COLLABORATION AGREEMENT FOR THE CHILDREN'S AID SOCIETIES AND VIOLENCE AGAINST WOMEN AGENCIES

OF

TORONTO

Effective April 1, 2004

AGREEMENT TO COLLABORATE

Declaration of Commitment

We, the following Children's Aid Societies:
Catholic Children's Aid Society of Toronto, Children's Aid Society of Toronto, Jewish Family and Child Service of Greater Toronto, Native Child and Family Services of Toronto

And

We, the following Violence Against Women agencies:
Abrigo Centre, Anduhyaun Inc, Assaulted Women's Helpline, Barbara Schlifer Commemorative Clinic, Catholic Family Services, Centre for Spanish Speaking Peoples, Chinese Family Services of Ontario, COSTI-IIAS Immigrant Services, Earlscourt Crèche Child Development Institute, Emily Stowe Shelter for Women, Ernestine's Women's Shelter, Etobicoke Children's Centre (WESAT), Family Service Association of Toronto, Flemingdon Neighbourhood Services, Greek Orthodox Family Services, Homeward Family Shelter (Julliette's Place), Interval House, Jamaican Canadian Association, Jewish Family and Child Service of Greater Toronto, Korean-Canadian Women's Association, Native Child and Family Services of Toronto, North York Women's Shelter, Oasis Centre des femmes, Parkdale Community Health Centre, Redwood Shelter for Abused Women, Riverdale Immigrant Women's Centre, SEAS Centre, South Asian Family Support Services, St. Christopher House, Thorncliffe Neighbourhood Office, Tropicana Community Services, Women's Habitat, Women's Hostels Inc. (Nellie's), WoodGreen Red Door Family Shelter, Yorktown Shelter for Women, and The YWCA of Greater Toronto.

Agree that in order to effectively end violence against women and children, service coordination between VAW and CAS agencies along with a shared understanding of woman abuse and child abuse and neglect is essential.

We have participated in the development of this CAS/VAW Agreement and hereby affirm our commitment to its ongoing implementation.

Our monitoring and accountability process is appended hereto, and we affirm our commitment to adhere to it.

We understand that the success of this agreement is based on the ability of agencies and sectors to adapt their structures, and that increased resources would be important to ensure successful implementation of this agreement.

In recognition of the specific nature of anonymous crisis line services, such as the Assaulted Women's Helpline and Elle-écoute, these services are not bound by this agreement.

We recognize that from time to time there may be professional differences in judgment that hinder our collaborative efforts; when these differences occur, we will seek resolution through current practices in each agency and through our conflict resolution process (Appendix One)

Dated this ___ day of ______ , 2004.

Children's Aid Societies	
Signature Executive Director Position Catholic Children's Aid Society of Toronto Agency	Signature Board Representative Position Catholic Children's Aid Society of Toronto Agency
Signature Executive Director Position Children's Aid Society of Toronto Agency	Signature Board Representative Position Children's Aid Society of Toronto Agency
Signature Executive Director Position Jewish Family and Child Service of Greater Toronto Agency	Signature Board Representative Position Jewish Family and Child Service of Greater Toronto Agency
Signature Executive Director Position Native Child and Family Services of Toronto * Agency	Signature Board Representative Position Native Child and Family Services of Toronto * Agency
* Upon designation as a Children's Aid Society, Native Child and Family Services of Toronto will become a signatory of this part of the agreement.	

Violence Against Women Agencies	
Signature Executive Director Position Abrigo Centre Agency	Signature Board Representative Position Abrigo Centre Agency
Signature Chief Executive Officer Position Anduhyaun Inc. Agency	Signature Board Representative Position Anduhyaun Inc. Agency
Signature Executive Director Position Assaulted Women's Helpline Agency	Signature Board Representative Position Assaulted Women's Helpline Agency
Signature Executive Director Position Barbra Schlifer Commemorative Clinic Agency	Signature Board Representative Position Barbra Schlifer Commemorative Clinic Agency

Signature Executive Director Position Catholic Family Services of Toronto Agency	Signature Board Representative Position Catholic Family Services of Toronto Agency
Signature Executive Director Position Centre for Spanish Speaking Peoples Agency	Signature Board Representative Position Centre for Spanish Speaking Peoples Agency
Signature Executive Director Chinese Family Services of Ontario Agency	Signature Board Representative Position Chinese Family Services of Ontario Agency
Signature Executive Director Position COSTI-IIAS Immigrant Services Agency	Signature Board Representative Position COSTI-IIAS Immigrant Services Agency
Signature	Signature

Executive Director ______________________ Position Earlscourt Crèche Child Development Institute ______________________ Agency	Board Representative ______________________ Position Earlscourt Crèche Child Development Institute ______________________ Agency
______________________ Signature Executive Director ______________________ Position Emily Stowe Shelter for Women ______________________ Agency	______________________ Signature Board Representative ______________________ Position Emily Stowe Shelter for Women ______________________ Agency
______________________ Signature Collective Representative ______________________ Position Ernestine's Women's Shelter ______________________ Agency	______________________ Signature Board Representative ______________________ Position Ernestine's Women's Shelter ______________________ Agency
______________________ Signature Executive Director ______________________ Position The Etobicoke Children's Centre (West End Sexual Abuse Treatment Program) ______________________ Agency	______________________ Signature Board Representative ______________________ Position The Etobicoke Children's Centre (West End Sexual Abuse Treatment Program) ______________________ Agency
______________________	______________________

Signature Executive Director Position Family Service Association of Toronto Agency	Signature Board Representative Position Family Service Association of Toronto Agency
Signature Executive Director Position Flemingdon Neighbourhood Services Agency	Signature Board Representative Position Flemingdon Neighbourhood Services Agency
Signature Executive Director Position Greek Orthodox Family Services Agency	Signature Board Representative Position Greek Orthodox Family Services Agency
Signature Executive Director Position Homeward Family Shelter Agency	Signature Board Representative Position Homeward Family Shelter Agency
Signature Collective Representative Position Interval House Agency	Signature Board Representative Position Interval House Agency

Signature Executive Director Position Jamaican Canadian Association Agency	Signature Board Representative Position Jamaican Canadian Association Agency
Signature Executive Director Position Jewish Family & Child Service of Greater Toronto Agency	Signature Board Representative Position Jewish Family & Child Service of Greater Toronto Agency
Signature Executive Director Position Korean-Canadian Women's Association Agency	Signature Board Representative Position Korean-Canadian Women's Association Agency

Signature Executive Director Position Native Child & Family Services Of Toronto Agency	Signature Board Representative Position Native Child & Family Services of Toronto Agency
Signature Executive Director	Signature Board Representative

Position	Position
North York Women's Shelter Agency	North York Women's Shelter Agency
Signature	Signature
Executive Director Position	Board Representative Position
Oasis Centre des Femmes Agency	Oasis Centre des Femmes Agency
Signature Executive Director Position Parkdale Community Health Centre Agency	Signature Board Representative Position Parkdale Community Health Centre Agency
Signature Executive Director Position Riverdale Immigrant Women's Centre Agency	Signature Board Representative Position Riverdale Immigrant Women's Centre Agency
Signature Executive Director Position SEAS Centre (Support Enhance Access	Signature Board Representative Position SEAS Centre (Support Enhance Access

Services) Agency	Services Agency
Signature Executive Director Position South Asian Family Support Services Agency	Signature Board Representative Position South Asian Family Support Services Agency
Signature Executive Director Position St. Christopher House Agency	Signature Board Representative Position St. Christopher House Agency
Signature Executive Director Position The Redwood Shelter for Abused Women Agency	Signature Board Representative Position The Redwood Shelter for Abused Women Agency
Signature Executive Director Position Thorncliffe Neighbourhood Office Agency	Signature Board Representative Position Thorncliffe Neighbourhood Office Agency

Signature Executive Director Position Tropicana Community Services Agency	Signature Board Representative Position Tropicana Community Services Agency
Signature Executive Director Position Women's Habitat Agency	Signature Board Representative Position Women's Habitat Agency
Signature Executive Director Position Women's Hostels Inc. (Nellie's) Agency	Signature Board Representative Position Women's Hostels Inc. (Nellie's) Agency
Signature Executive Director Position WoodGreen Red Door Family Shelter Agency	Signature Board Representative Position WoodGreen Red Door Family Shelter Agency
Signature	Signature

Executive Director Position Yorktown Shelter for Women Agency	Board Representative Position Yorktown Shelter for Women Agency
Signature Executive Director Position YWCA of Greater Toronto Agency	Signature Board Representative Position YWCA of Greater Toronto Agency

PART A: INTRODUCTION AND OVERVIEW

1 PURPOSE OF THE CAS/VAW COLLABORATION AGREEMENT

This Agreement has been developed to assist us to collaborate more effectively in order to increase the safety and well being of children by:

- ⇨ helping women to be safe, and
- ⇨ making the best use of the means available to hold the perpetrator accountable for harming and being a risk to the women and their children.
- ⇨ using this agreement as a template for collaboration with other sectors

We recognize that the criminal justice and family law systems have primary responsibility for holding perpetrators accountable and coordination between systems is required. This said, both sectors agree to provide information that supports these systems in holding perpetrators accountable whenever possible[1].

