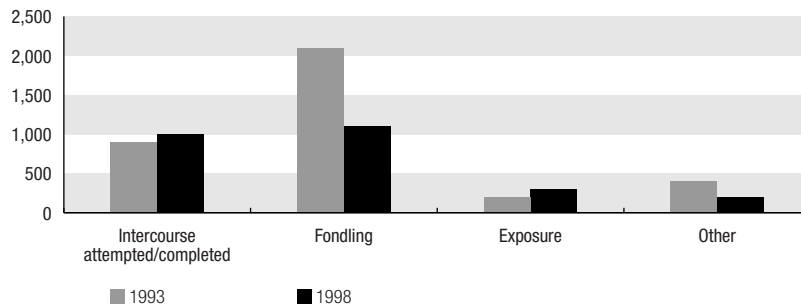
**Figure 3: Forms of abuse and level of injury in cases of substantiated physical abuse (OIS 98)**



Abusive inappropriate punishment rather than battered children sustaining severe injuries is far more typical of the types of abuse cases being substantiated by child welfare agencies. By 1998, 71% of substantiated investigations of physical abuse involved inappropriate punishment (Trocmé, Fallon, MacLaurin, Daciuk, et al., 2002, Table 3-5). In fact, nearly one-fifth of all substantiated investigations of child maltreatment involved physical abuse caused by inappropriate punishment.

### Sexual abuse decline: Abuser or victim deterrence?

The number of substantiated investigations of sexual abuse decreased by 44%, from 3,400 investigations in 1993 to 1,900 investigations in 1998. This decrease is consistent with decreases reported across the United States (Jones, Finkelhor, & Kopiec, 2001).

**Figure 4: Forms of substantiated sexual abuse (OIS 93-98)**

Such a dramatic decrease requires careful analysis. As of yet there is no conclusive evidence to determine whether this decrease can be attributed to a growing reluctance on the part of victims to disclose abuse, hesitancy on the part of parents to report, or to an actual decrease in abuse rates. An actual decrease in abuse rates would be an indication that heightened public awareness, prevention programs, joint police-child welfare investigation protocols, and aggressive charging policies have had a positive effect in deterring abusers.

Alternatively, the decrease could mean that victims and non-offending parents are becoming hesitant to involve authorities. According to this explanation, a criminal court response may be perceived as overly intrusive in some instances and may be deterring victims from reporting. Interestingly, the proportion of substantiated cases involving criminal charges has increased dramatically from 35% in 1993 to 76% in 1998 (Trocmé, McPhee, Kwan Tam, & Hay, 1994, Table 5-4; Trocmé, Fallon, MacLaurin, Daciuk, et al., 2002, Table 5-5).

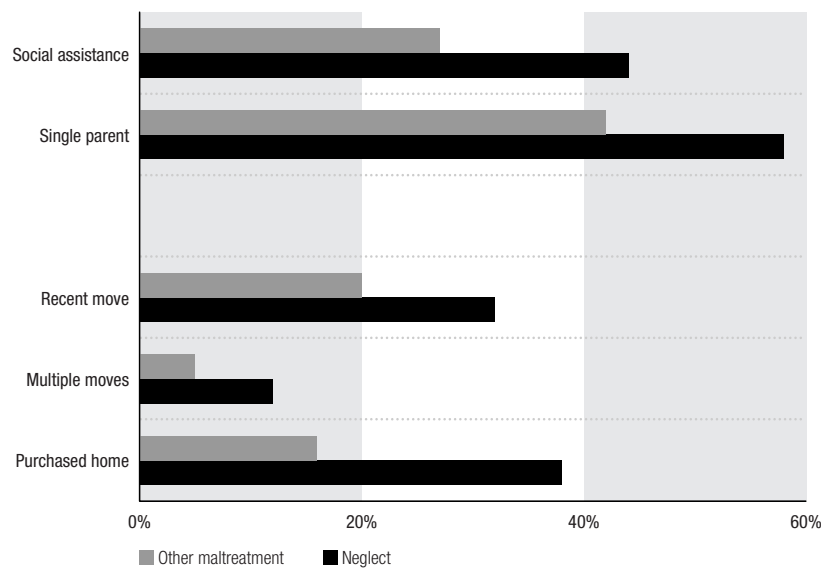
A full analysis of these changes is currently underway and may help to provide more weight to one of the two explanations. Either way, the policy and practice implications are important. If charging policies and prevention programs have been effective, consideration should be given to expanding these programs to other forms of maltreatment. If, however, criminal charge policies are deterring disclosure, attention will need to be given to developing alternative response protocols. Until there is sufficient evidence to support either strategy, support for research on this question should be a priority.

