

CHILD PROTECTION SERVICES

Hastings County Children's Aid Society	
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Hours of Operation:

**24 hours per day, 7 days per week, for emergency services.
Business hours: 8:30 a.m. – 4:30 p.m. Monday - Friday**

Introduction

The Hastings Children's Aid Society (HCAS) is mandated to provide professional child protection services which safeguard children, support nurturing environments, and strengthen families as legislated by and in accordance with the Child and Family Services Act (CFSA). The purpose of the CFSA is to promote the best interests, protection, and well being of children.

More specifically the functions of Hastings Children's Aid Society are to:

- investigate allegations or evidence that children under the age of sixteen (16) years may be in need of protection and when necessary, protects these children;
- protect, where necessary, children who are under the age of 16 years or are in the Society's care or under its supervision;
- provide guidance, counselling and other services to families designed to protect children or for the prevention of circumstances requiring the protection of children;
- provide care for children assigned or committed to its care under the CFSA
- place children for adoption under PART VII of the CFSA; -and-
- perform any other duties given to it by the CFSA or any other act.

The HCAS works with service partners and the community to ensure the safety, well-being and stability of children and youth. Community partners work together with the

Society to prevent abuse and neglect, improve child safety and maintain children's health and wellness and support and strengthen families to better care for children.

Various formal orders and standards guide and inform the development and delivery of these services; including the Ontario Child Protection Standards, and Family Court Orders.

One responsibility of HCAS is to recognize that children can be primary and secondary victims of partner abuse. The most common area in which the CAS is involved in partner abuse is where there is a risk of physical harm or a risk of emotional harm to the child as a result of the incident.

It is especially important that victims of partner abuse understand the following in relation to their involvement with the HCAS:

1. The Child and Family Services Act directs all professionals, service providers and community members to report any allegations or suspicions of a child in need of protection to the HCAS. It is against the law for any service provider to keep this kind of information confidential.
2. All referrals are universally screened for the presence of partner abuse.
3. Exposure to or witnessing partner abuse may put children at risk of physical injury or emotional harm, however a referral in which the only allegation is exposure to partner abuse does not in itself meet the definition of a child in need of protection under the CFSA.
4. HCAS works with the Family Court system to protect and safeguard children. The activities and orders of Family Court are completely separate and distinct from any involvement the family members may have with the Criminal Court system.

Community and Professional Duty to Report

Section 72 of the CFSA clearly outlines the duty of community members and professionals to report if a child is or may be in need of protection and describes in detail what must be reported.

A professional must report reasonable grounds to suspect the following to the HCAS **directly** and on an **ongoing basis**, meaning they cannot rely on anyone else within their organization to report and they must continue to report additional or new concerns in relation to any given child even if they have made a previous report with respect to the same child:

- physical harm, or risk child is likely to suffer physical harm;
- sexual molestation or sexual exploitation, or risk child is likely to suffer sexual molestation or sexual exploitation;

- failure to provide required medical treatment;
- emotional harm as demonstrated by anxiety, depression, withdrawal, self destructive or aggressive behaviour, or delayed development, or risk of same;
- failure to provide treatment required to remedy a mental, emotional, or developmental condition that could seriously impair the child's development
- abandonment;
- encouragement given by parent or legal guardian to a child less than twelve years old to commit violent crimes against persons or property and that persons failure to supervise that child adequately;
- failure to provide appropriate services or treatment to a child less than twelve (12) years old who has committed violent crimes against persons or property.

The duty to report applies to exposure to or witnessing partner abuse which, in some instances, may result in and/or create the risk of physical injury or emotional harm for some children. A referral in which the only allegation is exposure to partner abuse does not in itself meet the definition of a child in need of protection under the Child and Family Services Act. When receiving a report regarding partner abuse, the primary focus is on gathering and assessing how the violence has resulted in, or is raising the risk of abuse and or neglect. Admission to a women's shelter or environment with other services and programs for victims of partner abuse does not automatically require a referral be made to HCAS. Professionals are expected to use their judgment when evaluating any given situation in relation to the CFSA.

The HCAS and Three Oaks Foundation are signatories to a collaborative agreement, or inter-agency protocol, designed to promote effective and cooperative relationship between these two organizations, facilitate consistent reporting practices, and highlight the unique confidentiality, safety and security issues that must be given due consideration when working with adult victims of partner abuse. A similar collaborative agreement has been developed between CAS and the Domestic Violence Sexual Assault Response Program (see Collaborative Strategies section of Protocol).

