

STRATEGIC SERVICE DELIVERY CONSIDERATIONS

discussion paper

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Purpose

The following is to promote discussion and develop key strategies to address service delivery issues to ensure the effectiveness of services for at-risk children, youth and families during and after the transition to community governance by regional authorities. This document is a work in progress, and will be altered as people or organizations interested in working together make suggestions to resolve the issues and develop creative solutions.

Other jurisdictions have found that moving to a community governance model in and of itself will not necessarily achieve all the positive outcomes for children, youth and their families envisioned by more community involvement. Much will depend on how well the service delivery model supports the development of the capacity of families and communities to protect vulnerable children and youth, to provide stability and permanence for children and to decrease the numbers of children in care. A number of issues related to the current service delivery model need to be discussed thoughtfully with concerned children, youth, families, citizens, academics and the helping professions involved. Strategies should be developed to assist new governance bodies to develop and support a more coherent, more comprehensive and responsive system of services for children, youth and their families. Strategies should be based on emerging evidence about promising programs and service approaches, reasonable and achievable expectations for outcomes and appropriate community organizational involvement in planning and oversight mechanisms.

Issues

There is a growing recognition across the country that the way we deal with children, youth and families in the child welfare system does not provide the most desirable outcomes. In spite of progressive legislation, strong standards and efforts to provide more safety through risk assessment approaches, we have seen more children in care, lengthier stays in care and few resources specifically allocated to ensure an early permanency plan that provides children and youth with continuity of nurturing relationships.

The stories in the press are generally critical of an over-stressed and under-resourced child welfare system. Currently many jurisdictions across North America and internationally are re-examining the way services are provided to children, youth and families. Most have come to the conclusion that child protective services can no longer bear the sole responsibility for protecting children...that it requires a broader array of parents, public and private agencies, organizations and individuals within and outside government to carry out this fundamental public responsibility (Farrow, 1997).

The government of British Columbia expects the Ministry for Children and Family Development (MCFD) to develop a very different service delivery system within a reduced budget. What is envisioned is a community-based system of family services that advances the safety and well being of vulnerable children and youth. This can only be done with the agreement and partnership of people and organizations within the community and the willingness of the public system to change. Experience in other jurisdictions suggests that this takes time, patience and perseverance. There are some common stages through which most communities progress as they attempt to move towards a partnership model. The first step is coming to some general agreement to begin to work together to develop a system with better outcomes for vulnerable children, youth and their families.

In order to make the dramatic changes required, people involved need to have a shared vision about the long term outcomes they want for children, youth and their families. Ideally, community members, organizations and workers in the public system should have the time to discuss the impediments and opportunities and arrive at agreement on the process for change, and on the major short and long term directions to be taken to achieve the vision. The vision should not simply be decentralizing what exists today, but looking at what is possible for the future, based on what we know is best for children, youth and their families. Ideally this would be a culturally sensitive, integrated service delivery model with a range of community-based services from preventative services, crisis response, through early intervention and family support to child protection, permanency planning, mental health treatment and youth services all easily accessible in community settings.

The impact of this kind of profound organizational change on professionals and service providers in the current system should not be underestimated. Morrison (1998) notes that

similar changes in the United Kingdom created anxiety and temporary loss of confidence amongst even the most experienced professionals and agencies about two things:

- whether with the new emphasis on partnership with parents, children will go unprotected
- whether there will be the resources to fulfill the preventative ethos that underpins the desired reforms (Morrison, 1998)

This paper outlines a few key issues or considerations and potential strategies for the beginning dialogue. The list is not exhaustive, but starts with the premise that we need to make major changes to the way we work with families and communities, and in order to do that we may have to change the way we think and act. We will need new skills. We will likely have to change internal procedures and policies to provide incentives for more flexible approaches. This is not an easy task, and may mean a change in the way people are hired, trained and supported.

1. Moving to a community social work model of practice

Our current system has focussed on a deficit or risk model of child protection. This approach has come into question as the Canadian Incidence Study of Reported Child Abuse and Neglect (2001) and other incidence studies indicate a very small number of children in care have suffered severe harm and as the numbers of children in care have soared. The vast majority of children in care have been neglected. The risk assessment models have diverted attention from the stressful environment within which these children and families live, and do not factor in the strengths in the community or family resiliency and willingness to change when given sufficient support.

There is evidence that risk-assessment tools may not have predictive accuracy. In one review, Marks and McDonald found that only 50% of the 88 variables commonly relied upon as factors predictive of maltreatment had actually been empirically validated (as cited in Lyons, Doueck, & Wodarski, p.144). Two other reviews note similar concerns that the use of standardized risk assessment instruments may be supplanting rather than complementing the social worker's clinical judgement (Michalski, Alaggia, and Trocmé, 1996 p.18; MacMillan, Steinhauer & Chappel, 2002).