### Neglect and child poverty

The number of substantiated investigations of neglect doubled between 1993 and 1998 from 4,400 investigations to an estimated 8,900 investigations. Increases were noted across all forms of neglect tracked by the OIS 1998, particularly in cases involving inadequate supervision, medical neglect, and permitting maladaptive or criminal behaviour.

While some of this increase may be attributed to growing awareness of the negative effects of child neglect, cuts in social service spending and for services to poor families and the widening income gap between poor and middle class families are also key factors underlying this dramatic increase (see for example Canadian Council on Social Development, 2002). Indeed, of all forms of maltreatment, neglect remains the form of maltreatment the most closely associated with poverty (see for example Drake & Pandey, 1996).

**Figure 5: Household characteristics in cases of substantiated neglect compared to other forms of substantiated maltreatment (OIS 98)**



The OIS 1998 found that poverty was most often noted in cases of neglect. Forty-four percent of neglect cases involved families dependent on social assistance, compared to 27% for other forms of maltreatment (Trocmé, Fallon, MacLaurin, Daciuk, et al., 2002, Table 7-5). In contrast, families reported for other forms of maltreatment were much more likely to live in purchased homes (38% vs. 16%) (Trocmé, Fallon, MacLaurin, Daciuk, et al., 2002, Table 7-6 and Table 7-8), and less likely to have moved within the previous six months (20% vs. 32%).

### Exposure to domestic violence: Who is the maltreating parent?

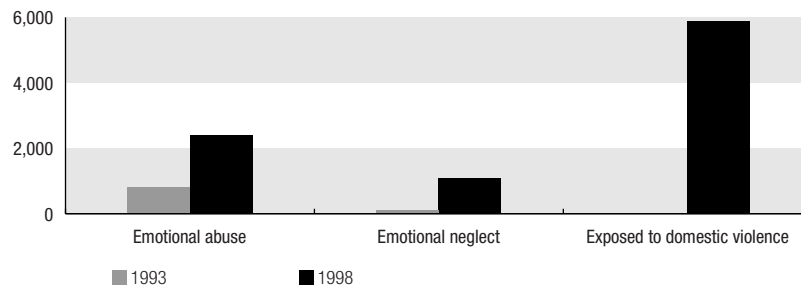
The most dramatic increase in the last five years has been with respect to investigations of emotional maltreatment. A nearly nine-fold increase

brought the number of substantiated emotional maltreatment investigations from 1,000 investigations in 1993 to 8,700 investigations in 1998.

This increase has been largely driven by investigations involving exposure to domestic violence. Exposure to domestic violence was not separately recorded in the 1993 study. Introduced in the 1998 study as a form of emotional maltreatment, exposure to domestic violence was recorded in nearly 6,000 substantiated investigations, 24% of all substantiated cases (Trocmé, Fallon, MacLaurin, & Copp, 2002, Table 2d).

Since 1993, six provinces have added exposure to domestic violence as a category of maltreatment requiring investigation. Specific reference to exposure to domestic violence was not included in the changes to Ontario's Child and Family Services Act. However, amendments broadening the scope of intervention in cases involving emotional maltreatment may have had some impact on the child welfare response to domestic violence, even though they did not include specific reference to domestic violence.

