



2014-15 Pre-Budget Consultation

Submission to the Standing Committee
on Finance and Economic Affairs

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OACAS 2014-15 PRE-BUDGET CONSULTATION

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I Executive Summary

Children's Aid Societies (CASs) have been actively engaged in progressive change agendas for the past 15 years, always focussed on better protecting Ontario's children and youth from abuse and neglect. Child Welfare Reform in the 1990's focussed on building a stronger protection system. In 2005, "Transformation" shifted to allow customization of client services and increase permanent home options for children and youth while also creating sustainability. Since the establishment of the Commission to Promote Sustainable Child Welfare in 2009, CASs have also focussed more on accountability, fiscal constraint, governance and service performance.

The current **modernization** plan is based on the work of the Commission. CASs are balancing effectiveness, efficiency and excellence in child protection services. This continuous change agenda is extensive and aggressive. CASs are attempting to do this within a fixed or even diminishing provincial funding envelope. In order to implement this ambitious transformation, OACAS calls on the government to support and resource these priorities for children and families:

1. Funding & Funding Model

- a) **Restore funding** to the level of total funding **provided** in 2012-13 (\$1.464B), recognizing the real cost of protecting children.
- b) Accelerate implementation of the new funding model for agencies entitled to significant increases
- c) Provide labour adjustment costs for those agencies with significant budget reductions
- d) Provide bridge funds to transfer the child protection mandate to newly established Aboriginal CASs
- e) Correct the new funding model to address negative impact on remote and Aboriginal agencies
- f) Create a contingency fund to address extraordinary circumstances

2. Aboriginal Children, Families and Communities

- a) Act immediately to address the faults of the funding model affecting Aboriginal children and families
- b) Designate and resource those Aboriginal agencies ready to take on child protection mandate

3. Northern Framework for Child Welfare

- a) Support the development of a new direction for children's services in the North, including a funding model which recognizes the reality and diversity of isolated and remote communities
- b) Align this strategy with the approach to Aboriginal children, families and communities and with the devolution to newly formed Aboriginal CASs

4. Youth

- a) Protect 16 and 17 year olds from abuse and provide CASs the resources required to do so
- b) Prevent early "emancipation" of teens by extending permanency subsidies to age 21
- c) Actively encourage a policy of "stay at home" to allow youth to complete their education
- d) Extend health and dental care to age 25, as would be the case for youth living at home

5. Permanency & Adoption

- a) Provide subsidies to enable families to adopt older youth and children with exceptional needs
- b) Remove disincentives to the adoption of older youth/former Crown wards

6. Fund critical services to support families in high risk situations

- a) Resource critical services to prevent further problems. While many services are provided by other agencies, in some communities CAS is the only resource (e.g. First Nations and rural communities)
- b) Make needed investments in youth and adult mental health. Addressing partner violence and substance abuse treatment is critical to keeping families healthy and children safe

II OACAS – who we are

The Ontario Association of Children’s Aid Societies (OACAS) is a member organization, representing 44 of the 46 Children’s Aid Societies (CASs) in Ontario as well as six pre-mandated Aboriginal agencies in Ontario. OACAS is the *“voice of child welfare in Ontario, dedicated to providing leadership for the achievement of excellence in the protection of children and in the promotion of their well-being within their families and communities.”*

Since 1912, OACAS has demonstrated a history of successful advocacy, member services and public education on behalf of its member agencies, as well as the children and families that are served by CASs in Ontario. The strength of OACAS lies in the commitment and participation of its membership in Ontario.

III Children’s Aid Society Mandate

CASs provide critical and essential services which are a safety net for the most vulnerable members of our society – infants, children and youth who are at risk of or are experiencing physical, sexual and/or emotional abuse, neglect or abandonment. CASs are mandated to intervene if a caregiver cannot adequately care for or provide for a child.

Children’s Aid Societies have a unique and statutory mandate. The functions are legislated under the provisions of Section 15 of the *Child and Family Services Act (CFSA)*¹:

- To investigate allegations that children are in need of protection;
- To protect children;
- To provide guidance, counselling and other services for protecting children and for the prevention of circumstances requiring the protection of children;
- To provide care for children assigned to its care under this Act; and
- To place children for adoption.

This legislation and the supporting regulations, directives and standards prescribe specific and detailed requirements for what services CASs must provide, how they must provide these services, including services to Aboriginal children and families and French language services, as well as the timelines in which these mandatory services must be provided.

The functions of **“investigating”**, **“protecting”**, **“providing guidance”** and **“prevention of circumstances requiring protection”** account for the vast majority of our work. Children’s Aid Societies protect and safeguard most children while they remain with their families in the community. This family-based support represents approximately 90% of all open and ongoing protection cases of CASs and takes the form of intensive assessments and service plans, contacts with numerous other professionals and service providers, as well as ongoing supervision of the child while he/she remains in the family home. These are complex cases in which child protection concerns have been verified and there are risks of, or actual, abuse and neglect. As such, the work must be performed by skilled, qualified child welfare staff. Serving these children in the context of the home – when it is safe to do so – is consistent with the legislative and regulatory

¹ Child and Family Services Act R.S.O 1999. Part III Section 15

mandate and with the policy direction of government. As noted below, the need for these protection services continues to be great; the work done by child welfare staff is intensive and challenging. Over the past five years, the number of child protection cases served has increased more than 10%.²

The roles of the CAS in providing “care for children assigned to its care”, and in placing children for adoption are also critical functions. As CASs work hard to help more children remain at home safely they are achieving the intended goals of having fewer children and youth come into state care. Trend data now shows that intensive family intervention is working and suggests that it is critical to continue to invest in these services in order to avoid, wherever possible, the more intrusive and costly outcome of children in permanent care of a CAS. It is important to acknowledge, however, that sometimes the protection and safeguarding of children also requires admission to care. It is essential that the full spectrum of services be available and adequately resourced to keep children safe.

