

YOUR CHILDREN'S AID

CHILD WELFARE REPORT 2009 / 10







3	Executive Summary
6	History and Vision
10	The Role of Children’s Aid Societies
12	What Drives the Need for CAS Services
16	The Legal Mandate of Children’s Aid Societies
	1. Investigating Child Abuse and Neglect
	2. Providing Services to Families
	3. Providing Care for Children
	4. Placing Children for Adoption
30	Recommendations
31	— Caring for Aboriginal Children
34	— Adoption
35	— Youth Growing Up in Care
38	Investing in Keeping Children Safe
42	Checks and Balances
46	What You Can Do
48	Appendices
	A. Evolution and History of Ontario’s Children’s Aid Societies
	B. Statistics of Children in care by province - 2007
	C. What constitutes Child Abuse
	D. Children’s Aid Societies Contact Information



EXECUTIVE SUMMARY

*Let's use our voices to speak up for
Ontario's children and youth!*

There are many causes worth fighting for, but one of the most important causes in our society is the protection and well-being of our children.

Too many children are yearning for love, security, safe homes, adequate food and clothing, and equal opportunities that could enrich their lives and help them reach their full potential. It is up to all of us to help all of Ontario's children have a voice.

For over 100 years, Ontario's Children's Aid Societies (CASs) have been responsible for protecting and caring for children in need, and for helping their families. Child welfare agencies have been, and remain today, a strong voice advocating for the well-being of children and for necessary system improvements, supports and policies.

The 53 CASs across Ontario have the very important, legal responsibility of protecting children. There are six designated Aboriginal CASs in Ontario and many Aboriginal agencies seeking designation. Eight agencies are designated to provide French-language services. CASs provide services to communities with diverse needs and challenges. They share the same vision for a Province where every child is cherished and safe, where children and youth thrive and are successful in life.

This is the first comprehensive Child Welfare Report. The purpose of the report is to help the reader to understand what CASs are, what they do, their challenges, their successes and how everyone can help.

The report provides an overview of the vision, history and exclusive child protection role played by CASs and the significant changes experienced by the field in recent decades. Appendix A provides more on the history of CASs.

In the wake of child death reviews in the late 1990s, the government introduced new legislation, risk assessment tools, training, and more staff to help prevent tragedies. Reporting child abuse and neglect became mandatory for all Ontarians. As a result of this reform, between 1998 and 2003, the number of children coming into care increased almost 64 percent. Many of these children are still in care.





In 2005/06, the government made further changes. The “Child Welfare Transformation” provides more options to meet the complex needs of children and families. These options allow more children to be helped while living with their families. The changes include more up-front, intensive, protective prevention services to families where risks are identified, as well as more time to find, screen and train extended family (kin) as an alternative to foster care. The strategy is working. The number of children in CAS care has declined, more are living with extended families, and the number of cases involving family courts has declined. *Investing in Keeping Children Safe* (page 39) provides an overview of these two reforms, their impact and the investments required.

This Child Welfare Report also provides a snapshot of data to help explain the work of CASs.

In 2008/09

- CASs received more than **156,000** calls from professionals and concerned members of the community about possible abuse and neglect of children and youth.
- **78,500** calls were serious enough to require an investigation.
- In **90%** of cases where CASs must become involved, their work is done with the family and the child stays at home.¹
- In most cases, parents accept the help provided by CAS staff and other professionals, and they work together on a plan to keep their children safe and loved.
- **75%** of the families served by CASs were satisfied with the services and supports. More than 27,000 children and almost 25,000 families received services from a Children’s Aid Society.²

- **17,876** children were in the care of Ontario’s CASs (as of March 31, 2009).

While Children’s Aid Society staff believe the best place for children to grow up is at home with their families, there are situations where children cannot be safe at home.

While it is always concerning that children come into care, it is important to know that Ontario has the **second-lowest rate** of children in care in Canada, at 6.4 children per 1,000, second only to Prince Edward Island and well below the national average (Appendix B).³ This is due to the efforts of CASs to keep children with their families.

Of the 17,876 children in care, approximately **9,200** children and youth are permanent wards of the Crown and CASs have full guardianship responsibilities. For these children, CASs work to find permanent homes with extended family (kin), an adoptive family or a legal guardianship with foster parents. In the case of Aboriginal children, CASs work to find caregivers within their Aboriginal communities (customary care). *The Legal Mandate of Children’s Aid Societies* (page 22) provides more information on service data.

The government of Ontario sets the legislation, regulations and policies for CASs. They also fund and monitor agencies using a broad range of review and audit tools. *Checks and Balances* (page 42) provides a list of accountability mechanisms in place to regulate, provide direction to and review the services provided by CASs. Information about the complaint processes,

including the Child and Family Services Review Board, over which the Ombudsman of Ontario has oversight, and the role of the community in managing child welfare agencies, can also be found.

The Ontario Association of Children's Aid Societies, its member agencies, staff, community partners, youth and other experts are constantly working to improve services. Over the past three to five years, advocacy efforts have identified three major priority areas for change: **Aboriginal services, adoption and youth in care.**

In each priority area, this report provides background, data, voices of children and families, challenges, progress, priorities for change and ideas about what more needs to be done.

The vision for **Aboriginal children and families** is a province where they are treated with equity, respect and justice. To make this a reality, the federal and provincial governments must also share this vision. Advocates believe that all Aboriginal communities should receive their fair share of funding and the resources promised to them in treaty agreements. They also advocate for funding to provide adequate and appropriate services – as defined by Aboriginal peoples. Essential to the vision is a clear policy to enable Aboriginal communities to care for their children through existing and emerging Aboriginal child welfare providers.

The vision for **adoption** is a strong public adoption system, centred on the child, that helps every child to have a legal family. The steps to achieving this vision include a fully funded provincial system, enabling legisla-

tion, clear and updated policies, subsidies and post-adoption services for families. Public education and recruitment campaigns are much needed to change misconceptions and encourage Ontarians to adopt locally.

The vision for **youth** is a sense of belonging, being able to reach their full potential and become successful adults. To achieve this, we need:

- an overarching policy direction that care should be provided “as a good parent” would;
- funding and public education in support of adoption or legal custody for youth;
- an extension of supports and services to youth to align their post-secondary milestones with their peers in the general population; and
- the inclusion of youth voices in the development of policies and services for children and youth.

These changes are possible, but CASs cannot do this alone. We need the general public, community partners, media, government officials, and those who believe children and youth should be a priority for our province to step up and speak out!

Use your voice and become an agent of change for the well-being of children and youth. Our children and youth must be a priority as we plan for the future of this province, and they deserve equal opportunities to succeed in life.

www.useyourvoice.ca

¹ Catholic Children's Aid Society “For the Love of Children” 2008

² OACAS statistics (member agencies); April 1, 2008 to March 31, 2009

³ Centre of Excellence in Child Welfare, Statistics; 2007



HISTORY AND VISION

JJ Kelso had a vision: he believed every child should live without fear.

Over 100 years ago, one man shared his vision for an Ontario where children were treated well, protected from indignity and saved from the harsh realities of abuse, neglect, child labour, abject poverty and homelessness.

John Joseph Kelso, a journalist and later government minister, advocated for the rights of the most vulnerable members of society to protection from harm and the opportunity to live safe, healthy lives. He believed that every child deserved to live without fear. His actions would result in child protection legislation in 1888 and the establishment of the first Children's Aid Society in 1891, the Children's Aid Society of Toronto.

Since then, Children's Aid Societies have been established in communities across the province; staffing has shifted from volunteers to professionals; care has shifted from institutional to family and community-based services; and increasingly, services have become more standardized across the province. Today, there are 53 Children's Aid Societies in Ontario. CASs are incorporated, not-for-profit agencies, funded by the Province of Ontario and governed by volunteer Boards of Directors that are elected from the local community.

In 2010, the role of Children's Aid Societies is clearly defined in legislation, and staff are proud to provide services to children and their families. In order to achieve this crucial mandate, every Ontarian should share the same

vision, so that one day, all children in Ontario will be safe, well cared for and able to reach their full potential.

Child Protection Services for Aboriginal Children

The history of child care and child welfare services for Aboriginal children in Canada dates back to the influence and actions of the early missionaries in the 1600s. It also includes a sad and regrettable legacy of government policy of assimilation which sought to integrate Aboriginal children by moving them from their home communities, placing them in boarding schools and discouraging them from speaking their own language or practicing native traditions. The residential schools era continued into the 1990s.^{4,5}





In the 1960's, across Canada, Aboriginal children were taken from their First Nations communities, without consent from their parents or their communities, and adopted by non-Aboriginal families. These policies resulted in "stolen generations".

Aboriginal people continue to struggle with the legacy of government policies of assimilation and they are clear in their objective: to exercise responsibility for the welfare of their children within their communities by providing services that honour and reflect their diverse cultures and world views.

In 1985, the *Child and Family Services Act* was enacted and states so that Aboriginal communities were entitled to provide services to their own people in ways that recognized their culture, heritage and traditions. As of 2010, there are six Aboriginal CASs. A number of other First Nation communities are developing plans to gain designation.

A more detailed history of child welfare and the evolution of the legislation can be found in Appendix A of this report.



