Ontario

General Coroner

Ministère du Solliciteur général — Bureau du coroner en chef

(97) 14936

the jury serving on the inquest into the death of: / dûment assermentés, formant le jury dans l'enquête sur le décès de.

Surname / Nom de famille: JOHNSON

Given names / Prénom: Shanay Jami

aged / âgé(e) de: 22 months held at / qui a été menée à: 15 Grosvenor Streeet, Toronto, Ontario

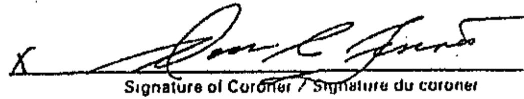
on the / le: 1,2,3,4,7,8,9,10,11,14,15,16,17,21,22, 23,24,28,29,30, 1,2,5,6,7,8,9 day(s) of (du/au): April / May 19 97

by / par: Dr. Ross BENNETT Coroner for Ontario, / coroner pour l'Ontario,

having been duly sworn, have inquired into and determined the following: / avons enquêté et avons déterminé ce qui suit:

1. Name of deceased / Nom du (de la) défunt(e): Shanay Jami Johnson
2. Date and time of death / Date et heure du décès: October 26th 1993 at 3:35 p.m.
3. Place of death / Lieu du décès: St. Joseph's Health Centre
4. Cause of death / Cause du décès: Head injury
5. By what means / Circonstances entourant le décès: Homicide

This verdict was received by me this / Ce verdict a été reçu par moi le: 9th day of May 19 97



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Signature of Coroner / Signature du coroner

Distribution Original - Regional Coroner for forwarding to Chief Coroner / L'original - coroner de la région pour transmission au coroner en chef
Copy - Crown Attorney / Copie - Procureur de la Couronne

OPENING STATEMENT

We the Jury on behalf of the citizens of Metropolitan Toronto wish to express our sympathy for the lost life of Shanay Jani Johnson.

When we say the word mother we think of someone who provides unconditional love, keeps us safe, and provides a happy home. This didn't happen for you. For a part of your short span of life you were loved, safe and happy with your Foster Family. Then you were returned to your birth family through a system that did not recognize your rights and needs as an individual, and that failed to recognize your danger. Four short months later we lost you forever.

Shanay, be assured, with these recommendations implemented, the large cracks in the child protection system will surely be filled by the people, Government of Ontario and agencies responsible for the safe keeping of our children.

Shanay, the final chapter of your short life now comes to an end. Little one, you can now rest in peace knowing that society has benefited from your death even though it did not have the opportunity to benefit from your life and what you would have contributed. Your memory will never be lost to any of our hearts and minds.

RECOMMENDATIONS

1. The following 107 recommendations are not presented in any particular order of priority, but have been placed into categories where we felt they could be easily and best implemented.

Federal Government

We strongly advocate that the Federal Government put children's protection, safety and well-being higher on their list of priorities. Government provide leadership and direction to the Provinces by implementing the following recommendations:

1. We recommend the Federal Government of Canada amend the Criminal Code to include an offense of Death by Child Abuse/Neglect which does not require the specific intent to kill with a minimum term of imprisonment without eligibility for parole to be classed as second degree murder.

   Rationale: The death of one of society's most vulnerable members must be seen as being, at least, if not more than equal to the death of an adult as in their innocence they are unable to defend themselves or escape from danger.

2. We recommend removal of Infanticide from the Criminal Code.

   Rationale: It would be replaced with sections under Death by Child Abuse/Neglect

Provincial Government of Ontario

The Government of Ontario must consider children as their highest priority. Child Services have a major role in providing a strong and prosperous future for Ontario as our children are our most valuable resource. It is clear from all research on child development that efforts made to ensure the mental and physical well-being of young children is the most economical and efficient way to achieve society's goals and aspirations.

1. We recommend the Provincial Government establish explicit rights for children within the C.F.S.A.

   Rationale: The U.N.I.C.E.F. Convention on the of Rights of the Child set minimum legal and moral standards for the protection of children's rights. Canada is a signatory to this Convention and Provinces should ensure these standards are met.