Moving from a deficit or risk model requires the immediate development of strategies to move away from the current legalistic and procedural approach focused on investigation and risk assessment in child protection work to the strengths or welfare model followed in many western European countries. These systems prefer the broader welfare model where government authorities efforts to assist families are aimed at strengthening, rather than diminishing, parental rights and responsibilities (Pires, 1993).

Recent Canadian researchers support similar directions. Cameron (1995) cites the gains made by child protection families participating in a parent mutual aid organization compared to others receiving traditional child welfare services, while Fuchs (1995) describes a demonstration project which reduced child abuse by strengthening social networks in a poor neighbourhood. Prilleltensky (2002) describes national and international approaches to family wellness with an emphasis on models that can be implemented. Wharf (2002) offers case studies of community social work practice that take into account the environment within which neglecting families live. The studies demonstrate that it is possible to treat those being served respectfully, involve them in making plans and assist them to build their capacity to overcome the "enormous difficulty of raising children in poverty". The experience of partnering with local neighbourhood houses has particular relevance for a more responsive approach, involving both users of services and community helpers in the early planning stages.

The broader welfare and community social work systems also limit the more intrusive, legalistic approach and organize child welfare structures around assessment, parental involvement in decisions, voluntary participation and relationship-building with the family. In some countries barriers are set up to discourage the use of the legal system;

Belgium and Scotland have specific organizations within their administrative structures to deflect cases from the courts. Instead of legal processing, the key strategy for minimizing risk to children is the negotiation of appropriate supports to strengthen families (Hetherington, Cooper, Smith and Wilford, 1997).

Other jurisdictions have worked with the judicial systems to develop a more consensual style where the negotiations involving judges are informal and occur outside the formalized legal proceedings with the intent to facilitate the desired goals within a shorter time frame. In France, judges are trained in child development and encourage parents and social workers to come together to negotiate agreements. There is limited use of legal representation and judges try to get consent of the family to the measures ordered by the court (King and Piper, 1995). Appointed members of the Scottish Children's Panels and Italy's guardianship judges provide a similar function. Belgium provides an alternative to judicial involvement through mediation procedures aimed at assisting the parties to a dispute to arrive at a mutually acceptable settlement.

Across Canada, when a referral for a child protection concern is received, the usual response is a risk assessment approach and a child protection investigation. There are child protection services that are more inclusive of family and community involvement than the traditional child protection investigation. These include family conferencing, differential response approaches and mediation. Alberta has begun to implement a differential response model, and a few other jurisdictions are experimenting with the model.

Family conferencing is a service that brings stronger family and community involvement to developing a plan to ensure safety for children and to attempt to keep them closer to their families while addressing concerns about child abuse or neglect. Demonstration projects have been undertaken in Newfoundland, in British Columbia and more recently in Nova Scotia where an aboriginal model is being evaluated in collaboration with the Centre for Excellence in Child Welfare.

Differential response models being tested in the United States also show promising early evaluations and merit serious consideration for testing in British Columbia. At the front end of child protection services, reports of alleged abuse or neglect are screened to determine whether the case is appropriate for investigation. The assumption is that traditional, court driven child protection services are not appropriate for all families. In differential response systems (also described as alternative, dual or multiple response systems) there are at least two categories of response to reports of abuse and neglect. The first category includes reports that present serious safety issues for children and may result in potential criminal charges. The reports go to the "investigation track" and work is done in conjunction with law enforcement.

The second category involves low to moderate risk families being referred to voluntary community-based services that would stabilize the family and enable them to better care for their children. The primary emphasis of differential response is the establishing of partnerships with community-based services in order to provide these services to a

greater number of families and promote community involvement in child welfare. The safety of children is paramount in either approach.

Initial evaluations indicate that differential response systems have been effective in leading to positive changes in child safety, family satisfaction, lower rates of re-referral and increased community involvement in child protection. (Hernandez & Barrett 1996; Siegel et al. 1998, cited in Gordon, 2000). *However, to ensure safety, any differential response strategy has to be able to provide timely, adequate and appropriate services to all cases of abuse and neglect.* One of the lessons being learned in those jurisdictions practicing this approach is that effective tools for comprehensive, family-centred assessments have to be in place. (Schene, 2002).

The Minnesota Alternative Response Evaluation (2002) cites four exemplary program elements. 1) Where counties integrated this program element broadly into the existing inter-agency collaborative, it has facilitated community understanding and acceptance of the new approach. 2) Screening teams in some counties involved broad representation from within the child protection system and, at least periodically, representatives from key community agencies and organizations. This inclusive approach to screening ensures that the policies, practices, goals and philosophy of the alternative response are understood by a broader set of key players inside and outside the child protection system. 3) One particularly strong model integrates tribal representatives directly into the child protection process from the start, and follows the lead and judgment of the tribal social worker with the support of county officials, showing respect for the culture of the aboriginal community. 4) Quarterly meetings of social workers facilitate an exchange of experiences and practices from participating communities.

Issues regarding the sharing of information will need to be addressed to ensure that full information from all community sources is available and shared to provide for the safety of children and youth.