**Figure 6: Forms of substantiated emotional maltreatment (OIS 93-98)**



Reports from professionals and in particular, the police, are responsible for most of the increase in exposure to domestic violence cases. This increase requires the development of services and inter-agency protocols designed to meet the needs of these children without further compromising the victimized parent.<sup>2</sup>

The increase in domestic violence cases reflects growing awareness of the effects of exposure to domestic violence on children. The rapid increase in cases is very similar to the increase in sexual abuse cases in the 1980s. Unlike sexual abuse, however, there has not been the same development of services, protocols, and legislation to address the complexities specific to domestic violence cases. In response to the growing number of sexual

<sup>2</sup> Currently, the Ontario Children's Aid Society Directors of Service network is examining the issue of exposure to domestic violence, its policy implications, and preferred service response.

abuse cases, jurisdictions across Canada developed programs to support victims, protocols to ensure a well-coordinated criminal and child welfare response, and explicit intervention policies designed to remove the perpetrator and keep the victim at home. A similar response is needed to ensure that victims of domestic violence are not put at further risk because they fear losing their children to the child welfare system.

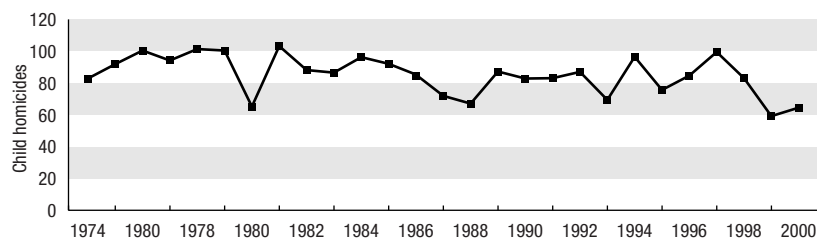
## Endangered safety

Along with analyzing the increase in child welfare caseloads by form of maltreatment, it is also important to examine more closely the severity and types of harm investigated by child welfare authorities. Inquiries into the deaths of children under the supervision of child welfare authorities have placed renewed emphasis on the central importance of protecting children from severe harm and, in the most extreme cases, death.

## Child homicides

The number of child deaths across Canada classified as homicides has not changed over the past 30 years. The Statistics Canada child homicide survey has documented an average of 86 child homicides per year since 1974. While there is little doubt that a number of child homicides are undetected, there is no reason to think that under-detection is a growing problem. The recent increase in public and media awareness of tragic deaths of maltreated children does not, therefore, reflect an increase in the actual rate of child homicides.

**Figure 7: Child homicides in Canada, 1974–2000 (Statistics Canada)**



## Severe harm

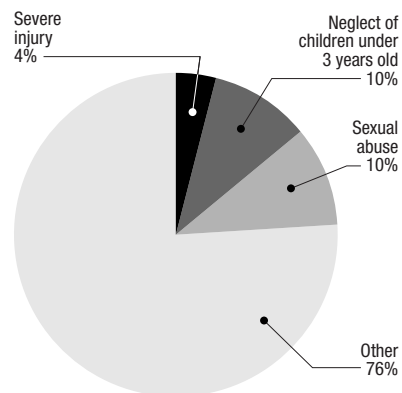
While child deaths are tragic reminders of the potential outcome of severe child abuse and neglect, the protection mandate of child welfare authorities is broader. Severe harm, however, is not a well-defined concept, nor one that is typically tracked by provincial or territorial child welfare informa-



tion systems. It is particularly important to distinguish between the type of harm that potentially requires urgent intervention (i.e., where failure to intervene immediately could lead to severe harm) versus the type of harm that follows from longer term exposure to chronic maltreatment. The former has shaped much of our current response to suspected child abuse and neglect, with safety-assessments and investigation protocols specifying tight response times and giving child welfare workers authority to intervene rapidly and, if need be, drastically.