⁴"Weechi-it-te-win Family Services Timeline of Events Page 1 Time Immemorial: Traditional Child Care Law and Customary Care Practices", accessed on February 17, 2010 at /www.weechi.ca/history.php

⁵ Bruce G. Trigger, *The Children of Aataentsic: A History of the Huron People to 1660*, Montreal and Kingston: McGill-Queen's University Press, 1976, p. 378





THE ROLE OF CHILDREN'S AID SOCIETIES

*CASs must respond to allegations of abuse and neglect,
day and night, every day of the year.*

The primary focus of a Children's Aid Society is to keep children safe. Children's Aid Societies in Ontario are the only community agencies responsible for investigating child abuse and neglect.

While many other service providers contribute to child and family well-being, it is the CAS that must respond to allegations of abuse and neglect, day and night, every day of the year. When families are unable to provide a safe environment for children, the CAS works with parents to strengthen their skills so that children can remain safe at home. When this is not possible, agencies will look at other options to ensure that children are kept safe.

Not surprisingly, Ontarians are very aware of the roles and responsibilities of agencies. In a recent survey, 78 percent of Ontarians expressed trust in CASs to protect children and act in their best interests. The survey also revealed that 89 percent of Ontarians are aware of the role of Children's Aid Societies to investigate allegations of abuse or neglect, and 62 percent believe that agencies do an excellent job of investigating neglect and abuse in their communities.⁶

⁶The Strategic Counsel, A Report to the Ontario Association of Children's Aid Societies: Telephone Survey, January 2008.





WHAT DRIVES THE NEED FOR CAS SERVICES?

Poverty, economic conditions, domestic violence, substance abuse, mental health ... all these contribute to the need for child protection services.

There are many reasons why children are taken into the care of a Children's Aid Society. Sometimes parents need help to identify abusive patterns and learn parenting techniques that can keep children safe at home. Other times, parents openly request the assistance of a Children's Aid Society, due to social and economic factors beyond their control.

Poverty and Economic Downturn

As front-line service providers with the legal responsibility to protect children from abuse and neglect, Children's Aid Societies know, first-hand, the impact of economic uncertainty. Plant closures, job loss and family stress can all impact the well-being of children and youth. While poverty, on its own, does not result in child abuse and neglect, research clearly identifies a link between poverty and child abuse, mental health issues and woman abuse.^{7 8}

Poverty indices have shown an upward trend across Ontario over the past twenty years.⁹ The economy has not "bottomed out" and rates of unemployment, poverty and reliance on social assistance will increase over the next year. In fact, Ontario remains the "child poverty capital" with 345,000 children living in impoverished conditions, according to the 2007 national report card on child and family poverty in Canada.¹⁰

Domestic Violence

Between 1993 and 2003 in Ontario, there was a 31 percent increase in substantiated reports of child abuse where exposure to domestic violence was the reason for the call.¹¹

More recently, in the fall of 2008, Catholic Family Services of Durham Region reported that requests for service were up 24 percent over the same period in 2007. A rise in family violence is predictable when there are major job layoffs. The calls made to the local Children's Aid Society also increased by 15 percent during the same period.¹²



A Crown ward talks about witnessing domestic violence:

"I was surrounded by arguments and physical abuse towards my mom. I wasn't being hit myself, but I saw it and witnessed it. It was sort of eye-opening and when you're nine years old, you don't know what to expect."



A Family Service Worker talks about the impacts of adult mental health issues:

“We had a young mom that had mental health issues and I was her worker for years. She didn’t have a diagnosis because she wouldn’t get an assessment by a psychologist. But she would sometimes come into the office and she’d wear a disguise or something because she didn’t want to be recognized. Her two-month-old baby was apprehended from birth because she wasn’t able to feed him properly. Healthy Babies, Healthy Children and Public Health tried to work with her to teach her how to prepare formula, but she just couldn’t absorb that and wasn’t able to perform those kinds of duties in terms of feeding the baby. She wasn’t even aware that it is unsafe to put a baby on a table or a couch because they can roll over and fall or suffocate.”

Dealing with domestic violence requires a special approach in order to avoid victimizing female caregivers for the inability to protect their children. Many child welfare agencies have developed domestic violence teams to help work co-operatively with a parent who is suffering abuse.

Substance Abuse

Child abuse or neglect and substance abuse are closely related. It is estimated that 40 to 80 percent of the three million children who come to the attention of child welfare systems in Canada each year live in families with addiction problems, according to numerous surveys of child welfare agencies nationwide.¹³ Approximately one million of these children are confirmed to be abused or neglected.

Substance abuse is defined as an overindulgence of or dependence on chemicals, with effects that are detrimental to an individual’s physical and mental health, or the welfare of others.¹⁴ Chemicals include alcohol, illegal drugs and prescription medications. When parents are substance abusers, it more than doubles the risk of exposure to both childhood physical and sexual abuse.¹⁵

Mental Health

Mental health issues are prevalent in 23 percent of mothers and 14 percent of fathers in cases of substantiated child abuse where they are the abusers.¹⁶ Funding support for mental health and addictions remains low. While mental health and addictions account for approximately 13 percent of death, disability and illness, they receive only five percent of Canadian

public health care expenditure. When directly compared to other provinces, Ontario's spending in the area of mental health is low.¹⁷

There are half a million children and youth in Ontario with mental health problems who may suffer from conditions including depression, anxiety, bullying or an eating disorder.¹⁸

The 2006 review of Crown wards by the Ministry of Children and Youth Services showed that 82 percent of children and youth have special needs related to behavioural, developmental, physical or mental issues.^{19,20}

Current access to children's mental health services is insufficient to meet the needs of Ontario's children. There are waiting lists at almost all children's mental health centres, and children and families may wait months for help with a parent-child conflict. In 2007, one-third of children seeking mental health services were still waiting at the end of the year.²¹ Children and youth served by Children's Aid Societies often wait as long as, or longer than, those with no contact with Children's Aid Societies.



A CAS client tells how substance abuse had inter-generational effects:

"My mom married an alcoholic and a drug user, and I often found drugs and alcohol in the house. Being curious, I started using drugs at 10 and I started drinking at around the same time. That's what got me in contact with the CAS – I was a ten-year-old alcoholic and a drug addict. Over the years, drugs and alcohol were regular ways of functioning. There was nothing abnormal about it to me, which led to my involvement again with the CAS as a parent."

⁷ Leschied, Whitehead, Hurley, and Chiodo: *The University of Western Ontario: The Association of Poverty and Child Welfare Services with Clinical Family Outcomes*; 2003

⁸ Baer, Leschied, Aviston, and Liston: *The Impact of economic change on some of London's Community Services: Critical Issues for Service Planning and Coordination*, *OACAS Journal* v39, #2; 1995

⁹ Statistics Canada: *Income Trends in Canada, Survey of Labour & Income Dynamics, special run*; 1976-2006.

¹⁰ Campaign 2000, *Report on Child Poverty*; 2008

¹¹ Schumaker and Golden, Research Update: *The 2008 Ontario Incidence Study of Reported Child Abuse and Neglect*, *OACAS Journal* Volume 52, Number 2; Summer 2008

¹² Children's Aid Society of Durham Region website; 2009

¹³ Walsh, MacMillan, and Jamieson, E. *The Relationship between Parental Substance Abuse and*

Child Maltreatment: Findings from the Ontario Health Supplement. *Child Abuse & Neglect: The International Journal* December 2003, 27(12) p. 1409-1425.

¹⁴ Mosby's Medical, Nursing, & Allied Health Dictionary. Edition 5; 1998

¹⁵ Ibid

¹⁶ Ontario Incidence Study; 2003

¹⁷ Centre for Addiction and Mental Health, Submission to the Select Committee on Mental Health and Addictions; 2009

¹⁸ Children's Mental Health Ontario, Pre-Budget submission; 2008

¹⁹ Ministry of Children and Youth Services; Crown Ward Review; 2006

²⁰ Ministry of Children and Youth Services website; 2007

²¹ Children's Mental Health Ontario; 2009



THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

*The government of Ontario sets the legislation —
the Child and Family Services Act, regulations and policies for CASs.*

Children's Aid Societies operate under the Child and Family Services Act (CFSA) and report to the Ministry of Children and Youth Services (MCYS). The Ministry is responsible for the legislative and regulatory framework, which includes determining budgets and issuing standards or directives related to the services delivered to children, youth and their families. The Ministry exercises its accountability by monitoring, supervising, reporting and taking corrective action, if needed.

In most situations where CASs are involved in families, the agency and the parents can agree on how to work together to protect children and keep them safe. If they cannot agree or if the children are to become permanent wards the formal court system is used.

The Family Court system plays a central role to ensure that individual client rights are respected and that children are protected. When a child protection worker brings a child into care, the agency has five days to provide the reasons for the action and the immediate plan for the child's safety. The agency must appear before the court to present the facts, while parents

(and children in some cases) have independent representation. Ultimately, for cases in the court system, the court decides whether the Children's Aid Society will be involved and under what circumstances. Courts set a strict schedule for presenting information, as well as making and reviewing plans for children.

The CFSA is the legislation that determines mandated assessment criteria, documentation required and specific response times when a report of abuse or neglect is made. Child welfare agencies are legislated to:

1. investigate allegations of abuse and neglect;
2. protect children where necessary, and provide guidance, counselling and other services to families for protecting children and for the prevention of circumstances requiring the protection of children;
3. provide care or supervision for children assigned to its care; and
4. place children for adoption.

The next section of this report describes the role of Children's Aid Societies according to Section 15 (3) of the CFSA.





A Family Service Worker talks about why the school called:

"The school principal called because the kids never came to school with adequate clothes or lunch. They were hungry, dirty and often cold. And nobody picked them up on time after school!"

