Children home alone or inadequately supervised in Montreal and across Canada

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i feel happy because I have freedom to do whatever. And that includes going out and getting high. (...) Also my parents aren’t around to abuse me. Which is good.

I feel more depressed when I’m alone.

I don’t really feel anything, it’s just something that needs to be done.

Jai peur de perdre le controle

I feel abandoned like on one cares.

GREAT I LOVE IT

i like the quiet. it gives me time to think

Jai lordi a moi

I like to sing and dance, considering i would never do this when people are home :P

Source: Home Alone, 1990; KHP online survey
Overview

I. Lack of supervision: healthy development & risk of harm

II. Lack of Supervision in the Canadian Welfare System

III. Children’s experiences home alone:
   a. Montréal
   b. Canada
Research evidence: Factors associated with self-care

• *Home alone* more likely in families with
  – less parental time/ability for childcare
    • Poor mental health
    • Poor working conditions
  – child’s greater maturity and sense of responsibility
  – perceived neighbourhood safety

• *Other factors*
  – inability to afford childcare
  – Single parenthood/few social supports
  – Race

• Inadequate informal child care = no care

*Source:* Casper & Smith, 2002, 2004; Lopoo, 2005; Ruiz-Casares & Heymann, 2009; Vandivere et al., 2003
# Home alone: Circumstances & results

**Circumstances** (non-exclusive)

- Parents work late or cannot bring child to work
- Limited social support network
- No childcare center available
- Caretaker can only care for youngest child(ren)
- School or daycare center is closed due to weather or holidays
- Child and/or regular caretaker are sick
- Unexpected situations arise

**Results** (non-exclusive)

- Child care is not accessible, affordable or qualified
- Caregivers do not provide quality care

**Diagram**

- **Parental care**
  - At home
  - At work

- **Daycare center**
  - By adult
  - Relative/non-relative
  - Paid/unpaid

- **Informal supervision**
  - By child
  - Hired child caregiver
  - Relative/non-relative
  - Older sibling
  - Only child

*Source: Ruiz-Casares, M. & Heymann, J., 2009*
Theoretical framework: Inadequate supervision & risk of harm

INADEQUATE SUPERVISION
- Not watching closely
- Inadequate substitute child care
- Failing to protect from 3rd party or harmful activities

Physical Harm
Emotional/Mental
Cognitive
Social/Educational

Fatal injuries
Non-fatal injuries
Not medical attention
Medical/professional attention
Disabilities

Child Protection System

Source: Ruiz-Casares, 2009
Child-injury risk: Model of interactions

Key
A = Attitudes (e.g., towards safety gear)
B = Behaviors (e.g., risk taking)
C = Cognitions (e.g., vulnerability for injury)
D = Distractibility
E = Expectations for self and others (e.g., expectations regarding behavior, injuries, etc)
F = Feelings (e.g., excited, fearful, depressive state)
G = Goals (immediate, long term) (e.g., do what is convenient)
H = Hazard awareness (perception of risk)
I = Individual’s traits (personality, temperament)

Caregiver-based variables (e.g., A . . . . I)

Child-based variables (e.g., A . . . . I)

Environment-based variables (e.g., noise, hazards, chaos)

Sociocultural-based context (e.g., norms about safety)

CHILD-INJURY RISK

Source: Morrongiello, 2005
Lack of Supervision across Canada: Children in the Welfare System


• Sample: 11,562 investigations outside of Québec, involving children ≤15 years
  – Primary substantiated investigations, except domestic violence (n = 4,064)

• Information from investigating workers
  – Alleged maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence. (3 forms, 3 levels of substantiation)
    – Child info
    – Family & caregiver info
    – Investigation-related info

• Harm & substantial risk of harm
Supervisory Neglect in the CIS-2003

- Neglect: 31%
- Domestic Violence: 28%
- Emotional Maltreatment: 15%
- Physical Abuse: 23%
- Sexual Abuse: 3%

- Percent

- Failure to supervise: physical harm
- Physical neglect
- Abandonment
- Medical neglect
- Educational neglect
- Failure to provide psych treatment
- Permitting criminal behaviour

Graph showing the distribution of different types of supervisory neglect cases.
Physical harm by type of maltreatment & age groups

- Supervisory neglect
- Other neglect
- Physical Abuse
- Other maltreatment

% physically harmed within type of maltreatment:
- <1
- 1-3 years
- 4-7 years
- 8-11 years
- 12-15 years
Supervisory Neglect in the CIS-2003

• Profile of cases:
  – Female-headed households (44%)
  – Younger caregivers (41%)
  – Moved once last year (20%)
  – Children: younger and fewer health, behavioral, or functional issues
  – Inadequate housing conditions (11%)
  – Occurred only once (36%)
Harm in Supervisory Neglect Cases