A maltreatment-specific estimate of severe harm can be derived from the data collected for 1998 Canadian Incidence Study of Reported Child Abuse and Neglect. Severe physical harm (i.e., broken bones, burns, severe

**Figure 8. Substantiated maltreatment by severity of harm (CIS 1998)**



bruises or other injuries severe enough to require medical treatment) was documented in 4% of cases of substantiated abuse or neglect. Neglect of children under three (i.e., children who are young enough that a single incident of neglect could lead to permanent harm) was noted in another 10% of substantiated cases. Sexual abuse, a third type of case in which urgent intervention could be required to protect a child, represents another 10% of substantiated cases. The risk

of immediate severe harm is not as well defined, however, in the remaining 76% of substantiated cases of maltreatment.

## Re-involving the community\*

### When the child's development is at risk

The legislation articulating the principles of the various child welfare systems in Canada encompasses terms of reference far broader than child protection alone. An examination of provincial and territorial child welfare laws reveals frameworks that include concepts of children's security, development, and well-being. (See Table 1.)

\* This section was translated from French by Eve Krakow.

**Table 1. Paramount principles in child welfare legislation across Canada**

<b>Jurisdiction</b>	<b>Paramount principles for intervention</b>
Alberta	<i>"... survival, security or development of the child is endangered..."</i>
British Columbia	<i>"... the safety and well-being of children are the paramount considerations..."</i>
Manitoba	<i>"The best interests of the child shall be the paramount consideration..."</i>
New Brunswick	<i>"... the security or development of the child is in danger."</i>
Newfoundland	<i>"... every child is entitled to be assured of personal safety, health and well-being..."</i>
Northwest Territories & Nunavut	<i>"... the paramount objective of this Act is to promote the best interests, protection and well-being of children"</i>
Nova Scotia	<i>"... the paramount consideration in any placement or intervention is best interests of the child."</i>
Ontario	<i>"The paramount purpose of this Act is to promote the best interests, protection and well-being of children."</i>
Prince Edward Island	<i>"... protect children from harm, due to abuse and neglect, within the context of ... the best interests of the child."</i>
Quebec	<i>"This Act applies to any child whose security or development is or may be considered to be in danger."</i>
Saskatchewan	<i>"The purpose ... of this Act is to promote the well-being of children in need of protection..."</i>
Yukon	<i>"... the best interests of the child shall prevail."</i>

In addition to child protection and risk assessment, interventions should aim to prevent the worsening of situations and the intergenerational perpetuation of child maltreatment. This involves meeting children's various needs to enable their healthy and normal growth—both for children in immediate danger and those at risk in the long term.

Child welfare systems, however, have strayed from these objectives to some degree: workers focus primarily on assessing risks rather than meeting needs (Sandau-Beckler, Salcido, Beckler, Mannes, & Beck, 2002). Investigative approaches are dominated by evidence-gathering and verifying that the danger to the child's security has been reduced. Given the inadequate resources granted to child welfare systems by governments, efforts to support families in meeting the needs of children are limited or non-existent.

For example, in Quebec, child welfare interventions are expected to be short term, to reduce state intrusion into families' private lives (Government of Quebec, 1998). Yet in a large proportion of cases, long-term aid is required. The Quebec Incidence Study of Reported Child Abuse, Neglect, and Serious Behavioural Problems (QIS) found that five main problems were observed in families whose cases were retained by child welfare services in Quebec: poverty, separation or divorce, substance abuse, social isolation, and mental health problems (Tourigny et al., 2002). These families are grappling with multiple difficulties and speed, intensity, and continuity of

support are therefore crucial (Macleod, 2000; Salzer & Bickman, 1997). Too often, specialized protection or treatment services are planned in response to a specific single issue, without considering the family as a whole and independent of issues related to maltreatment prevention and child well-being and development. The prevailing paradigm of child welfare services is concerned with danger and focuses on the child's basic needs and security. In this context, interventions directed towards the parents are of a controlling rather than supportive nature (Kamerman & Kahn, 1990; Pelton, 1990).