IV Trends and Recommendations

The child welfare system in Ontario has been in a state of constant change for over fifteen years. Each wave of change has been comprehensive, and was guided by external expert advice. Each wave of change also set out ambitious plans for changes in the system. As engaged partners of **Child Welfare Reform** (2000) the **Transformation Agenda** (2005) and the **Commission to Promote Sustainable Child Welfare** (2012), Children’s Aid Societies have increased provincial standardization and developed excellence in service delivery.

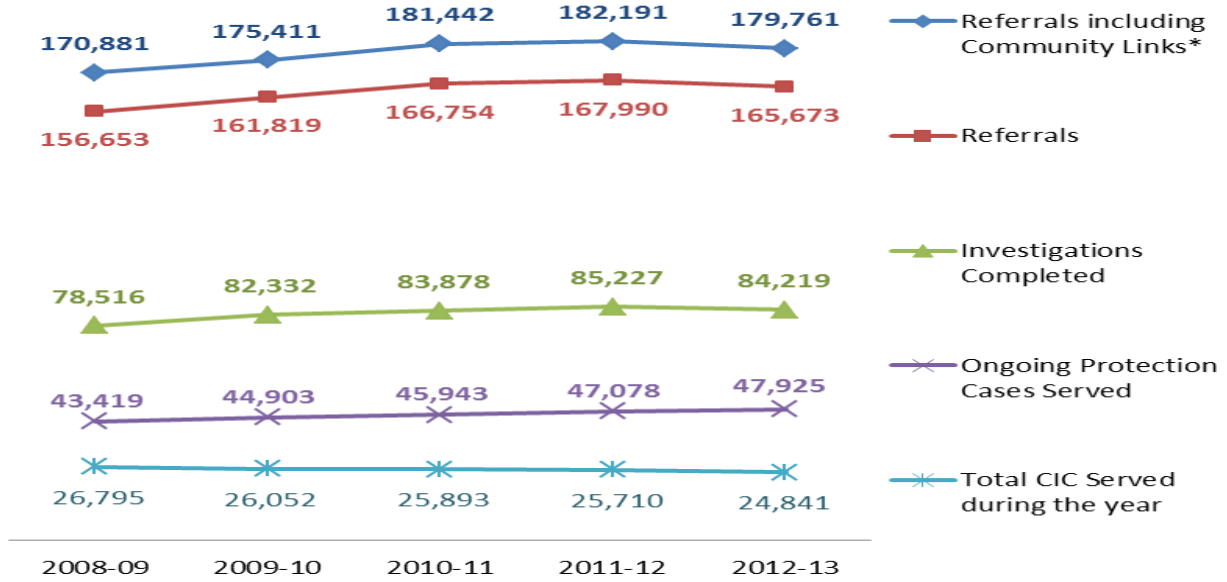
The **Transformation Agenda** focussed on a better balance between protecting children by removing them from their families and an individual approach which still focused on safety. **Transformation** sought to have fewer children in care by finding solutions within the family, including kin. It also aimed to find faster permanent family solutions for those children who did need to come into state care. Building on this, the Commission’s work sought to find greater efficiency through structural change, to increase accountability and transparency and find a more rational approach to funding.

Clear markers of success have been seen in all these areas. As seen in Figure 1, the number of children who have come into CAS care has declined in each of the past five years, while ongoing protection service has increased. This is a testament to the commitment of Children’s Aid Societies to work with families to keep children safe in their own homes.

² OACAS Ontario Child Welfare Funding and Services Report: Fiscal Year 2012-13. December 2013 See Appendix 1

Data Source: Ministry Quarterly (Q4) Reports of member agencies

**Figure 1. Child Protection Services Summary
FY 2008-09 to FY 2012-13**



1. Funding

Trends

As of the beginning of 2013-14, the approved child welfare budget has been essentially flat-lined for three years with funding allocated at the beginning of the year. Yet in each of these years, legitimate cost increases were recognized and were addressed in-year, allowing for financial stability and the ability to plan important, long-term programs.

Despite the recognition that the real costs of delivering service have been greater than the approved budgets, the amount provided this year by the government is less than the total funding provided in previous years. CASs have tried to reconcile this, taking measures to decrease their expenditures, which have included some sharing of functions, but have also required reduction of some services.

CASs have worked hard to “manage from within” for the past three years, absorbing costs related to wage settlements (guided by the Provincial Discussion Table agreement), preparation for the implementation of the Child Protection Information Network (CPIN), and provincial participation in development and testing of accountability and performance initiatives. On top of this, CASs have had to absorb new charges related to a Revenue Canada ruling which now applies HST to costs of children’s group homes, an impact assessed at approximately \$16M.

Recommendations:

- a) Recognize the real cost of protecting children in Ontario – invest \$28M in permanent core funding for Children’s Aid Societies, restoring the funding level to the 2012-13 level of \$1.464B
While total CAS funding may appear to have increased annually over the past five years, in fact CASs received \$28M less funding in 2013-14 than in the previous year.

	2009-10	2010-11	2011-12	2012-13	2013-14
CW Funding Envelope	\$ 1,362,328,902	\$ 1,386,403,455	\$ 1,428,187,562	\$ 1,427,785,144	\$ 1,436,024,967
In Year Mitigation	\$ 21,679,559	\$ 30,197,434	\$ 23,045,007	\$ 36,599,472	
Total	\$ 1,384,008,461	\$ 1,416,600,889	\$ 1,451,232,569	\$ 1,464,384,616	\$ 1,436,024,967
Annual Increase		\$ 32,592,428.0	\$ 34,631,680.0	\$ 13,152,047.0	(\$ 28,359,649)
% Increase		2%	2%	1%	-2%
Cumulative Increase					\$ 52,016,506
Cumulative % Increase					3.67%

b) Accelerate implementation of the new funding model for agencies entitled to significant increases

The new funding model, when applied, results in a redistribution of a fixed envelope (which is \$28M less than the final funding provided last year) and is based on a combination of socio-economic factors and past service volume (for eligible services). While the model does adjust for some inequities, it does so without resources to support the transition to a new funding model. Hence it results in an inability to actually fund those eligible for much more, or help those that will experience a large reduction. Incremental changes are built not on what agencies actually received last year (according to their final eligible spending). The new allocations were built on the original agency “approved allocations” from October 2012, before acknowledgement and funding of additional eligible costs incurred that year. The specific impacts include:

Many **agencies that should get more funding actually received less this year**. In fact, under the current model (limiting changes to +/- 2%) it will take some agencies 25 years to reach their full eligibility. Because they receive less funding in 2013-14, many will be laying off staff only to re-hire them next year as funding levels gradually increase under the model.