• Physical Harm
  – 91.4% No harm
  – 5.9% medical treatment
  – 31.8% Health/safety endangered

• Mental/Emotional Harm
  – 83.8% No harm
  – 14.7% medical treatment
  – 25.9% no signs, harm probable

Severity of Physical Harm by Type of Maltreatment

- Supervisory neglect
- Other neglect
- Physical Abuse
- Other maltreatment
Physical Harm by Type of Maltreatment

Moderate

Severe

Injuries

Other health condition

- Supervisory neglect
- Other neglect
- Physical Abuse
- Other maltreatment
### Factors Associated With Physical Harm in Supervisory Neglect Cases

<table>
<thead>
<tr>
<th>Context</th>
<th>Child</th>
<th>Caretaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Housing</td>
<td>• Younger ***</td>
<td>• Cognitive impairment ***</td>
</tr>
<tr>
<td>• Not moved once **</td>
<td>• Depression/anxiety ***</td>
<td>• Mental health problems *</td>
</tr>
<tr>
<td>• Duration*</td>
<td>• Developmental disability ***</td>
<td>• Physical health issues **</td>
</tr>
<tr>
<td></td>
<td>• Learning disability*</td>
<td></td>
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<tr>
<td></td>
<td>• Violence towards others *</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other health conditions**</td>
<td></td>
</tr>
</tbody>
</table>

* p ≤ .05, ** p ≤ .01; *** p ≤ .001
Child Welfare System Response to Supervisory Neglect + Harm

- Higher rates of out-of-home placements (30%)
- Child/family referrals
  - At least one (70%)
  - Parent support group (23%)
  - Other referrals
    - Day care
    - Recreational services
    - Medical/dental services
    - Special education placement
Limitations

• Only cases open for investigation by a child welfare authority
  – Not included: Unreported, reported only to police, screened out, & internal reports on open cases.

• Only child welfare worker’s judgment at initial investigation
  – Medical examination frequently absent

• Small cell sizes for supervisory neglect + harm
Implications for policy, practice, & research

• Develop clear guidelines for assessment of Supervisory Neglect

• Alternative or differential response for low-risk cases.
  – Does not compromise child safety
  – Lower recurrence

• More support → Mobilization of local services & partnerships

• Document understanding of caretakers, children, and social workers.

Home alone in Montréal: Children’s perspectives

Study overview

• Setting & participants
  – Quebec context—*Gardiens avertis*
  – 42 children in multicultural public school in Montreal
    • 12-14 years
    • 69% female
    • 38% born outside of Canada

• Method
  – In-person invitation in school
  – Parental & child consent forms to interested children
  – Group lunch discussions + in-class discussion
  – Digitally recorded, transcribed, coded & analyzed by themes.
Babysitters’ Training Course

The Canada Safety Council has been a leader in babysitter training since 1970. The Babysitters’ Training Course is the oldest and most recognized course in Canada. Over a half a million young people have been trained across the country.

Many organizations take part by offering the program across Canada. Some examples include School Boards, Child Care Centres, City Recreation Departments, Native Bands, Community Safety Councils, Canadian Forces Bases, Student Employment Centres and Community Lighthouse Programs.

The Babysitters’ Training Course is aimed at the 10-16 year olds who want to demonstrate their caring and responsible direction.

The Babysitters’ Training Course is designed to help children:

- Rights and Responsibilities
- Child Development and Behavior
- Caring for the Child
- Nutrition

Babysitting Course

Because caring for children is more than just child’s play.

As parents of young children, has your favorite babysitter taken a Canadian Red Cross Babysitting Course?

You’re an adolescent of 11 years old or older and you’ve decided to
Home alone: When & how

- 90% spend time in self-care
- Great variation
  - Frequency
  - Duration
  - Conditions (time of day or week, alone or with sibs)
  - Age & process to begin self-care
    - Child readiness
    - Parental perspective & trust
    - Neighbourhood safety & resources
Activities while home alone

- **Work**
  - Do household chores
  - Do homework

- **Entertainment**
  - Watch TV
  - Use the computer (games, internet, etc)
  - Read

- **Socialize**
  - Talk on the phone
  - Play with, help, or fight with siblings
  - Go out with friend(s) or invite them over
  - “Make out” with girlfriend/boyfriend
Household responsibilities

• Reasons
  – Gratitude
  – Shared responsibility
  – Avoid parental anger
  – Free parents to do other activities/rest

• Tasks
  – Laundry
  – Clean/arrange their room
  – Wash dishes
  – Dust/vacuum clean/sweep
  – Clean bathroom
  – Take garbage out
  – Look after/assist younger children & pets
“When our parents are there, we cannot watch the programs that we want—like very violent programs; we can watch them when they are not there ... or we cannot have a little private time ... play our video games (PSP).”