2 MANDATES OF PARTICIPATING AGENCIES

2.1 CAS agencies: The primary mandate of children's aid societies is

- The paramount purpose of the Child and Family Services Act (CFSA) as mandated through the four Child Welfare agencies in Toronto, namely the Children's Aid Society of Toronto, the Catholic Children's Aid Society of Toronto, Jewish Family and Child Service of Toronto and Native Child and Family Services of Toronto, is to promote the best interests, protection and well-being of children. Secondarily and whenever possible, services to children and their families should be provided in a manner that supports the autonomy and integrity of the family and respects cultural, religious, linguistic and regional differences.

2.2 VAW agencies: The primary mandate of violence against women agencies is

- The primary mandate of Violence Against Women services is to increase the safety and promote the right to self determination of women and their children, who have experienced violence and/or abuse. We provide shelter, counseling, support and advocacy. We work towards the elimination of violence in the lives of women, children and their communities. We recognize the unique individual, familial, historical and cultural contexts in which violence occurs. We work within an anti-racist, anti-oppression and gendered framework.

3 VALUES THAT WILL GUIDE OUR COLLABORATION

These values are not in order of priority.

The following values will guide our work together:

1. Ensuring the safety and well being of children is paramount, as children are most vulnerable and have the least power in our society.

2. Increasing the safety of abused women will increase the safety and well being of children, and we value and understand the importance of the mother/child relationship.

3. Working together increases safety for women and children and decreases chances for re-victimization.

4. Child abuse and woman abuse are often the result of abuse of power in family relationships. Neither women nor children can be responsible for changing the abuser's behaviour.

5. All children experience a range of trauma in families where women are abused.

6. Perpetrators must be held accountable for their abusive behaviour.

7. CAS and VAW services can provide a community leadership role to influence system changes that advocate for the elimination of systemic inequality.

8. Women have a right to self determination. We believe women are experts in their own lives and we value their lived experience.

9. Women have a right to receive support and service from where they choose, in a manner that respects diversity and difference (respecting mandated restrictions and agreements). Families have a right to receive service in a culturally and linguistically sensitive manner.

10. Teamwork and partnerships between sectors fosters communication, mutual respect and cross-sectoral collaboration, resulting in better outcomes for women and children.

11. We recognize that within an anti-oppressive, anti-racist framework, the historical realities of communities must be considered in service planning and service delivery.

12. We recognize that the intersection of issues of race, culture, class, sexual orientation, ability, status, language, religion and age are fundamental to an understanding of the families we serve.

13. We believe in a holistic approach to addressing violence in families. To this end, healing and service responses must be individualized.

14. Violence and oppression exists in all communities, and must be eliminated.

15. Women have a right to equality and safety. Social and economic inequity impacts women's ability to protect themselves and their children. Such systemic inequality increases vulnerability and limits access to services and must be addressed in service planning.

16. Systemic oppression exists, and we commit to providing service within an anti-racist, anti-oppression framework.

17. We recognize the importance of evaluation of the implementation of this agreement and commit to participate in an evaluation of the protocol.

18. We commit to exploring shared training opportunities between the sectors as we believe that training and development can enhance service delivery and the effective implementation of the protocol.

4. PRINCIPLES OF INTERVENTION FOR CAS AND VAW COLLABORATIVE WORK

Intervening in situations involving woman abuse should be done in a manner that supports women and their children, and that uses the means available to the VAW and CAS sectors, within the confines of their mandates, to hold the perpetrator of abuse accountable for the violence. Any intervention with families must be guided by current knowledge about the dynamics of violence against women and the impact of inequality.

To this end, when intervening in situations where woman abuse is present we will be guided by the following principles:

- Protecting children is the first priority.
- Protecting abused women helps protect their children.
- Providing supportive recourse to women will help them protect and care for their children.
- Respecting the woman's right to direct her own life is critical.
- The perpetrator, not the victim, should be held accountable for the abusive behaviour.
- We agree to hold central the values we have defined in this agreement. To this end, the following subsections (Appendix Two) have been created to recognize and create understanding of differential impacts and service needs for women in diverse communities:
  - Aboriginal
  - Ethno-racial-cultural
  - Francophone
  - Other equity seeking groups
- VAW and CAS sectors will endeavor to work cooperatively and deliver a consistent message in their work with clients.
- Unless disclosure is required by law, the woman's consent[2] is required for sharing client information between agencies and sectors.

The order of the above list does not reflect assigning priority.

5. AGREEMENT TO UNDERSTAND AND RESPECT SECTOR DIFFERENCES

VAW and CAS sectors have different mandates, philosophies, terminologies and legislative powers that are integral to the ability of each sector to deliver their services. It is not necessary for us to overcome all of these differences in order to work together. In many cases, our different capabilities and experiences can enrich our work together.

In recognition of the standardized terminologies specific to child welfare services in Ontario, a glossary is included to identify and describe these terms (Appendix Three). This glossary also includes a definition of 'oppression' that is shared by both the CAS and VAW sectors.

6. WHEN WE WILL COLLABORATE: POINTS WHERE OUR WORK INTERSECTS

We, the participating agencies, agree to develop collaborative actions for each of the following points where our work intersects:

- (1) A CAS has received a referral/report/information that a child may be in need of protection. The CAS worker suspects or learns that woman abuse may be/is occurring in the home.
- (2) The CAS worker is assessing the safety and future risk to the child. The CAS worker suspects or learns that woman abuse may be/is occurring in the home.
- (3) The CAS worker is involved in developing a Plan of Service for a family in a case involving woman abuse.
- (4) VAW worker is trying to determine whether a situation constitutes reasonable grounds to suspect that a child may be in need of protection.
- (5) A woman and a child are involved with both a VAW agency and CAS.
- (6) The VAW or CAS worker is assisting a woman who is trying to negotiate custody and access agreements in order to increase her safety and that of her children.
- (7) Either the CAS or VAW worker suspects that a child may be/is experiencing abuse by a mother who is experiencing woman abuse.
- (8) The CAS and VAW workers / sectors are working together to enhance best practice and address other system changes.

These specific intersection points have been identified for the purposes of when we will collaborate; however, we recognize that they are only steps in an ongoing process of collaboration. We are committed to collaborating from the beginning to the end of our work in serving women and children wherever both child welfare and woman abuse are involved.

PART B: HOW WE WILL COLLABORATE: OUR COLLABORATIVE ACTIONS FOR EACH INTERSECTION POINT

INTERSECTION POINT # 1: THE CAS RECEIVES INFORMATION THAT A CHILD MAY BE IN NEED OF PROTECTION. CAS WORKER SUSPECTS OR LEARNS THAT WOMAN ABUSE MAY BE/IS OCCURRING.

1.1. OUTCOMES TO BE ACHIEVED[3]:

- (1) The CAS worker considers whether woman abuse is occurring within the family, and what effect this has on the mother and child(ren) at every stage of the *CAS* assessment/investigation.
- (2) In the event that woman abuse is occurring the threat the perpetrator of woman abuse presents to the safety of the child(ren) and the mother is reflected in the *CAS* investigation plan, and safety strategies are discussed with the mother.
- *(3)* When CAS is assessing the safety strategies of the mother, this will include an assessment of the mother's intent and ability to protect herself and her children.
- (4) When CAS is assessing the safety strategies, the assessment must include the perpetrator's response and ownership of her/his behaviour and her/his ability / willingness to comply with the agreed safety plan developed with the CAS worker.

1.2. COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) When woman abuse is suspected, the CAS will provide information on VAW community resources and consult with designate[4](s) of the VAW sector as required.
- (2) When it is learned that woman abuse may be occurring in the home, a response includes developing an immediate safety plan for the mother and child.
- (3) The VAW worker[4], as needed, will provide information to assist the CAS worker in identifying woman abuse, assessing the possible impacts of the abuse including safety issues for the mother and child, and providing current information on available community resources.
- (4) When it is determined the mother is residing in a women's shelter, the CAS worker will involve the shelter's worker in the course of the investigation process.
- (5) The CAS worker will inform women of VAW services in the community and attempt to obtain written consent[2] to exchange information between CAS and VAW agencies. If the woman does not consent, information cannot be shared with the VAW agency.

1.3. CURRICULUM REFERENCES

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual will provide additional support to collaboration:

- Perpetrators of Woman Abuse Pose Risks to Children
- The Impact of Woman Abuse on Parenting
- Identifying Woman Abuse
- Assessing the Perpetrator's Pattern of Assault and Coercion
- Assessing Impact of the Abuse on the Woman
- Assessing Impact of the Abuse on Children
- Assessing Protective Factors that Contribute to Safety
- Assessing the Results of the Woman's Past Help-Seeking
- Assessing the Risk of Lethality

INTERSECTION POINT # 2: THE CAS WORKER IS ASSESSING THE SAFETY AND FUTURE RISK TO THE CHILD. THE CAS WORKER SUSPECTS OR LEARNS THAT WOMAN ABUSE MAY BE/IS OCCURRING IN THE HOME.