A neighbour talks about why he called:

"The little boy had bruises. I asked him what happened, and he said he fell down. But the bruises didn't look like they were from a fall. It was suspicious, so I called."

1. Investigating Child Abuse and Neglect

Children's Aid Societies are the only community agencies responsible for investigating child abuse and neglect, and must be available to respond 24 hours a day, seven days a week, 365 days a year.

Part III of the CFSA stipulates the definitions of child abuse and the associated reporting requirements. Child abuse includes physical abuse, emotional abuse, sexual abuse and neglect. It also includes a pattern of abuse and risks of harm²². Detailed definitions of abuse and neglect and examples of signs of abuse and neglect can be found in Appendix C of this report.

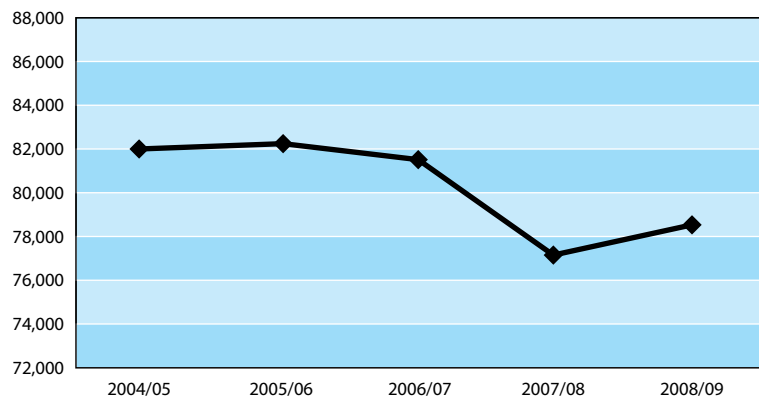
Everyone has a legal duty to report child abuse and neglect.

Research demonstrates that downturn in the economy has an impact on CAS services and that there is a lag between increased unemployment and social assistance rates. Since 2008/09 increases in referrals and investigation are modest, and the projections for 2009/10 are beginning to illustrate this trend, as noted in TABLE 1 which tracks the number of child protections investigated by CASs across Ontario.

What is your duty to report?

All Ontarians have an ongoing, legal obligation to call their local Children's Aid Society if they suspect a child is in need of protection or at risk of abuse. Under the CFSA, section 72.1, everyone in Ontario is responsible for reporting actual or suspicions of child abuse or neglect. In addition, under section 72 (4), (6.2), professionals working with children have greater responsibility and are under penalty or fine for failing to report their concerns or suspicions.

TABLE 1: TREND IN NUMBER OF INVESTIGATIONS COMPLETED (2004-2009)



What happens when you call

Children's Aid Societies have a structured system of investigation and assessment, which examines the type of abuse or neglect and the degree of risk. The provincial Safety Assessment and Family Risk Assessment tools (approved and required by the Ministry) include over 200 steps that must be taken and documented by trained child protection professionals.

When a call is received, a worker will ask the caller about the specific incident. He/she will ask for additional information regarding risks to the child and also about the strengths of and supports available to the family. The worker will check records to determine if there is an open case file or if previous calls have been made as well as to screen for domestic violence issues.

Between April 1, 2008, and March 31, 2009, CASs received **156,653** calls.

Among them:

- **78,137** referrals were assessed and it was determined that no investigation was necessary.
- **78,516** investigations were completed by CASs.

Depending on the level of risk to the child, there are a number of results from each call. The worker will either record the information, link the family to another type of community agency, arrange a meeting with the family and their support network or conduct a full investigation.

- Each call is assessed immediately.
- Decisions about the plan for a specific referral must be made within 24 hours.
- Depending on the level of risk to a child, as determined by the Safety and Risk Assessment tools, investigations must begin within 12 hours, 48 hours or seven days.

If the agency determines that an investigation is necessary, a child protection worker will visit the family to determine:

- first, if the child is immediately safe; and
- second, if the child is at risk of harm in the short or long term.

If the assessment determines that the child is at risk, the child protection worker must decide how to ensure the child's safety. Wherever possible – while still ensuring safety – the worker will work with the family to develop a customized approach to keep the child safe in the home. If the risks can-



not be managed, other options including foster care will be considered. Supporting the child in the family home may involve support services and resources in the community. If the child is not currently safe, the worker will help the family develop a plan that will ensure the child's safety within the family. This could include asking for help from other family members, asking a family member to leave, or deciding that the child needs to be temporarily removed from home. Typically, this would involve a child going to stay with a family member or a friend. If the child is removed from home against the family's wishes, a Family Court judge will determine the next steps.

Some forms of abuse are crimes against children, which means the police may be involved. Every investigation begins with a call from a professional or a concerned citizen.



2. Providing Services to Families

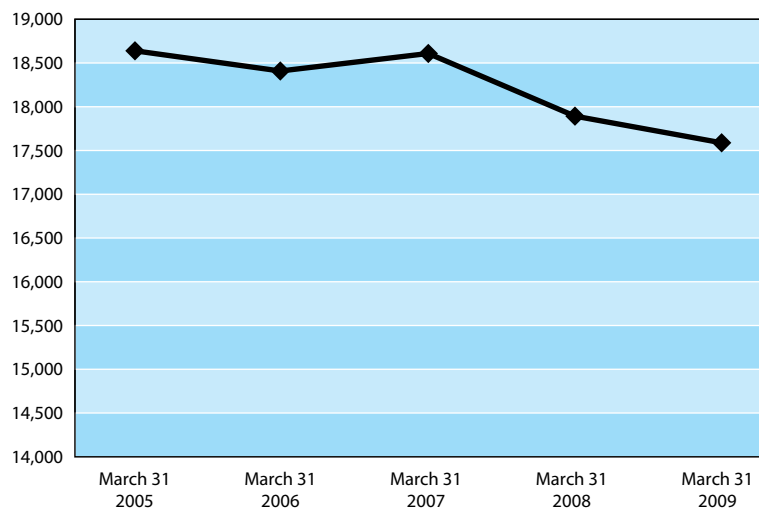
The CFSA mandates that Children's Aid Societies protect children where necessary and provide guidance, counselling and other services to families for protecting children. Of over 156,000 calls in 2008/09, agencies completed over 78,500 investigations. For more than a third of these cases, longer-term family services were provided so that children could be kept safe at home.

Where a child is not in need of immediate protection, the child protection worker may remain involved with the family to ensure appropriate supports and community services are in place. The worker may also visit frequently to ensure that the family continues to provide a safe, stable environment for the child. Statistics show that for every child that comes into care for protection from harm, there are ten who are supported at home with the family.²³

The current child welfare practice, known as the Child Welfare Transformation, focuses staff and resources on family-centred options for keeping children safe with biological and kin families, and on finding adoptive families when necessary, to avoid bringing children into care.

TABLE 2 shows the number of children in care has remained stable. This trend is the result of efforts to work with families to improve parenting skills, to reach out to extended family members, to refer to other community resources and experts to support the families. As noted earlier, children in care cases account for approximately **1 in 10 cases** served by CASs.

TABLE 2: TREND IN NUMBER OF CHILDREN IN CARE (2004-2009)



The reasons for admission are tracked in an important report on the care of children in Ontario.²⁴ The most common reasons are:

- 63% neglect
- 40% emotional harm
- 33% physical harm
- 23% domestic violence
- 21% problematic behaviour of child

Note that for most children, the reasons are multiple.



An intake worker speaks about a first meeting with a parent:

“Mary was worried that I was going to take her kids, and I could tell she was keeping things from me. But I asked, ‘Who are your friends? Who could help you drive your child to camp that day, who could help with some child care?’ Then Mary realized she had friends that COULD help. For example, her friend Joanne offered to drive the kids and could help in other ways. I could see Mary was anxious and overwhelmed, but after we talked she realized that there was someone in her own group of friends and families who could give her some assistance.”



A mother talks about her crisis:

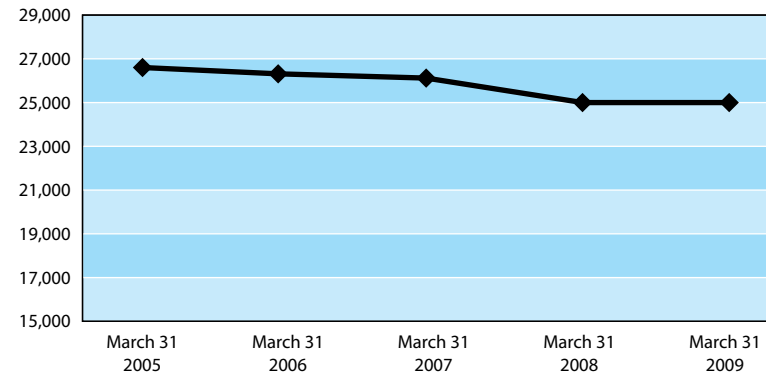
“When I immediately called my addiction counsellor to tell her I needed to go into treatment, I was worried I’d lose my kids. But I was relieved. The CAS was totally supportive and made sure that my children were cared for, they paid for the daycare, basic needs, they always took care of everything that we needed, and they never forced me to do anything. I’ve heard people say, ‘Oh, you have to jump through all their hoops’ or ‘They’re baby-snatchers’. They did the absolute opposite with me. They kept my children in the home because my mom came and lived with my children.”