12-year old boy
# Risks & opportunities of self-care

<table>
<thead>
<tr>
<th>Category</th>
<th>Risks</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>• Disruption of education/homework</td>
<td>• Learn practical skills &amp; develop self-sufficiency</td>
</tr>
<tr>
<td><strong>Physical Wellbeing</strong></td>
<td>• Exposure to possible injuries &amp; abuses from strangers</td>
<td>• Protection against abuses from strangers (indoors).</td>
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<tr>
<td></td>
<td>• Inadequate food</td>
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<tr>
<td><strong>Psychological Wellbeing</strong></td>
<td>• Feelings of loneliness, boredom &amp; fear</td>
<td>• Independence, patience, &amp; sense of responsibility</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>• Exposure to negative peer influence</td>
<td>• Assist siblings with homework</td>
</tr>
<tr>
<td><strong>Economic &amp; Labor</strong></td>
<td>• Property loss/damage (fire, gas, theft)</td>
<td>• Help with domestic tasks (respite &amp; unpaid care assistance)</td>
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<td></td>
<td>• Allows other household members to work</td>
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</table>
## Children’s emotions

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<tbody>
<tr>
<td>Independence</td>
<td>Loneliness</td>
</tr>
<tr>
<td>Patience</td>
<td>Boredom</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Fear</td>
</tr>
<tr>
<td>Self-sufficiency</td>
<td>– Strangers/tramps</td>
</tr>
<tr>
<td>Self-knowledge</td>
<td>– Night/noise</td>
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<tr>
<td></td>
<td>– Violence/crime</td>
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<td></td>
<td>– Unexpected</td>
</tr>
</tbody>
</table>
“When it's dark/night, it's scary! (...) I put music; I turn everything on —like the computer, the TV, the radio... all the time!”

12-year old girl
“Before, my mother used to work at a hospital from 3:00pm till midnight (...). I was with my two half-brothers so we stayed all alone. My step-father was at work—he works late sometimes. We had to stay... sometimes to calm down we played the Nintendo or something else or we told each other jokes or we farted like crazy.”

12-year old boy
Safety concerns

• Object
  – Property
    • Environmental hazards
    • Theft
  – Physical health
    • Kidnapping
    • Harassment/rape

• Coping & Protection
  – Safety lock, response to phone, etc
  – Cooking vs. buying food
  – Alone vs. with friends
“I live in an apartment so there are often false fire alarms; I do not like that. It has happened twice and I was all alone. (...) I am obliged to leave, and besides I had a hamster before, so I had to take him out too.”

13-year old girl
Summary of results

• Associated factors
  – Age
  – Family structure & limited support network

• Outcomes
  – Household work
  – Healthy immigrant effect
  – Weaknesses & strengths

• Limitations
  – Children’s views & self-selection
  – Moderating factors
Implications for research & practice

• Implications for service delivery
  – Assess each case within cultural context
  – Provide age & culturally-appropriate training & support

• Implications for research
  – Assess prevalence & consequences of self-care across socio-demographic groups
  – Clarify decision-making process & influence of working and community conditions
  – Include caretakers’ & children’s views
Home Alone Survey

• Anonymous, self-administered by school children (12-13 years)
• Content
  – Demographics (individual, family, neighbourhood)
  – Experiences of child care & home alone
  – Feelings/satisfaction with home alone
  – Strengths & Difficulties Questionnaire (SDQ)
  – Supporting children home alone
• Ethical & methodological challenges
Home alone across Canada: Children’s perspectives

In collaboration with Kids Help Phone/Jeunesse J’écoute & McGill/FRSQ Advisors
Overview of respondents

- 435 agreed to participate
- 95% live in Canada
- Ages $\leq 7 - 18 \geq$
- $\frac{3}{4}$ females
- 10% rural, 13% small town
- $\sim \frac{1}{6}$ born outside of Canada
- Languages at home:
  - 44% English
  - 17% French
- Family religion:
  - 25% Catholic
  - 18% No affiliation
Experiences Home Alone

- 4% never home alone
- 1 in 4 home alone since <11 years
- Reasons:
  - Mother (or father) began work outside home
  - Parents were going out
  - Nobody to care for them
- Decision:
  - 41% parents, 37% negotiated, 22% child
  - 15% discuss safety issues with caretakers
- Satisfaction:
  - 37% enjoy being home alone
  - 23% feel lonely or bored
Ethical & Methodological Challenges

• Ethics
  – Anonymity
  – Informed consent & assent
  – Voluntary participation
  – Support

• Methodology
  – Tool capabilities & limitations
  – Sampling hard-to-reach & hidden population
Some Questions to Examine

1. How do individual, family, & environmental factors protect or expose children to harm while home alone?

2. What factors seem to be associated with child satisfaction/coping with self-care?

3. How do children cope with unexpected events, unsatisfied needs, & positive/negative emotions?

4. What can we learn from children’s own recommendations to other children?
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