2.1 OUTCOMES TO BE ACHIEVED[3]:

- (1) In consultation with the VAW worker as needed, the CAS worker considers the threat the perpetrator of woman abuse presents to the safety of the child(ren) and the mother when doing the safety and risk assessment.
- (2) The CAS worker refers the mother to appropriate VAW services for support.
- (3) The mother receives information and support in implementing options that will increase her safety and help her protect and care for her children, including exercising legal measures that are intended to hold the perpetrator accountable.
- (4) CAS and VAW agree on their respective roles and responsibility where they both have ongoing involvement with the family.
- (5) CAS and VAW agree on what information should be shared in order to avoid increasing the risk of harm to the mother and child(ren).

2.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) When a CAS worker suspects or learns that woman abuse is present and needs to determine what resources and services may be accessed by the woman, the CAS worker should consult with a VAW resource, as soon as practicable[1].
- (2) When woman abuse is suspected, the CAS worker will provide information to the mother about the range of VAW and community services for support, determine if the mother has utilized VAW resources, and consult with designate(s)[4] of the VAW sector.
- (3) A CAS Safety Assessment will be completed following the first contact with the child and a safety plan developed with the child and the mother. A safety plan may include a child being admitted into care. If the VAW sector is part of the safety plan, the CAS worker will inform the VAW resource.
- (4) Where consent[2] is provided, the CAS worker will contact VAW resources and obtain relevant information that will be incorporated into the ongoing Risk Assessment.
- (5) The CAS worker and VAW worker will, where possible[1], collaboratively utilize systems available to assist in holding the perpetrator accountable.
- (6) Pending the formulation of a completed Plan of Service, it is important that the CAS and VAW services are fully aware of and fully agree to their specific roles and responsibilities.

2.3 CURRICULUM REFERENCE

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual may provide additional support to collaboration:

- Assessing the Perpetrator's Pattern of Assault and Coercion
- Considerations Regarding Parenting in Situations of Abuse
- Parenting Issues for Abusive Men
- Assessing Protective Factors that Contribute to Safety
- Assessing the Results of the Woman's Past Help-Seeking
- Assessing the Risk of Lethality
- Supportive Intervention Strategies for Woman Survivors (and Child Witnesses) of Woman Abuse
- Legal Interventions
- Avenues for Collaboration

INTERSECTION POINT # 3: THE CAS WORKER IS INVOLVED IN DEVELOPING A PLAN OF SERVICE FOR A FAMILY IN A CASE INVOLVING WOMAN ABUSE.

3.1 OUTCOMES TO BE ACHIEVED[3]:

- (1) The appropriate VAW agencies are included in the plan of service as collateral service providers.
- (2) A risk reduction strategy is developed that addresses the risk the perpetrator presents to the children and mother.
- (3) Where this is one of the chosen risk reduction strategies, the mother receives support in using legal measures intended to hold the perpetrator accountable.

3.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) The CAS worker will determine whether or not the mother is utilizing VAW services. If the mother is not, and wishes to be connected with VAW resources, the CAS worker will facilitate a referral to the woman's preferred VAW service.
- (2) The CAS will include the woman, and with her consent[2], the VAW service provider(s) in determining how the Plan of Service will be developed, and how participants will be included in the process.
- (3) A CAS will include the woman, and with her consent[2], the VAW service provider(s), in the development and review of the CAS Plan of Service. Case conferencing is the preferred method for the plan development, when possible[1].
- (4) A risk reduction strategy will be incorporated in the plan(s) of service that addresses the risk the perpetrator presents to the children and mother, as well as any barriers preventing the mother from protecting herself and her child(ren).
- (5) The CAS worker and VAW worker will collaboratively work to support the mother, and to build on her efforts and strengths to protect her children. In consultation with the mother, their collaborative work together may also include holding the perpetrator accountable by:
  - communicating an expectation that the abusive partner acknowledge and address the impact of her/his behaviour on the children, and be referred to appropriate services,
  - reporting to the police any abusive behaviour, including harassment, stalking and threats,
  - consultation with legal counsel,
  - application for Restraining Orders and sole possession of the home or division of assets where mother wishes
  - consideration of Child Protection applications, as appropriate and support in application to Family Court for custody and access order.

3.3 CURRICULUM REFERENCE

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual may provide additional support to collaboration:

- Assessing the Perpetrator's Pattern of Assault and Coercion
- Considerations Regarding Parenting in Situations of Abuse
- Parenting Issues for Abusive Men
- Assessing the Results of the Woman's Past Help-Seeking
- Assessing the Risk of Lethality
- Supportive Intervention Strategies for Woman Survivors (and Child Witnesses) of Woman Abuse
- Legal Interventions
- Avenues for Collaboration

INTERSECTION POINT# 4: VAW WORKER IS TRYING TO DETERMINE WHETHER A SITUATION CONSTITUTES REASONABLE GROUNDS TO SUSPECT THAT A CHILD MAY BE IN NEED OF PROTECTION.
A) NO REPORT TO CAS IS REQUIRED
B) A REPORT TO CAS IS REQUIRED

4.1 OUTCOMES TO BE ACHIEVED[3]:

- (1) Where needed, the VAW worker informally seeks information from a CAS worker to assist in making the decision as to whether a situation constitutes reasonable grounds that a child may be in need of protection.
- (2) If a report is made to a CAS, the VAW agency provides all information that is legally required.
- (3) CAS and VAW agree on their respective roles and responsibilities where they both have ongoing involvement with the family.
- (4) CAS and VAW agree on what information will be shared and documented, over and above that required under the CFSA, so as to avoid increasing the risk to mother and child(ren).

TO ASSIST IN DETERMINING WHETHER OR NOT A REPORT TO THE CAS IS REQUIRED, REVIEW THE 'CHILD IN NEED OF PROTECTION' AND 'DUTY TO REPORT' SECTIONS OF THE CHILD AND FAMILY SERVICES ACT (Appendix Four)**.**

4.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

Situation A: No report to CAS is required

- (1) Where needed, the VAW worker will consult with CAS to assist in making the decision as to whether a situation constitutes reasonable grounds that a child may be in need of protection.

- (2) Where it is determined that no report to CAS is required at this time, the VAW service provider will continue to assess the need to report to CAS and seek consultation from a CAS as required.

Situation B: Report to CAS is required

- (1) Where needed, the VAW worker will consult with CAS to assist in making the decision as to whether a situation constitutes reasonable grounds that a child may be in need of protection.

- (2) Where a CAS determines that a report is required, the VAW agency will provide all the information upon which the suspicion is based that the child may be in need of protection.

- (3) As part of the investigation, CAS will endeavor to obtain consent[2] from the mother, to allow for communication with the referring agency.

- (4) The CAS will encourage the family's ongoing involvement with the VAW service(s).

- (5) When a VAW worker has reasonable grounds to suspect that a child may be in need of protection, and consultation is not necessary, the VAW worker shall forthwith report the suspicion and the information upon which it is based, to a CAS.

4.3 CURRICULUM REFERENCE

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual may provide additional support to collaboration:

- Child Welfare Legislation
- Duty to Report
- Implications for VAW Services
- Common Reporting Concerns
- The Effects of Woman Abuse on Children

INTERSECTION POINT # 5: A WOMAN AND CHILD ARE INVOLVED WITH BOTH A VAW AGENCY AND CAS :

A) ARE KNOWN TO BE INVOLVED WITH CAS WHEN BECOMING INVOLVED WITH VAW AGENCY

B) BECOME INVOLVED WTH CAS WHILE INVOLVED WITH VAW AGENCY

5.1 OUTCOMES TO BE ACHIEVED[3]:

- (1) Where the mother and child are residents of a VAW shelter, the CAS and VAW will produce a written agreement (Appendix Five) on their respective roles and responsibilities (within their current mandates[5]) in relation to the mother and the child(ren). (In all other cases, agreement can be verbal.)
- (2) Where this is one of the chosen risk reduction strategies, the mother is supported in using legal measures intended to hold the perpetrator accountable.

5.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) VAW should advise the woman of the CAS/VAW Collaboration Agreement (shelters should consider doing this during the regular intake process).
- (2) When appropriate, the VAW will seek to obtain consent[2] from the woman to explore collaborative actions.
- (3) Where consent[2] is obtained from client, the VAW worker will have a role in CAS case planning.
- (4) The outcome of the case planning may include the VAW worker providing support for the mother and child in care during visits where possible. Where it is not appropriate to have third party involvement, this is to be explicit and clear to both sectors.
- (5) Both parties agree to inform each other of any relevant court matters where they have knowledge of or are involved.
- (6) The parties agree to update each other on referrals and support provided to the client as long as the client provides consent[2] and remains in service.

5.3 CURRICULUM REFERENCE

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual may provide additional support to collaboration:

- Assessing the Perpetrator's Pattern of Assault and Coercion
- Assessing the Results of the Woman's Past Help-Seeking
- Legal Interventions
- Avenues for Collaboration

INTERSECTION POINT # 6: THE VAW OR CAS[6] WORKER IS ASSISTING A WOMAN WHO IS TRYING TO OBTAIN CUSTODY AND ACCESS AGREEMENTS IN ORDER TO INCREASE HER SAFETY AND THAT OF HER CHILDREN.

