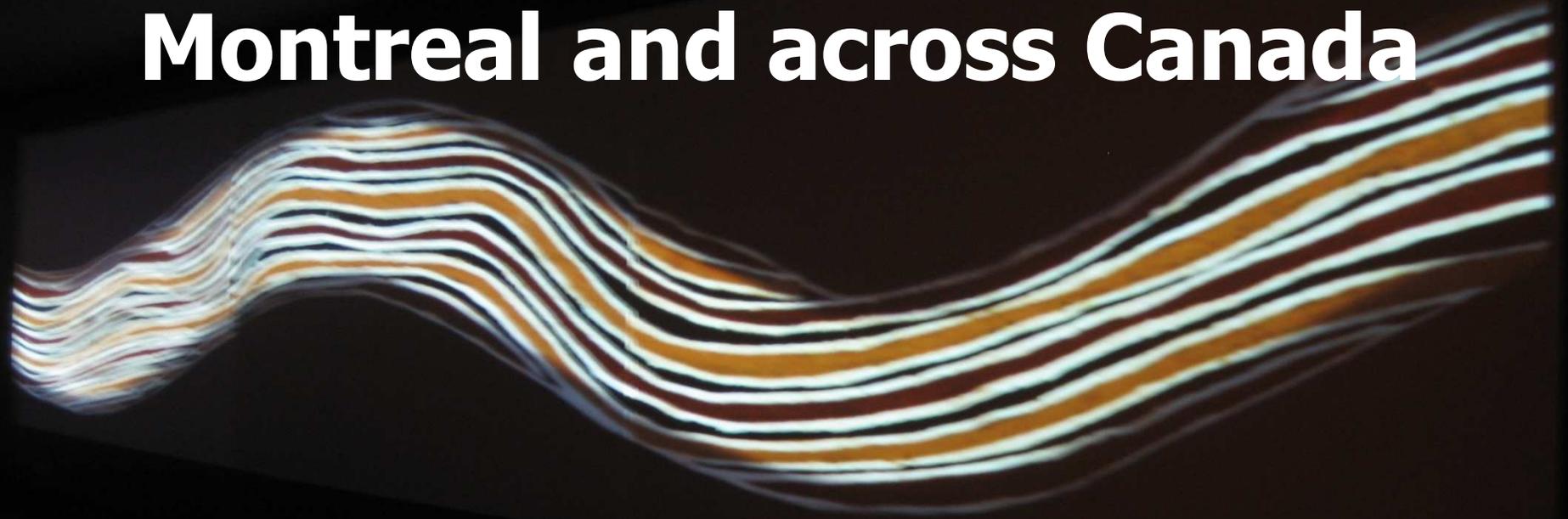


Children home alone or inadequately supervised in Montreal and across Canada



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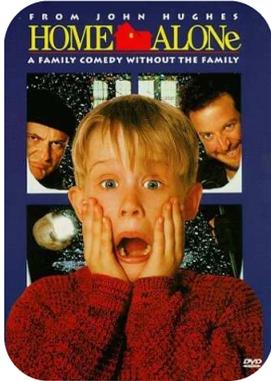


