Medical Neglect in Child Maltreatment-Related Investigations in Ontario in 2018

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Introduction

Navigating health concerns poses a number of difficulties for families, and these challenges increase when families encounter hardships in several domains of their lives, affecting their ability to adhere to healthcare demands.¹ The COVID-19 pandemic has introduced additional stressors to families and children including quarantine/isolation, health-related concerns, fear surrounding the virus and its variants, and vaccine hesitancy.² This Information Sheet presents and extends on Allan et al.'s (2021)³ analysis of characteristics of child welfare investigations for medical neglect in Ontario. Data were used from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018 (OIS-2018)⁴, the sixth provincial study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario.

Findings

An estimated 158,476 child maltreatment-related investigations involving children 0-17 years of age were conducted by a child welfare authority in Ontario in 2018. Medical neglect was noted as the primary form of investigated maltreatment in one percent of all maltreatment-related investigations (estimated 2,270 investigations). Medical neglect is defined in the OIS-2018 as occurring when "the child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable or unable to consent to the treatment. This includes dental services when funding is available." ⁵

¹ Allan, K., Joh-Carnella, N., Fallon, B., Vandermorris, A., & Houston, E. (2021). Medical neglect in Ontario: Implications for healthcare provision. *Paediatrics & Child Health*. <u>https://doi.org/10.1093/pch/pxab012</u>

² Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M., & Stewart, S. (2020). Child Welfare and Pandemics. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto.

³ Ibid.

⁴ Fallon, B., Filippelli, J., Lefebvre, R., Joh-Carnella, N., Trocmé, N., Black, T., ... Stoddart, J. (2020). Ontario Incidence Study of Reported Child Abuse and Neglect-2018 (OIS-2018). Toronto, ON: Child Welfare Research Portal.

⁵ Ibid.

Table 1 presents noted primary caregiver risk factors in medical neglect investigations compared to investigations for other forms of neglect captured in the OIS-2018. Fifty-two percent of medical neglect investigations involved a primary caregiver who had at least one caregiver functioning issue. As illustrated in Table 1, risk factors that were most frequently noted by investigating workers in medical neglect investigations included mental health issues (38% or an estimated 861 investigations); few social supports (32% or an estimated 732 investigations); and drug/solvent abuse (16% or an estimated 352 investigations). In medical neglect investigations compared to all other neglect investigations, investigations and 11% percent of all other neglect investigations); physical health issues (noted in four percent of medical neglect investigations); and perpetrator of intimate partner violence (noted in three percent of medical neglect investigations); and perpetrator of all other neglect investigations). See Figure 1 for a visual representation of these findings.

Table 1. Noted primary caregiver risk factors in child maltreatment investigations for medical
neglect compared to other forms of neglect in Ontario in 2018

Primary Caregiver Risk Factors	Medica	al Neglect	All Other Neglect		
	Estimate	Percentage	Estimate	Percentage	
Alcohol Abuse	200	9%	2,230	11%	
Drug/Solvent Abuse	352	16%	2,368	11%	
Cognitive Impairment	150	7%	1,215	6%	
Mental Health Issues	861	38%	5,991	28%	
Physical Health Issues	91	4%	1,783	8%	
Few Social Supports	732	32%	6,054	29%	
Victim Of Intimate Partner Violence	302	13%	2,519	12%	
Perpetrator Of Intimate Partner Violence	72	3%	963	5%	
History Of Foster Care/Group Home	150	7%	1,559	7%	
At Least One Caregiver Functioning Issue	1,165	52%	11,713	55%	
Total Number of Investigations	2,270	100%	23,930	100%	
B ased on a sample of 1 201 period investigations with information about primary caregiver rick factors					

Based on a sample of 1,201 neglect investigations with information about primary caregiver risk factors. Percentages are column percentages. Columns do not add to totals because multiple or no caregiver risk factors could be noted.

Figure 1. Noted primary caregiver risk factors in child maltreatment investigations for medical neglect compared to other forms of neglect in Ontario in 2018



Nearly two thirds of medical neglect investigations involved a child with at least one noted child functioning concern (60% of medical neglect investigations), compared to 42% of investigations of all other types of neglect. Child functioning concerns that were highly noted in neglect investigations included academic/learning difficulties, intellectual/developmental disability, failure to meet developmental milestones, attachment issues, and self-harming behaviour. These concerns were more frequently noted among children in medical neglect investigations when compared to all other neglect investigations; 29% of medical neglect investigations involved children with noted academic/learning difficulties, 20% involved children noted as having an intellectual/developmental disability, 16% involved children who were noted as failing to meet developmental milestones, 10% involved children with noted attachment issues, and 10% involved children with noted self-harming behaviours. See Table 2 and Figure 2.

Table 2. Noted child functioning concerns in child maltreatment investigations for medical neglectcompared to other forms of neglect in Ontario in 2018

Child Functioning Concern	Medical	l Neglect	All Other Neglect		
	Estimate	Percentage	Estimate	Percentage	
Failure to Meet Developmental Milestones	369	16%	2,146	10%	
FASD	122	5%	434	2%	
Intellectual/ Developmental Disability	463	20%	3,106	14%	
Attachment Issues	236	10%	1,736	8%	
Physical Disability	174	8%	306	1%	
Academic/Learning Difficulties	650	29%	4,891	23%	
Self-Harming Behaviours	228	10%	1,423	7%	
Suicidal Thoughts	188	8%	1,318	6%	
Inappropriate Sexual Behaviour	-	2%	900	4%	
Alcohol Abuse	-	0%	378	2%	
Youth Criminal Justice Act Involvement	-	0%	468	2%	
Other Functioning Issues	236	10%	318	2%	
At Least One Child Functioning Concern	1,365	60%	9,085	42%	
Total Number of Investigations	2,270	100%	23,930	100%	
Based on a sample of 1,219 neglect investigations with information about child functioning concerns. Percentages are column percentages. Columns do not add to totals because multiple or no child functioning concerns could be noted.					