The report also tracks the adverse life experiences since birth of the children who have been admitted to state care. Many highlight the need for other community services:

- 70% neglect
- 50% divorce or separation of parents
- 44% violence between parents
- 44% drug or alcohol abuse by mother
- 33% drug or alcohol abuse by father
- 26% severe poverty
- 21% serious psychiatric disturbance of mother

Workers are required to spend more time with families and community partners to develop plans that balance children’s need for family with safety. The time spent with families in the beginning of involvement with an agency has begun to show anticipated results, as the number of families requiring ongoing service has decreased over the past five years and started to stabilize over the past year (TABLE 3).

TABLE 3: TREND IN FAMILIES NEEDING ONGOING SERVICES FROM CAS



Although legislative changes were proclaimed in 2006, it was anticipated that implementation in the field would take several years. The effect of the changes is becoming evident through an increase in the number of adoptions and a decrease in the number of children in care and admitted to care.

Research indicates that unstable economic conditions drive families to community resources for support.²⁵ With fewer community resources available to families, CASs must provide more services that allow families to provide a continuum of support for their children. These reforms, together with the current economic downturn, will present Children's Aid Societies with an expected increase in cases into 2010 and beyond.

3. Providing Care for Children

Children's Aid Societies believe that every child should belong to a family. To experience healthy development and create a sense of self-worth, children need to feel a sense of belonging with a family who cares for them. CASs, under the provisions of the CFSA, provide care for children in care or supervision for children who don't need to come into care. In 2008/09, CASs in Ontario provided substitute care for more than 27,000 children. Many of these children were in care for a short period while the CAS worked with parents to resolve issues that placed the children at risk. On any given day, there are approximately 18,000 children in care, half of these children (9,200) are permanent wards of the Crown.²⁶



A worker talks about the grandparents stepping in:

"The family issues were drugs and alcohol use and domestic violence. Using a group decision-making process known as Family Group Conferencing, the extended family was able to make a plan, agree to who would do what, and make decisions about what would be in the best interest of the children and how they would be safe and protected in the future. The children went to live with their grandparents. The children thrived in the calm, predictable, safe home provided by their grandparents. Their grades improved. One of the children said to the grandmother, 'Thank you, Grandma. Thank you for taking me out of the fighting!'"



A child in foster care talks about her foster and birth families knowing each other:

“My foster parents have a great relationship with my real parents. This is very important to me because then there are no hard feelings between the two families and it makes it a lot easier for me to be a part of both families. My parents enjoy celebrating my birthday, watching my sports games, and eating meals together with my foster family.”

In 2008/09, approximately 67 percent of children in longer-term care are living in family arrangements: 11 percent are in adoptive or kin families and 56 percent are in family-based foster care. The remaining 33 percent are not in family settings: almost 16 percent of children and youth are living in group homes or institutional care, and almost 15 percent are youth over the age of 16 living on their own.²⁷

TABLE 4: CHILDREN IN CARE BY PLACEMENT TYPE, 2007-2009

Placement Type	Number of Children			%	% change from 2008 to 2009 March 31.
	2007	2008	2009		
Family-based Foster Care	10,698	10,292	10,081	56.5%	-2.05%
Kinship Care	964	1,003	1,042	5.8%	3.9%
Adoption	803	748	865	4.8%	15.6%
Group Homes / Institutions	2,931	2,926	2,789	15.6%	-4.6%
Independent Living	2,351	2,627	2,596	14.6%	-1.0%
Other	530	310	471	2.6%	51.9%
Total	18,277	17,945	17,844	100.0%	-0.5%

Changes to legislation and policy in 2006 require agencies to first look to kin homes as options, which is why the number of children cared for by family members is increasing and the number of children in care is decreasing. Workers are now spending more time on prevention, working with families and community partners to keep children safe with parents or kin.

Care by Relatives or “Kin”

Child Welfare Transformation requires agencies to explore safe living arrangements with relatives or persons known to children, in situations where they cannot be kept safe within the immediate family. All prospective kin caregivers are formally and thoroughly assessed using police record checks and agency background checks, personal interviews and an assessment of the home.

The government recognizes two types of service where family members care for children: [Kin Service](#) and [Kin Care](#).

[Kin Service](#) is where the child was identified as needing protection,²⁸ and lives with kin (often extended family), and the CAS role is to ensure that the child continues to be safe, and therefore prevents formal admission to care. In Kin Service, the caregiver is not eligible for foster care rates, but may be eligible for a small allowance under Ontario Works.²⁹

[Kin Care](#) is where the child was identified as needing protection and has been formally placed with kin and that family is approved as a foster home. In Kin Care homes, CASs use a standardized home study tool³⁰ and training program (both approved and required by the Ministry) and the family can receive a foster care allowance of approximately \$900 per month.



A foster mom talks about why she fosters:

“Sometimes some people just need help in their families and in their lives; they’re going through a tough time. What I’ve said to people about why I foster is: ‘they’re just kids’. They’re just kids who need a hand, who need help. I have a great working relationship with the children’s mom, she is aware that they are in a good place and we talk all the time.”



A father explains how using an alternative process, outside the court system, reduces the risk that children will be placed in non-Aboriginal and/or institutional settings far away from home or family.

“Customary care is the best thing. The CAS works with families to get the children home, and the parents know more about what is going on. I know because my kids are in care. My wife and I had alcohol problems. I guess I was drinking too much. Now we have talked those things through with our worker and things have changed. I have been seeing my kids again, and we are working to have them back home in about two months.”

Foster Homes

Where there are no safe family alternatives or kin families available to care for the child, agencies will search for a foster family to provide a nurturing and caring home. Potential foster parents are screened, trained and approved using standardized tools approved and required by the Ministry. Caseworkers are required to perform routine visits as well as develop mandatory plans and provide updates on the child's care.

The majority of foster placements are short-term in nature, with most children and youth returning home within weeks or months³¹. When parents are not able to keep their children safe, the plan may include long-term foster care, or adoption once the child is a Crown ward.

Group Home or Treatment Centres

While most children can be cared for in family homes, in 2008/09 there were approximately 2,400 children and youth whose needs were so great that they required a more structured setting. The majority of these children and youth were placed in group homes that are owned and operated by independent organizations. These homes are licensed and approved by the Ministry, which is also responsible for negotiating daily rates.

Children placed in group care often have multiple challenges. They may be medically fragile and need constant nursing care or may have severe behavioural problems and be dangerous to themselves or others. In some instances, older youth may find family-type care difficult, especially if they have suffered significant abuse, neglect or conflict at home or are fearful and may have trust issues.

The cost of group care is significantly higher than the cost of foster care, largely due to the cost of staffing and other services. Ideally, group placement is not intended to be a long-term option; however, it is sometimes the best and only option for some children and youth.

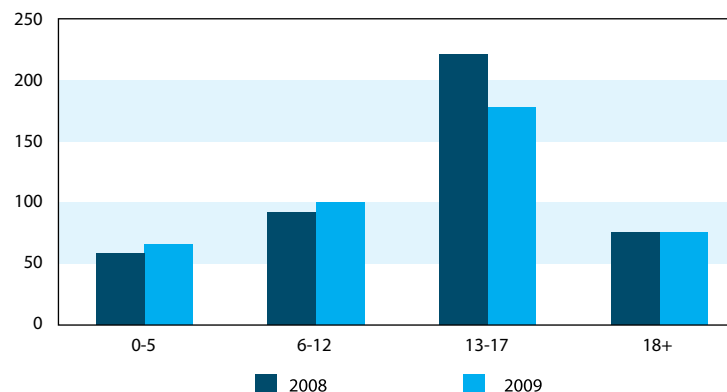
Customary Care

Customary care refers to the full-time care, nurturing and protection of a child by a caregiver identified by the child's Aboriginal community. Caregiver(s) may include relatives, Aboriginal community members, or adults with whom the child has a bond. The customary care process takes place outside of the courts. The child's Aboriginal community plans the child's placement. By taking this approach, parents and workers have the opportunity to collaborate with the best interests of the child in mind. Of the 2,112 Aboriginal children in the care of four of six designated agencies, over 600 (28 percent) are in customary care.³²

Caring for Francophone children

Many Children's Aid Societies are required to provide services to families in Ontario in both official languages. As of March 31, 2009, there were 417 children in care whose first language was French and 423 available foster homes able to provide services in French. During the period April 2008 to March 2009, 365 children were placed in French-speaking foster homes. During the same time period, 721 investigations were completed in French.³³

TABLE 5: NUMBER OF CHILDREN IN CARE WHOSE FIRST LANGUAGE IS FRENCH PER AGE GROUP (2008/09)



Independent Living

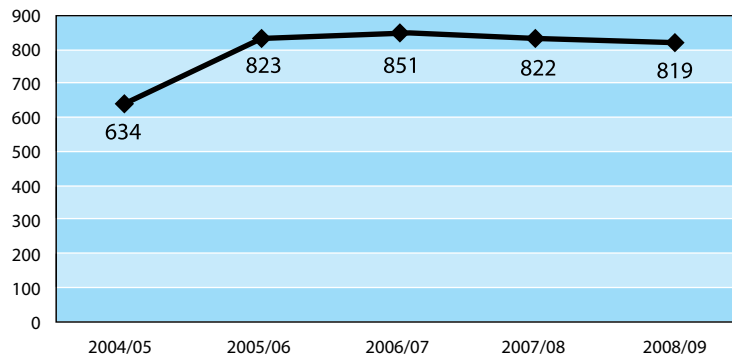
Almost 15 percent or approximately 2,600 youth in the care of Children's Aid Societies are living independently. The CFSA provides youth with the opportunity to receive assistance up to the age of 21, but requires them to leave foster care at the age of 18. In some cases, youth as young as 16 years of age are living independently. Considering that youth are in the care of the Children's Aid Society because they have suffered abuse or neglect, many are not yet emotionally mature to be living on their own. At 17 years of age, youth formerly in care are moving into apartments, boarding homes or shelters. In contrast, the average age for independent living among the general population in Canada is 27 years of age.³⁴



4. Placing Children for Adoption

Under the CFSA, Children's Aid Societies are responsible for placing children for adoption. When a child is in the permanent care of a CAS, the agency must immediately begin to create a plan for the child's future. Where it is not possible to find a safe and committed home with a relative, family or community member, agencies seek a permanent home through adoption. In some situations, foster parents may become the legal guardians of a child who has been in their home, if this plan is in the best interest of the child.