CRCF Seminar Series
Montréal, March 31, 2010

Centre de santé et de services sociaux
de la Montagne



Home Alone



GREAT I LOVE IT

i like the quiet. it gives me time to think

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

Jai lordi a moi

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

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

Source: Home Alone, 1990; KHP online survey

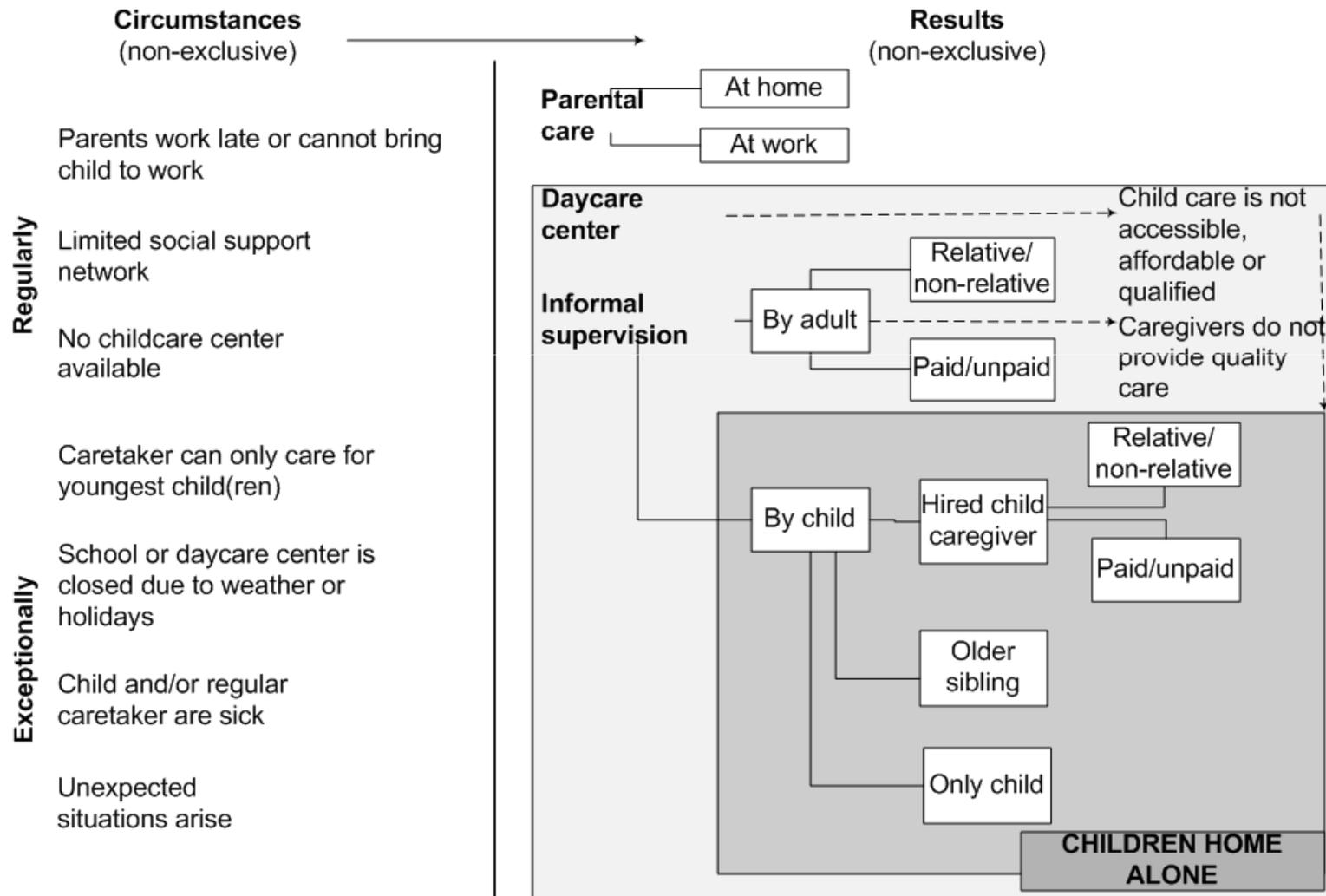
Overview

- 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

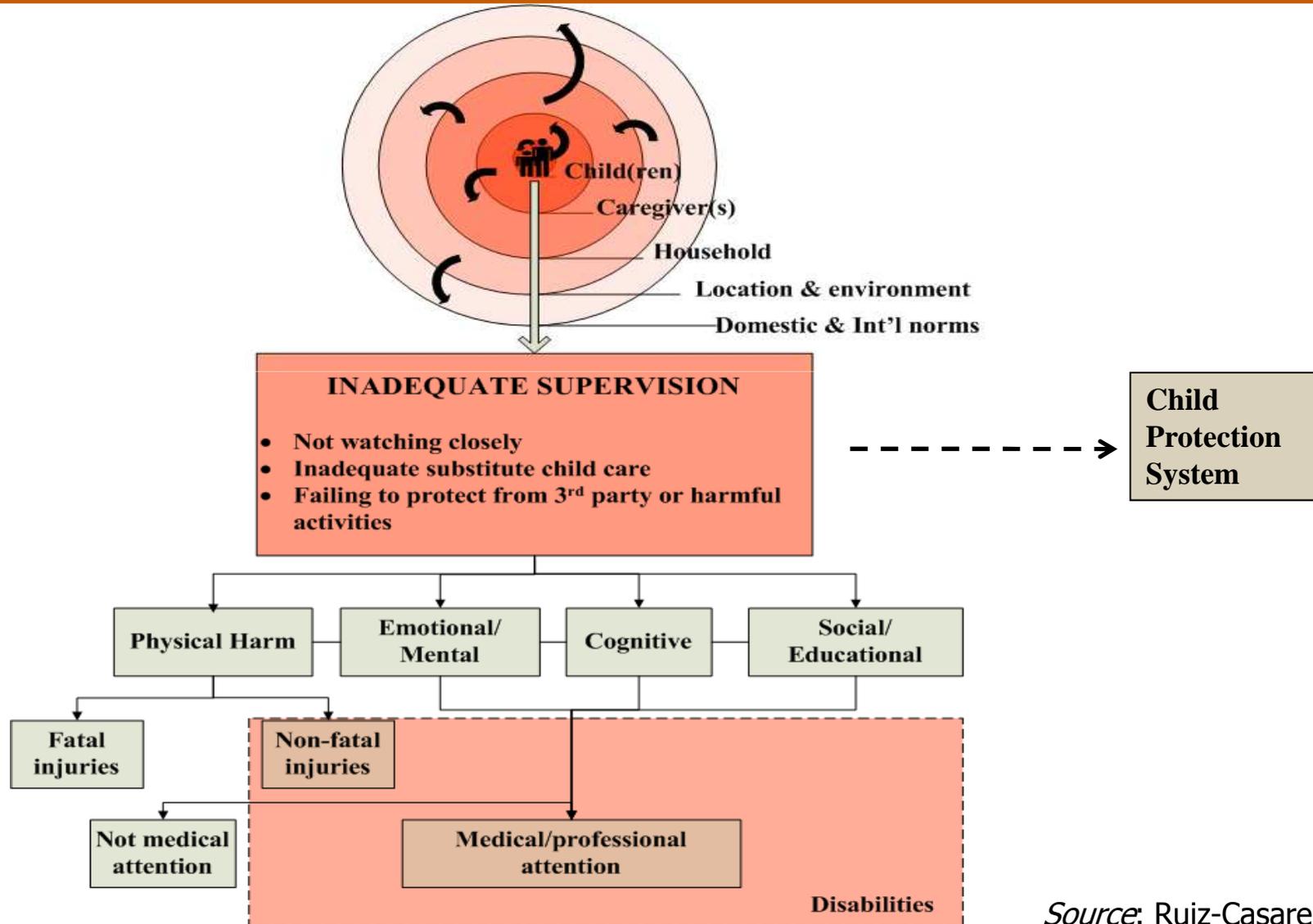
- *Home alone* more likely in families with
 - less parental time/ability for childcare
 - Poor mental health
 - Poor working conditions
 - child's greater maturity and sense of responsibility
 - perceived neighbourhood safety
- *Other factors*
 - inability to afford childcare
 - Single parenthood/few social supports
 - Race
- Inadequate informal child care = no care