Figure 2. Noted child functioning concerns in child maltreatment investigations for medical neglect compared to other forms of neglect in Ontario in 2018

- Estimate was < 100 investigations



Page 4 of 7 Information Sheet #215E Full-time employment was the most frequently noted primary source of household income in medical neglect investigations (noted in 53% of medical neglect investigations). This was followed by other benefits/unemployment (29% or an estimated 650 medical neglect investigations). Additionally, investigating workers noted that families involved in medical neglect investigations encountered financial difficulties within the last six months when obtaining basic necessities, such as food (13%), telephone/cellphone (11%), housing (eight percent), and transportation (eight percent). See Table 3.

	Medical Neglect		All Othe	er Neglect			
	Estimate	Percentage	Estimate	Percentage			
Household Source of Income							
Full-Time	1,204	53%	8,755	41%			
Part-Time/Seasonal	244	11%	2,101	10%			
Other Benefits/Unemployment	650	29%	7,689	36%			
None	1,491	7%	-	2%			
Unknown	1,344	6%	115	5%			
Ran out of Money for Basic Necessities in the Last Six Months							
Food	293	13%	1,965	9%			
Housing	178	8%	925	4%			
Utilities	100	4%	1,157	5%			
Telephone/Cellphone	258	11%	1,685	8%			
Transportation	184	8%	1,131	5%			

Table 3. Household source of income and economic hardship in child maltreatment investigations for medical neglect compared to other forms of neglect in Ontario in 2018

Based on a sample of 1,207 neglect investigations with information about the household source of income and economic hardship. Percentages are column percentages.

- Estimate was < 100 investigations

Summary

Medical neglect can occur in the context of numerous, nested risk factors within a child and family's life.⁶ Allan et al. (2021)⁷ reported risk factors such as financial instability, the absence of social supports, caregivers with mental health issues and/or drug/solvent abuse, as well as children with at least one child functioning concern in medical neglect investigations in Ontario. Although medical neglect investigations only represent one percent of all neglect investigations, the children involved in these investigations are uniquely vulnerable due to their potentially underlying health concerns. While several barriers existed to accessing healthcare for many families prior the COVID-19 pandemic, additional barriers have been generated during the pandemic which may result in greater risk and potential harm to a child's well-being.⁸

⁶ Carole, J. (2007). Recognizing and Responding to Medical Neglect. *Pediatrics*, 120(6), 1385-1389. https://doi.org/10.1542/peds.2007-2903

⁷ Ibid, 1.

⁸ Ibid, 1.

Methodology

The OIS-2018 used a multi-stage sampling design to select a representative sample of 18 child welfare agencies across Ontario and then to sample cases within these agencies. Information was collected directly from child protection workers on a representative sample of 7,590 child protection investigations conducted during a three-month sampling period in 2018. This sample was weighted to reflect provincial annual estimates. After weighting procedures were applied to the data, the estimated number of maltreatment-related investigations (i.e. maltreatment and risk-only investigations) conducted in Ontario in 2018 was 158,476.

For maltreatment investigations, information was collected regarding the primary form of maltreatment investigated as well as the level of substantiation for that maltreatment (substantiated, suspected, or unfounded). Thirty-three forms of maltreatment were listed on the data collection instrument and were collapsed into five broad categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. Workers listed the primary concern for the investigation and could also list secondary and tertiary concerns if applicable. For neglect investigations, workers could identify the following forms of neglect: failure to supervise physical harm, failure to supervise sexual abuse, permitting criminal behaviour, physical neglect, medical neglect (including dental), failure to provide psychiatric treatment, abandonment, and educational neglect. Please see Fallon et al. for a detailed description of each category of neglect.⁹

Workers were asked to provide information regarding the characteristics of their investigations, including those pertaining to the household, caregivers, and children; history of previous child welfare case openings; and short-term child welfare service dispositions, including transfers to ongoing services and referrals made to internal and external services. Allan et al. (2021)¹⁰ used child, household, and caregiver variables to examine investigations pertaining to medical neglect. This information sheet presents some of the analyses, however, additional analyses in the paper included: child's age (less than 1 year, 1-3 years, 4-7 years, 8-11 years, 12-15 years, and 16-17 years), the age of the primary caregiver (21 and under, 22-30, and over 30), and noted physical harm by the investigating worker during the investigation. The authors also conducted a binary logistic regression to examine which investigation characteristics predicted substantiation in medical neglect investigations.

Limitations

The OIS-2018 collects information directly from child welfare workers at the point when they completed their initial investigation of a report of possible child abuse, neglect, or risk of future maltreatment. Therefore, the scope of the study is limited to the type of information available at that point in time. The OIS does not include information about unreported maltreatment nor about cases that were investigated only by the police. Reports that were made to child welfare authorities but were screened out (not opened for investigation) were excluded from the OIS-2018. Similarly,

⁹ Ibid, 1.

¹⁰ Ibid, 1.

reports on cases already open at the time of case selection were not included. The study did not track longer-term service events that occurred beyond the initial investigation.

Three limitations to the estimation method used to derive provincial annual estimates should also be noted. The agency size correction uses service volume as a proxy for agency size; this does not account for potential variation in investigations across agencies. The annualization weight corrects for seasonal fluctuation in the volume of investigations, but it does not correct for seasonal variations in types of investigations conducted. Finally, the annualization weight includes cases that were investigated more than once in the year as a result of the case being re-opened following a first investigation completed earlier in the same year. Accordingly, the weighted annual estimates represent the child maltreatment-related investigations, rather than investigated children.

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