TABLE 6: TREND IN NUMBER OF ADOPTIONS (2004-2009)



Adoption is an option for many children and youth in permanent care. There are currently over 2,500 available children and youth in care waiting for a permanent, loving home. School-aged children and teenagers understand what it means to be adopted and many are waiting for adoption. Older children often know what they want in a family, which can help adoption workers find the right match for their interests. Older children can immediately become active participants in family life and families can benefit from having more information about the child, including any information pertaining to special needs.

Children's Aid Societies reach out to diverse communities so that children can be matched with families that share their cultural or racial identities, where possible. Ontario's Children's Aid Societies welcome diversity in adoptive parents, including single parents, same-sex couples, older adults, people of diverse ethnicity and religion, and those with modest incomes.

²² *Child and Family Services Act, R.S.O.*; 1990

²³ Catholic Children's Aid Society, *For the Love of Children*, 2008.

²⁴ Looking After Children in Ontario. *Provincial Report Year Seven*, Centre for Research on Educational and Community Services, University of Ottawa. October 2009.

²⁵ Canadian Council on Social Development: *Protecting Canadians at Greatest Risk*; August 2009.

²⁶ OACAS statistics (data from member agencies only); April 1, 2008 to March 31, 2009

²⁷ OACAS Children in Care Statistics (data from member agencies only); March 2009

²⁸ As defined in the Child and Family Services Act, R.S.O., 1990.

²⁹ Under Ontario Works, kin service providers may be eligible for Temporary Care Allowance (TCA) which provides approximately \$230 per month for the first child, \$180 for subsequent children as well as drug, dental and vision care, back to school and clothing allowances.

³⁰ OACAS website, Kinship Service and Kinship Care; 2008

³¹ Catholic Children's Aid Society of Toronto; 2009

³² OACAS Children in Care Statistics (data from member agencies only); March 2009

³³ OACAS Children in Care Statistics (data from member agencies only); March 2009

³⁴ StatsCan *Social Trends*; Winter 2006, No. 82, pp 9-15





RECOMMENDATIONS

In all advocacy efforts, the goal is for every child and youth to be loved, cared for and to be able to grow up with their family, community and culture.

OACAS, in partnership with member agencies and many other service providers, provincial organizations and advocates, has identified areas where change is needed and where there is a great deal of consensus not only on the challenges but also on the solutions or recommendations for change. Over the past several years three main priorities for advocacy have emerged: services for Aboriginal children and families, adoption services and supports to youth.

Caring for Aboriginal Children

In addition to providing mainstream protection services, CASs are responsible for providing care to children in First Nations communities throughout the Province.

There are six designated Aboriginal CASs in Ontario, and several more agencies seeking designation. The CFSA provides Aboriginal communities with the opportunity to develop and manage their own child welfare services. Aboriginal agencies must develop a plan to be approved, processed and finalized by the Ministry, before designation is granted.

The process begins with an Aboriginal community agency developing capacity, which typically means dealing with children and families. The process often involves creating a unit to provide counselling and/or prevention services. That entity can then request designation as a CAS. In order to be considered for designation, agencies must work with an already designated CAS, which would essentially be a “mentor” CAS.

The agencies that begin the designation process play a community services role for an extended period of time. Many are also multi-service agencies offering child welfare services as well as a range of services for children and families, including child care, mental health services to children, youth and adults, addictions counselling, health services and/or prevention service.





The Challenge According to the 2008 Report of the Auditor General of Canada³⁵ First Nations children and families who live on reserve do not benefit from the same type and level of services as children off reserve or in mainstream communities. The report confirmed that there are serious shortcomings in the funding and administration of services for Aboriginal children in Canada, including those in Ontario. The audit looked at how Indian and Northern Affairs Canada (INAC) manages child welfare services programs for Aboriginal children and families on reserve. Programs are expected to meet provincial legislation and standards, be reasonably comparable with those provided to children in other communities, and be appropriate to the culture of Aboriginal people. The report concluded that this is not the case. In fact, the Federal Auditor General found Aboriginal child welfare agencies unable to offer services comparable to those offered in mainstream agencies.

The report identified the following serious shortcomings:

- An extremely high proportion of children in care are living in mainstream communities and are cut off from their First Nation;
- Funding for Aboriginal child welfare agencies, for operating and administering child welfare services, is not based on the actual cost of delivering those services;
- Services are not necessarily culturally appropriate or reasonably comparable with those provided for all children in Ontario;
- Services may not be meeting provincial legislation and standards.

More recently, the 2009 report of the Paediatric Death Review Committee (PDRC) of the Office of the Chief Coroner of Ontario highlighted serious gaps in basic services including education and, more critically, mental

health services.³⁶ The report stated that these, and other issues requiring review, contributed to the suicide deaths of nine youth in a small Aboriginal community.

The matter of appropriate, comparable, accessible and adequate services for Aboriginal communities was also a key finding in the 2003 Evaluation of Child Welfare Reform by the Government of Ontario.³⁷ The 2006 third-party report on remote First Nations, “Northern Remoteness – North of 50”, identified a funding gap, with a disproportionate number of Aboriginal children receiving care across the Province.³⁸ The report also showed that a lack of access to food, water, shelter and clothing contributes to poor health conditions and gives rise to neglect, despite the best efforts of caregivers. These conditions also increase the likelihood of agency intervention.

Recommendations Many of the root causes leading to child protection concerns with Aboriginal families and children are a legacy of past government policies of assimilation. Government actions that forcibly removed Aboriginal children from their home communities, either to attend residential schools or to be adopted by non-Aboriginal families, has left a large number of Aboriginal children cut off from the traditions and culture of their communities.

These and other injustices have contributed to the erosion and destruction of the culture and traditions of Aboriginal communities and have fostered a strong sense of mistrust in child welfare services. Isolated in remote areas of the Province, without rights to land and resources, many Aboriginal communities struggle to survive.

Ontario's *Child and Family Services Act* provides for the uniqueness of Aboriginal culture and clearly states that the preservation of cultural identity is an important factor in the best interests of Aboriginal children.

First Nations advocates and OACAS recommend that:

- The Federal government make provisions so that Aboriginal children in Ontario receive their fair share of funding and the resources promised to them as inherent rights in treaty agreements;
- The Ontario government develop and implement a clear provincial policy to allow Aboriginal communities to care for their children through existing and emerging Aboriginal child welfare providers;
- Aboriginal services for children take precedence in the upcoming review of the CFSA in 2010.

The success of these efforts will depend directly on Aboriginal communities leading the work.

Leaders of Aboriginal communities have been clear about the need for legislation that allows them to provide child welfare services to children in their communities.

First Nations children must have an equal opportunity to grow up with their family, in their community and in their culture. No First Nation child should have to forgo this opportunity as a result of poverty or an inability to access basic services. First Nations leaders will make a difference for this generation of children, and redress the breach of rights for children of generations past.³⁹



OACAS and Aboriginal advocates share a vision of a province where all Aboriginal children are treated with equity, respect and justice. To make this vision a reality, Ontarians are encouraged to understand the injustices that are part of our history and join in the movement for healing, reconciliation and resolution.



Adoption

A successful adoption is based on the child's needs. Children's Aid Societies have experience and expertise in providing services to families and their children, and are well positioned to support the family that will best meet the needs of the child.

As noted in *The Legal Mandate of Children's Aid Societies* (page 28), CASs have a legal mandate for placing children in care, including adoption. CASs have been providing adoption services for as long as the practice has existed in Ontario. They have been the leaders of change and continue to develop ideas of partnerships, collaboration and the focus on the child. OACAS was instrumental in implementing a standard training program for all adoptive parents used by CASs and the private system.

CASs are committed to a strong public adoption system free of charge for those who adopt from the child welfare system. The public system is struc-

tured, regulated and monitored, and affords the government and the public confidence in the trust placed in CASs as workers prepare and match families. Adoption through the public system is far less expensive and results are far better for children than long-term foster care.⁴⁰

The Challenge A strong public adoption system is essential for children who both deserve and need a permanent family.

Many people are unaware of the benefits of adopting through the public system, where the primary focus is on the child. The work involves recruiting, screening and training prospective adoptive parents in order to find the best match for the child and the adoptive family. The screening process includes an assessment using a standardized home study tool and training program (both approved and required by the Ministry).⁴¹

The modern adoption system allows for children to be adopted and still have some access to their biological families, a practice known as "open." Although there are legal barriers, these can be removed, so that children can have some contact with their biological families and still be available for adoption. Adoptive parents who are open to these contacts give testimony to how this helps them to be better parents and how it helps to reduce the trauma of separation and loss for their children.