6.1 OUTCOMES TO BE ACHIEVED[3]:

- (1) During the course of involvement in custody and access proceedings, both sectors work to ensure that information about the following is brought to the attention of the court and its officials:
  - the role of the perpetrator in harming or as a risk of harm to the child
  - the effect of woman abuse on the parenting capacity of both parents
  - the safety risks to the woman inherent in custody and access agreements where there has been partner abuse.

- (2) Where possible and as is appropriate, CAS and VAW participate in custody and access proceedings by, for example, providing professional opinion, testifying, etc, in order to contribute to a legal decision that is in the best interest of the child and does not put the woman at risk.

6.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) When the mother desires it, the CAS and VAW workers will jointly support her to develop an approach to securing a custody and access agreement.

- (2) CAS and VAW would consult with each other regarding the best interests of the child and the safety of the woman and child.

- (3) Where needed, support the mother to secure legal counsel.

- (4) With the mother's consent[2], provide pertinent information to her counsel including existence of relevant records.

- (5) Support the woman to find other services as needed.

6.3 CURRICULUM REFERENCE

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual may provide additional support to collaboration:

- Perpetrators of Woman Abuse Pose Risks to Children
- The Impact of Woman Abuse on Parenting
- Impact on Mothers
- Regarding Parenting in Situations of Abuse
- Parenting Issues for Abusive Men
- Visitation Decision-Making When There Are Allegations Of Woman Abuse
- Avenues for Collaboration

INTERSECTION POINT # 7: EITHER THE CAS OR VAW WORKER SUSPECTS THAT A CHILD MAY BE/IS IN NEED OF PROTECTION FROM A MOTHER WHO IS EXPERIENCING WOMAN ABUSE.

7.1 OUTCOMES TO BE ACHIEVED[3]:

- (1) If a VAW worker suspects or learns that a child may be or is in need of protection from a mother who is experiencing woman abuse, a report will be made to a CAS in accordance with the Duty to Report requirements (Appendix Four).
- (2) Where there is a suspicion that a child may be or is in need of protection from a mother who is experiencing woman abuse the safety and well being of the child must be paramount.
- (3) The CAS worker, in accordance with abuse protocols and Ministry standards, will develop an investigative plan and where possible[1], will share this plan with VAW worker. The VAW worker may have a role in this plan by providing information about mitigating circumstances related to the mother's 'inability to protect'.
- (4) The CAS worker will assess immediate safety needs of the child and develop a safety plan to ensure that child's safety. If VAW sector is a part of safety plan, the CAS worker will inform VAW resource.
- (5) When possible[1], the CAS may discuss, with VAW worker and the mother, potential out of care placements for children who cannot safely remain in the care of their mother. The CAS and VAW workers also will work with the mother to develop strategies to ensure her safety after the child is placed in an alternative placement setting and to help her develop safer and more effective parenting practices.
- (6) If the child is admitted into care, the CAS and VAW workers also will work with the mother to develop strategies to ensure her safety after the child is placed in care and to help her develop safer and more effective parenting practices.
- (7) The CAS and VAW workers will provide support and assistance to the mother, in accordance with the mother's needs.
- (8) The CAS and VAW will discuss and agree on limits to their information sharing, within the context of legal limitations and risk to the child and the mother.
- (9) CAS and VAW agree on their respective roles and responsibilities where they both have ongoing involvement with family.

7.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) Upon receiving information from a VAW worker that a child may be or is in need of protection, the CAS worker will commence an investigation into the allegations within specified time-lines, and in accordance with Ministry Standards and agency protocols.
- (2) A safety assessment will be completed by the CAS worker following the first contact with the child and a safety plan will be developed for the child.
- (3) With the consent[2] of the mother, the CAS worker will inform the VAW resource of the outcome of the investigation and share what actions may be necessary in order to ensure the safety of the child.
- (4) Where consent[2] is provided, the CAS worker will during the course of the investigation contact VAW resources and obtain relevant information that will be incorporated into the investigation report and ongoing risk assessment.
- (5) The CAS worker and VAW worker will, where possible, collaboratively utilize systems to assist the mother in addressing the protection concerns and gaining understanding of violence and the cycle of violence.
- (6) The CAS worker and VAW worker will jointly identify risk reduction strategies and intervention plan - wherever possible[1] this should be done with the mother.
- (7) Pending the formulation of a completed plan of service, it is important that the CAS and VAW services are fully aware of and fully agree to their specific roles and responsibilities.
- (8) If during the course of an abuse investigation by a CAS it becomes apparent that a mother who is alleged to have abused her child has also been the victim of violence on the part of her partner, then the CAS worker will, with the consent[2] of the woman, make a referral to VAW services for on-going assistance and support.

7.3 CURRICULUM REFERENCE

The following sections of the CAS/VAW Collaboration Curriculum Participant Manual may provide additional support to collaboration:

- The Impact of Woman Abuse on Parenting
- Identifying Woman Abuse
- Assessing the Perpetrator's Pattern of Assault and Coercion
- Assessing Impact of the Abuse on the Woman
- Assessing Impact of the Abuse on Children
- Considerations Regarding Parenting in Situations of Abuse
- Child Welfare Legislation
- Duty to Report
- Implications for VAW Services
- Common Reporting Concerns
- Assessing the Results of the Woman's Past Help-Seeking
- Impact on Mothers
- Regarding Parenting in Situations of Abuse

INTERSECTION POINT # 8: THE CAS AND VAW WORKERS / SECTORS ARE WORKING TOGETHER TO ENHANCE BEST PRACTICE AND ADDRESS OTHER SYSTEM CHANGES.

8.1

- (1) Both sectors will increase and improve their knowledge and awareness of the other sector's area of expertise.
- (2) Consultation, collaboration and conflict resolution strategies will become an integral part of intervention involving both sectors.
- (3) Both sectors will be involved in the identification of and seeking to address gaps in service, systemic barriers and specific training issues.
- (4) Both sectors will be involved in cross-sectoral advocacy to affect changes in larger systems (e.g. legal, health care, housing, income support, immigration).

8.2 COLLABORATIVE ACTIONS WE AGREE TO TAKE[3]:

We agree to the following collaborative actions to work towards the above- noted process outcomes for this point where our work intersects:

- (1) VAW and CAS services will introduce / initiate implementation of the protocol through orientation and/or training. As per the implementation process, we recognize the need for ongoing training and commit to advocating for resources for training.
- (2) Both sectors will review the effectiveness of our collaboration in reducing risk to the children and women we serve.
- (3) Both sectors will participate in cross-sectoral efforts (e.g. existing advocacy networks) to both enhance collaboration and address identified gaps in services to children and women.
- (4) The two sectors will continue to work to conduct critical analysis and advocacy with respect to the Family and Criminal legal systems so as to improve or enhance the ongoing safety of children and women.

8.3 CURRICULUM REFERENCE

- Not available as Intersection Point created after Training Curriculum developed.

Endnotes

[1]The terms 'whenever possible', 'as soon as practicable', 'where possible', 'when possible' and 'wherever possible' are not intended to reduce expectations of signatories to the collaboration agreement. Signatories are expected to collaborate to the greatest extent possible whenever it is in the interests of the child and/or the mother's safety. The terms recognize the constraints placed on staff in both sectors by the availability of resources, timing issues, legal constraints and the woman's wishes. Any or all of these may restrict what is possible or practicable in a given situation. Ultimately the availability of adequate resources and the governmental, sectoral and participant organization support will determine how much is practicable and possible as much as or more than the strength of the collaboration agreement.

[2]Consent and disclosure of information are governed by current guidelines. Every agency has its own specific consent procedures, and is to use those procedures within the provisions of the Freedom of Information and Protection of Privacy Act, and the Case Information and Disclosure Policy of the Ontario Ministry of Community and Social Services (1986).

[3]In all of the Intersection Points, we recognized that not all the outcomes to be achieved and collaborative actions we agree to take are necessarily present in each circumstance and so the actions are dependent on the particulars of the case.

[4]Designate is the person designated in a VAW agency to provide information, support and advice to child welfare agencies. Worker is the counsellor or advocate who provides services to client(s) in VAW agency.

[5]This is intended to clarify the fact that while a woman is residing in a VAW shelter, the woman has custody of the child(ren). The staff of the shelter is not responsible for supervising custody, monitoring the care of the children, providing parenting support/instruction of assessing the condition of the children. VAW shelters provide a place of safety for abused women and their children and provide support to help them heal from the trauma of abuse. These shelters are not funded to provide additional services other than those they were providing prior to the creating of this agreement.

[6]CAS involvement in custody and access issues is to support the mother and the advance the protection of the child.

Appendix One

CONFLICT RESOLUTION PROCESS

Preamble:

It is hoped that the Collaborative Service Agreement will be the basis of a framework for best practices for services to children and women thereby ensuring their safety. However, where conflict may arise, the following procedures can be used to resolve the differences as a way to increase collaboration and learn from the process. This process is understood to only cover disputes that arise directly from the implementation of the collaborative agreement and is not to be used to resolve differences regarding mandated decision-making.