CAS #1 – Should get more, but receives less	
October 31, 2012 Funding Approval	\$42,977,083
March 28, 2013 Funding Approval	\$45,228,901
March 31, 2013 – Actual Expenditures	\$45,223,034
2013-14 Funding by Model	\$67,191,344
2013-14 Funding (Capped at 2% increase)	\$44,121,303
Change in funding compared to March 28, 2013 Funding Approval for 2012-13*	(\$1,107,598)
Planning Amount for 2014-15**	\$44,696,167
Planning Amount for 2015-16**	\$45,555,708

*(2.4%) reduction

**Funding begins to increase to recognize need in the community as identified under the model;
still lower than actual funds provided to deliver service in 2012-13

At 2% / year growth, will take an additional 26 years for this agency to reach the full funding identified in the model in 2013-14

c) Provide labour adjustment costs for those agencies with significant budget reductions

Under the new model, almost **half of the CASs experienced budget reductions**. Given that the majority of CAS spending is on service (professional) staff and costs of caring for children in foster/group care, there are few options for immediate budget reductions. Most agencies had to reduce their staffing but there was no provision in the model to allow CASs to address labour adjustment in this or future years. As a result, many of these agencies were required to layoff many more staff to meet the in-year target and pay for **labour adjustment costs**. In October 2013, the Ministry of Children and Youth Services (MCYS) committed to work through a process to address some restructuring which did help a number of CASs. Despite the provision of \$4.1M in adjustment funds, some CASs are still forecasting deficits and a few have indicated that without assistance they will not be able to meet payroll and/or other service costs. MCYS is in the process of conducting reviews which may yield limited one-time funding, however the results are not anticipated until late in the fiscal year, leaving much uncertainty for the Boards and management of these CASs.

CAS #2 Funds for labour adjustment have been taken from service funding

A CAS has determined staff complement reductions are necessary to align with the funding provided under the new funding model. Based on the planned restructuring, labour adjustment costs totalling \$1,000,000 are identified for the 2013-14 fiscal year.

In the absence of transitional funding to cover labour adjustment costs, the CAS would have to downsize an additional 15.8 FTE (based on an average front-line salary of \$63,285) to be able to cover labour adjustment costs out of the regular child welfare funding approval, diverting these funds from critical services to families and youth.

Where the system needs restructuring, specific additional funding must be identified to cover transitional and labour adjustment costs to ensure quality of service during the restructuring.

d) Provide bridge funds to transfer the child protection mandate to newly established Aboriginal CASs

- Little or no funds were set aside to support the **designation of new Aboriginal CASs**, leaving these organizations and their non-Aboriginal partners to struggle through transition plans which required shadow/mentoring service regimes with no resources

e) Correct the new funding model to address negative impact on remote and Aboriginal agencies

- Even at the point of implementation of the new model, the government noted that **the needs of Aboriginal CASs were not being met**. Designated Aboriginal CASs were all granted a 2% increase in base funding to offset known pressures, despite the fact the calculations in the model did not support the increase. Many were provided with limited amounts of additional funds, but the funding is not sufficient. Despite the announcement of additional funding for Aboriginal services, many of these agencies received less funding than last year.

Approved funding for some Aboriginal CASs lower than in previous years			
	Aboriginal CAS#1	Aboriginal CAS#2	Aboriginal CAS#3
October 2012 Approval	\$17,294,282	\$28,246,299	\$12,574,126
March 2013 Funding Approval for actual services delivered	\$19,570,545	\$27,795,125	\$12,552,275
2013/14 - Eligible by Funding Model	\$14,329,331	\$24,665,596	\$11,911,117
Change from March 2013	(26%)	(11%)	(5%)
<ul style="list-style-type: none"> • <i>The elements of the funding model calculate a funding reduction for core services for these Aboriginal CAS</i> • <i>The model suggests these CASs require a funding reduction of between 5% and 26% depending on local circumstances</i> 			
Mitigation to increase to +2% over October 2012 Approval	\$3,310,837	\$3,580,704	\$914,492
Policy Priority Funding	\$78,027	\$141,430	\$121,755
2013-14 Total Funding	\$17,718,195	\$28,387,730	\$12,947,364
Mitigation as a % of total funding	19%	13%	7%
<ul style="list-style-type: none"> • <i>Between 7% and 19% of the total funding for these Aboriginal CASs is not calculated under the funding model and the future of this funding is uncertain following the "phase-in" period</i> 			
Change from March 2013 final	(\$1,852,350)	\$592,605	\$395,089
% change from March 2013	(9%)	2%	3%
<ul style="list-style-type: none"> • <i>Aboriginal CAS#1 will still receive 9% less funding than was required to deliver services in 2013</i> • <i>Aboriginal CAS#2 and #3 will receive modest increases over March 2013, however, these increases do not come close to addressing the total needs in these communities</i> 			

f) Create a contingency fund to address extraordinary circumstances

- **No funding was set aside for emergencies or contingencies.** This year alone CASs faced:
 - flooding and evacuations in remote communities which necessitated significant assistance from child welfare authorities
 - migration of a religious sect which then required a mid-size agency to conduct over 110 complex and inter-provincial child protection investigations in less than one-month,
 - increased need for child welfare service in areas experiencing major labour loss
 - ice storm and power outages which are expected to result in extreme distress for many families in the areas touched by the storm
 - inquest costs for a historical case involving two CASs and multiple other community agencies/service providers. Participation in inquests is not voluntary; in this case one agency was required to cover legal costs of other parties as well as their own. The hearings spanned four months. CAS legal costs alone for this inquest exceed \$1.5M, resources that cannot be taken from the child welfare envelope. CASs have no source of funds for inquests or public enquires – hence funds must be set aside for these types of contingencies

CAS#3 Unpredictable migration of over 100 families from out of province, where the home province had already initiated child protection proceedings involving many (if not all) of the families

The 2012-13 average front-line staffing cost to complete a child protection investigation was \$1,771. This assumes an “average” case of “average” complexity and does not include legal costs to the CAS. This does not include the legal costs to the CAS to bring these cases to Family Court. For complex, inter-provincial investigations, the costs would be even higher as will be experienced with these 114 cases. To further complicate the inter-provincial challenges, families are from a different culture, a specific religion not known to the agency and speak languages other than English and/or French.