Mediation is another service that has been used in various parts of Canada, but it appears to be an underutilized option (Maresca, 1995; Savoury, Beals & Parks, 1995). In one Ontario jurisdiction a court directed case management process has produced good results in expediting child welfare cases (Hatton and James, 1994). In B.C. the Surrey Court Project pilot was developed to shorten the time frame required to make effective decisions for children in protection cases. The interim report (2002) indicates some promising outcomes for the facilitated meeting process, including resolving all issues in 79% of the cases, resolving 93% of the cases in one planning meeting and 77% of the cases in less than 40 days from referral. The process was used in 31% of the removals during the evaluation period.

Potential strategies

Train and support workers in the community social work approach

Working in partnership with community organizations and involving families and youth in a meaningful way requires a new way of thinking and acting. It requires relinquishing control and sharing decision-making and the responsibility for the outcomes of joint decisions. This does not mean that the responsibility for quality assurance or accountability is abdicated, but it does broaden the accountability to include the community.

- Provide training in community development and community mobilization approaches for workers and managers.
- Develop specific outreach strategies to involve those with fewer resources, less time to participate or who may be uncomfortable participating in the development of community-based services and support networks, i.e., shift workers, parents with child care needs, homeless youth, ethnic minorities, etc.
- Implement a change in training emphasis to teach a teamwork approach in the work with families, “working with” rather than “doing to”.
- Ensure that supervisors and team leaders have access to clinical supervisory and team building training.
- Design and implement a strong clinical mentoring or supervision system with senior workers/mentors to support front line workers in new ways of working with families and communities. Supervisors/mentors should have experience in community development or working in communities.
- Review administrative requirements, policies and procedures to remove tasks that could be undertaken by administrative staff or case aides to allow front line workers and supervisors more time to build working relationships with children, youth and families.

Strengthen community access, intake and referral processes

Currently access is through a maze of entry points for families who do not require a child protection service. Families asking for help can end up at the child protection door by default because of a lack of local support services or funding arrangements that require contact with a ministry social worker to access services. A more responsive reception and intake system for families is required at the local level to provide information and voluntary referral to informal supports when required and to provide multi-disciplinary assessments and linkage to the more specialized services when this is indicated. See *Working with Community to Support Children, Youth and Families: A System of Care*, January 2002, pp. 12-14. *Two critical factors for a responsive service identified by youth and other people using services are an informal, welcoming atmosphere in the office, and the qualities of the staff, particularly the level of empathy and respect shown to people requesting assistance.*

Some local efforts are underway. A few MCFD offices use multidisciplinary screeners. A number of agencies involved in the Western Communities project are experimenting with a responsive, shared intake system. (Personal communication from Jennifer Charlesworth, project facilitator).

- Ensure that members of the first line intake team at the community level are trained jointly and have ongoing support and supervision to ensure they acquire and maintain the requisite skills, knowledge and clinical experience to make the critical early decisions about referral to voluntary community services or for more specialized services. The intake teams, currently comprised primarily of social workers, family support workers and child and youth care workers may require augmentation by other clinical practitioners such as public health nurses, nurse practitioners, early childhood development specialists, mental health specialists, addictions experts, special education practitioners and community service providers, etc.
- Provide guidelines and training for broader information sharing across sectors, between professionals in different disciplines and with relevant caregivers and service providers.
- Identify locations in communities for developing a responsive information, referral and general intake service that screens for appropriate response and provides general information and assistance to families or referral to community-based services where appropriate. NB: This process would not prevent families from accessing known available services directly. Vulnerable children, youth and families requiring specialized assessments would be referred to intake teams that provide multidisciplinary assessment services including child protection, mental health and substance misuse.
- Pilot test a *differential response* approach to reports of child abuse and neglect. The early evaluations are promising, but this approach is relatively new and is not a panacea. The ability to keep children safe is still being tested. The planning for implementation needs to take into account the adequacy of support services in the community and any adaptations to fit the context in British Columbia.
- Review clinical literature and provide information and training on useful clinical tools to assist practitioners in the multi-disciplinary assessment processes. Tools should focus not only on the child or youth's needs or conditions, but also on the capacity of family and community to address them.
- Re-assess, revise and streamline the current risk assessment tool to ensure it includes a strengths approach and is used with full knowledge of its limitations and with appropriate clinical supervision.

Strengthen parental, child and youth involvement

The current legislation and policy encourages parental, child and youth involvement, but many practitioners acknowledge that the practice does not live up to the expectations.