Objectives to Be Achieved:

1. Ensure safety of children and women
2. Increase collaboration
3. Clear articulation and resolution of the conflict
4. Documentation of conflict resolution process and outcome
5. Ongoing evaluation of collaboration agreement

Resolution Process:

It is understood that identification and communication and problem solving when conflict arises should be addressed in a timely manner in the best interests of women and children.

Where there is a conflict between the two sectors in how services are provided to a woman and her child(ren) the following procedures can be used to resolve these differences and increase collaboration.

The two direct service workers will have a discussion of the outstanding issues and refer to the Collaboration Service Agreement and cite which part is perceived as under dispute. This can be done over the phone or in a face to face meeting as appropriate. This should occur as soon as a conflict is identified. If the conflict is resolved then the process stops at this point. If there is no resolution of the differences, the workers will inform their respective supervisors immediately of the inability to resolve the conflict.

The two supervisors will then discuss the particular conflict, citing the part of the Collaborative Service Agreement that is involved in the dispute. This conversation will take place as soon as possible or practicable following the direct service workers notifying them of the inability to resolve the differences. A conference may be held as soon as possible as a way of resolving the differences. If the matter is resolved then it is referred back to the direct service workers. If the matter is not resolved, then senior management of each agency (this will likely be the Branch Managers of the Child Welfare Agencies and the Executive Director or designate of the V.A.W.) will be informed of the inability to resolve the conflict.

The senior management of each agency will as soon as possible or practicable discuss the particulars of the conflict making reference to the part of the Collaborative Service Agreement that is under dispute. The possibility of calling a conference is an option. Senior management is the final level for processing the conflict and the matter is to be resolved at this level, if not prior.

Appendix Two

The following four subsections (as noted in Part A of the Collaboration Agreement: Principles of Intervention for CAS and VAW Collaborative Work) have been created to recognize and create understanding of differential impacts and service needs for women in diverse communities.

The Aboriginal Community in Toronto

Composition

Aboriginal identity in Toronto includes North American Indian, Metis, Inuit and, within this identity, registered Indians. In Toronto, the Aboriginal community comprises a small percentage of the population (0.5%). What is important to recognize is that this represents a close to 10% increase since 1996. In comparison to the general population in Toronto, the Aboriginal population in Toronto is 30% children (under the age of 20) compared to 23%, with 38% of Aboriginal population between 15 and 24 years of age attending school full time (compared to 62%). The Aboriginal community has less earnings and income then the general population, with average earnings at 78% of the average earnings of the population and median household income at 83% of the median household income of the general population in Toronto. These differences in earnings and income reflect the structural inequality in our community.

To understand the composition of the Aboriginal community in Toronto, it is necessary also to understand the history of Aboriginal communities.

The plight of Native people has been well documented. As late as the 1980's Native leadership characterized conditions within their communities as being akin to those found in third world countries. Despite legitimate efforts on the part of the Canadian government as well as Native leadership, there has been only minimal improvement in the social and economic conditions within Aboriginal communities. A key factor in this failure has been the failure to develop a response that takes into account the unique cultures as well as historical experience of Native people in Canada.

Canada was formed with passage of the British North America Act (1867), an act which gave Canada dominion over all First Nations residing within the boundaries of the new country. First Nations in Canada have had a unique experience with regards to their place in the development of Canada. They are the only group in Canada for which specific legislation was developed – the Indian Act. First Nations have experienced a systemic approach to cultural genocide at the hands of the Canadian government, which marginalized and excluded them from participation in Canadian institution and systems.

Perhaps the most damaging aspect of these policies has been the systemic removal of Aboriginal children from their communities. "The rhetoric of the day, premised on biological determinism, assumed that persons who were non-white were inferior by virtue of their race and so incapable of using the land to best advantage or otherwise determining their own destiny." (Francis, 1992) "The British North America Act was consistent with this thinking. Its provisions made aboriginal peoples "wards" of the federal government, eligible for federally sponsored schooling, health care, and other

services…" (Dickason, O.P. &Long, D. A., 1996) A cornerstone of the attempts to civilize and assimilate First Nations was residential schools.

These institutions sought the complete obliteration of Native identity, and utilized highly punitive and authoritarian measures to achieve this goal. The resulting abuse and neglect has been well documented. Emphasis was placed on learning agricultural and home-making skills, so 'Graduates' of these institutions, found themselves ill-prepared to participate in the Canadian economy – reserves tended to situated on the least desirable tracts of land, so was rarely conducive to farming. Worse given the effort to civilize First Nations children, they possessed few if any skills or knowledge around how to be Indians, and given the institutional setting in which they had been reared, their parenting skills were extremely limited. Further, given the abuse many suffered at the hands of their care-givers in residential schools, left them scarred and emotionally fragile – in most cases lacking in basic capacity to parent their children. Students of these schools were ill-prepared to participate in the Canadian economy, nor did they 'fit' within their Aboriginal communities. Last, and perhaps most important they lacked some of the most fundamental skills and knowledge with regard to parenting, and in many cases were so traumatized and damaged by their residential school experience, they simply lacked capacity to bond with their children. The last residential school was close in 1984.

Access to Services

The Native community is still reeling from this large scale assault on the very core and foundation of any community – its children. They struggle with issues of identity, poverty, marginalization and in some cases complete mistrust of mainstream systems and institutions. Violence continues to be a prominent theme in the lives of many Native communities, and given the mistrust of broader systems and institutions it is often difficult for Native women to access services and supports from the family violence sector. Some Native communities have responded by developing their own services, however given the overwhelming need this response has fallen short, so mainstream systems have had to fill these gaps.

Implications for Collaboration Agreement

The second onslaught to the Native community was perpetrated through provincial child welfare authorities, which saw the apprehension of Aboriginal children at rates well above those of any other population in Canada. Prior to the 1950's, few resources were dedicated to delivering services on reserves and staff from off reserve Child Welfare authorities were generally directed to enter reserve communities in their official capacity only if it was a matter of life or death. With the passing of the Canada Assistance plan in 1966 significant changes were effected regarding the delivery of Child Welfare services to Native and First Nation communities. Across Canada, prior to 1960, only 1% of children in care were Native. By 1977 20% of all children in care across Canada were Aboriginal and in some jurisdictions a full 65% of children in care were of Aboriginal origins.

With the apprehension of Aboriginal children came the issue of Provincially directed care arrangements. Studies have shown that most children were not placed with Aboriginal

families and that they were least likely to be returned to their families in their home communities. They were also least likely to be adopted and most likely to have multiple foster care placements until the state relinquished its responsibility at the child's age of majority. With regard to adoption the total number of First Nations children adopted by non Aboriginal families increased five fold from the early 60`s to the late 70`s. From 1969 to 1979, 78% of all first Nations children who were adopted were adopted by non Aboriginal families. Regarding the territories of the London District Chiefs it is difficult to assess the number of children removed but one can reasonably assume that this territory was not exempt and as a result lost a disproportionately greater number of children than did the general population.

To ensure adequate support to Aboriginal families it is important that service providers be aware of this history and integrate this knowledge in their work with Native people.

The Ethno/Racial/Cultural Communities in Toronto

Composition

Toronto is one of the most culturally diverse cities in the world. More than 100[a] countries are represented within Toronto, including families from most of the countries in the world. These families include immigrants and Canadian-born people of colour, including successive generations of immigrants. Each group brings with it a specific historical, cultural, racial and religious and linguistic reality, which continues to exist for them within particular residential neighbourhoods multiplied throughout the City.

Toronto's population is over 2,400,000 people and within that population, over one half - refer to themselves as immigrants to our country.

- Toronto is home to 43% of Canada's immigrant population.
- There are over 90 languages spoken in Toronto homes; these languages change with successive waves of immigration. At the time of writing, some of the most common include Italian, Portuguese, Russian, Spanish, Arabic, Punjabi, Cantonese, Somali and Tagalog[b].
- 57.2% of Toronto's population is composed of visible minorities

Access to Services

Given Canada's current immigration point system, there is a built-in discriminatory result that confers differential status to immigrants. This results in very different experiences for these families within the city of Toronto. These differential experiences are compounded by subsequent experiences of systemic racism, and discrimination based on faith.

The diversity of Toronto's population is reflected in the needs of the women and children who seek service. This requires listening to women who live within ethno/racial/cultural communities that are not considered part of the mainstream or dominant population in

order that the context of their lives be considered in the design and delivery of services. We recognize that the further a woman is from the dominant group, the greater her alienation and hence the less access she has to most services.

The issue of service delivery to a city as diverse as Toronto is complex. It is important to note that the Canadian social service delivery system emerged from a political, cultural and historical reality very different than that of many who are current recipients of this system. Historically, many services were developed by and delivered to a primarily European group of residents and immigrants, based on British and French social policy and service delivery models steeped in the historical reality of the post-war welfare state, or pre-war homogeneous faith groups. There are different responses to official interventions based on the historical experiences in different communities. In some countries, official interventions were to be feared and in fact in some languages, the words for "social worker" and "counselling" do not exist.