2. The Government of Ontario should clearly state that the protection and well-being of children is a paramount government priority and that legislative, policy and funding decisions be made in the context of that paramount priority across all Ministries.

   Rationale: The protection and well-being of children has not been given the necessary commitment and priority by the Government of Ontario, and the situation is further complicated by the fact that the responsibility for children is divided among three Ministries, (Health, Education, Community and Social Services).

3. The Government of Ontario must commit more resources to substance abuse prevention and treatment centres. A need for drug abuse treatment centres with child care provisions is necessary.

   Rationale: Testimony indicated a lack of treatment centres for parents under supervision orders who need child care while trying to conquer their drug/alcohol abuse problem. The waiting lists for treatment centres now operating are too long to assist in the protection of children at risk.

4. The Government of Ontario must support prevention of child maltreatment by committing resources to education and programs such as "Babies Best Start"

5. A permanent single interdisciplinary child death review mechanism be established provincially to review all deaths of children with particular attention to systems issues. In the event of death of a child under suspicious circumstances, an in-depth review should be conducted to include all service providers and professionals involved with the child. The results of such reviews should be widely published with particular distribution to the agencies and professional groups involved in providing service in similar situations.

6. The Government of Ontario should increase funding to community resources which contribute to the protection and well-being of children such as subsidized daycare, children's mental heath centres, homecare, and other services.

   Rationale: The evidence shows that community resources such as day care, external to CAS, can be important partners in the protection and the promotion of children's well-being, and yet access to these important supports has eroded due to funding cuts in health, education, social and community services.

7. The municipalities should retain some elements of fiscal responsibility for CAS's.

   Rationale: The traditional split of 80-20 funding ensured that municipalities retain some interest in the funding of the CAS in their community. That responsibility ensured that the special needs of that community could be addressed in a timely way. If funding moves totally to the MCSS that local autonomy and flexibility will be lost.

8. Any new legislative or policy initiatives and any new funding model should ensure not only that "mandatory" services are adequately funded, but that funding is provided to enable agencies to ensure that front-end and "support" services are available as needed by the community.

   Rationale: Evidence from other jurisdictions demonstrated that dollars invested in proactive prevention programs can have a dramatic impact in reducing the need for child protection and other child services, the current funding model acts as a disincentive to the provision of such "non-mandatory" services.

Family Courts

1. Family Courts shall respect that the paramount purpose of the C.F.S.A. is to promote the best interest and protection of children.

   Rationale: to place the emphasis on 1.(a) of the C.F.S.A. Family Courts shall look at each child's individual needs and best interests as separate and apart of the interests of parents and/or siblings.

2. A Judicial Case Management system be implemented throughout the Family Courts.

   Rationale: This will expedite cases and reduce hours spent in court for CAS personnel and should allow one judge to continue following an individual case.

3. Family Courts should declare expert the opinion evidence of experienced and qualified CAS social workers in proceedings under C.F.S.A., where the worker has had more than 6 months working with the child and/or family.

   Rationale: Testimony indicated that the case worker's opinion is not given full value in Family Court proceedings and other (expert) opinion is held to be of more value than a worker with extensive Family Caseworker experience. Many experts have very limited contact with the child and family.

4. Family Courts shall grant a limited number of adjournments for non custodial and custodial parents if it is deemed to be in the best interests of the child

   Rationale: Many delays in court proceedings result from difficulty locating and serving the non-custodial parent who may demonstrate little interest in the proceedings and lack of support for the family in general. Such activity should exclude them from delaying the proceedings.

5. While children are in care and a parent is applying to have them returned, Family Courts should have the power to order the parent/s to comply with conditions related to the child's protection and to their parenting capacity with provisions that would permit the court to charge a person for contempt or breach of a court ordered condition for non-compliance.

   Rationale: Courts have little control over the parents when children are in care and little power to insist parents comply with the provisions of the supervision order. The focus of supervision orders should be the improvement of the parent's skills in parenting and rehabilitation, (if substance abuse is a factor).