Strong, supportive relationships have long been known to be at the heart of helping people in distress. This is true within families, neighbourhoods, communities and in the helping professions. “Relationship” is hard to develop when few preventive or early support services are offered and the child protection workers are reduced to what is seen

as a policing, rather than a helping function. Youth, and even very young children can participate effectively in policy development and problem identification if their participation is taken seriously and planned with thought for their developing capabilities and unique strengths (Hart, 1977). Sharing in decision-making helps children, youth and their parents regain some control over their lives. To make improvements in this area requires work on a number of fronts:

- Ensure involvement of families and youth in designing helping services by requiring regional authorities and any designated agencies to include youth and parent advisory committees to their boards either through the accreditation process or through a legislated approach similar to the Quebec model which has been highly successful in some agencies. In one agency, parents and youth now run their own conference annually and take part in discussions about policy and program development. (Personal communication from B. Kemp, Community Relations, Batshaw Youth and Family Centres, 2002).
- Provide modest seed funding and technical support to self-help, mutual aid groups in the community to develop their capacity to support their members.
- Develop linkages with local, regional and national endeavours to develop youth leadership and participation in community service planning, e.g., Centre of Excellence for Youth Engagement, Society for Children and Youth's Child and Youth Friendly Communities initiative.
- Consider piloting a Parent Mutual Aid Organization project similar to the successful ones cited by Cameron above.

Limit the legalistic approach

Limiting the intrusive, legalistic approach may require legislative changes as well as considerable discussion with the judicial system to encourage the procedural changes required. The recommendations from several judges involved in the Ontario case management system is to allow only the most contentious cases to go to trial, and to resolve all others with alternate dispute mechanisms. Family conferences and mediation appear to be promising service approaches that should be encouraged to deflect a far greater number of families from the more intrusive adversarial court process to a voluntary dispute resolution process.

- Increase and strengthen the implementation of family conferencing and mediation programs by providing ongoing training and support. Experience in other jurisdictions indicates that implementation can be difficult if workers and supervisors are not well trained and clear about the parameters of these programs. Family conferencing can become overly procedural and costly if workers are not clear about who the key contacts are, and do not utilize teleconferencing and other approaches to reduce travel costs in jurisdictions with large geographic catchment areas. (Personal communication from Marilyn McCormick, Director of Child Welfare, Newfoundland, 2002).
- It may be worthwhile to further review and analyze the potential for tribunal-like mechanisms as an option to the court process.

- The ministry should continue working with the judicial system to address other reforms to manage cases more expeditiously once they reach the courts.
- Legislative changes and judicial collaboration will provide a new framework for services, but *equally important are the information sessions and training required for social workers and those in key positions in the judicial system* as new initiatives are developed and implemented.

2. Strengthened permanency planning will improve outcomes for children and youth

Research indicates consistently that adopted children fare better socially and educationally than those left in the child welfare system (Erich & Leung, 1998; Groze, 1996; Tatara, 1993; Westhues & Cohen, 1990). The use of guardianship as another permanency option is relatively recent, and appears to be promising through anecdotal reports, but there is scant research regarding long-term outcomes as yet.

There is no shared vision regarding permanency planning across the child welfare system. There is an urgent need to develop and implement a coherent provincial permanency planning framework for children and youth in care or vulnerable to separation from their parents. This requires the early involvement and investment of the entire child welfare system, not simply the adoption and guardianship workers who are aware of the value of early permanency strategies. Social workers who have early contact with children entering care can facilitate planning for permanence by collecting crucial information and pictures to ensure children maintain a connection to their family and culture. Some work has been done in B.C. in this area. The permanency planning framework should include incentives for regional coordination and collaboration.

Permanency planning should begin when a child is at risk for out of home placement. It should include a strong emphasis on concurrent planning. This is a practice that is designed to speed permanence for those children least likely to be reunited with their families. The service works intensively towards reunification of the family while simultaneously developing an alternate permanency plan for the child. (Katz, Robinson, & Spoonmore, 1994). In the more traditional sequential approach to planning a worker exhausts all possibility of family reunification before exploring other permanency options. This latter approach can lead to lengthy delays and unplanned moves before there is concerted action toward planning for a permanent family.

In concurrent planning, the main components are: 1) early assessment of the conditions that led to out of home placement and the likelihood of early reunification, 2) a thorough assessment of the child's needs, 3) an initial placement with a resource family or kin, that if necessary is willing to become a permanent family for the child, 4) firm time lines for permanency decision making and 5) development of a "Plan A" and "Plan B". The birth parents are fully advised of both the concurrent planning process and the nature of the child's placement (Katz, 1999).

Evidence from research in the UK supports the advantages of using the concurrent planning approach to placement. While not seen as a perfect solution to the problems around placement of children in care, the process puts the child's needs at the centre of social work decision-making, and in doing so, ensured permanent placements for the children in timescales significantly shorter than average (Monck, Reynolds & Wigfall, 2003). However the researchers conclude that it may require a shift in the attitudes of many of the professionals involved in determining permanent care if it is to contribute to optimizing the life chances of children in care. In particular this will requires a major

change in focus for intake, family service and child protection workers who have the earliest contacts with at risk children and their families. It also requires joint training and preparation of potential foster and adoptive parents to support them in this new role. The Ministry has recently undertaken a joint training initiative to support this model and streamline the process for children living with foster parents who want to adopt them.