This multi-family child protection matter occurred in a jurisdiction where the CAS is implementing 10% budget reduction over the next five years and the need for these investigations arose after layoffs had been made. *These situations cannot be planned or budgeted for and it is important that the funding model make provisions to additional funding for emergency / unanticipated service delivery pressures.*

2. Aboriginal Children, Families and Communities

Notwithstanding that overall improvements in service trends may have occurred across the province, the circumstances experienced by Aboriginal children, families and communities continue to be dire.

There are two main issues which require immediate attention. First, the needs of these communities are different; in fact, they are exponential and must be funded as such. Secondly, the rights of First Nations communities to deliver services to their own people, as set out in the Child and Family Services Act in 1985, have yet to be realized. Decades of experience in delivering “mainstream model” services with the standardized funding model have resulted in continued poor outcomes. The time for change is now.

As has been reported in previous OACAS Submissions, the outcomes for Aboriginal children and youth are far worse than those of their peers. Aboriginal children and youth are overrepresented in the number of children in care, representing 3%³ of the population but more than 18% of children in care in Ontario.

Trends

Without apology, OACAS resubmits that the most recent data on child abuse investigations, incidence of maltreatment, and need for service indicate higher levels of need and intervention. When compared with non-Aboriginal children involved in child maltreatment investigations, Aboriginal children⁴

- Are placed out of home during the investigation nearly three times as often
- Are more likely to have their case open for ongoing services
- Have higher levels of substantiated maltreatment
- Live in over-crowded homes more than twice as often
- Have social assistance as their family’s primary source of income nearly twice as often
- Have multiple home moves nearly twice as often
- Are 5 to 6 times more likely to commit suicide
- Are over 3 times less likely to complete high school⁵
- Are 9 times more likely to experience teen pregnancy⁶

International groups have written of the plight of Aboriginal children and youth⁷, documenting health challenges which jeopardize their life chances. Extensive research illustrates structural disadvantages such as poverty, substance misuse, homelessness and lack of access to basic social services – in urban and remote environments - as all contributing to greater need for more intrusive and expensive services⁸.

All of these factors point to a need for a different approach to funding services for Aboriginal communities. The Aboriginal right to develop and deliver services to their own people has yet to be

³ OACAS Ontario Child Welfare Funding and Services Report: Fiscal Year 2012-13. December 2013

⁴ Kiskisik Awasisak – Understanding the Over-Representation of First Nations Children in Child Welfare, pp.67 - 89

⁵ Native child and Family Services of Toronto (Our Heads Above Water: Minimizing Risk in Toronto Aboriginal Child Welfare) January, 2012

⁶ Native Child and Family – Stats Canada

⁷ Aboriginal children’s health: Leaving no child behind UNICEF 2009

⁸ FNCARES Bibliography. Research on Structural Risk for First Nations Children and Youth.pdf

respected. Aboriginal communities have developed their own models, and these have greater chances of working.

Recommendations:

a) Act on an **immediate resolution** to address the faults of the funding model for CASs serving Aboriginal children and families

Based on preliminary estimates from Member Aboriginal CASs for 2013-14, the preliminary forecast to deliver services totalled \$112M

The funding approvals for these CASs totaled only \$107M, indicating a shortfall of at least \$5M to deliver minimum child protection services to Aboriginal Communities.

The Commission contemplated using a higher funding factor for service delivery in Aboriginal CASs in recognition of the more challenging conditions, unique circumstances and culturally appropriate services that are required.

If a factor of 1.25 were applied to the volume components of the funding model for Aboriginal CASs an additional \$11M would be made available to Aboriginal CASs for culturally appropriate services within their communities.

The acknowledgement of the need for additional funding for Aboriginal CASs to deliver culturally appropriate services must be met with an increase in the overall funding envelope for Child Welfare in order to be sustainable – this additional \$11M cannot be reallocated from non-Aboriginal CASs.

b) Designate and resource those Aboriginal agencies ready to take on child protection mandate

- Engage and work with Aboriginal child welfare experts to map a **clear plan, with resources, to support the designation** of Aboriginal agencies that are now ready to take on the child protection mandate.
- Establish transition funds to support newly designated Aboriginal agencies and non-Aboriginal CASs devolving services as CASs have to restructure. Non-aboriginal CAS will require resources to support the transition, for labour adjustment and to address other impacts of downsizing as they restructure to the post devolution state for their CAS.

3. Northern Framework for Child Welfare

Northern Ontario requires a specialized framework to structuring, funding, governing and delivering child welfare services for non-Aboriginal communities as well as for Aboriginal communities. Implementation of this framework requires community input, collaboration, time and resources.

The current funding model and expectations for restructuring do not address the realities of the geography or the broader goal of devolution of services leading to the goal of an Aboriginal child welfare system which is led and governed by Aboriginal people. Nor does the model support the diverse non-Aboriginal communities in Northern Ontario, including Francophone populations.

Many Non-Aboriginal CASs in the North have already amalgamated to create the most efficient and effective services possible given the challenges of geography and diversity.

Aboriginal agencies are working hard to achieve designation, evolving culturally appropriate service models, adapted governance models, and business cases for early help and preventive services.

Non-Aboriginal CASs are and have historically been collaborating with Aboriginal agencies to achieve the shared goal of devolution – preparing for the transfer of responsibilities, resources, staff and children and families.

Northern CASs – Aboriginal and non-Aboriginal - have been active partners in evolving **service excellence** ranging from early help services to stronger family based care, culturally relevant services as well as innovation in regional partnerships for adoption services.