Home alone: Circumstances & results



Source: Ruiz-Casares, M. & Heymann, J., 2009

Theoretical framework: Inadequate supervision & risk of harm



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 = Distractability

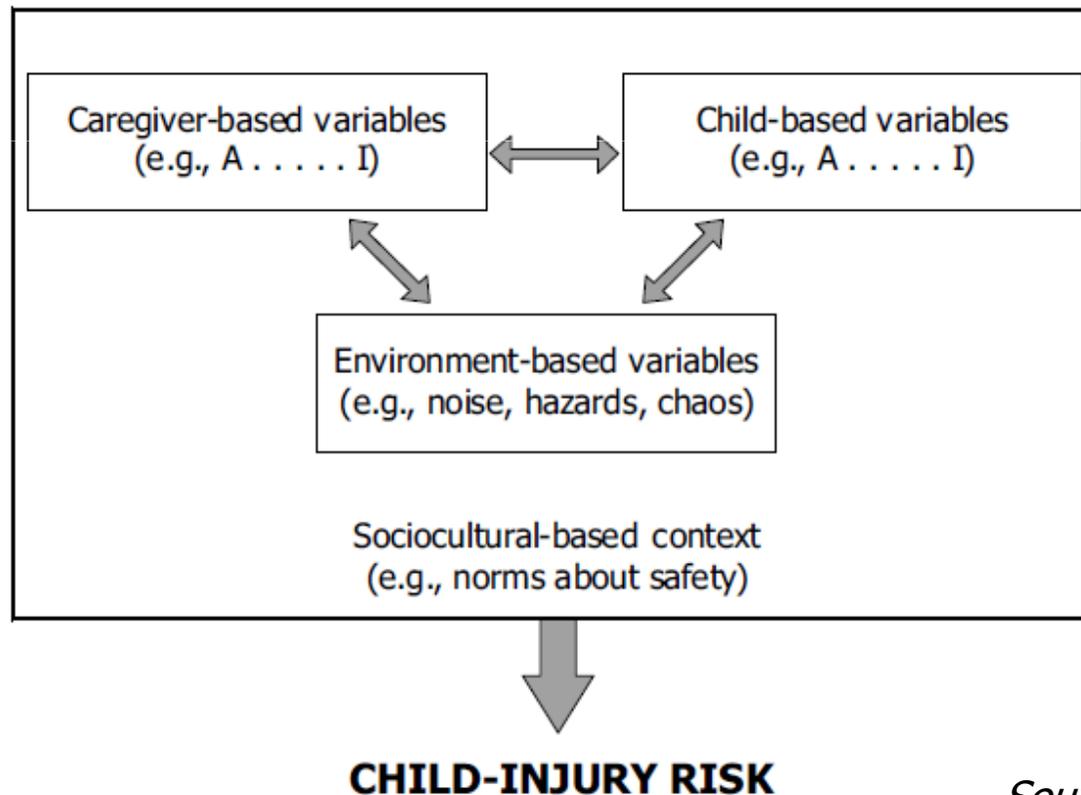
E = Expectations for self and others (e.g., expectations regarding behavior, injuries, etc)

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)