The HCAS in partnership with the Crown Attorney, Police Services, Victim Witness Assistance Program, Lennox & Addington Family & Children's Services are signatories to a protocol titled: Child Protection Protocol: A Coordinated Response in Eastern Ontario. The protocol outlines the roles and responsibilities of HCAS workers and police officers when investigation allegations of physical and sexual abuse of children (see Collaborative Strategies section of Protocol).

Overview of Specific Procedures and Services

1. INITIAL RESPONSE TO REPORTS AND ALLEGATIONS OF CHILD PROTECTION MATTERS

Referrals to HCAS are received by the Intake Team. The referral source is asked to provide basic information, such as a description of the situation or incident that

precipitated the call, the current location of the child, and identifying and contact information for the child, parents(s), and alleged perpetrator(s). As well as information about the child and family's functioning to assist the child protection worker in assessing the most appropriate response that will meet their needs and ensure the child's safety and well being. Additionally the referral source will be asked, to describe supports that may be available to the family.

The worker, in consultation with a supervisor, will determine if a protection investigation needs to be initiated. This decision making will include the referral source information, child(ren)'s vulnerability, child(ren)'s and family's needs and protective supports. As well, consideration of the eligibility spectrum and a recommended response which may include:

- initiating a child protection investigation with a response time in keeping with the level of present or threat to the safety of a child
- reaching out to the family through telephone contact to assist in making a "community link" to another service within the community that will assist the family
- documenting the information but not initiating any direct contact with the family.

The approach to decision making will reflect the revised Child Protection Standards proclaimed on April 2, 2007.

The response and provision of child protection services will include:

Eligibility spectrum review: This tool is used to determine how the situations as described might be considered in terms of eligibility for service. Exposure to domestic violence is a risk factor for children especially if it co-occurs with other forms of child maltreatment. Child protection intervention is required when the risk factors present an immediate safety threat or longer term risk of maltreatment or harm. Risk of child maltreatment exists on a continuum, from low to high risk. The determination that a child may be in need of protection as a result of exposure to domestic violence is made based on judgment as to risk arising from the adult conflict or exposure to domestic violence. When risk is not assessed as high the child protection worker will usually offer children and their families assistance in contacting voluntary community based assessments and services.

A safety assessment: a brief assessment to determine the level of immediate danger to a child. This process leads to a safety decision which includes the identification of interventions currently needed to protect the child. This is completed as part of the first contact with the child and family.

Risk assessment: considers the likelihood of future maltreatment of a child. This assessment begins at the first contact with a family. The assessment is a tool to organize the information to support decision-making about future risk to a child. The child protection worker must determine and consider the implications of verbal aggression,

isolation and intimidation, threats of harm, incidents of physical violence between family members, imbalance of power and control between partners, and repeated or serious physical violence or substantial risk of serious physical violence in the family.

Assessment of family’s strengths and needs: a tool that reflects the strengths and resources of each parent and child as well as identifying the needs of each family member. This information supports the development of a service plan that can utilize family strengths and target the areas of need. Information is gathered from the family, those they identify as immediate and extended family members, members of cultural communities such as Band and aboriginal representatives with the objective to gather a full understanding of strengths, needs and supports available to families to reduce the risk to a child and to reduce the need for child protection interventions to address the risk.

Plan of Service: determine outcomes and service required to reduce risk.

2. INVESTIGATION OF ALLEGATIONS

The HCAS and local police services have developed and approved protocols relating to the investigation of allegations of physical and sexual abuse of children. The CAS notifies police services of all such allegations; police officers notify HCAS of any reports or allegations brought to their attention. The police may conduct a joint investigation with HCAS workers or they may complete an independent investigation at their discretion.

In instances when a HCAS worker is concerned for his/her personal safety, police services will be requested to provide accompaniment even though they may not actively participate in the investigative interview.

3. RESPONDING TO ALLEGATIONS OF HARM RESULTING FROM EXPOSURE TO PARTNER ABUSE

Recently, the child welfare sector in Ontario has initiated a “Transformation Agenda” which aims: “To develop an effective, sustainable system that protects children at risk of maltreatment and improves their quality of life by collaboration with each other, with families and community partners.” The HCAS has initiated a differential response to situations involving partner abuse, providing families with support, social work services and access to appropriate community resources rather than initiating a forensic investigation as outlined above.