Recommendation

- a) Support the development of a **new direction for children’s services in the North, including a** funding model which recognizes the reality and diversity of isolated and remote communities
- b) Align this strategy with the approach to Aboriginal children, families and communities and with the devolution to newly formed Aboriginal CASs

4. Youth

Trends:

Whereas the overall number of children in CAS care is declining, the number of youth is sustained and is not expected to decrease. As of March 2013, of the 16,259 children and youth in care 5,784 or **more than 35% were aged 16 or over**⁹. Given the ministry policy changes of 16 – 21 year olds (Renewed Youth Supports and Continued Care and Supports to Youth), it is expected that most of these youth will remain connected with the child welfare system until their 21st birthday. While this is positive, more could be done to create opportunities for permanent families and thereby reduced long-term reliance on social programs.

Recommendations:

- a) Enact legislative, regulatory and/or policy changes to offer protection services to youth up to the age of 18 years, and provide the required resources to do so¹⁰
- b) Actively encourage a policy agenda of “stay at home” to allow youth the opportunity to complete high school and decide on a career path while being supported by family (including foster and kin).
- c) Extend adoption and permanency subsidies to youth up to age 21 to prevent early “emancipation” of 17 year olds who leave foster care to live on their own (see Permanency and Adoption below.)
- d) Implement extended health and dental care to age 25, to help mitigate this high risk population’s entry to adult poverty

Like all other youth cared for by CASs should remain “**at home**” (in foster care, group care or ideally adopted) until they complete high school. However, current modes of practice and associated funding

⁹ OACAS Ontario Child Welfare Funding and Services Report: Fiscal Year 2012-13. December 2013

¹⁰ See OACAS response to Bill 88 in the Submission to Standing Committee on Regulations and Private Bills November 2013

continue to assume that youth leave foster care at 17 years of age. Research has demonstrated that youth have better chances of completing school if they remain at home until 21. In the UK, the “Staying Put” program, which has been piloted in 11 communities, has shown that young people in care who stayed with foster carers were twice as likely to be in full time education as those who had not.¹¹

While CASs may be able to move in this direction, government must also provide leadership to modernize the service philosophy for youth, giving them the same opportunities and supports as their peers who are not in care. This modernization should also include extending protective services to youth aged 16 and 17, affording them the same level of safety as youth in most provinces across Canada.

While it is necessary to provide safety net services for youth who either leave or are discharged from family settings, alternatives need to be in place to allow foster, kin and legal custody families to continue to parent these youth up to the age of 21.

Many youth in care have experienced significant trauma, and many require long-term treatment. A high proportion of children and youth in care are treated with psychotropic drugs for a variety of behavioral and mental health conditions¹². These conditions do not disappear at 21. In fact, the twenty-first birthday is often a time of extreme anxiety for youth as their emotional safety net is removed, along with financial support and medical coverage.

Providing health, dental and other counselling supports for up to four years following their discharge from care, at age 21, will give youth a greater chance of experiencing a smoother transition to adulthood, increased resiliency, enhanced social skills and improved self-care. For many, the provision of this type of program will help mitigate this high risk population’s entry to adult poverty.

5. Permanency & Adoption

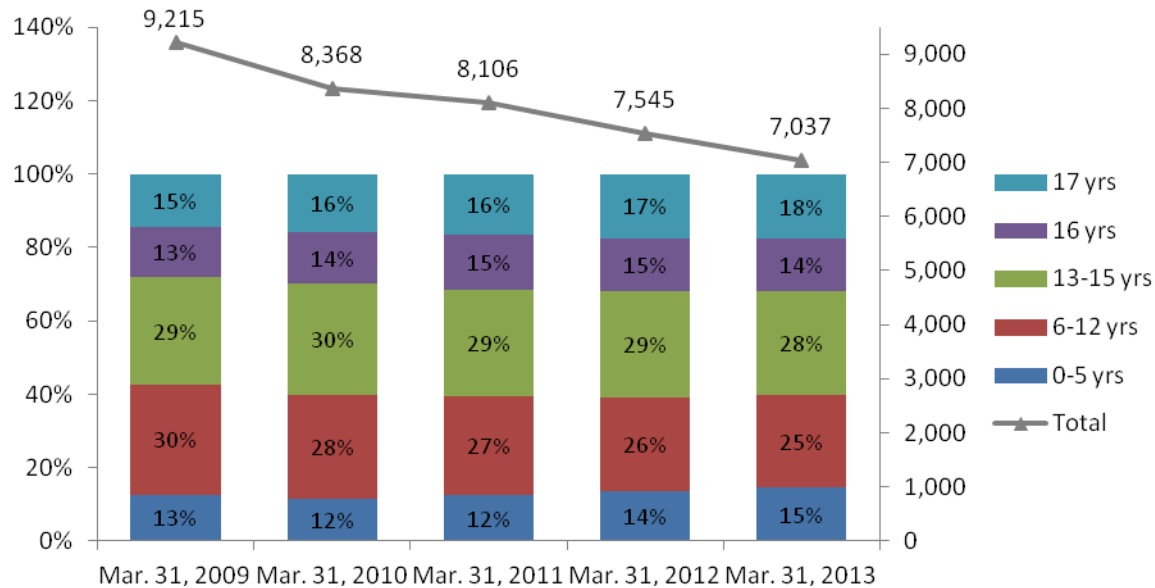
Trends

Government and CASs have paid greater attention to ensuring more children who do come into care find homes in **family settings** rather than group or institutional settings. For those children who are in permanent care (Crown wards), the emphasis has been on helping them to find permanent families. The number of children who come into care, and the number who have become Crown wards has steadily declined by **23.6%** over the past five years, from 9,215 in 2009 to 7,037 in 2013. While the number declines, the demographics have shifted – younger children are more likely to be adopted, and older children and youth tend to remain in care.