Source: Morrongiello, 2005

Lack of Supervision across Canada: Children in the Welfare System

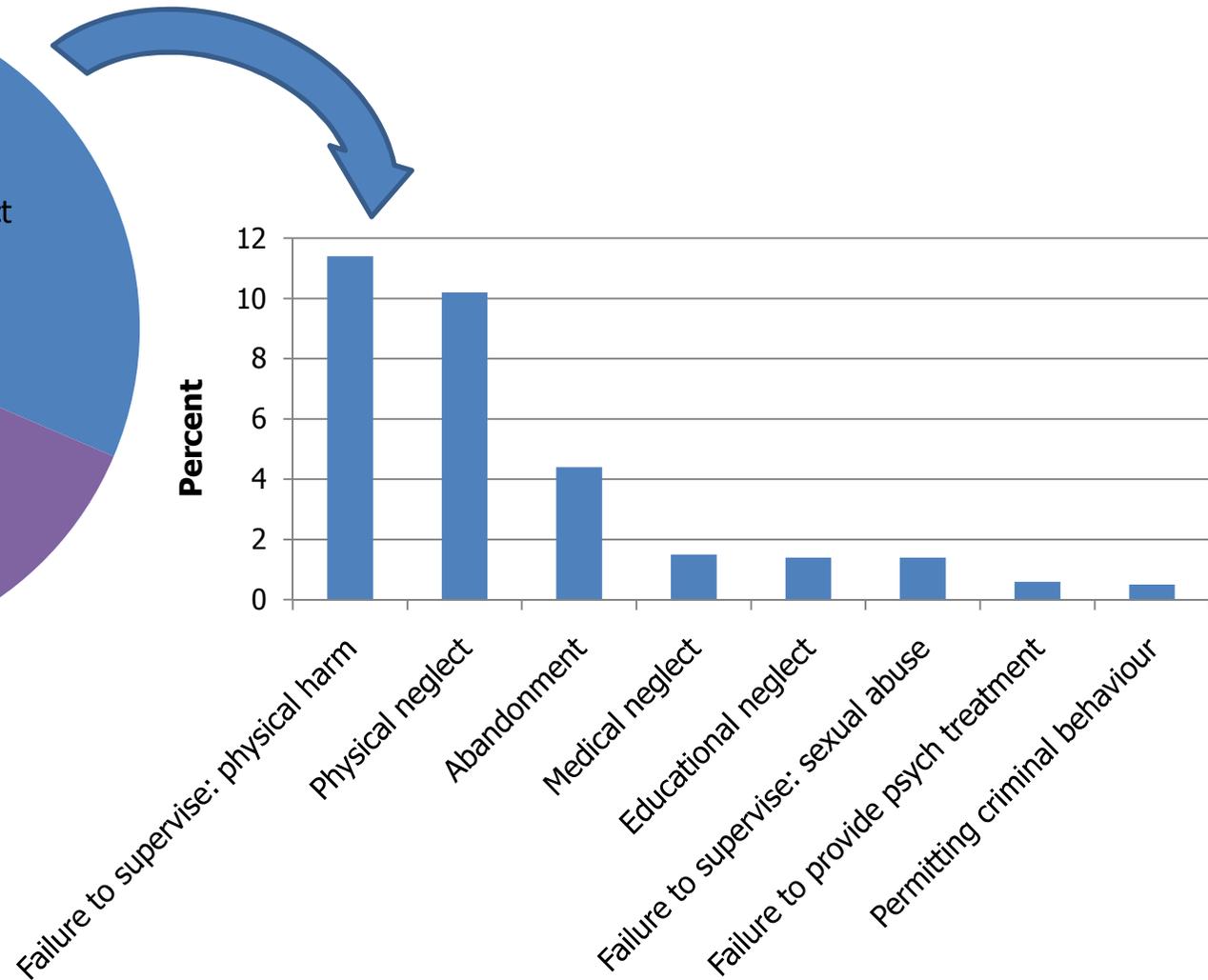
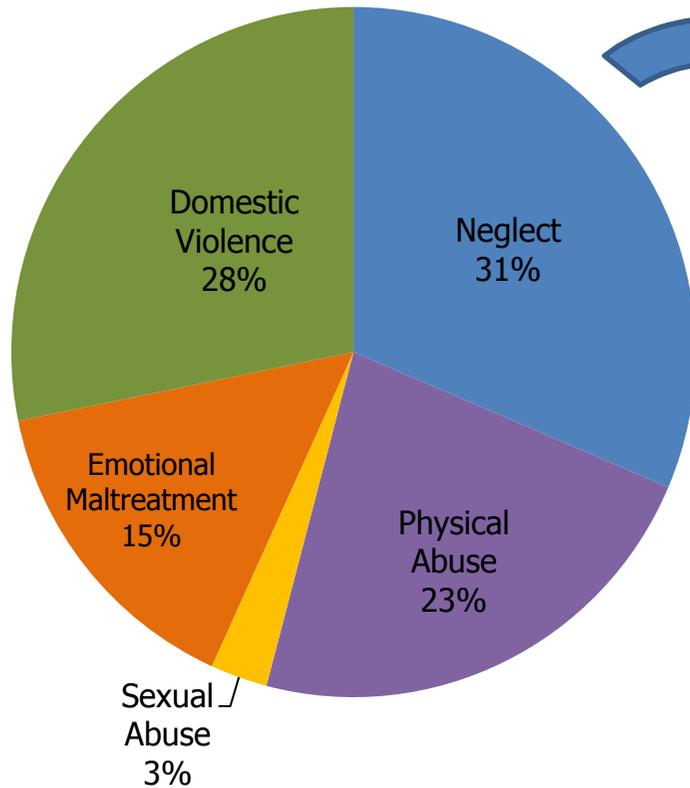
Ruiz-Casares, M. & Trocmé, N., *Supervisory Neglect and Risk of Harm: Evidence From the Canadian Child Welfare System*
(under review)