In many cases, children have needs that are already known to agencies, which differs markedly from inter-country adoption, where family history and potential strengths and weaknesses are unknown. Special needs can include learning disabilities and prenatal exposure to drugs and alcohol.

Due to a lack of clear policy direction and insufficient resources, CASs provide adoption subsidies to help adoptive parents pay for the special needs of adopted children. Unfortunately, these subsidies are provided inconsistently across the Province.

There are many successes in Ontario's public system. On March 31, 2009, there were 1,461 approved adoption homes available and 819 adoptions completed – giving children and youth permanent families. There is much more potential.

The Government of Ontario provides special post-secondary grants for all former Crown wards, including many who were adopted. However, more is needed and provisions must be made to make it easier for Ontarians to open their doors to children and youth in care. Ontario needs a system that makes it easier for potential adoptive parents to learn about children who might be suitable matches.

The Recommendation Over the past two years, OACAS, on behalf of its member agencies, has developed recommendations for change, many of which are included in the Report of the Expert Panel on Infertility and Adoption.⁴² They include:

- **A fully funded, provincial system**, centred on the child and supported by an enabling legislation, a clear policy framework, recruitment campaigns, subsidies, post-adoption services and disclosure services. OACAS recommends building on new and emerging provincial components such as standardized and portable assessments, training and matching services.

- **Public education** to increase awareness and to communicate that every child and youth can have a permanent and legal family, given the right supports.
- **Removal of legal and/or policy barriers** that stand in the way of adoption for many, including clarification around the legal and policy definitions of "Crown wards with access" to truly facilitate open adoption.
- **Adequate subsidies** to enable families to adopt, and for children to have families. The Report on Infertility and Adoption recommends immediate implementation of subsidies in the range of 50–80 percent of current boarding rates for special-needs children and youth.⁴³

Youth Growing Up in Care

As noted in *The Legal Mandate of Children's Aid Societies* (page 28), youth in care have legal Crown ward status until their 18th birthday. At this time, in accordance with government regulations, they must leave their foster families. They may continue to receive monetary support and some counselling and support services, but they are expected to establish themselves as independent young adults.

For many years, youth have advocated for change. In 2006, a survey of 300 youth and 300 staff led to recommendations in four areas: financial support, educational support, emotional support (especially having one consistent and reliable adult) and the extension of the age of support to at least 25 years, which is considered by advocates as a "must do."



An adoption worker talks about how subsidies could help children:

“Prospective adoptive parents came forward with a plan to adopt four siblings, all with complex care needs (autism and developmental delays). The projected total yearly subsidy was estimated to be \$24,000. The Children’s Aid could not provide the requested assistance so the children remained in care. Over the years, these children were moved numerous times, were separated and all eventually lived in group care. The cost of group care was approximately \$400,000 per year.”

The Challenge For youth in the care of agencies, independence programs are available to support the move to independent living; however, most are not ready to move. Many youth have special needs, have high drop-out rates, and need more support beyond 18 or 21 in order to graduate from high school.

The Ministry’s Crown Ward Review 2006 states:⁴⁴

- 82 percent of Crown wards have special needs (including behavioural, developmental and/or emotional disabilities);
- 40 percent are progressing slowly in school or have been identified as “promotion at risk”;
- 49 percent have behavioural issues;

More recent survey data shows:⁴⁵

- 21 percent of youth are not enrolled in any schooling;
- 42 percent of 19- and 20-year-olds appear to be successfully completing high school (provincial rate is 75 percent).

Recent OnLAC data reveals:⁴⁶

- 86 percent of youth want to do well in school;⁴⁷
- 20 percent expect that their highest achievement will be high school;
- 19 percent hope to graduate from post-secondary studies.

At a time when youth need to focus on their studies, they are required to find an apartment, set up a household, get a part-time or full-time job, manage a budget, grocery shop, do laundry, cook and clean as well as manage their school work. Understandably, most cannot manage and over half do not graduate from high school.

The incidence of mental health issues is exponentially higher among youth in care than the general public. Over 47 percent of Crown wards have been prescribed psychotropic drugs. These youth are discharged from care at the age of 17 and beyond the age of 21, without parental support or a health care plan; they have no access to prescription drugs, leaving many with no means to cope with chronic mental health issues. “The absence of an unconditionally committed parent in the life of a child cannot be treated by medication or therapy,” says Kevin Campbell, internationally known youth permanency expert and founder of the Centre for Family Finding and Youth Connectedness.⁴⁸

The Recommendation While OACAS recognizes the government’s recent commitments to youth pursuing post-secondary education, more is needed. In order to help youth growing up in care reach their full potential, youth advocates and OACAS recommend a strong commitment to youth so that they become successful adults in society:

- An overarching policy direction that care should be provided “as a good parent” would, thereby normalizing the process of growing up;
- The introduction of policy, funding and public education in support of adoption or legal custody for youth;
- An extension of supports and services to youth to align their milestones with their peers in the general population;
- Family-based foster care services to youth until they have completed school, including attendance or participation in trades, college and/or university if this is in their home town;
- Living allowances to supplement post-secondary tuition supports;
- Extending health, dental and prescription drug coverage to youth to age 25 to allow youth to complete their education and gain employment before coverage ends;
- The inclusion of youth voices in the development of policies and services for children and youth.



A worker talks about “leaving the door open”:

“Crystal was in her foster home for three years when she turned to drugs and began stealing from her foster parents. Feeling more structure might be beneficial, I moved her to a group home. However, Crystal became more involved in drugs and a street lifestyle. When Crystal was not on drugs, she would call her foster mother and say how much she regretted her actions. Eventually, with her foster parents’ support, Crystal finished her high school education, and went to community college. Now in her mid-20s, she works with youth at a group home. She has returned to live with her foster parents. According to the foster mom: ‘I think it’s too easy to write kids off. If you give them a solid foundation and they know that they are cared for and loved, I think often they can come out of it.’”

³⁵ Office of the Auditor General of Canada, *Report of the Auditor General of Canada*; March 2009.
³⁶ Office of the Chief Coroner of Ontario, *Report of the Paediatric Death Review Committee and Deaths Under Five Committee*; June 2009.
³⁷ *Evaluation of Child Welfare Reform*; 2003.
³⁸ OACAS, *Northern Remoteness, North of 50 Report*; 2006.
³⁹ *Leadership Action Plans on First Nations Child Welfare*; 2005.
⁴⁰ Krueger, *Pros and Cons of Public Domestic Adoption*; December 2008.
⁴¹ OACAS website, *Kinship Services and Kinship Care*; 2008.

⁴² *Raising Expectations: Infertility and Adoption Report*; 2009.
⁴³ *Ibid.*
⁴⁴ Ministry of Children and Youth Services; *Crown Ward Review*; 2006.
⁴⁵ OACAS *Gateway to Success Report*; 2008.
⁴⁶ *Looking After Children Ontario Provincial Report*; September 2007.
⁴⁷ *Ibid.*
⁴⁸ Kevin Campbell, Centre for Family Finding and Youth Connectedness, quote; 2009



INVESTING IN KEEPING CHILDREN SAFE

The investments in keeping families together are now starting to yield results.

The *Child Welfare Program Evaluation Report*, November 2003, states that there is no jurisdiction in North America that is more cost-effective than Ontario.⁴⁹ Since that time, the growth in CASs' expenditures has fallen behind the rate of growth of the Ontario economy.

YEAR	CASs Expenditures (millions)	Provincial Expenditures (millions)	% of Provincial Expenditures
2003/04	1,085	73,883	1.47
2009/10(budget)	1,433	108,900	1.32

Contrary to government claims that growth in the child welfare field is not sustainable, expenditures have, in fact, grown slower than the overall provincial spending, and the field now receives a smaller portion of the provincial budget than in 2003/04.

Government claims about child welfare expenditures do not take into account the effects of two reforms that have taken place over the past 12 years. The cost of child welfare has increased substantially due to two major reforms introduced by the Ontario government. Both legislative reforms changed the profile of child welfare expenditures and the scope of service delivered to Ontarians, with growth in spending anticipated and planned.

The Child Welfare Reform (1997–2000) changed and expanded the definition of a “child in need of protection,” which increased the number of

children brought into care. Under the 2000 CFSA, more children at risk were deemed “in need of protection.” The legislation was updated with the following changes:

- Chronic neglect and emotional abuse were added as forms of abuse;
- Children “at risk of physical, emotional, sexual abuse and neglect” were identified as requiring protection;
- The requirements for reporting child abuse and neglect were changed to include more public and professional responsibility;
- Sanctions were introduced for failing to report child abuse and neglect;
- Standardized eligibility and risk assessment tools were introduced and made mandatory for all CASs.

As a result of these changes, it was anticipated that the number of children and families served would increase. The changes were proclaimed in 2000, with implementation by CASs to take place over several years, including hiring over 760 additional staff to assume new functions and serve all eligible cases.

In 2006 and ongoing, a second reform, the Child Welfare Transformation, was introduced and implemented. The principles of Transformation included providing, stable, family-centred options for children by keeping them safe with biological and kin families and finding adoptive families when necessary. The model requires CASs to increase the time staff spend with families and community partners to develop plans which balance “family” with “safety.” The focus became more prevention-based, with CASs seeking alternative solutions to bringing children into care that would be



less disruptive for children and less costly for the Province. Some of the changes include:

- A shift from intrusive investigative approaches to working together with families to resolve issues, which is a much more labour-intensive service;
- Much more time spent searching for kin who may be interested in helping to care for a child;
- A screening process for kin, to assess their ability to provide a safe home for the child(ren);
- Mandatory use of Alternate Dispute Resolution prior to using court processes;
- A need for a greater number of qualified and skilled staff who can work with complex families;
- A large increase in mandatory service and administrative requirements, policies, directives, regulations and standards related to services, including over 200 steps to be completed by caseworkers – all of which involve more casework and paperwork.