6. If a parent breaches a condition of a supervision order, the Act should explicitly provide that the onus of proof shifts to the parent to show children are not at risk by the parent's failure to comply and should demonstrate why the children should not be apprehended.

7. Family Courts can dictate frequency and duration of structured visits with supervision orders.

8. Appeals of court orders should only be allowed with leave to be granted by demonstrating that there is merit to the appeal. Strict time lines for presenting the appeal must be adhered to to ensure final decisions for children are expedited.

9. Family Courts should be able to order that a child attend a particular doctor if that level of monitoring is deemed appropriate. If legislation needs to be amended to accomplish this it should occur.

Rationale: Some parents have no family doctor, but attend walk-in clinics for emergency services for medical care. It is difficult to track a child's medical history in these circumstances.

Ministry of Community and Social Services

The Ministry of Community and Social Services must advocate for children within the Government of Ontario and see itself as a leader in giving priority to child protection and services. It must be responsible and accountable for this area. It is essential that the Ministry be proactive in providing guidance and co-ordination to the Children's Aid Societies.

1. The MCSS shall appoint a Director of Child Welfare and Protection.

   Rationale: The jury feels that the M.C.S.S. has not focused clearly on child welfare and protection. Leadership in the form of this Director would focus implementation of the recommendations in this inquest

2. We recommend that the MCSS review its internal structure and make changes that would ensure a clearer focus on the child protection system and the provision of leadership and support to the system.

3. MCSS develop provincial standards and guidelines for the investigation and management of neglect cases and hold agencies funded through the MCSS accountable for adhering to a set standard through the provincial audit system.

4. The MCSS, in cooperation with the OACAS, should development specific training on the harmful effects of neglect for child welfare workers, lawyers, judges, doctors, nurses, dentists and other professional service providers.

5. The MCSS should provide input and support to the Accreditation process of the OACAS to ensure monitoring and accountability.

6. The Ministry and O.A.C.A.S. need to co-operate fully to prevent the overlap of the effort in developing standards and training modules.

   Rationale: the production of two or more sets of standards is excessive and unnecessary.

7. We strongly recommend that the MCSS, OACAS and CUPE come together immediately to develop case load standards that will ensure all children are protected.

   Rationale: The Child Welfare League of America can be used as reasonable and sufficient caseload standards until Ontario research can develop its own standards.

8. We recommend a responsive formula be established to enable the CAS's to adopt and develop workload standards recognized by the MCSS for systems management and budget allocation purposes.

9. We recommend that the Ministry review the provincial budget with OACAS.

   Rationale: the testimony provided indicated that funding child care services in the CAS is insufficient and the distributions of funds continues to focus on contingency (fiscal) rather than baseline (annualized) funding. This funding mechanism results in the inability of CASs to do long term planning. It has resulted in a serious reduction in prevention services and leaves them with the specter of using emergency funds for increases in demand.

10. The Ministry should commit itself to the implementation of an appropriate funding model that will ensure adequate resources are available to enable CASs to secure the protection and well-being of children in the province. Additional resources are also urgently required for the development of new specialized curricula for high priority needs.

    Rationale: The current funding model for CAS's is irrational, and completely inadequate to permit long-range planning and staffing to ensure the protection and well-being of children.

11. MCSS to revise their funding mechanisms to permit CAS's to provide prevention programs as part of their base-line (annualized) funding to support and deliver the prevention aspects of the child welfare system.

12. MCSS to fund child protection pre-work and refresher training through the Ontario Child Welfare Training System (OCWTS) operated by the OACAS and make this a priority.

13. To be implemented without delay, the development of a provincial interactive database, of information about families and children receiving child protection services that can be accessible to all children's aid societies. The data collected must be constructed to reflect data used to determine service eligibility from a C.A.S. The data definitions and data fields must be compatible with other systems designed to track the incidence of child deaths.

14. Until an interactive province wide database, as recommended by the Child Mortality Task Force and this Jury, is implemented, the Child Abuse Register must be revamped, Society compliance regarding reporting to it should be mandatory, and access to it should be broadened to law enforcement and Societies. Once the Province-wide database is implemented, the register will no longer be necessary.