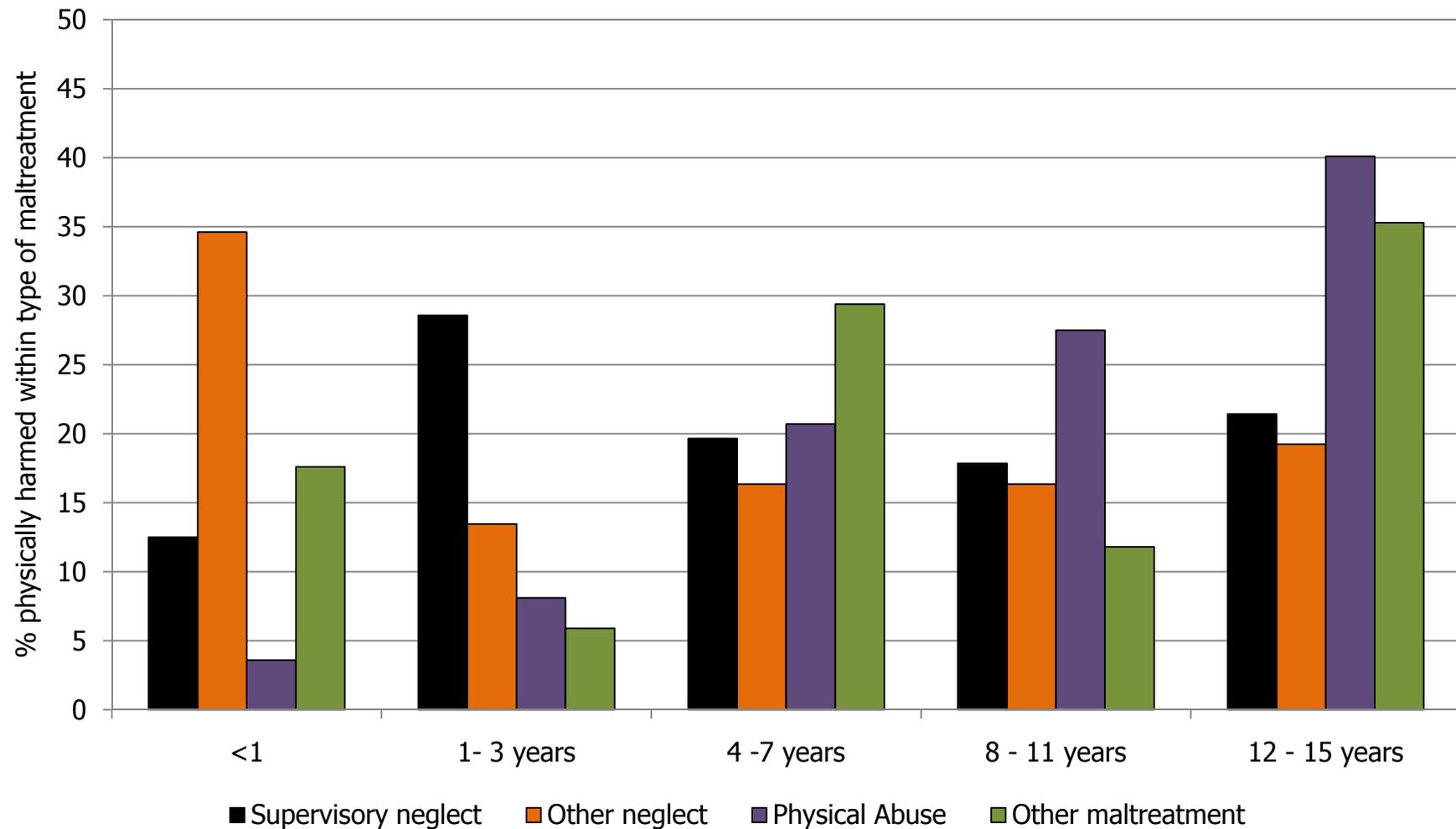
The Canadian Incidence Study of Reported Child Abuse & Neglect (2003)

- 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



Physical harm by type of maltreatment & age groups



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%)