¹¹ <http://www.theguardian.com/society/2013/dec/04/young-people-allowed-foster-care-21>

¹² 2008 Crown Ward Review

Figure 2. Five year trend – Crown wards by age



Data Sources: *Children in Care Survey 2009, Children in Care and Permanency Survey 2010 and 2011, Child Welfare Service Survey 2012 and 2013*

Recommendations:

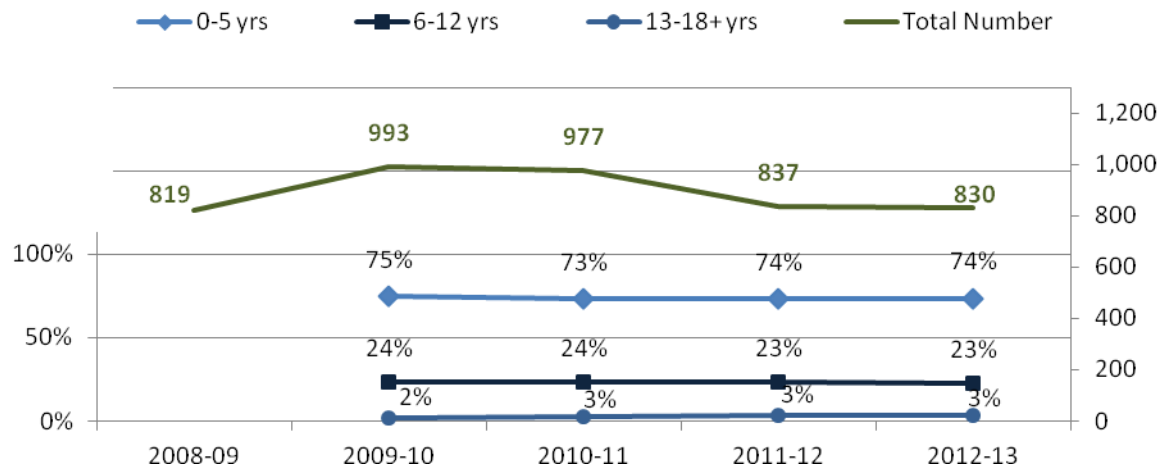
- a) **Review targeted subsidy program to ensure it meets stated need of enabling families to adopt older children as well as younger children with exceptional needs.**
- b) **Remove disincentives to the adoption of older youth/former Crown wards**

While CASs and other advocates welcomed the 2012 introduction of targeted subsidies for sibling groups and children 10 years and older, these changes have not resulted in significant increases in teen adoption. The main reason for this is that adoption subsidies for these youth end upon their 18th birthday. While foster care may not be the best or preferred permanent option for youth, opting out of adoption provides some stability by way of continued subsidies and benefits until the age of 21. The current system includes a patchwork of “permanency options” each with different subsidy and service options. These need to be harmonized to eliminate the perverse incentive to remain in foster vs. adoptive families.

Adoption is, for many good clinical reasons, declining in use, while other approaches (particularly involving alternative permanent parents known to the youth) are increasing.

As for the younger children, the data clearly indicates that the large majority of children adopted are in the younger age groups. However, anecdotally we know that there are a significant number of children with complex needs who will not be adopted without the support of subsidies. This would include children with complex developmental, physical, psychological and emotional needs – often a combination of indicators. Stability for children and youth with such needs requires assurance of good access to medical and other specialized services, insured health and dental services and advocacy to help families get the supports they need.

Figure 3. Five year trend: adoptions completed by age



Data Sources: Ministry Quarterly (Q4) Reports (Total adoptions completed), Children in Care and Permanency Survey 2010 and 2011, Child Welfare Service Survey 2012 and 2013 (data by age group)

6. Critical services to support families in high risk situations

CASs are stretched to manage their current service requirements, balance budgets and implement new performance and accountability initiatives. At the same time, they are often filling in gaps in the broader children's service system. Constraints across the social safety net have brought more families and children with complex needs to the door of children's aid. Increasingly the reasons for child welfare intervention have roots in poverty, domestic violence, substance misuse and mental health issues. The children include those with significant mental and/or developmental health needs, medically fragile children, and young adults with developmental service needs who have not yet been accepted into the adult system and are often placed in the care of CASs. Community services to address these needs are insufficient in some areas, and in other locations the CAS may be the only option – for example in parts of rural Ontario, remote areas and on First Nations reserves.

Recommendations:

In order to address these issues at their root cause, and to prevent longer-term need for intensive services, CASs recommend that government:

- a) Resource critical services to prevent escalation of family problems to the point where a child protection concern exists.
- b) Make needed investments in youth and adult mental health, addressing partner violence and substance abuse treatment are critical to keeping families healthy and children safe.

V CONCLUSION

The Children's Aid Societies in Ontario have embraced modernization and continuous change while being active agents in a series of fundamental and comprehensive reform and transformation agendas over the past fifteen years. Their commitment to modernization and moving forward continues.

The child welfare sector continues to advance service improvement guided by the framework proposed by the Commission for Sustainable Child Welfare. Progress is being made on the restructuring and amalgamating, developing shared services, and streamlining processes. CASs, in partnership with government, are implementing new accountability and transparency measures including performance indicators and accountability agreements. Aboriginal and non-Aboriginal agencies have worked together for a future where Aboriginal children and families are served by members of their own communities.

Provincial experts continue to evolve excellent service delivery models in areas of preventing harm, strengthening families and finding permanent homes for children so that they can all have a normal, happy childhood.

Improvements to service models continue while CASs exercise fiscal responsibility and actively contain costs. However, after three years of flat-line budgets, CASs need sufficient resources to build a stronger system. The current funding model needs to provide the resources it promises to CASs identified for funding increases. Agencies need time and transitional resources to stabilize the system during a time of very significant redistribution of funds.

APPENDIX 1: FACTS AND NUMBERS

GENERAL

While net expenditures increased at a rate of approximately 1% per year (5.7% over the past five years)¹³, this was accompanied by notable increases in child protection services over the past five years, including:

Referrals of a child in need of protection	↑5.2%
Child protection investigations	↑7.3%
Ongoing child protection cases served	↑10.4%
Adoption homes available	↑16.8%
Children living in Kinship Homes	↑6.8%

While the above service volumes relate to active response to need and may fluctuate over time, other service demands relate to historical legislative and policy directions such as the expansion of child protection mandate in 2000 and better supports to help youth who will age out of care.