There is a compelling reason for the urgency for these changes in practice. The number of children in care increased from 8,232 in 1997 to 10,187 in 2001. The numbers of all children in care decreased by June 2002 to 9,340 while the number of children in permanent care (with continuing custody orders) rose from 3,947 in 1997 to 5,234 by June 2002. This rise in the numbers of children in care is mirrored in several other jurisdictions. Although no thorough policy analysis has been done, assumptions are made that the increase is due at least in part to the emphasis on a few well-publicized child deaths and inquests in several provinces, including the Matthew Vaudreuil case in BC. The result has been an emphasis on investigation, risk assessment and child protection with scant attention paid until recently to permanency options.

The number of special needs children placed for adoption by the Ministry in 1996/97 was 126 and dropped to 118 in 1999. Only 22 of these children were over six years of age. The numbers rose to 163 in 2000/01, including 69 children over the age of six, largely due to the effect of the provincial recruitment campaigns in the fall of 2000 and 2001 and the increased emphasis on adoption within the ministry. Placements rose again in 2001/02 to 235, with 82 over the age of six. The numbers are expected to double by the end of fiscal 2002. These numbers, are a great improvement, but are still below the percentage of permanent wards placed in other jurisdictions across Canada and in the United States. Ontario places approximately 11% and Newfoundland 23% of all permanent wards compared to 4% in British Columbia. The national average is 7%.

Illinois, which has addressed permanency issues in a much more comprehensive manner than any jurisdiction in Canada has reduced its substitute care population from more than 51,000 children in 1997 to fewer than 26,000 today. Illinois increased the number of permanent placements from 2,229 in 1997 to 5,422 in 1998, including 4,293 adoptions and 1,129 subsidized guardianships. The numbers of permanent placements rose to 9,513 in 1999, a remarkable increase of 294%.

The Ministry has taken several steps in the right direction. It has developed one of the most progressive post adoption assistance policies in Canada, a positive recruitment campaign, and an attractive photo-listing bulletin and has recently utilized some regional and local "adoption matching events" (resource exchanges). It has supported adoptive parent groups to provide preparation and support. It is one of the first jurisdictions in Canada to encourage open adoption. Most recently, the Ministry has developed a guardianship option with the potential for financial assistance. It has not, however, utilized the full range of child-specific recruitment strategies that have been so successful in other jurisdictions.

Successful strategies used elsewhere include provincial adoption resource exchanges to bring prospective parents, workers and pictures/profiles/videos of children together on a regular, predictable basis; broad dissemination of photo listing bulletins (B.C.'s bulletin has not been widely disseminated and has been unavailable to families until after they have had their home studies completed); use of photos in newspapers, such as Ontario's Today's Child and Alberta's Wednesday's Child; photos on adoption resource Internet sites such as the Canada's Waiting Children program run by the Adoption Council of Canada; adoption parties, etc.

The reason for the Ministry's reluctance to pursue more aggressive strategies is related to legislative barriers and the lack of consensus about the usefulness and ethics of using child specific recruitment, with some professionals and parents seeing it as commodification of children and an abuse of the child's privacy and others seeing it as a successful strategy to find homes for waiting children who might otherwise not find a permanent family.

There are other practice issues:

- **Difficulties in the procedures to “free” or refer children for adoption**

A number of theories are given as reasons. The reluctance of some workers to refer, even when the policy is clear may be related to the beliefs of the workers that long term foster care is safer, that older or disabled children are “unadoptable” or because the child has family ties, and adoption could sever those ties. Family service workers do not always consider alternatives such as custom adoption, open adoption or guardianship with access as potential options. Some workers have cited “adoption breakdown rates” as the reason. Front line workers may not know that the research indicates that roughly half of long-term foster care placements of older children disrupt (Barth & Berry, 1988) as compared to 12 to 15 per cent of adoption placements of older children (Goerge, Howard and Yu, 1996; Berrick et al. 1998).

- **Permanency options for aboriginal children require more attention**

Continuity of relationships with family and community is a particularly critical issue for aboriginal children, who constitute a large percentage of the children in care with many in non-aboriginal foster homes. This has been a contentious issue to deal with because of the sensitivities in aboriginal communities regarding past adoption practices that moved children away from their communities and culture and the lack of understanding about how to work with aboriginal communities and authorities on the issue. There is general agreement that the practice must change. The legislation and policy are clear that aboriginal placements should be sought, however, the full range of permanency options have not been explored and pursued. For example, there is a mechanism in the legislation to confirm a custom adoption, but the process is not straightforward and does not appear to have been encouraged or utilized by the ministry. Recently the Ministry took steps to address the complexities in the process, which may increase the use of custom adoptions as an option.

There are aboriginal groups actively pursuing the return of children to their communities for adoption into their band or tribe. The Yellowhead Tribal Services in Alberta has developed a system of open custom adoption and has brought home and placed close to 30 children within their tribe within the past two years. In cooperation with Alberta child welfare authorities, they have developed a video to further the awareness of their program. Native American groups have developed aggressive recruitment for Native American families for foster and adoption placements of their children and have been successful in keeping children in their communities.

The numbers of children in non-aboriginal foster homes may decline as aboriginal agencies assume responsibility for child welfare services, however the issue needs to be discussed and strategies developed to address the current situation.