15. MCSS should produce research documents based on serious occurrence reports, child mortality, child neglect, database information and other service provisions, develop policy and procedures based on the research findings and provide current information to CAS's that can improve their services.

16. We recommend the introduction of a comprehensive risk assessment tool across the child welfare sector.

17. A comprehensive training in the effective implementation and use of the selected risk assessment instrument be accomplished.

18. The ongoing collection and analysis of data gathered from the use of assessment tools be used via the database to improve the system, research and service.

19. The overall system of services to children be reorganized to reflect priority access for children at greatest risk, community based service with a single point of access and adequate funding to support it. This would include adequate funding for daycare centres as a component in an integrated model of children's services.

    Rationale: Many daycare centres treat children from parents involved with the CAS as a low priority for quality daycare. Children at risk should receive highest priority as other community services are shrinking.

20. High risk infants and young children need to receive priority placements in early education programs to overcome their developmental deficits resulting from the neglect or substance abuse of their parents.

21. Front-line workers should be involved in the development and implementation of initiatives including amendments to the legislation, amendments to the review of assessment tools, the development of standards and guidelines in neglect cases, review of appropriate workload levels and other initiatives that affect their work.

    Rationale: Front-line workers' opinions and expertise appear to be undervalued throughout the child care system. They have valuable contributions to make in areas of policy as well as in the judicial aspects of child protection.

22. The MCSS must assure consistency and best practices by periodic audits across the Province.

23. The MCSS involvement with the Death of a Child Report must review the case file and speak with all persons involved.

Children's Aid Societies

The CAS is a very valuable part of our communities and needs public support. We have charged the Societies with the task of keeping our children safe from those that would harm them. Without the support and understanding from the community and the financial support of the Government of Ontario our most vulnerable members are at risk.

1. All Children's Aid Societies in Ontario implement the use of a comprehensive assessment and planning model which includes an eligibility tool, a safety assessment and risk assessment, an instrument for assessing parenting capacity, and further, that the application of these tools inform and support the service contract with the client and client family. All tools are to include neglect as a factor.

   Rationale: These tools will assist the social worker in making the critical judgment necessary to ensure the children are and remain protected.

2. All CAS workers are to be trained on all available assessment tools: risk assessment, parenting capacity assessment, the intervention spectrum, safety assessment and child development milestones.

3. Staff training be provided on physical abuse (including patterns of injury, risk factors) neglect and substance abuse along with its effects and treatments.

4. Where siblings are admitted to care as a group and placed in foster care as a group, each child's best interests need nonetheless to be assessed and planned for on an individual basis. Relationships with the child's siblings and the child's place in the family group are considerations to be taken into account within the individuated planning for each child.

5. While children are in care, the child-care workers observations and parent capacity assessments be used to construct a program to improve parenting skills during parent-child supervised visitations or other appropriate times.

   Rationale: While children are in care, their parents have an opportunity and obligation to improve their deficits in parenting capacity. Visitations with their children provide a convenient opportunity for child care workers to assist parents in immediate child care and in long-term planning for their children.

6. CASs need to emphasize that the decision to return a child, particularly to the care of the person from whom they were removed, requires as much investigation, assessment, consultation and documentation of reasons for the decisions as was evident in the decision to admit a child to care in the first place.

7. Practice considerations to ensure that supervision orders are sought, with necessary conditions, where children are discharged from care, especially where children are being returned to the person from whom they were removed.

8. The Service Plan be identified as the Risk Reduction Service Plan (RRSP) and have the following characteristics: (adapted from the B.C. Risk Assessment Tool)

   a) focus on the highest risk factors as they are identified
   b) describe the planned intervention that will reduce these risk factors
   c) that interventions be assigned specific penalties for non-compliance enforceable by Family Courts
   d) that the RRSP assign specific obligations to the parents to prepare for the child/ren's return if the children are in care.
   e) that the RRSP assign specific duties to a parent with time limits if parents are under supervision orders and their children are in their home.