FUNDING

Over the past five years, the child welfare envelope grew modestly, at a rate of less than 2% per year. In 2013-14, the amount set for CASs has declined by 2%.

	2009-10	2010-11	2011-12	2012-13	2013-14
CW Funding Envelope	\$ 1,362,328,902	\$ 1,386,403,455	\$ 1,428,187,562	\$ 1,427,785,144	\$ 1,436,024,967
In Year Mitigation	\$ 21,679,559	\$ 30,197,434	\$ 23,045,007	\$ 36,599,472	
Total	\$ 1,384,008,461	\$ 1,416,600,889	\$ 1,451,232,569	\$ 1,464,384,616	\$ 1,436,024,967
Annual Increase		\$ 32,592,428.0	\$ 34,631,680.0	\$ 13,152,047.0	(\$ 28,359,649)
% Increase		2%	2%	1%	-2%
Cumulative Increase					\$ 52,016,506
Cumulative % Increase					3.67%

¹³ OACAS Ontario Child Welfare Funding and Services Report: Fiscal Year 2012-13. December 2013

ABORIGINAL SERVICES

Aboriginal children and youth are overrepresented in the number of children in care. They represent 3%¹⁴ of the population; yet more than 18% of children in care in Ontario are Aboriginal.

OACAS resubmits the most recent data on child abuse investigations, incidence of maltreatment, and need for service indicate higher levels of need and intervention. According to the Child Welfare Research Institute, when compared with non-First Nations children involved in child maltreatment investigations, First Nations children¹⁵:

- Are placed out of home during the investigation nearly three times as often
 - Are more likely to have their case open for ongoing services
 - Have higher levels of substantiated maltreatment
 - Live in over-crowded homes more than twice as often
 - Have social assistance as their family's primary source of income nearly twice as often
 - Have multiple home moves nearly twice as often
-
- Aboriginal children are 5 to 6 times more likely to commit suicide
 - They are over 3 times less likely to complete high school¹⁶
 - They are 9 times more likely to experience teen pregnancy¹⁷

YOUTH:

Because of the numbers of older youth in care, CASs cannot and should not curtail or reduce services to support these youth. The following notes the changes over the past five years¹⁸:

Youth on Extended Care and Maintenance/Continued Youth Supports	↑26.7%
Days care: independent living, renewed youth supports and Continued Youth Supports	↑16.0%

Forecasts demonstrate that the number of youth in care will continue to be high for at least the next five years.

¹⁴ OACAS Ontario Child Welfare Funding and Services Report: Fiscal Year 2012-13. December 2013

¹⁵ Kiskisik Awasisak – Understanding the Over-Representation of First Nations Children in Child Welfare, pp 67 - 89

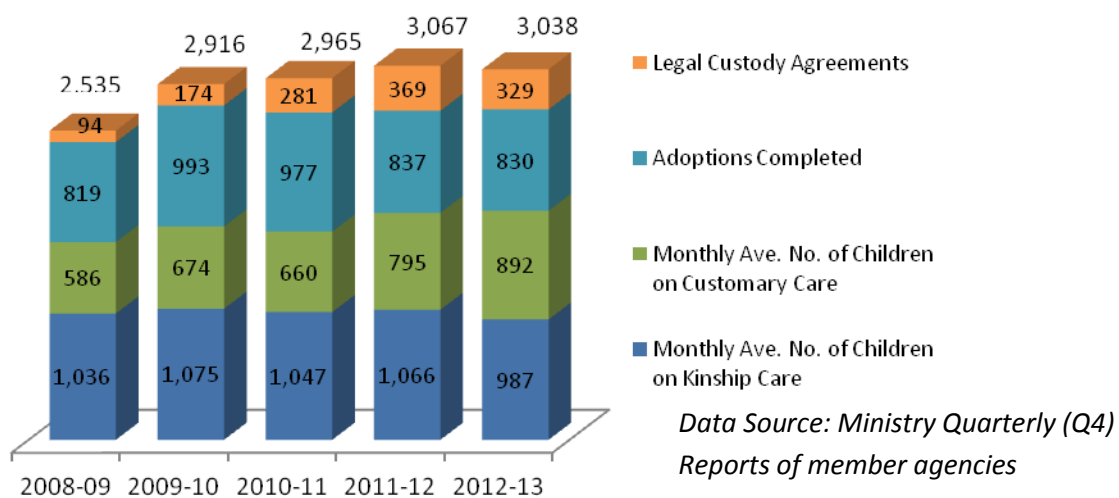
¹⁶ Native child and Family Services of Toronto (Our Heads Above Water: Minimizing Risk in Toronto Aboriginal Child Welfare) January, 2012

¹⁷ Native Child and Family – Stats Canada

¹⁸ OACAS Ontario Child Welfare Funding and Services Report: Fiscal Year 2012-13. December 2013

PERMANENCY AND ADOPTION

Figure 4. Permanency: Five-Year Trend



The permanency results above indicate that we are achieving the intended goals—more kin, more legal custody (adoption by people known to and by the child/youth), and more customary care. However CASs are concerned that these results may plateau because of inequities and possible unanticipated/unwanted consequences of government policies which are biased to supporting long-term foster care.

APPENDIX 2: OACAS ON RECORD

In the interest of addressing challenges and improving outcomes for children and families, OACAS has made numerous formal and informal submissions to government and MPPs over the past year. The government has acknowledged these submissions and in some cases has implemented the recommendations in legislation and policy. CASS urge the government to fully consider these recommendations and develop a concrete action plan to move forward with them in 2014-15.