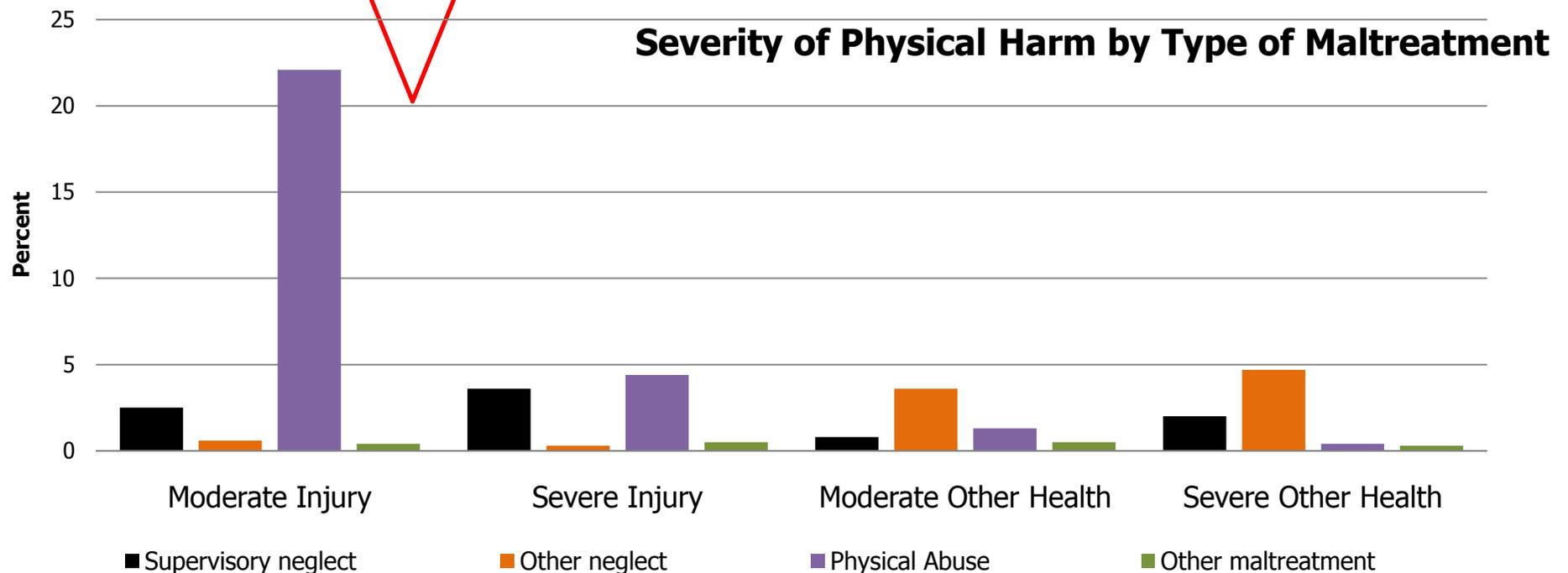
Harm in Supervisory Neglect Cases

- Physical Harm

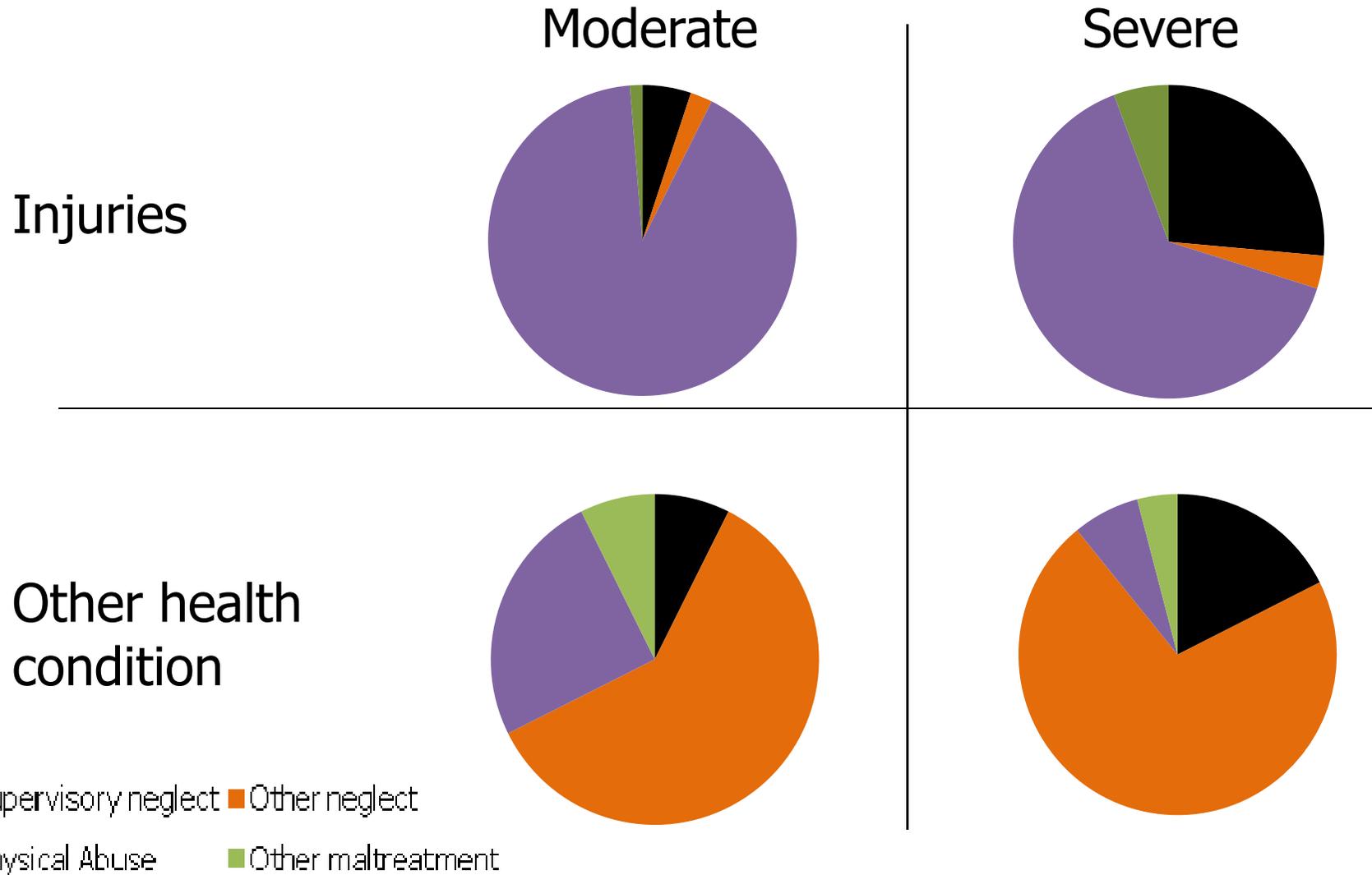
- 91.4% No harm
- 5.9% medical treatment
- 31.8% Health/safety endangered