The North American emphasis on individualism can also be unfamiliar in cultures where community is valued more highly. It is common for many women with this background to experience social isolation in addition to the personal isolation that is often present in abusive relationships. This social isolation also contributes to their lack of access to the resources that many in the mainstream or dominant culture take for granted.

Access to services is further impeded by stereotyping on the part of service providers which can reflect a lack of knowledge and or understanding of the recipients' unique ethno/racial/cultural and linguistic realities. Impositions of a dominant culture's understanding of issues such as violence against women and child welfare are potentially, if unintentionally, harmful to the woman and her family, notwithstanding our responsibilities to ensure safety and live up to our mandates.

Language isolation is a serious impediment for the delivery of services for Toronto's women. Many languages and cultures do not have a framework for the language of counselling and or the provision of social services and therefore may not have a context in which to understand the work that we are attempting to accomplish. The lack of language/cultural interpreter resources exacerbates this difficulty for those attempting to provide services.

There are also vast differences among and within the ethno/racial/cultural communities within the city. No community is uniform, and generalizations can erase crucial individual and familial differences. These differences may also impact their perception and approach to the receipt of services. For example, some groups/communities or individuals may prefer to receive any kind of personal service from communities outside their own while others prefer to receive services from within. There are many ethno/racial/cultural agencies developed specifically to meet the needs of their particular population, however, not all communities have the resources to do so, and not all women prefer to deal with abuse in their lives this way. Often, ethno-specific services that are funded often are not provided with resources comparable to those of mainstream agencies, resulting in differential access to services for their communities. There is a growing need for these services.

Another issue that many families face as a consequence of immigration may be a loss of class status. Often, immigrant parents held professional positions prior to immigration.

Upon arriving in Canada, their experience and education are not recognized, often resulting in poverty, homelessness and oppression for themselves and their families.

The above represents a partial view of the issues we as service providers need to consider in assessing barriers in service to women and children in Toronto. Unfortunately, the access to services taken for granted by the mainstream population is not yet universal. Without the social context of each family at the core of our interventions, both worker and client can find themselves merely accommodating conditions that re-victimize and re-injure those seeking assistance to make their lives whole. Likewise, without the nuanced understanding of individuals' uniqueness, we run the risk of reducing people to representatives of a statistical grouping, thereby discounting their personal strengths and ingenuity.

Implications for Collaboration Agreement

We recognize that violence is a global issue in the lives of women, crossing all national and territorial boundaries. Over the past 25 years, the issue of woman abuse has come to be seen as a social problem rather than a personal one. Those working with women who are or have been abused as well as the survivors of woman abuse themselves appreciate that the root causes of violence perpetrated against women are the social, economic and political inequality they experience as women.

What we know much less about and what has been neglected is research and knowledge into the specific experiences of women from diverse ethno/racial/cultural backgrounds. We do not have the answers to what their unique experience is and how it is different. We are aware that some women experience inequality, prejudice and discrimination in ways in which others do not. We are just beginning to recognize and identify the questions we need to be asking both the women and ourselves in developing a service network that is truly addressing the challenges presented.

In agreeing to implement this collaboration agreement, service providers must acknowledge the city's diversity and commit themselves to the provision of services in a manner that reflects and recognizes this awareness. Service providers must strive to understand the individual and unique historical realities of the women and children and deliver their service through actions that reflect this understanding.

Notes

[a]Most statistical data is sourced from a report on 2001 Census produced by Urban Development Services, City Planning, Policy and Research, September, 2003.

[b]The list and frequency of language spoken in Toronto varies according to changes in immigration and city population. Below is a list of all languages spoken in Toronto, according to the 2001 census. Source: Statistics Canada - Cat. No. 97F0007XCB01004 (2001 Census)

English	3940275
French	81855
Cree	70
Ojibway	255
Inuktitut (Eskimo)	10
Aboriginal languages, n.i.e.	15
Italian	162415
Portuguese	98850
Romanian	16770
Spanish	85160
Romance languages, n.i.e.	100
German	20745
Yiddish	2835
Dutch	4840
Flemish	140
Frisian	80
Danish	945
Icelandic	50
Norwegian	260
Swedish	750
Germanic languages, n.i.e.	770
Gaelic languages	145
Welsh	75
Celtic languages, n.i.e.	10
Bulgarian	3815
Byelorussian	105
Croatian	16940
Czech	3655
Macedonian	11775
Polish	68715
Russian	47330
Serbian	16135
Serbo-Croatian	5790
Slovak	2735
Slovenian	3285
Ukrainian	19855
Slavic languages, n.i.e.	1815
Latvian (Lettish)	2740
Lithuanian	2800
Estonian	3275
Finnish	1945
Hungarian	14985
Greek	48535
Armenian	9715
Turkish	7360
Turkic languages, n.i.e.	665
Amharic	4355
Arabic	47060
Hebrew	9255
Maltese	3645
Somali	14465

Tigringa	2430
Semitic languages, n.i.e.	2350
Bengali	15785
Gujarati	35860
Hindi	25825
Konkani	1135
Kurdish	1125
Marathi	1370
Pashto	3340
Persian (Farsi)	45150
Punjabi	99000
Sindhi	5120
Sinhalese	3805
Urdu	58955
Indo-Iranian languages, n.i.e.	2100
Kannada	745
Malayalam	3515
Tamil	77595
Telugu	1805
Dravidian languages, n.i.e.	20
Japanese	6770
Korean	35670
Cantonese	159085
Mandarin	37120
Hakka	1935
Chinese, n.o.s.	155000
Sino-Tibetan languages, n.i.e.	1425
Lao	2415
Thai	585
Khmer (Cambodian)	1600
Vietnamese	38685
Austro-Asiatic languages, n.i.e.	35
Malay-Bahasa	2145
Tagalog (Pilipino)	82560
Malayo-Polynesian languages, n.i.e.	6800
Asiatic languages, n.i.e.	195
Swahili	1985
Bantu languages, n.i.e.	1535
Twi	8735
Niger-Congo languages, n.i.e.	3895
African languages, n.i.e.	1075
Creoles	3210
Other languages	8590

The Francophone Community of Toronto

Composition

Toronto's French-speaking community is extremely diverse at all levels, mirroring the diversity of the larger anglophone community. Francophones in Toronto come from across the social and economic spectrum, are able-bodied and disabled, Black, Asian, Aboriginal and White, young and old, heterosexual and gay/lesbian/bisexual, mothers and non-mothers, single, partnered, employed and unemployed. The French-speaking community in Toronto is comprised of the following groups, reflecting a variety of linguistic and ethno-cultural origins:

- newcomers to Canada who are fluent in French (more so than in English), though it is not their maternal language (including people who are immigrants and refugees from countries where French is broadly spoken and taught, often due to a history of colonialism, such as many African countries and Haiti. In addition, many people from Eastern European countries are more comfortable in French than in English);
- people who were born and raised in Ontario, and whose maternal language is French.
- people from all parts of Canada whose maternal language is French. While French-speaking people from Quebec form the majority of this group, there are a substantial number of French-speaking people from other parts of Canada as well; and,
- immigrants from French-speaking countries (such as France or Belgium) whose maternal language is French.

Such diversity in composition also reflects a diversity of needs. Francophone women, whatever their origins, experience a range of difficulties related to their oppression as women and as francophones. Many Francophones who are newcomers to Canada – an increasingly sizable proportion of the Francophone community of Toronto - may be refugees from countries experiencing much turmoil. They are often displaced peoples, who may be suffering from war trauma, culture and climatic shock, racism and xenophobia, extreme poverty, linguistic and social isolation, loss of identity, loss (sometimes permanent) of family, family separation (oftentimes parents with little children), and real threat of deportation, etc.

Francophone women who are also refugees may suffer multiple layers of oppression, as they also experience sexism, in addition to the above stressors. For example, many newly arrived francophone women are able to come to Canada through being sponsored by their spouse. This creates a power imbalance within that relationship, increasing the vulnerability of these women to all forms of abuse.

Access to Services

The French-speaking population is not an easily identifiable special needs group. There are no 'francophone neighbourhoods' in Toronto, and the francophone population is widely dispersed over a heavily populated territory and difficult to locate. The need for services in French often remains invisible to many service providers.

As mixed marriages are common, and English is dominant, the language of family communication may not be French and a francophone woman may not have a French name. She may speak English with no trace of a French accent. In fact, the native Franco-Ontarian population in Toronto reflects a long history of assimilation and the negative impact of under servicing in French. Furthermore, due to lived experience of

assimilation and bigotry, francophone women seeking services may hide their Francophone identity.

French-speaking newcomers may also not be identified as needing services in French. When service providers encounter a woman who has difficulty expressing herself in English, her fluency in French may not be identified if her maternal language is not French. This non-recognition of the official status of French is exacerbated by the practice, within municipal welfare departments, of requiring that French-speaking newcomers either take English courses or have their welfare cut.

And finally, many French-speaking people do not ask for services in French, often because they are unaware that such services exist. Accessibility to services in French is further compromised if anglophone service providers are also unaware of the existing services in French, or if they choose for unknown reasons not to refer to agencies providing services in French.