Yet children need more than protection: they need to be able to develop. Several studies of cases retained by child welfare services in Quebec show that the children experience significant long-term effects on their physical, cognitive, social, emotional, and behavioural development. Their future ability to integrate socially and professionally is often seriously compromised. In addition, the multiple problems experienced by the parents severely limits their ability to support their child's developmental path (Peirson, Laurendeau, & Chamberland, 2001).

### **Paradigm shift required**

Child welfare workers face tremendous challenges and they are often alone in tackling these Herculean responsibilities. This is of particular concern given the alarming increase in the number of cases reported and the considerable internal and external stresses on child welfare systems which seriously hinders workers' ability to provide adequate support to families. These adverse institutional contexts are not yet widely recognized:

Critics interpret each child's death as the fault of a system that too quickly took the risks to leave children at home and preserve the family. Few took into account that the system is currently under stress with large staff turnover, mounting paperwork, rising costs, declassification of workers, and increasing referrals, often leaving inexperienced workers investigating extremely difficult cases. In addition, the numbers of out-of-home placements is still rising—all in the context of significant funding cuts to social services programs and higher levels of children living in poverty. (Sandau-Beckler et al., 2002, p. 720)

The increased number of child welfare cases across Canada is also indicative of the weakness of the community fabric surrounding these families. Too often, child welfare services are overwhelmed by families with complex, multiple needs. Not only do child welfare service providers feel

helpless to manage unwilling (or only slightly willing) families, but they also have a tendency to externalize their responsibilities to the families. It may appear as though child protection systems have withdrawn from the community or were excluded from it. The community not only tends to delegate full responsibility for saving these children to the mandated child welfare institutions, but also to isolate these children from a network of community partners that could in fact be invaluable to them.

Given this void and lack of collaboration, relations between child welfare workers and parents often deteriorate; social control takes over at the expense of social support. For example, the number of cases retained by the Centre jeunesse de Montréal (CJM) but referred to the courts because a service plan agreement cannot be reached with the parents has grown to a rate of 72% in 2001-2002. There has also been a 76% increase since 1997 in the total number of emergency legal appeals involving the CJM (Potvin & Dionne, 2003). More often than not, workers' relationships with families are adversarial and generate mutual mistrust, conflict, and feelings of helplessness (Sandau-Beckler et al., 2002). Under these circumstances, recourse to out-of-home placement is predictable. The number of children in care is in fact on the rise (Lessard, 2002; Kamerman & Kahn, 1990). Placement while the evaluation is being carried out is more probable when the worker notes more than one problem, as well as a greater need of services, for both the parent and the child (Tourigny, Jacob, Poirier, Julien, & Doray, in press). In fact, placement is often considered as a means of coping with the heavy caseload and lack of partners.

## A continuum of action

The gap between child welfare systems and the community produces a second cleavage: the objectives of protection and treatment versus those of prevention and promotion. Child welfare has an effective system for handling emergencies, which represent about 25% of the children reported. In light of the increase in reported cases of abuse and neglect and a focus on risk assessment, too little energy is devoted to mitigating the effects of maltreatment on children. Nor is sufficient action taken to deal with exacerbating factors contributing to the recurrence of maltreatment. For example, the duration and recurrence of neglect are especially high. Some studies show that 65% of situations of neglect have been going on for more than six years (Éthier, Couture, & Lacharité, in press; Tourigny et al., 2002). As well, a Quebec study reveals that after 10 years, only 25% of situations of neglect are stopped definitively; 25% are curbed temporarily but then reported again, and 50% require ongoing services (Éthier, Lemelin, & Desaulniers, 2003).

Finally, the children and their families involved with child welfare services are not given sufficient opportunities to grow and flourish. The promotion of well-being is often perceived as a luxury for this clientele and they are frequently denied programs and resources in the community. In this respect, there seems to be confusion between the target and the strategies. Universal programs are organized for the entire population, and targeted programs for groups in certain risk categories, while the prescribed programs are often aimed at groups requiring intensive services (Prillentsky et al., 2001). Promotion and prevention strategies are developed almost exclusively by the organizations that develop universal and selective programs, while treatment and protection are carried out by protection services or second-line organizations providing specialized services. Yet vulnerable families and maltreated children need to be able to access all of the services available in the community. Children need more than security. They also need to be stimulated, to play, and to develop.