- Mental/Emotional Harm

- 83.8% No harm
- 14.7% medical treatment
- 25.9% no signs, harm probable



Physical Harm by Type of Maltreatment



Factors Associated With Physical Harm in Supervisory Neglect Cases

Context	Child	Caretaker
<ul style="list-style-type: none">• Housing• Not moved once **• Duration*	<ul style="list-style-type: none">• Younger ***• Depression/anxiety ***• Developmental disability ***• Learning disability*• Violence towards others *• Other health conditions**	<ul style="list-style-type: none">• Cognitive impairment ***• Mental health problems *• Physical health issues **

* $p \leq .05$, ** $p \leq .01$; *** $p \leq .001$

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.

Source: Trocmé, Knoke, & Roy, 2003; USDHHS, 2005, 2009

Home alone in Montréal: Children's perspectives

Ruiz-Casares, M. & Rousseau, C., *Between Freedom and Fear:
Children's Views on Home Alone* (under review)



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.



[Defensive Driving Course](#)

[Motorcycle Training Program](#)

[Professional Driver Improvement Course](#)

[55 Alive Driver Refresher Course](#)

[ATV Rider Course](#)

[Snowmobile Operators Course](#)

[Babysitters' Training Course](#)

[The Green DDC - a Web-Based Learning](#)

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 young people aged 15 to 17 years who want to demonstrate their capability in a responsible direction.

The Babysitters' Training Course is located in the following areas:

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

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[DONATE NOW!](#) [FIND A COURSE in your area](#)

YOUTH PROGRAMS

- People Savers
- Babysitting Course
- Babysitter Hero Award

Babysitting Course

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

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

You're an adolescent of 11 years old or older and you've decided to

**Red Cross
Babysitter
Hero Award**



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

	Risks	Opportunities
Education	<ul style="list-style-type: none">• Disruption of education/homework	<ul style="list-style-type: none">• Learn practical skills & develop self-sufficiency
Physical Wellbeing	<ul style="list-style-type: none">• Exposure to possible injuries & abuses from strangers• Inadequate food	<ul style="list-style-type: none">• Protection against abuses from strangers (indoors).
Psychological Wellbeing	<ul style="list-style-type: none">• Feelings of loneliness, boredom & fear	<ul style="list-style-type: none">• Independence, patience, & sense of responsibility
Behavior	<ul style="list-style-type: none">• Exposure to negative peer influence	<ul style="list-style-type: none">• Assist siblings with homework
Economic & Labor	<ul style="list-style-type: none">• Property loss/damage (fire, gas, theft)	<ul style="list-style-type: none">• Help with domestic tasks (respite & unpaid care assistance)• Allows other household members to work

Children's emotions

+

- Independence
- Patience
- Responsibility
- Self-sufficiency
- Self-knowledge

–

- Loneliness
- Boredom
- Fear
 - Strangers/tramps
 - Night/noise
 - Violence/crime
 - Unexpected