Under the French Language Services Act, access to services provided in French is a right for francophones[a], who retain this right to choose services in their own language even if they are bilingual, although it is important to note that many are not bilingual. Accessibility to services in French is particularly important when working with French-speaking women and children who have been exposed to any form of violence, as the healing process is often greatly facilitated when services are received in their own language.

Access is ensured by providing an ongoing, consistent service in French, offered by designated French-speaking staff, or by referral to an appropriate service in the francophone community. Cultural and/or linguistic interpretation are not appropriate substitutes for services in French. Nor is it the mandate of francophone agencies to provide such services for anglophone agencies. When cultural and linguistic interpretation are the only option available for francophone women and children, the cost and responsibility of providing such services remain that of the agency serving the woman and child.

Oasis Centre des femmes

Oasis Centre des femmes is committed to offering programmes and services that foster women's safety, liberty, autonomy, self-esteem and self-empowerment. A feminist analysis of violence against women and children informs all violence-related (and other) services, recognizing that our social system fosters an environment within which violence against women and children, and other minorities can thrive, and that responsibility for abuse lies with the abuser and the social system – victims of violence are never to blame.

Women's right to self-determination is respected and encouraged, through informed consent. Services and programmes must reflect and include individual needs, as well as professional limits and obligations. All programmes and services offered by Oasis Centre des femmes are voluntary.

Implications for Collaboration Agreement

Oasis Centre des femmes is committed to enhancing French-language service capacity in its catchment area and to ensuring that francophone women and children exposed to violence receive the highest quality service. As such, Oasis Centre des femmes works collaboratively with fellow community organizations whose mandate is to intervene on behalf of women and children exposed to violence.

However, Oasis Centre des femmes staff members, volunteers and placement students are prohibited from working on behalf of Children's Aid Societies in either a formal or informal capacity, and are prohibited from functioning as liaison between Children's Aid Societies or shelters, in order to facilitate child welfare inquiries and apprehensions. The role of Oasis' staff is to advocate on behalf of its clientele, while respecting professional parameters and fulfilling their legal obligations.

Should these agencies require **French-language cultural or linguistic interpreters** so as to facilitate inquiries and apprehensions, they must access these services from a source other than Oasis Centre des femmes.

These realities underscore the need for Children's Aid Societies to **clarify their commitment to providing services in French**, and to communicate this to francophone agencies in Toronto. Such services can be considered accessible only if they can be pro-actively guaranteed to Francophones on an ongoing and continuous basis.

Equally central to accessibility is the need to develop effective methods for **identifying French-speaking people among their clientele**. One simple measure which can dramatically increase an agency's ability to identify the need for services in French is to routinely and explicitly ask all women, both at the point of intake and when making a referral, if they would prefer to receive services in French. And finally, anglophone service providers can greatly enhance francophone women's accessiblity to services in French by **familiarizing themselves with the range of Francophone services** which exist in the Toronto area, their mandate and specific client focus.

Notes

[a]The right of Francophones to receive services in French was reinforced by the decision related to Monfort Hospital in Ottawa

Other Equity-seeking Groups in Toronto

Composition

Toronto's population is very diverse in many ways. Among other areas of diversity, the 13% of the population is aged 65 years or older, while 17% of the population is aged 15 years or younger. The median family income in Toronto is $54,000 per annum, while the median income for lone-parent families is $32,000. We know from service delivery that many women who leave abusive situations, as single parents, live below the lone-parent median income. While data regarding identity of women who are gay, lesbian, bisexual and transgendered in Toronto is difficult to determine, StatsCan estimates there are over 25,000 same-sex couples living in Ontario. We know that almost 15% of the Canadian population includes women living with a disability (mental health, physical and developmental).

We recognize the unique needs of various women and communities in Toronto, many of whom have been marginalized and disadvantaged by their distance from the dominant cultural norm. We recognize that fear or hatred of difference results in heterosexism, ableism, ageism and classism and other forms of oppression in our society. We also recognize that for women living these experiences, the greater their oppression and hence their disadvantage, and the greater those closer to the dominant and mainstream norm of society have power over them.

<u>Access to Services</u>

Women who are gay, lesbian, bisexual and transgendered, women who are disabled, women who are very young or older, women who are living in poverty face specific issues regarding the delivery of service when the Violence against Women and Child Welfare sectors intersect. We recognize that some agencies in these two sectors, individually, have policies and procedures guiding their service to women who experience forms of oppression other than those groups specifically mentioned in our Principles of Intervention subsections (Aboriginal, Ethno-racial-cultural, Francophone); however, we also recognize that these policies and procedures are not universal and may not have direct relevance to this agreement.

We recognize that women who are gay, lesbian, bisexual or transgendered face a stigma in society and often experience diminished family supports. Violence against women in same-sex relationships has only recently been acknowledged, and hence there continue to be very few services available to this community. Many services that do exist are designed to provide services within the context of heterosexual relationships. The transgendered community faces extreme discrimination in all systems, wherein gender identification is not widely recognized in terms of discrimination and transgendered women are not permitted to access shelter services.

We recognize that women who are disabled also face challenges in their efforts to access services if they experience violence, due to physical barriers at shelters and other services. Women with disability experience violence at twice the rate of able-bodied women. The poverty rate among disabled women is disproportionately high. We also know that violence is a significant contributing factor in women's mental health issues. Insufficient access to attendant care and transportation impedes women's abilities to seek and benefit from services that do exist. The lack of physical accessibility and lack of accommodation for women who are deaf and/or blind, in service delivery locations and services, excludes many women who are disabled from access to services.

We recognize that older women can face specific barriers when fleeing violent situations after many years. We recognize their diminished social network, and the lack of family connection and support from children and other family members as women age. Home care and other senior supports are not structured in a manner that considers the needs of women in this population who have experienced violence. We also recognize that younger women who witness family violence in their childhood may become partners in future intimate relationships that are violent. Efforts to resolve issues and access services are hampered by rules governing school attendance and performance, income sources and housing services.

We recognize that the majority of women risk diminished financial well-being when leaving a violent situation. Women who are already living in poverty are further disadvantaged. Social relations among groups are divided according to class lines. For women who are working class and poor, there are a set of values, attitudes, beliefs and practices that are attributed to them, which serve to impact them negatively. This has been most evidenced in the rise of the criminalization of the poor[a] and the impact on social and economic supports that are no longer available to women. Given gender inequity in our society, poor women have even less access to resources (financial and otherwise) and thus have fewer options available to them when seeking safety. The short-term limits on service, and lack of instrumental supports available, are especially problematic for women living in poverty.

Implications for Collaboration Agreement

Heterosexism in collaborative work can include not considering the risk to a lesbian woman in a violent relationship, and her child when they enter a shelter or seek community based services, as a woman's violent partner may be a woman as well may be able to access the shelter or community support agency where her partner is located.

Ableism in collaborative work can include telling a woman with a disability who is experiencing violence, that she and her child must move to a shelter or the child will be deemed at risk by child welfare – when shelters are not accessible for women with a disability. Another example of ableism in collaborative work is holding case conferences without providing an ASL interpreter for a woman who is deaf.

Ageism in collaborative work can include putting the needs and well-being of adults ahead of those of a child – whose voice can be silenced in the process of adults deciding what is in their 'best interests'. It also can include assumptions whereby younger and older women are not considered competent in their role as parent / alternate caregiver, solely due to their age.

Classism in collaborative work can include telling a woman she must leave the perpetrator, when she does not have the financial resources to support herself and her child, with only social assistance as her source of income. Without understanding this, we may not provide her with resources she needs e.g. to begin the process of creating permanency for her and her child, through the process of searching for accommodation and using public transit,

We recognize that women and children who are covered by this protocol, who are gay, lesbian, bisexual, and transgendered, women who are disabled, women who are

younger or older, women who are living in poverty, and many others, experience both the experience of the direct violence against the woman, as well as the institutional violence of oppression, through stereotypes, discrimination, harassment, and denial of access to and opportunities for well-being. Anti oppression work is not only individual behaviours, but also incorporates challenges to the current rules and resources that maintain oppression. We recognize that "intervention either adds to oppression (or at least condones it) or goes some small way towards easing or breaking oppression" (Thompson). We commit to working towards the reduction of oppression, in our own work, in our agencies, and in our community, in our collaborative work together through this protocol.

Our values commit us to an anti-oppression approach in our collaborative work, which guides us in addressing the violence against the woman, the impact of the violence on the child, and the institutional violence these women and children experience. It is expected that currently existing policies and procedures, combined with the values and collaborative actions stated in this protocol, will guide collaborative work with all individuals and communities with unique needs outside those specifically indicated in this protocol.

Notes

[a]Criminalization of the poor is evidenced through, for example, fraud charges rather than administrative resolutions to social assistance overpayments, and the lack of access to equal representation before the law for many women due to limited financial resources and limited access to legal aid.

Appendix Three

GLOSSARY

Oppression
The domination of an individual or group by another, more powerful, individual or group using cultural, economic, physical, psychological or social threats or force, and frequently using an explicit ideology to justify the oppression.

The following terms are specific to child welfare practice in Ontario; they are included here for information and to clarify distinctions in terminology between the child welfare and the violence against women sectors.