In summary, children and families reported to and monitored by child welfare systems have many vulnerabilities and serious problems can affect their prognosis for future development. The community, in its broadest sense, neglects these families; institutions label them and society rejects them. We believe a community-level change is essential to counter this. As noted by Ronnau & Sallee in 1993, among others, child welfare systems and their partners need to be reoriented to better respond to the needs of families, to involve parents in defining intervention plans, and to build on parents' strengths so that they, in turn, can mobilize to support their child's development (cited in Sandau-Beckler et al., 2002; Mallucio, 1990).

### **An approach centred on needs**

An approach centred on children's and families' needs is gaining acceptance in the field (Sandau-Beckler et al., 2002; Hardiker, et al., 2002; Tunnard, 2002; Ward, 1995). In England, the Children Act, introduced in 1989, proved to be a powerful legislative tool that considerably influenced the reorganization of services to children in need, both nationally and locally. This led to the development of standards of practice and performance indicators directed not only towards children's security but also towards their development (Staham & Aldgate, 2003). Studies carried out while this law was being implemented underscored that investigation should not be separated from needs assessment, in the majority of cases.

The system of separating child protection inquiries and family support assessment was ineffective and counterproductive to meeting the needs of children and families. The studies suggested that, by separating the two systems, some children had missed the

value of early intervention to prevent more intrusive and intensive activity at a later stage. (Statham & Aldgate, 2003, p.154)

Conversely, Brandon and colleagues (1999) note that allowing security issues to be eclipsed by the more general assessment of needs for services to families also carries the risk of minimizing the danger threatening the child (cited in Statham & Aldgate, 2003). The challenge is therefore to strengthen the links between the assessment of the child's specific needs and the services offered by the various organizations concerned.

In this respect, the tools developed by the Looking After Children project to evaluate needs and monitor children placed in care are very pertinent (Ward & Rose, 2002). Action and assessment records are designed to identify three evaluation components: clear indicators to follow the child's development based on age; the evaluation of the parent's capacities to meet the child's various needs (i.e., basic care, security, stability, love, stimulation, supervision); and family and environmental factors that could affect these parental capacities (i.e., family history and functioning, extended family, social integration, and living conditions). According to some studies, this evaluation grid serves as a valuable reference tool and can be used to establish constructive communication channels between workers and families and to develop intervention plans that are adapted and sensitive to individual children and their families (Statham & Aldgate, 2003). The capacity to develop fruitful partnerships with the family and other organizations is a crucial factor in changing current practices.

## Partnerships

### Collaboration with the family

Working in partnership with parents is a formidable challenge for social workers. According to Freeman & Hunt (1998) it is not an end in itself but an important means of fostering the child's development, particularly when the intervention is implemented on a voluntary basis (cited in Statham & Aldgate, 2003). The conditions contributing to the successful creation of a collaborative relationship must be present at all stages of the evaluation process, specifically referral, assessment, planning, implementation of the intervention plan (Sandau-Beckler et al., 2002; Brun & Rapp, 2001; Statham & Aldgate, 2003).

Building a partnership with the child is equally necessary. The Children Act is particularly innovative on this point, insisting on the importance of allowing children to express their desires and feelings as well as ensuring the child is included in the planning and decision-making process.

## Collaboration with the community

If child welfare workers are to better respond to the various needs of the families they serve, they need to be able to rely on community resources, such as family resource centres that welcome all families and offer a range of services and activities. Additional strategies include developing partnerships with other family-serving agencies and neighbourhood community organizations. Ensuring proper coordination among various services is a priority. The Children Act details the basic principles of a working relationship among different organizations representing a range of sectors, including health, social services, education, and housing. However, studies by Statham (2001) on the implementation of this legislation show that assessment, planning, implementation, and follow-up of the intervention plans were very slow to be developed (cited in Statham & Aldgate, 2003).