- **There are delays after referral**

Adoption workers cite situations in which a number of approved families are rejected by children's workers and foster parents based on personal bias rather than an understanding of best practice evidence of what works. "Non-traditional" families, who may be the most appropriate choice for the child, are sometimes not seriously considered. Prospective families get discouraged and apply for international adoption.

- **There is no consistent provincial review related to permanency plans**

Ministry practice standards require that the child's plan for permanence must be reviewed at the time of the review of the child's comprehensive plan of care. Although the comprehensive plans of care are monitored, there has not been a strong focus on permanency planning. The jurisdictions most successful in pursuing permanency options for children have a regular review with clear timelines for action. These review processes can be internal, judicial or external with citizen involvement. This type of review could address long waits for permanent placements, delays in case planning, lack of involvement of children and youth in their case plans and could help address the need for greater education and awareness throughout the child welfare system of the effect of delay on children's development and general well-being.

- **Collaboration with private licensed agencies has been limited**

There are limited opportunities for collaboration with private licensed agencies in the recruitment, preparation and placement of special needs children, yet some families who apply to these agencies may become interested in special needs children if given the information and opportunity. In the United States, specialized agencies have often developed flexible and creative adoption approaches and have been successful in working in partnership with the public sector to place very high needs children and youth and to provide support to their families as long after placement as required.

There are encouraging signs of interest in permanency issues provincially and nationally. Within the past two years, the provincial advocates council took their concerns about the increase in children in care across the country to the Directors of Child Welfare. The Directors in the Western provinces are developing an issues paper to be discussed by all Directors at a future meeting. The Sparrow Lake Alliance published the report

Permanency Planning in the Child Welfare System in January 2002 which sets out a number of issues, primarily using Ontario data, but which have implications for other jurisdictions. The North American Council for Adoptable Children (NACAC) in partnership with the Adoption Council of Canada (ACC) has established a Task Force on Canadian Issues in Adoption that should provide further impetus for action. The government of New Brunswick set up an arms length foundation to raise money to provide a stronger adoption recruitment and placement program, modeled on the BC recruitment program.

Most recently the Child, Family and Community Service Act (CFCSA) has been amended to transfer custody to a person who is not a parent and there are funds available post transfer for families who require financial assistance to support the child. This provides a new permanency option for children who might not be placed for adoption because the guardianship option does not sever the legal ties to birth family.

The ministry has indicated clearly that one of the desired outcomes is to reduce the number of children in care and to increase the number of adoptions. This change in focus requires not just adoption workers, but all Ministry workers, supervisors and managers to be working from the same values, philosophy and knowledge based on the latest research and outcome information regarding permanency options. These options include preventive support to families where children are at risk for placement, re-unification, placement with kin, open adoption, guardianship, pre and post adoption and guardianship supports including post adoption, kinship and guardianship assistance where required and a responsive approach to prospective adoptive families and specifically aboriginal families and those from minority populations. It also means adopting a much more aggressive child specific recruitment approach that has proven so successful in many other jurisdictions.

Potential strategies

- Develop a broad permanency planning framework including a concurrent planning strategy and a full range of permanency options that is endorsed by senior management.
- Develop an information strategy and training sessions including information about the positive outcomes of permanency for children that include all relevant workers, supervisors, managers, foster and kin caregivers, private licensed adoption agencies and others affected by this core service.
- Develop guidelines and timeframes and/or a conferencing system for adoption placement decisions to reduce the potential for bias and delay.
- Enhance the pre and post adoption training and support services to include kin caregivers and children in guardianship situations when required in the best interests of the child.
- Develop a full range of child-specific recruitment strategies and ethical guidelines for the various approaches.
- Revise the legislation that has been a barrier to broad photo listing of children.
- Work collaboratively with and support aboriginal authorities, agencies and other relevant groups to develop culturally appropriate approaches to recruitment and

custom adoption strategies to increase the number of aboriginal placements for aboriginal children.

- Develop and implement as a first step a regular, constructive review of all children with continuing care orders, preferably within their first six months in care and with citizen involvement. New Zealand's legislated annual review of children in permanent care could also be considered as an option. A second step would be to broaden the review to all children in care.

3. Foster care as a service to support to children, youth and their families

Foster care was originally conceptualized as the provision of an alternative home for children and youth when their families were in crisis. Foster parents were considered as temporary caregivers who were expected to provide a warm and nurturing environment for the children in their care. Children were placed and removed from foster parents' care with little regard to the caregivers' rights or feelings about the children. Foster parents were not generally considered as potential adoptive parents for the children for whom they were caring even when the children were deeply attached to them (Dougherty, 2001).

Despite the "temporary" nature of foster care, many children spend long periods of time in care and by default end up in unplanned long-term care. A disturbing trend in some jurisdictions has been the increase in case plans that designate long-term foster care as the permanency plan. While long-term foster care may be the alternative of choice for some children, it is designated for too many children whose interests would be better served by adoption or guardianship. Though many agree that *stable*, long-term foster care placements can produce positive outcomes for children, studies show that roughly half of long-term placements, particularly for older children, disrupt (Barth & Berry, 1988).