9. That, where a CAS is concerned about substance abuse on the part of a parent or other person having the care or custody of a child and has a formal verification of any such use, a programme be instituted for monitoring substance abuse by an appropriate health professional of the CAS's choosing including the following:

   a) a formal agreement between the parent, CAS and the health professional or facility setting out the purpose of the monitoring programme, and the consent of the parent to transmit the results directly to the Children's Aid Society., and
   b) random drug screening of blood, hair, urine or any other suitable test to detect substance use
   c) and that funds be made available for such programmes for those parents who have insufficient funds to pay for such programs.

10. CAS workers address the issue of continuity of child's medical information and treatment prior to discharge of the child from care. Where a parent is not consenting to exchange of information or being otherwise unco-operative on this issue, the child should only be discharged subject to a supervision order with appropriate conditions ensuring that medical needs are met. The worker should confirm that the child's in-care medical history has reached the ongoing physician in the community within 30 days of the discharge medical and in any event before terminating the supervision order and/or closing the file.

11. In any case where supervision is made under the CFSA, the family service worker will keep a record of name and addresses of all treating physicians.

12. Where supervision is arranged and a child sees a new treating physician, the family service worker will contact the treating physician and advise the office how he or she may be contacted and that he or she has the information needed on how to obtain the past medical records.

13. Upon release of children from care, a formal medical summary must be given to the caregiver to give to the family doctor on the first visit. The summary shall include milestone development, health concerns and how the new doctor can get the complete medical history forwarded.

14. In moderate to high risk cases CAS must do more unannounced home visits.

15. Family Group Conferencing should be implemented through all CAS's as soon as the current pilot project is completed.

16. CAS should have strong re-unification plans and programs that support the reintegration of families when children are discharged from CAS care. "Bridging" by workers who know the child/ren should be routinely provided when a child is discharged after a prolonged period in CAS care. Since this would mean that a single case is serviced by more than one worker upon discharge of the children, appropriate mechanisms need to be implemented in the CASs systems to support case reintegration periods.

17. CASs develop a better way to assess worker performance, which should include feedback from clients and/or periodic observations by the supervisor of a worker's interaction with clients in clients' homes. Such performance appraisals to be given annually and include follow-up on any disciplinary action needed during the year and progress reports on the previous years appraisal.

18. CAS supervisors and branch managers must be trained in performance appraisal and be held accountable for same, regardless of whether the work environment is unionized or not.

19. Supervisors must do random and frequent file reviews on individual cases.

    Rationale: From the evidence supervision of the Family Service Worker on this case was inadequate and had been for some time. Supervision should not be confused with support for workers. Many good examples of worker support were provided in the testimony but there was little evidence of supervision.

20. All workers, unionized or not, shall have a minimum of 3 days per annum of professional development/training to ensure they are kept up to date with changes and developments in child care.

21. CAS through their Foundation should solicit funds from corporate sponsors to help support a parent help line as well as other worthy initiatives.

22. Every employee of CAS when contacted anonymously must log and document each contact and inform the worker involved.

23. A developmental chart setting out "normal" milestones in child development be distributed to all CAS workers and be followed by training.

24. Workers are expected to have structured visits that address the issues of child development and recognition of signs of neglect.

25. Workers should have structured visits to new residences to determine if the residence is a safe and sufficient home for the children. A check list needs to be developed for structural visits for new residences.

26. Only one branch within the Society should be dealing with a family.

27. CASs need to ensure appropriate and adequate coverage for all cases, related to the assessed level of risk in each case, during worker vacations, absences and training.

28. CAS internal reviews of child deaths should consist of both a file review and a meeting of the Society's service team.

C.F.S.A.

The Child and Family Services Act (CFSA) be reviewed and amended periodically with a view to improving the welfare and safety of children, stressing the rights of the child are as important as the protection of children. These must be clear priorities above all other considerations such as parental rights, due process and the principal of "least restrictive intervention". All provisions of the statute should reflect these emphases. The Act should be also be amended to give emphasis to neglect in recognition of its very profound effect on children because of the long term danger it represents to their health, development and well-being.