The fragmentation of mandates and budgets is a serious obstacle to mobilizing all stakeholders to consider the whole child. However, there are some encouraging examples of collaborative practices between child protection services and community organizations (Aldgate & Bradley, 1999). More explicit measures must be taken to stimulate collaborative working toward common objectives and activities. There needs to be a greater sharing of resources, which sometimes means merging budgets. Finally, coordination mechanisms must be clear so that agreements are established on solid and durable foundations.

In summary, interventions must be more holistic, intersectoral, and go beyond individual interests. The fragmentation of aid, resulting from the strict definitions of organizational mandates, affects the allocation of human resources, compartmentalizes the work, and results in parallelism, redundancy, and sometimes competition between organizations (White, Jobin, McCann, & Morin, 2002). These issues must be resolved in the child and family's interest as they have a right to receive the best support possible. Figure 9 illustrates the desired relationships to be developed across community sectors.

**Figure 9. Shared and convergent objectives among the services available within the community**



## Levels of action

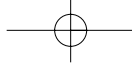
The entire community must be called upon to assist vulnerable children and their families, at all levels. For example, integrating a child into a therapy group for sexually abused children can help in expressing feelings and reduce isolation. Integrating a parent into a professional development program can help alleviate depression, increase income, offer access to a more diversified social network, and provide a positive example to the children. In other words, preventive activities can promote the development of the children and the parents.

If we are to modify the life trajectories of maltreated children, we must develop three broad lines of action. First are those focusing on child protection and treatment, implemented by child protection services. Secondly are actions linked to prevention and the promotion of well-being, which decrease the risk factors, increase resilience, and provide opportunities for children, youth, and parents; these programs are universal or targeted. The third level of action, too often neglected by workers in psychosocial intervention sectors, concerns improving living conditions. This is generally the responsibility of housing, transportation, employment, or economic development sectors. The precarious living conditions of families involved with child welfare services no longer need to be proven, especially in cases of neglect (Tourigny et al., 2002; Trocmé et al., 2001). Parental competencies are, of course, a necessary condition for taking care of and educating a child; however, they are not sufficient in themselves. These families live in dire situations that need to be improved. A synthesis of potential actions is presented in [Table 2](#).

**Table 2. Possible levels of action**

Targets	Examples
Access to specialized clinical services	<ul style="list-style-type: none"> <li>• Group therapy for sexually abused children</li> <li>• Support groups for children in foster care</li> <li>• Counselling for adult substance abusers</li> <li>• Shelter for battered women</li> <li>• Individual therapy</li> </ul>
Development and consolidation of programs for parents and their children	<ul style="list-style-type: none"> <li>• Homework assistance</li> <li>• Early reading program</li> <li>• Recreation, music, sports programs</li> <li>• Parenting classes</li> <li>• Day camps</li> <li>• Respite care</li> <li>• Educational field trips</li> <li>• Conflict resolution program</li> </ul>
Improvement of families' living conditions and lifestyle habits	<ul style="list-style-type: none"> <li>• Access to clean and safe housing</li> <li>• Employability program</li> <li>• Transportation service</li> <li>• Group kitchens</li> </ul>





## Conclusion

Child maltreatment is a multidimensional social problem. The severity and types of maltreatment call for more detailed analyses. More extreme forms of maltreatment may require a rigorous and cautious investigation of the dangers whereas less serious forms may require a holistic child and family-centred needs approach. Children and families reported to child protection services are a heterogeneous clientele and require diverse responses, ranging from short-term, crisis intervention with a family preservation approach to long-term, continuous support. Child protection systems must be able to vary their strategies and effectively collaborate with the legal system, specialized treatment services, and community programs. But whatever the objectives of the intervention plan, child welfare workers can no longer work alone.