“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

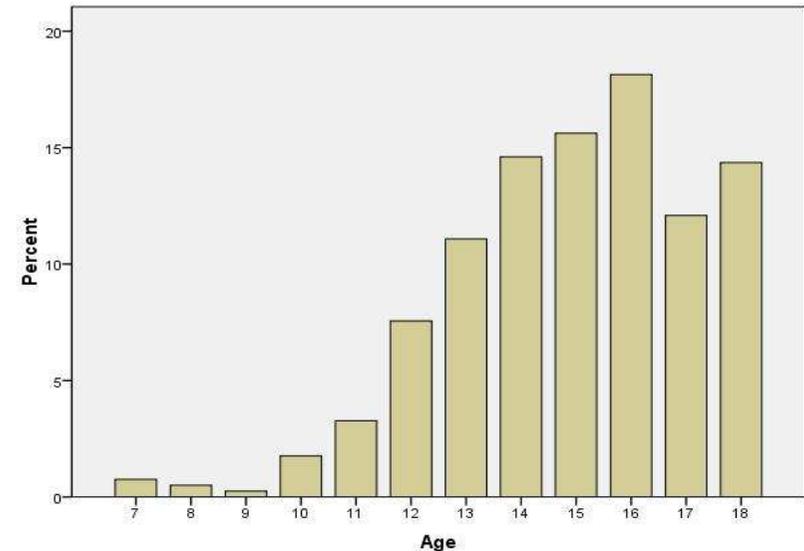
Home alone across Canada: Children's perspectives

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

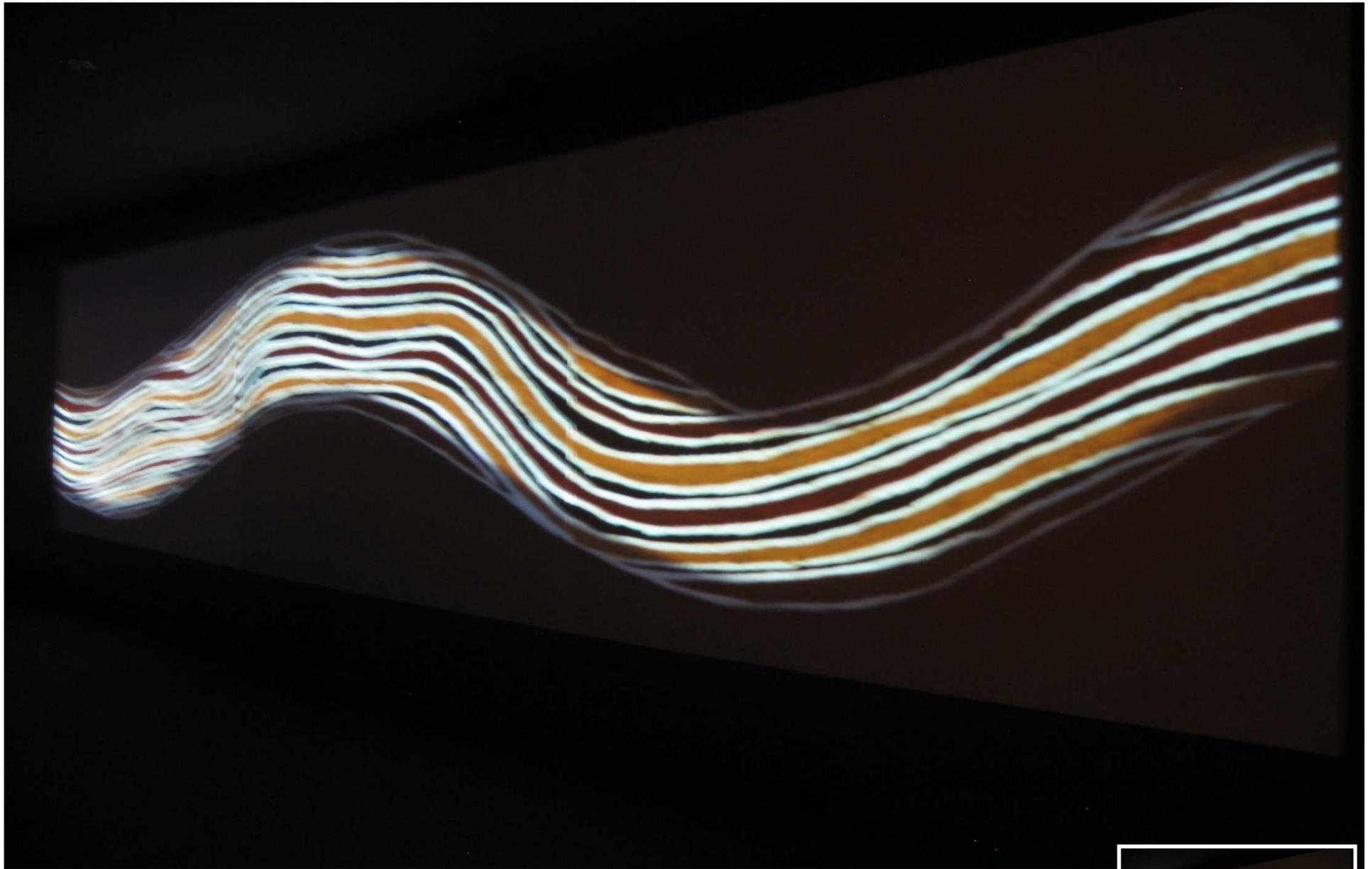
- 4% never home alone
- 1 in 4 home alone since <11 years
- Reasons:
 - Mother (or father) began work outside home
 - Parents were going out
 - Nobody to care for them
- Decision:
 - 41% parents, 37% negotiated, 22% child
 - 15% discuss safety issues with caretakers
- Satisfaction:
 - 37% enjoy being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