Alternative approaches to dealing with family issues (Alternate Dispute Resolution, Differential Response and use of kin) have been recognized as positive steps towards resolving family issues. Each process requires extensive time in the beginning of involvement, meeting requirements in administration and service, and allowing family members and children to tell their stories, think through ideas and options, and reach consensus on how to address issues.

The system is heavily regulated and CASs must comply with many legislative requirements, regulations, standards and policies. Since 2006 an additional 200 steps must be documented when investigating a child abuse case. This reporting process requires more staff time to manage a case. The issue of adequate staffing to meet provincial requirements has been an ongoing issue for labour and management. When the provincial Auditor General reported on CASs in 2006, he noted issues with reasonable case-load benchmarks. This issue has not yet been addressed.

Ontario is now beginning to experience the positive results of Transformation. Since 2004/05:

- Admissions of children into CAS care have decreased by 18 percent;
- The number of children in the care of CASs has decreased by 5 percent;
- Adoptions have increased by 29 percent.

As illustrated in the TABLE 2 (page 21), the number of children in care peaked in 2003/04 and has fallen in four of the five years since. This does not, however, take into account other important statistics, such as families kept together. For example, the delivery of kinship services and a shift from intrusive investigative approaches to working with families and building on their strengths are much more labour-intensive services and not fully reflected in the volumes of children in care. The investments in keeping families together are now starting to yield results, with less children in care and the number of families requiring ongoing service is on the decline (TABLE 3 page 22).

⁴⁹ Ministry of Children and Youth Services, *Child Welfare Program Evaluation Report*; November 2003.





CHECKS AND BALANCES

Many mechanisms are in place, from Family Court to provincial offices to communities, to ensure children, youth and their families are getting the services they need.

Provincial Oversight:

Periodically, there are calls for more oversight in the work of Children's Aid Societies. This is to be expected when both the investments and importance of the services provided are high. In addition to reviews conducted by the MCYS, many other mechanisms are in place to supervise the work done by agencies.

- The Office of the Provincial Advocate for Children and Youth provides an independent voice for children and youth. It receives and responds to concerns from children, youth and families who are seeking or receiving services under the CFSA.
- The Auditor General's Report presents the findings of special assignments to perform value-for-money audits as requested by the Legislature, the Standing Committee on Public Accounts, or a Minister of the Crown. It submits reports detailing the findings of its special examinations of Crown corporations to the corporations' boards of directors.
- The Child and Family Services Review Board (CFSRB) has the authority to hear complaints from families, children and youth receiving

services from a CAS. The Board hears complaints and reviews decisions made by a CAS. The CFSRB is subject to investigation by the Ombudsman and judicial review by the courts.

- The Office of the Chief Coroner of Ontario and the Paediatric Death Review Committee investigate child deaths in Ontario, report findings publicly and make recommendations to improve systems of care.
- The Family Court system is a powerful mechanism that ensures individual client rights are respected and, ultimately, that children are protected. CASs act on decisions made by the justice system.





Complaints Process

There are mandatory processes to review concerns of children, youth or families involved with or receiving services from a CAS.

- The internal complaints procedure allows children, youth and families to bring forward concerns to the CAS regarding their service.
- The external complaints procedure allows clients of a CAS to bring complaints forward to the CFSRB, a neutral and independent third party.

Community

All Children's Aid Societies are governed by independent, community-based Boards of Directors that are responsible for strategic, operational and financial decisions. Board members are volunteers, who donate their time to support children in their communities.

Currently, there are over 600 community members serving on CAS Boards across the Province. Board members are responsible for the overall management and operation of CASs pertaining to strategy, goals and policy; advocacy for child welfare; review and approval of service plan and budget; compliance with legal requirements; and regular reviews of policy development.

CASs cannot operate alone – they rely on community agencies to act in the best interests of children. CASs foster relationships with community supports such as fire, police, hospitals and schools – all of which have certain protocols in place that require them to act on any and all suspicions of abuse.

Public Engagement

The sector demonstrates accountability by clearly depicting positive outcomes from the investments in child welfare through the Public Education Campaign. The public rarely sees the impact of child welfare services on their community due to the sensitive nature and privacy of issues facing children and their families. By sharing these stories, the sector shows the results of the work of child welfare in improving the lives of children and working with and supporting families.





WHAT CAN YOU DO?

Everyone can share the responsibility of keeping children safe by getting involved to help protect or care for children and youth, or volunteer, advocate or donate.

Children are the future and their well-being must be a priority for everyone in Ontario. As the most vulnerable members of society, they deserve a life that is free from fear and violence.

By sharing the responsibility for children, everyone benefits. Children who experience the benefits of loving and caring homes can grow into mature, contributing members of society. It is the responsibility of every Ontarian to help children get there.

There are many ways to help families and children served by Children's Aid Societies. Everyone can share the responsibility of keeping children safe by getting involved with their local Children's Aid Society to help protect or care for children and youth, or to volunteer, advocate or donate.

All Children's Aid Societies offer volunteer opportunities where community members can put their skills to work. Often there are opportunities to work directly with children and families, participate on committees and work groups, or work on special projects. Commitments can be made on a regular or flexible basis. CAS volunteers come from diverse backgrounds and can perform many different roles within the organization.

Get involved with the CAS:

- Protect children. Be the eyes and ears for children and call your local Children's Aid Society about abuse or suspicions of abuse – it's the moral and legal responsibility of every Ontarian.

- Build a family through adoption. Children need families. Children of any age – from birth to 18 and even older – can be adopted. Parents must undergo a home study and adoption education program. The best match is a family that can meet as many of a child's needs as possible.
- Become a foster parent. Foster parents look after children in their home on a temporary basis. Foster children can stay in a foster home for days, weeks, months and sometimes longer. There are many reasons why children and youth come into the care of a CAS. They all rely on foster parents to provide safe, caring, stable environments where they can grow and learn.
- Advocate for the well-being of children and youth by advocating for CASs to receive the necessary resources to keep children safe, and families strong.

Although every child is unique, they all share the same need for a caring, nurturing family.





APPENDICES



Appendix A: Evolution and History of Ontario's Children's Aid Societies

Prior to 1874, Ontario children requiring service could receive help through two avenues, neither of them very appropriate by today's standards. A criminal conviction was the route to service for most children. The criminal system was funded by the government, but other services for the poor or the neglected relied on private contributions and volunteer assistance. Apprenticeship (in exchange for the child's labour) was the other service alternative for children who were deserted or orphaned.

In 1874, charitable institutions were permitted by legislation to intervene to prevent the maltreatment of apprenticed children, and a cost-sharing relationship was established between charitable organizations and the Province. In 1888, *An Act for the Protection and Reformation of Neglected Children* allowed the courts to make children wards of institutions and charitable organizations, with local Government assuming the maintenance costs of wards. Foster homes were now encouraged as alternatives to institutions.

With this new legislation in place, the famous reformer John Joseph Kelso

helped found the first Children's Aid Society in 1891, and advocated for the passage of new legislation, *An Act for the Prevention of Cruelty to and Better Protection of Children*, in 1893. Children's Aid Societies then were empowered to protect children from abandonment, mistreatment and neglect and where necessary, place children in foster homes or institutions.⁵⁰ At this time, societies were granted authority to collect monies from municipalities to cover the maintenance costs for wards and gained the status and prerogatives of legal guardians of children in care.

Between 1891 and 1912, sixty Children's Aid Societies sprang up across Ontario, and in 1912 they joined together as the Associated Children's Aid Societies of Ontario – now the Ontario Association of Children's Aid Societies (OACAS). Established to promote the welfare of children and coordinate the work of all the societies, OACAS requested and received the opportunity to review all child welfare legislation before its introduction to the legislature.

Over the years, several new Child Welfare Acts were passed – in 1921, 1954, 1965. In 1985, the proclamation of the *Child and Family Services Act (CFSA)* set the groundwork for a number of new trends:

- a shift from a volunteer to a professional service system;
- the provincial government's acceptance of direct responsibility for the delivery of child welfare services through public financing;
- agency reporting and provincial supervision;
- a shift from institutional and protection-oriented services to non-institutional and prevention-oriented services; and
- special provisions for First Nations children.



In the 1990s, many integrated child welfare and children's mental health agencies were renamed Child and Family Service agencies to recognize their expanded services. There are 10 multi-service agencies providing both child protection and children's mental health services to children, youth and families in communities across Ontario.

In the 1970s, a number of Aboriginal communities began to establish family and children services programs, and a number of Aboriginal communities began to develop programs to take care of their children. Over

the next decade, the legislative framework changed and groups of Aboriginal communities joined to develop services, cultural practices and alternative models of child protection services.

In 1985, *The Child and Family Services Act (CFSA)* recognized that: "Aboriginal people should be entitled to provide, wherever possible, their own child and family services, and that all services to Aboriginal children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family."⁵¹

During the period from 1987 to 1994, five Aboriginal CASs were established in Aboriginal communities throughout Ontario. In 2004, Native Child and Family was designated in Toronto, making it the first full-service off reserve child welfare agency under the direct control and management of the Native community.