A differential response to victims of partner abuse and their children MAY be offered in those instances when:

- The family is willing to access community supports and services;
- Risk and safety assessments, or other collateral information suggest that there are no immediate safety concerns;
- The nature of the partner abuse is not severe or recurring; and
- The victim has not sustained any physical injuries as a result of the partner abuse or the offender is permanently out of the home.

4. RESPONDING TO ALLEGATIONS OF PARTNER ABUSE WHEN IT INVOLVES STAFF OR OTHERS ASSOCIATED WITH THE SOCIETY

The HCAS has an interagency investigation protocol with 5 other Societies, regarding sensitive allegations of child abuse. This protocol outlines the process for involving an external Society to carry out an investigation which may otherwise place the Society in a real or perceived conflict of interest if it were to carry out the investigation.

The following groups of people with whom HCAS often have either, reporting, financial, professional or personal relationship which are most often cited as involving real or potential conflict of interest:

- employees
- family members
- volunteers
- board members
- persons who are in a position of authority regarding the Society for example Judges and Ministry of Community & Social Services personnel,
- police & law enforcement
- foster parents

The HCAS has an obligation to ensure allegations are investigated in a profession manner and reflecting compliance with the Revised Standards and Guidelines for Investigation of Child Abuse Cases.

5. ONGOING AND FOLLOW-UP SERVICES

In those instances when it is determined that a child is in need of protection and the HCAS maintains an open file in relation to the child/family, a comprehensive **Plan of Service** is developed. The child protection worker makes every effort to work cooperatively with the parent(s), alternate care givers, and community service providers to develop and implement a comprehensive plan to ensure the protection, well being, and best interest of the child/ren. The child protection worker will share information about appropriate community resources when working with victims of partner abuse and their children, make referrals to said resources, and help clients access these resources in a timely manner. If necessary, the HCAS will apply for a court order to facilitate information sharing and cooperation with appropriate community agencies. Reassessment following service delivery will occur on a continuing basis and particularly at any time there are significant changes in the family functioning and at least every six months.

Accessibility

The offices of the HCAS are accessible to both manual and electric wheelchair users, including an automatic door opener at the main entrance, wheelchair accessible washroom facilities, and designated wheelchair parking.

The HCAS has a TTY service and designated funding available to arrange ASL interpretation services for Deaf, deafened and hard of hearing clients when necessary. In addition, HCAS has resources available to assist with transportation for clients when needed.

The HCAS has video/tele-conferencing capabilities.

Accountability and Complaints

A representative from Hastings CAS will participate on the CCAV, HART, and the Domestic Violence Court Advisory Committee.

Complaints or concerns regarding the policies of the HCAS, the services provided by the Society, or the conduct of one or more specific staff members are dealt with in accordance with the written document “Resolving Issues Working Together.” This document outlines the Society’s response to complaint/concerns. The procedure is designed to help the Society resolve any differences of opinion or conflicts with clients as early and as quickly as possible.

Any person who has sought or received services from the HCAS is eligible to file a complaint. Clients are encouraged to address complaints with the frontline worker involved with the client/family. In the event that the client is not satisfied by the action taken or resolution suggested by the worker, they may contact the staff member’s supervisor to discuss the concerns. If resolution is not possible at this level, the client may contact the supervisor’s branch manager or Service Manager. If the client is not satisfied the client may file a formal complaint by letter or e-mail to the Society’s Director of Services. The client will receive a written response within 7 days informing whether or not complaint is eligible for review. If the complaint is eligible for review, a meeting to try and resolve the complaint and determine what steps should be taken will be arranged with client with the Internal Complaint Review Panel within 14 days. The client will receive a written summary of the results of the meeting, including any agreed upon steps. The client may contact the Child and Family Services Review Board. This provides for clients an opportunity to have their complaints about the services they have received from a HCAS heard by an internal complaints panel or responded to directly by the Child and Family Services Review Board. Clients are encouraged to talk with their worker or their worker’s manager about their complaints however this is not required.

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Child and Family Services Review Board: 1-888-728-8823

The HCAS will have representation on the Quinte Coordinating Committee Against Violence, the Domestic Violence Court Advisory Committee and will participate in the HART process.