In many instances, long-term foster care placements do not serve the best interest of the state or the child. Adoption and guardianship, even when subsidized are far more cost effective than continued foster care. Of more concern, is that long-term foster care can be damaging to children's lives. Most studies report poor outcomes for children who age out of foster care without a permanent family. They perform below average academically and do not obtain a high school diploma, have no job experience, have higher number of teen pregnancies, more marriages to spouses who fail to provide emotional support and greater social isolation than the general population (McDonald et al., 1993).

Given these difficulties, child welfare authorities should develop policies specifically outlining conditions when the use of long-term foster care as a plan of care goal is appropriate and when it is not. All staff then need to be trained to understand the implications for practice.

The approach to foster care changed in the 1980's and 1990's as child welfare researchers and practitioners began to recognize the importance of family connections to children placed in out of home care. Studies indicated that the majority of youth who aged out of foster care (over 60%) either return to live with their birth or extended families, or to rebuild connections with them (DeWoody, Ceja & Sylvester, 1993).

Expectations for foster parents increased as the foster parents were viewed as more integral to the planning for the children they were fostering. They are still expected to nurture and provide developmentally appropriate care. The Looking After Children project adopted by the ministry provides a tool to assist foster parents in that role. But they are also expected to take on the new roles of supporting the relationship between

birth families and children, mentoring or sharing the parenting role with birth families over extended periods of time in an attempt to return children home, or at least to keep children more closely connected with their families, kin, culture and communities. Foster parents are also expected to advocate with schools and to assist in the training of new foster parents. Workers are more frequently asking foster parents to consider adopting their long-term foster children. As these expectations have increased, the need for more training and support of foster caregivers has become apparent.

In short, an appropriate and useful role for foster parents is to become a part of the child welfare team, working with child welfare workers, schools and other community agencies to support families to keep children safely at home, with kin, or close to their community if that is assessed as possible. If that is not in the best interests of the child, then the foster caregiver can assist in the concurrent planning for an alternate permanent family for the child. This could include subsidized adoption or guardianship by the foster caregiver. For more information on the proposed role of foster caregivers and principles for a community-based foster care system, see *Working with Community to Support Children, Youth and Families: A System of Care: Companion Document* (April, 2002), pages 234-238.

Potential strategies

- Develop clear policy about when the use of long-term foster care is appropriate and train all staff regarding the implications for practice.
- Work with foster caregivers to clarify their various roles and ensure their training reflects any new approaches.
- Strengthen and expand the outcome oriented Looking After Children program to ensure the appropriate involvement of family, foster family, schools and other community people and activities important to the well being of the child or youth.
- Provide training and support to foster caregivers in their specific role as part of the concurrent planning team.

4. Access to specialized services

Strategies and processes need to be developed to ensure fair and equitable access to specialized services for children, youth and their families who are assessed as needing them and to provide continuity of services if children, youth and families move from one region to another or require services from more than one system of services, i.e., community living services, child protection services, addiction services, special educational services, etc.

There is a limited range of specialized services across the province, particularly mental health, addiction and alternative and/or special educational services. Some parents and youth have had difficulty gaining access to these services in what they see as a fair and equitable manner. Some of the problems have been related to gate-keeping and protecting services and others have been due to lack of information or protocols about referrals. Experience in other jurisdictions indicates that these issues will be exacerbated in a regional governance system unless there are clear agreements about roles and responsibilities across and between regions and service systems and agreed upon processes for access to scarce regional, centralized or other costly services.

Potential strategies

- Develop or build on current inter-regional agreements or protocols about transfer of cases and processes for reciprocal access to scarce regional resources based on assessment of need.
- Develop a provincial intake/triage system, *chaired by a clinician*, for the very high needs children referred to provincial programs (the IMPAC model in Ontario is an example of an existing approach). This will help to ensure the most appropriate services are offered to children and youth who can benefit from them.

5. Deciding who gets scarce specialized services

There will likely never be sufficient specialized services to meet all the needs and expectations of parents and caregivers with highly vulnerable children. The following studies provide evidence to support the need to target services.

As long ago as 1983 the Ontario Child Health Study (OCHS) indicated that about 18% of Ontario children had an identified mental health disorder. Subsequent analysis of the data outlined that it would not be possible to provide services to the 18%, nor would that necessarily be helpful as some disorders do not necessarily impair the individual, rates of impairment are not the same across disorders and some services do not ameliorate some of the conditions. Some disorders tend to diminish spontaneously with age, while others, such as conduct disorder and the behaviours of those with fetal alcohol syndrome tend to be persistent into adulthood. This leads to the conclusion that services should be targeted to those who most need and can benefit from the services. These are difficult decisions and will require policy work based on what is known about what works for what children and families. Then services could be better targeted based on reasonable expectations for positive outcomes.