1. C.F.S.A. Part II Section 29 (6) should be amended to provide a variety of termination dates which depend on the age of the child. Family Courts should consider the 2 year rule to be a maximum time limit especially when children under 3 years of age are concerned.

   Rationale: British Columbia, for instance, has a more responsive view of termination dates based on children's ages. Consideration of the provisions and experiences of other provinces who have graduated periods for permanency planning should be given.

2. Section 57(1) should be amended to state that a child returned to a caregiver be placed under a supervision order with a minimum period of 6 months or half the time in care, whichever is greater and not to exceed 12 months.

   Rationale: There was evidence that the supervision order under which T. Johnson received her children was too short to permit adequate protection of the children or to assess the situation properly especially since the children had been in care for 18 months. Applying this rule would have caused the 3 month order to be changed to 9 months.

3. Revise and proclaim "Part VIII" of the CFSA.

   Rationale: Part VIII deals with confidentiality and access of record, this section has never been proclaimed. The jury heard testimony that the act needs revision to permit transfer of records between medical professionals and CAS. There must be provisions enacted in the C.F.S.A. to clarify duties of confidentiality and to promote the ability of workers to approach relevant members of the community for information to form judgments on child protection, child return, supervision, parenting capacity and risk assessment. It should also be possible for the Agency to provide some follow-up information to those who report abuse to ensure accountability and action on credible reports.

4. Child in need of protection in the act under Section 37 (2) should also include:

a) neglect and/or a prior history of neglect

b) a prior history of criminal acts against children

c) domestic violence/abuse including emotional/verbal abuse

d) substance abuse including alcohol

Rationale: A definition of neglect could include the following:

a) Lack of Care: failure to provide the necessities of life; adequate living conditions; adequate medical care, adequate child care; emotional support and stimulation; adequate supervision or control.

b) Lack of Protection: Failure to provide protection from emotional harm, domestic violence, substance abuse, sexual abuse physical abuse or persons whose conduct endangers the life, health or emotional well-being of the child.

5. The professional duty to report shall be expanded to include suspicion of neglect in addition to abuse.

6. It is recommended that the Act be amended to create an offense for all adult members of the public, especially those in a position to know, who fail to report suspicion of abuse or neglect that meet the definition of a "child in need of protection " in the C.F.S.A.

7. Family members who fail under the duty to report abuse/neglect can not be considered for foster parenting.

8. The options available in permanency planning for children need to be extended, especially for children who have siblings by permitting court-ordered contact if in the best interest of the individual child Courts to take extreme care and consideration when siblings are placed with family members

Rationale: While the jury had great difficulty with the parent having court-ordered contact we felt very strongly that the children stay in contact with each other.

Health Professionals

During the testimony, it was made clear to the jury that many Health Professionals were confused about their responsibilities under the CFSA. The issues of "duty to report" abuse/neglect and the confidentiality of medical records were critical parts of testimony. Additionally, there were important issues about the documentation of "milestones" of child development and medical testing for drug abuse. The medical profession is on the front line in assuring that the child care system works effectively.

1. We recommend that information be disseminated to health professionals in their professional training, in continuing education programs, through professional organizations, through professional publications, and through any other available means, that outlines accurately the full scope of the duty to report, and in particular the duty to report neglect. Such training should not be limited to continuing education but Universities and medical institutions must ensure that proper training occurs in the classrooms and in internships.

2. The college of Physicians and Surgeons should regularly include information on the duty to report and the information on all forms of child maltreatment in materials sent to physicians.

3. The information disseminated to health professionals with a duty to report should explain the importance of the appropriate physical examination and the reasons why complete and accurate information is required by the CAS.

4. Training on accurate documentation in notes of injuries including the specific area, size, and type of injury should be available and expected of physicians whether or not the case is deemed "reportable".

5. The physician responsible for prenatal care of a pregnant woman should note particulars of any substance abuse that could affect the health of the fetus or child and notify the birthing hospital for drug screening of the child.