Text footnoted[1] are definitions quoted directly from the 'Risk Assessment Model and Standards for Child Protection in Ontario – Revised 2000'

A child may be or is in need of protection
See section 37(2) of the Child and Family Services Act, as noted in Appendix Four.

Duty to report
See section 72 of the Child and Family Services Act, as noted in Appendix Four.

Safety Assessment and Immediate Safety Plan
"The child protection worker completed the Safety Assessment at the first face-to-face contact with a child (subsequent to receipt of the initial referral/report/information or on open cases when new allegations of a child in need of protection are investigated) to assess a child's immediate safety. When immediate safety interventions are required to ensure the child's safety while the investigation proceeds, an Immediate Safety Intervention Plan is completed."[1]

The Safety Assessment is an assessment of the child's immediate safety, and examines whether or not the child is in immediate need of protection. It is completed in response to a referral to a child welfare agency where it is determined a child may be or is in need of protection. Depending on the circumstances and severity of the referral, the child is seen in 12 hours, up to 7 days, of the referral. The Safety Assessment is completed by a child protection worker, within 24 hours of their initial face-to-face contact with the child; the form, including the assessment and the plan, is reviewed and approved by a supervisor. It is a tool using a form that determines the children and caregivers in a family, and assesses 11 specific safety factors regarding the caregivers' prior and current behaviour and their attention to the child's needs. The child's own feelings and physical living conditions also are assessed. The outcome of this safety assessment determines whether or not the child requires immediate safety intervention. If immediate intervention is required, the plan for this intervention is detailed on the same form, noting what will be done by whom, and when, towards the child's safety.

Risk Assessment
"The child protection worker uses their knowledge of Risk Assessment during the investigation phase and on an ongoing basis to assess the likelihood of future harm to the child. The child protection worker completes the Risk Assessment Tool when the assessment determines that a child is in need of protection and for subsequent case reviews."[1]

The Risk Assessment is an assessment of the risk of future harm to the child (as opposed to the immediate safety of the child). It is completed by a child protection worker within 30 days (with some exceptions) of the initial referral to the child welfare agency; subsequent Risk Assessments are completed during the Comprehensive Assessment, and when there is a change in the family's circumstances that may affect the prior assessment of risk to the child. It is a tool using a form that assesses future risk to a child in five categories: caregiver, child, family, intervention, abuse/neglect. There are specific elements in each of these categories that are assessed in terms of their level of severity. Following the assessment and recording of the level of severity of each element within each category, the child protection worker then completes an analysis of those ratings, including an examination of the most severe risk elements and how the risk elements may interact with each other; the risk assessment form concludes with an overall rating of the risk for the child, on a scale from no/low risk to high risk. The Risk Assessment is reviewed and approved by a supervisor.

Comprehensive Assessment

A Comprehensive Assessment is a more extensive assessment of the family and child's situation, which includes an updated Risk Assessment and Plan of Service. It is completed by the child protection worker after 60 days, and every 6 months thereafter. The Comprehensive Assessment is reviewed and approved by a supervisor.

Assessment of Other Child Protection Issues

"For this new risk decision, the child protection worker completes an assessment of child protection issues to ensure that all issues related to the child's best interests, protection and well-being are addressed. It includes subject areas [such] as child development and long-term parenting capacity."[1]

The Assessment of Other Child Protection issues is an on-going assessment of the child's well-being, completed by the child protection worker, in addition to the specific risk issues noted in the Risk Assessment. How this assessment is completed and documented varies between child welfare agencies; generally, it is completed within 60 days of the initial referral, and prior to completion of the Plan of Service. This assessment might include an examination of factors including child's medical history, school experiences, peer and/or sibling interactions, and play activities. This assessment, in combination with the Risk Assessment, is used to inform the development of the Plan of Service.

Plan of Service connected to the Risk Assessment and the Assessment of Other Child Protection Issues

"The child protection worker, while completing the Risk Assessment and the assessment of other child protection issues, and involving all relevant parties, identifies issues to be addressed in the Plan of Service. The child protection worker determines outcomes required to reduce risk and the child's need for protection, and establishes strategies for achieving those outcomes. In this way, the information from the investigation and assessment process is linked directly to the planned interventions contained in the Plan of Service."[1]

The Plan of Service is completed by the child protection worker, in conjunction with family members and collateral service providers as appropriate, to identify those matters that require attention as part of the intervention plan. The focus of the Plan of Service is what is needed to reduce current and future risk to the child, including the

identification of concrete outcomes and strategies towards the successful completion of those outcomes. The Plan of Service often, but not always, is developed at a case conference, with family members and other service providers present as appropriate; the child protection worker documents the Plan of Service, which is generally also reviewed and approved by a supervisor. The Plan of Service is completed by the child protection worker within 60 days of the initial referral. The Plan of Service also may change as a result of new circumstances in the family's life, including a new assessment of risk following the completion of a subsequent Risk Assessment. A copy of the Plan of Service is available to the family. The form for completing the Plan of Service varies between child welfare agencies.

From Training Manual

Possible Outcomes of a CAS investigation include:

- Original protection concerns are not verified and the child is not in need of protection.
- Original protection concerns are not verified but the child is in need of protection for other reasons.
- Original protection concerns are verified but the child is not currently in need of protection.
- Original protection concerns are verified and the child is currently in need of protection.

'Note: A child being in need of protection does not automatically result in the child being apprehended. Service plans can include the child remaining in the home within specific guidelines, the child being placed in the care of relatives or friends as approved by CAS, or the child being voluntarily placed in CAS care by parent(s).'

Plan of Service / Risk Reduction Strategies

Plan of Service determines outcomes required to reduce risk and the child's need for protection and establishes strategies to achieve those outcomes.

Appendix Four

Child and Family Services Act

Section 37
Child in need of protection
(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 or resulting from that person's,
    (i) failure to adequately care for, provide for, supervise or protect the child, or
    (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
    (i) failure to adequately care for, provide for, supervise or protect the child, or
    (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
(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 risk that the child is likely to 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 serious,
    (i) anxiety,
    (ii) depression,
    (iii) withdrawal,
    (iv) self-destructive or aggressive behaviour, or
    (v) delayed development,
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) 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 risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that 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 prevent 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 has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence 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. R.S.O. 1990, c. C.11, s. 37 (2); 1999, c. 2, s. 9.

Section 72
Duty to report child in need of protection
72. (1) Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:
1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
    i. failure to adequately care for, provide for, supervise or protect the child, or
    ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
    i. failure to adequately care for, provide for, supervise or protect the child, or
    ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. 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.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. 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.
6. The child has suffered emotional harm, demonstrated by serious,
    i. anxiety,
    ii. depression,
    iii. withdrawal,
    iv. self-destructive or aggressive behaviour, or
    v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 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.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that 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 prevent the harm.
10. 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.
11. 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.
12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence 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.
13. The child is less than 12 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.

Ongoing duty to report
(2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.
Person must report directly
(3) A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on his or her behalf. 1999, c. 2, s. 22 (1).
Offence
(4) A person referred to in subsection (5) is guilty of an offence if,
(a) he or she contravenes subsection (1) or (2) by not reporting a suspicion; and
(b) the information on which it was based was obtained in the course of his or her professional or official duties. 1999, c. 2, s. 22 (2).
Same
(5) Subsection (4) applies to every person who performs professional or official duties with respect to children including,
(a) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;
(b) a teacher, school principal, social worker, family counsellor, priest, rabbi, member of the clergy, operator or employee of a day nursery and youth and recreation worker;
(c) a peace officer and a coroner;
(d) a solicitor; and
(e) a service provider and an employee of a service provider.

Same
(6) In clause (5) (b),
"youth and recreation worker" does not include a volunteer.
Same
(6.1) A director, officer or employee of a corporation who authorizes, permits or concurs in a contravention of an offence under subsection (4) by an employee of the corporation is guilty of an offence.
Same
(6.2) A person convicted of an offence under subsection (4) or (6.1) is liable to a fine of not more than $1,000. 1999, c. 2, s. 22 (3).
Section overrides privilege
(7) This section applies although the information reported may be confidential or privileged, and no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion. R.S.O. 1990, c. C.11, s. 72 (7); 1999, c. 2, s. 22 (4).
Exception: solicitor client privilege
(8) Nothing in this section abrogates any privilege that may exist between a solicitor and his or her client. R.S.O. 1990, c. C.11, s. 72 (8).

Appendix Five

CAS/VAW Agreement- Intersection Point #5

Between

VAW Shelter Agency:

____

And

Child Welfare Agency: __________________________________

In matter of: ____

Child Welfare Roles and Responsibilities:

Roles	Responsibilities

VAW Shelter Roles and Responsibilities:

Roles	Responsibilities

- It is understood that this will remain in effect until amended by a party of until the client is discharged from service of either the Child Welfare or VAW Shelter.

- Either party may generate this agreement and then both parties should sign the agreed mutual understanding of respective roles and responsibilities.

- The distribution will be copy to Child Welfare, copy to Shelter copy to Client

Dated this _______ day of ________________, ________
Signed by: _______________ & ______________________
VAW Agency Child Welfare