Other studies have shown a very high incidence (up to or over 70%) of mental health conditions in children in care and youth justice populations (Thompson, 1995). Thompson notes that these children are on a trajectory to adult crime. He suggests intervening early with those most at risk of going down this path, for example, very young children showing early signs of bullying or conduct disorder.

Targeting services to those who are impaired by their problems or who are at risk of impairment may make the most sense. This may mean different types of services than are currently provided for vulnerable children in the child welfare system and may require working with different service providers for children and youth at different ages and developmental stages. It may also require a clearer understanding about who are the most vulnerable populations that should be high priority for services.

Potential strategies

- Develop a process to make a determination of the groups of children and youth that should be targeted to receive scarce mental health services, i.e. youngest identifiable disturbed or impaired children (pre-school children who bully and are at risk to become conduct disordered) should receive early intervention services, while seriously and chronically disturbed populations (psychotic, suicidal, autistic) should receive appropriate treatment services.
- Ensure policy and program work is done to look at the different focus of child welfare services for the most vulnerable populations, for example, the populations from 0 – 6 are most at risk at home and in foster care regarding safety issues because of the limited public oversight, therefore the connections should be with public health, nurse practitioners and workers in child care settings who have non-stigmatizing access to families. The focus for youth should not be so concerned

about safety and removal, but on outreach and active negotiation with youth and their families to agree on voluntary services and if necessary temporary, safe out of home living arrangements and alternative education strategies without a court ordered process. For the 6 – 12 population, there may be some safety concerns, but the work should be much more connected to the school and community recreation systems. (See Companion document to System of Care, p. 135).

- Ensure that the latest information from research, Centres of Excellence and other research and public policy organizations is disseminated to relevant professionals.
- Review high cost residential services for conduct disordered children based on the evidence that indicates serving them in large groups does not work and provide incentives for the development of services identified in the literature as promising e.g., multi-systemic therapy, Earls court program, therapeutic respite and foster care, etc.

6. Ministry services alone cannot successfully protect children and youth.

A first step to moving towards a community-based system to support children, youth and families is to have the senior administrators in government, other relevant agencies and local communities recognize that Ministry services alone cannot successfully protect children. We need a collaborative, integrated, systemic approach to promote the resiliency and capacity of children, youth and families.

Protecting children while promoting resiliency requires the involvement of all the people and organizations in a community that are required to keep children safe. The most important of these are parents. This requires the collaboration of schools, child care centres, public health workers, the police, domestic violence service providers, substance abuse prevention and treatment providers, welfare and public housing services, recreation services and a myriad of other community-based service providers, informal helpers and traditional and non-traditional helping systems.

Protecting children also requires a broader government strategy involving other key ministries and governments that fund or provide services to children and families, such as provincial ministries of: health, education, human resources, community, aboriginal and women's services, attorney general, solicitor general and municipal services, such as recreation. Federal/provincial/territorial initiatives, such as the early childhood development initiative, Headstart and others, should also be factored into the coordination efforts at the local level.

Children and youth do not fit nicely into the structures of government. They often have needs that are served by several departments within several ministries. Historically, many of the services have lacked overall coordination. There is an opportunity with the regionalization of services to ensure that there is forethought to how these services might be structured or linked and funded differently to provide incentives for coordinated access and service delivery. The agreements and coordination efforts need to take place at all levels including the most senior levels of the ministries, regionally and locally.

There is a range of corporate, philanthropic and private organizations that could be approached as part of a multilevel collaboration at the local level to provide safer and friendlier environments for children and families at risk of involvement in the child protection system because of personal or environmental stresses. They need to be identified and sensitized as to the role that they could play to support children, youth and their families. Foundations could be set up to provide funds for educational scholarships, evaluations of new services, and services that are not being funded by government but would assist children and youth.

Potential strategies

- Add to all key ministry senior management's performance objectives the expectation to demonstrate positive outcomes from collaborative ventures/funding

- to support vulnerable children and families. Consider offering performance bonuses to those who exceed their targets.
- Develop and evaluate interministry shared funding envelopes for high priority provincial children's issues that cross ministry responsibilities.
 - Build on the work done by other ministries and groups that endorse similar goals for a comprehensive partnership between governments, service providers and communities in the delivery of services, such as the work of the Addictions Task Group which recommended a similar systems approach to substance abuse issues in its report *Weaving Threads Together: A New Approach to Address Addictions in BC* (March 2001).
 - Develop block funding mechanisms setting out clear expectations for required core services, but allowing sufficient flexibility as to how the services are to be delivered, i.e. block funding or the ability to retain surplus funds for use in preventive, early intervention services.
 - Work with other sectors including schools, health and the police to develop cross-sectoral training on working as teams at the community level.
 - Consider developing a youth strategy with pooled intersectoral funding to develop innovative services to assist youth in transition to adulthood.
 - Build on the lessons learned from successful intersectoral services in other jurisdictions, such as the Integrated Services for Northern Children in Ontario that provides mental health services in northern and remote communities.

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