6. Hospitals should develop a universal screening mechanism of newborns for the presence of drugs at birth in circumstances where maternal history or behaviour suggests substance abuse during pregnancy. The CAS should be notified for confirmed cases.

7. An universal screening mechanism be applied at birth to identify children at risk. Once flagged for referral, services and supports with a home visiting component must be available and easily accessible to meet the needs of families and children at risk to the age of 6 years.

8. The physician examining an infant for developmental milestones achieved should document descriptively and do a quantitative assessment.

Rationale: Stage of development described as "doing well" or "healthy" is insufficient information.

9. Family physicians during examinations should not rely solely on parent's information on milestones but shall also perform examinations to confirm them where possible.

10. A physician treating a child where differential diagnosis includes neglect (failure to thrive) as a possible diagnosis, should make a strict plan of care and follow-up visits while awaiting the child's previous medical records.

11. A physician examining a child for injuries where abuse or neglect is possible diagnosis, even if ruled out by the physician, shall make complete notes of the injury including location, age, description and the explanation given for the injury.

12. Doctors who encounter children under the age of two years with bone fractures shall report their findings to the CAS for follow-up.

13. A physician accepting a new child patient into the practice make reasonable efforts to obtain that child's medical records from the prior treating physician or hospital.

14. All health professionals making a report of suspected child abuse or neglect conduct a physical examination appropriate to that person's health profession. Include in the report to the CAS all the relevant information obtain during the examination.

15. All health professionals making a report to CAS make that report personally without delegating and such report be forwarded on a timely basis.

16. A physician referring a patient to a specialist should communicate personally and/or in writing to the specialist:

    a) the reason for the referral

    b) any relevant medical information known to the referring physician

    c) which physician will provide ongoing care of the patient for the presenting problem

    in any case, a written report from the treating physician be made to the family physician

17. There must be mandatory education on the duty to report for all physicians in Ontario

18. There must be mandatory education for the medical profession on the recognition and assessment of child abuse and neglect.

OACAS

1. OACAS devise training modules including observational skills, child development and the harmful effects of neglect within the OCWTS and require that protection workers within its member CASs attend such training, both on an initial and on a regular refresher basis as an accreditation standard

TRAINING

1. Specific training for child welfare workers, lawyers, judges, doctors and other professional providing services to children be developed on the harmful effects of neglect. Delivery of such training to inter-disciplinary groups would encourage better understanding of each other's roles and foster co-operation

2. Funding from MCSS for interdisciplinary training on assessment and investigation of neglect must be made available.

3. A multidisciplinary team from the child welfare field provide training in child abuse and neglect for professional providing services to children (particularly physicians).

4. The OACAS coordinate a public education which stresses the positive role of children's aid societies in general, front line workers in particular, in partnership with the community agencies such as Block Parents, Neighborhood Watch, Recreation Centres, health and education professions, in protecting the children of this province. Funding for this initiative shall be provided by the three Ministries dealing with children, the Ministries of Health, Education and Community and Social Services.

Rationale: Evidence indicates there is a lack of understanding about the role of CAS and the community's responsibility for child protection.

5. A public awareness campaign be mounted to underline the harmful effects of child abuse and neglect, duties to report abuse and neglect, and the responsibility of the community as a whole for the safety and well being of its most vulnerable member, children. Funding for this initiative shall be provided by the three Ministries dealing with children, the Ministries of Health, Education and Community and Social Services

Rationale: Children are often seen as property of the parents and not as individual members of society with their own rights.

6. The media have a major role to play in the education of the public, about the prevention of child abuse and neglect.

Rationale: The coverage of this inquest and other inquests is not where the media involvement starts and ends. The importance of educating the public by every means possible about how fragile young children are and how easily brain damage or emotional damage done at an early age will affect the child for the rest of its life. For example a baby shaken hard may not die or show other visible signs of misuse but may never do well in school or in life as the brain may have been damaged.

General Recommendations

1. We, the Jury, request the Office of the Chief Coroner convene a press conference one year from today to provide all concerned parties with an update on the implementations of the recommendations contained in the report.