In April 2000, as part of the Child Welfare Reform, significant amendments to the CFSA were proclaimed. The amendments underscored the paramount purpose of the Act as promoting the protection, best interests and well-being of the child, and were intended to enhance the protection of children at risk of neglect and abuse. Changes to the Act included the introduction of neglect and emotional harm as grounds for protection, and clear definition of the legal obligation of the duty to report by members of the public. Changes to the Act also redefined the maximum time a child can remain in care before a court decision regarding permanency for the child.

In 2006, Bill 210, *An Act to Amend the Child and Family Services Act*, was developed by the MCYS based on extensive consultation between the Ministry and the child welfare field. This legislation introduced a number of changes as part of the Child Welfare Transformation Agenda that focused on developing strategies to achieve better outcomes for children and youth, including:

- A flexible intake and assessment model, allowing for alternative, clinically based options for children and families at the referral stage.
- Greater emphasis on placing children with kin in an effort to prevent them from entering care.
- A greater emphasis on permanency options for children in care, including customary care, adoption and kinship care.

In July 2007, the Supreme Court of Canada re-affirmed the mandate of Children's Aid Societies under the CFSA to act in the best interests of the child, protect children and youth from abuse and neglect, and ensure their well-being.

Appendix B: Children and youth in out-of-home care in 2007 by Province and Territory

Province	Children in Care	Child (0-18) Population	Rate per 1000
British Columbia	9,271	915,168	10.1
Alberta	8,891	841,392	10.6
Saskatchewan	5,447	251,271	21.7
Manitoba	7,241	297,004	24.4
Ontario	18,763	2,931,745	6.4
Quebec	12,750	1,625,581	7.8
New Brunswick	1,388	154,395	9.0
Nova Scotia	1,706	194,389	8.8
Prince Edward Island	166	31,713	5.2
Newfoundland	1,329	102,857	12.9
Yukon	178	7,212	24.7
Northwest Territories	395	12,810	30.8
Nunavut	197	12,839	15.3
Canadian Total	67,706	7,378,376	9.2

Source: Centre of Excellence in Child Welfare, Statistics; 2007

1. Nunavut data are from 2006. No data on children in out-of-home care were available for 2007.

2. Monthly count.

⁵⁰ Aitken, McCullagh and Bellamy, *A Legacy of Caring, A History of the Children's Aid Society of Toronto*; April 2002, pg 43.

⁵¹ *Child and Family Services Act*, R.S.O.; 1990



Appendix C: What Constitutes Child Abuse?

“Child abuse” includes physical, emotional and sexual abuse and neglect. It also addresses a pattern of abuse and risks of harm. Some definitions include:

Physical Abuse is any deliberate physical force or action, by a parent or caregiver, that results, or could result, in injury to a child. It can include bruising, cuts, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm and is also considered abuse.

Emotional Abuse is a pattern of behaviour that attacks a child’s emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence.

Neglect is usually the result of ignorance about parenting or an inability to plan ahead. Neglect occurs when a caregiver fails to provide basic needs such as adequate food, sleep, safety, education, clothing or medical treatment. It also includes leaving a child alone or failing to provide adequate supervision.

Sexual Abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants

to please the adult or out of fear. It includes sexual intercourse, exposing a child’s private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing a child to look at or perform in pornographic pictures or videos, or engage in prostitution.

The Subtle Signs of Child Abuse

Physical abuse is when a child is injured or harmed by his or her caregiver, or when the caregiver fails to do something to protect the child.

Subtle signs of physical abuse may include (but are not limited to):

- Child wears long sleeves/long pants even in warm weather
- Excessive crying
- Child seems anxious when other children cry
- Avoidance of physical contact with others
- Recurrent nightmares or disturbed sleep patterns
- Behaviour extremes—aggressiveness or withdrawal
- Poor self-concept
- Whispering speech
- Loss of appetite for no apparent reason, or excessive appetite
- Child is wary of adults
- Re-enactment of abuse using dolls, drawings or friends
- Clinging
- Delinquent behaviour
- Abrupt decline in school performance

Emotional abuse is when a caregiver treats a child in an extremely negative way that damages self-esteem and the concept of self.

Subtle signs of emotional abuse may include**(but are not limited to):**

- Sudden change in self-confidence
- Headaches or stomach-aches with no medical cause
- Destructive behaviour
- Abnormal fears, increased nightmares
- Failure to gain weight (especially in infants)
- Desperately affectionate behaviour
- Speech disorders (stuttering, stammering)
- Habit disorders (biting, rocking, head-banging)
- Argumentative or consistent temper tantrums
- Bullying tactics
- Being easily frustrated
- Behaviour extremes—disobedient or overly compliant

Sexual abuse is any sexual exploitation of a child by a caregiver or someone else.

Subtle signs of sexual abuse may include (but are not limited to):

- Frequent sore throats or urinary infections
- Constant sadness
- Re-enactment of abuse using dolls, drawings or friends
- Clinging
- Thumb-sucking
- Sudden fear of the dark
- Behaviour extremism—aggressiveness or withdrawal
- Recurrent nightmares or disturbed sleep patterns

- Loss of appetite for no apparent reason, or excessive appetite
- Bedwetting
- Avoidance of undressing or wearing extra layers of clothes
- Abrupt decline in school performance

Neglect is a pattern where a child's caregiver fails to provide basic needs such as food, sleep, safety, supervision, appropriate clothing or medical treatment.

Subtle signs of neglect may include (but are not limited to):

- Missing key articles of clothing
- Over- or under-dressed for weather conditions
- Height and weight significantly below age level
- Consistent school absenteeism
- Persistent hunger
- Trouble concentrating
- Low self-esteem
- Body odour
- Child assumes adult responsibilities
- Being always dirty and severely unkempt
- Sleepiness/always tired
- Child steals food/lunch money from others

Alone, a subtle sign doesn't necessarily mean anything, but if multiple signs exist, the child may be at risk of abuse or neglect. Please contact your local CAS. Community members should contact their local CAS for investigation by professional staff. Calls are always anonymous.



Appendix D: Contact Information

Children's Aid Society of Algoma
www.algomacas.org

Children's Aid Society of Brant
www.casbrant.ca

Children's Aid Society of the County of Bruce
www.brucecas.ca

Chatham-Kent Children's Services
www.ckics.com

Dilico Anishinabek Family Care
www.dilico.com

Dufferin Child & Family Services
www.dcafs.on.ca

Durham Children's Aid Society
www.durhamcas.ca

Family & Children's Services of St. Thomas and Elgin County
www.caselgin.on.ca

Children's Aid Society of the City of Kingston and County of Frontenac
www.casfrontenac.ca

Children's Aid Society of Owen Sound and the County of Grey
www.greycas.org

The Children's Aid Society of Haldimand and Norfolk
www.cashn.on.ca

Halton Children's Aid Society
www.haltoncas.ca

Catholic Children's Aid Society of Hamilton
www.hamiltonccas.on.ca

Children's Aid Society of Hamilton
www.hamiltoncas.com

Hastings Children's Aid Society
www.hastingscas.org

Huron-Perth Children's Aid Society
www.h-pcas.ca

Services Familiaux Jeanne Sauvé Family Services
(705) 335-2445

Jewish Family & Child Service of Toronto
www.jfandcs.com

Kawartha-Haliburton Children's Aid Society
www.khcas.on.ca

Kenora-Patricia Child and Family Services
www.kpcfs.com

Children's Aid Society of the County of Lanark and the Town of Smiths Falls
www.lanarkcas.ca

Children's Aid Society of Brockville and the United Counties of Leeds and Grenville
www.casbrock.com

Lennox and Addington Family and Children's Services
www.lafcs.org

Children's Aid Society of London and Middlesex
www.caslondon.on.ca

Family, Youth & Child Services of Muskoka
www.fycsm.ca

Family & Children's Services Niagara
www.facsniagara.on.ca

Native Child and Family Services of Toronto
www.nativechild.org

Children's Aid Society of the Districts of Nipissing and Parry Sound
www.parnipcas.org

Children's Aid Society of Northumberland
www.northumberlandcas.org

Children's Aid Society of Ottawa
www.casott.on.ca

Children's Aid Society of Oxford County
www.casoxford.on.ca

Payukotayno James and Hudson Bay Family Services
(888) 298-2916

Peel Children's Aid Society
www.peelcas.org

Services aux enfants et adultes de Prescott-Russell Services to Children and Adults
www.seapr.ca

Children's Aid Society of the County of Prince Edward
(877) 476-7957

Family and Children's Services of the District of Rainy River
www.facsrr.ca

Family and Children's Services County of Renfrew, City of Pembroke
(613) 735-6866

Children's Aid Society of the City of Sarnia and the County of Lambton
www.slcas.on.ca

Children's Aid Society of Simcoe County
www.simcoecas.com

Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry
www.cassdg.ca

Children's Aid Society of the Districts of Sudbury and Manitoulin
www.casdsm.on.ca

Children's Aid Society of the District of Thunder Bay
www.thunderbaycas.ca

Services à l'enfance et à la famille du Timiskaming Child and Family Services
www.timiskamingchildren.org

Child and Family Services of Timmins and District
www.timminschilfamily.org

Catholic Children's Aid Society of Toronto
www.ccas.toronto.on.ca

Children's Aid Society of Toronto
www.torontocas.ca

Family & Children's Services of the Waterloo Region
www.facswaterloo.org

Family & Children's Services of Guelph and Wellington County
www.fcsqw.org

Windsor-Essex Children's Aid Society
www.wecas.on.ca

York Region Children's Aid Society
www.yorkcas.org