Source	Recommendations/Details
OACAS 2013-14 Pre-Budget Consultation	<ul style="list-style-type: none"> • Deliver on the commitment to give Aboriginal communities the authority to provide child welfare services to Aboriginal children and families: <ul style="list-style-type: none"> ◦ Adequately fund services and capacity-building for Aboriginal agencies and make investments in essential community infrastructure. • Ensure children's aid societies are funded to meet service demand and able to move forward with a new funding model: include a mitigation mechanism, address the \$40M funding gap and clear the \$33M historical debt • Treat children and youth like family – protect them to age 18 and allow them to stay at home, with supports beyond 21, until they finish school • Early Intervention Services: Help Keep Children Safe and Prevent their Admission to Care • Adoption and Permanency – provide subsidies so that children with exceptional needs can have permanent families
Child Welfare Report	<p>OACAS and CASS call on government to:</p> <ul style="list-style-type: none"> • Promote a comprehensive, multi-year vision for structural change to re-engineer children's services system and improve service outcomes • Provide sufficient resources to ensure CASS can respond immediately to every allegation of abuse and neglect and help all children, youth and families in crisis • Recognize strength of community governance model and commitment of CASS to transparency and accountability • Acknowledge and support innovative work done by CASS in developing a comprehensive framework, improving early help services, expanding family-based care, adoption, services to youth and Aboriginal services • Commit to develop a comprehensive strategy for Aboriginal child welfare • Commit to development of seamless system of children's services that includes child welfare and is sustainably resourced to meet community needs
Funding briefing note for MPPs	Asks government to provide sufficient resources to ensure agencies can respond immediately to every allegation of abuse or neglect, to help children, youth and families in crisis regardless of where they are in Ontario, and to provide equally for Aboriginal and non-Aboriginal children and families
Northern CAS briefing note for MPPs	Asks government to support the development of a new direction for children's services in the North, with funding that recognizes the reality of the geography and the diversity of isolated and remote communities, First Nations and Tribal Councils who have designated Children's Aid Societies (CASS) and those in the process of developing their own services.
Aboriginal briefing note for MPPs	Asks government to commit to develop a comprehensive strategy for Aboriginal child welfare that a) recognizes the historical injustices committed against Aboriginal communities and disparities, b) builds on expert advice, and c) addresses the unique cultural needs of Aboriginal communities and provides adequate resources to move forward on the goal to develop deliver and govern services to Aboriginal children and families.

Source	Recommendations/Details
Letter to David Zimmer, Meeting with Minister of Aboriginal Affairs	Advocacy for funding and support to promote the goal of having Aboriginal children and families be served by Aboriginal agencies
OACAS Submission to the Standing Committee on Regulations and Private Bills regarding Bill 88, <i>Child and Youth Services Amendment Act (Children 16 Years of Age and Older)</i> , 2013	<ul style="list-style-type: none"> • Support for intent of bill to make child welfare services available to youth 16 and 17 years old who otherwise have no access to protection services • Reiterated field position on raising age of protection to age 18 in Part III of Child and Family Services Act
Correspondence and communication with Ministry of Children and Youth Services	<p>Communication with Minister of Children and Youth Services:</p> <ul style="list-style-type: none"> • To correct statement made by Minister in Legislature that incorrectly indicated OACAS support for the funding model • Reiterate field concerns regarding child welfare funding model, as noted throughout the term of the Commission for Sustainable Child Welfare and since on March 25, June 7, June 30 <p>Communication with Ministry of Children and Youth Services staff:</p> <ul style="list-style-type: none"> • Ongoing discussions about key issues with Deputy Minister, Assistant Deputy Minister and other senior staff • Reiterated positions related to ensuring stability of sector through this change agenda
OACAS Submission to Youth Leaving Care Hearings (December 2011)	<ul style="list-style-type: none"> • Provide subsidies/access to specialized services to people (including relatives) willing to adopt or assume legal custody for children with complex needs • Raise age of protection to 18 • Invest heavily in in child welfare but also mental health, addiction services and justice programs • Allow youth to remain at home until they finish school • Provide youth with comprehensive health and dental benefits to age 25
OACAS Input/Response	<ul style="list-style-type: none"> • In response to recommendations made by inquest juries of the Coroner's Office (Maternal and Perinatal Death Review Committee; Domestic Violence Death Review Committee) • Input to Ministry of Health and Long-Term Care regarding draft regulation of the College of Registered Psychotherapists of Ontario

APPENDIX 3: OTHER EXPERTS

Other experts have offered advice or made recommendations related to child welfare here and abroad.

Blueprint for Fundamental Change to Ontario's Child Welfare System – Final Report of the Youth Leaving Care Working Group (2013)	<p>RELATIONSHIPS – Short-term Recommendations</p> <p>It is essential and urgent that the ministry make available the option and supports for youth to stay in their foster or group homes past the age of 18. (p. 8)</p> <p>MINISTRY POLICY - Long-Term Recommendations</p> <p>It is essential and urgent that the ministry extends the age of protection to 18. (p. 21)</p> <p>TRANSITION SUPPORT – Short-term Recommendations</p> <p>It is essential and urgent that the ministry raise the age of Extended Care and Maintenance (ECM) to 25 in phases</p> <p>It is essential and urgent that youth from care have prescription and dental health insurance coverage from age 18 to age 25. Coverage should include basic counselling, legal advice, and connections to outside service providers. (p. 15)</p>
Evaluation of the Staying Put: 18 Plus Family Placement Programme: Final Report (2012)	This report is based on information from an 11 region pilot in England supporting youth to remain in their foster homes past age 18 and until age 21. The familial model where foster youth remained with their foster parents showed many benefits. Youth were twice as likely to be in full time education at age 19 and were more likely to pursue post-secondary education. Legislation recently passed in the UK to allow youth to voluntarily remain in foster care until age 21. The government has earmarked E40 million over three years.
Deputation on Bill 88: Child and Family Services Amendment Act, 2013: Stephen Gaetz: Canadian Homelessness Research Network	Presented to the Standing Committee on Regulations and Private Bills, this submission supports Bill 88. It highlights that young people are staying home longer according to Statistics Canada and refers to the prevalence of homeless youth who have prior child welfare involvement at approximately 43%.
Justice for Children and Youth Submission to the Standing Committee on Regulations and Private Bills – Bill 88, Child and Family Services Amendment Act, 2013	<p>Justice for Children and Youth presented to the Standing Committee on Regulations and Private Bills in support of Bill 88. They indicate that Ontario falls behind other provinces by not providing voluntary services to children aged 16 or 17 seeking help for the first time.</p> <p>The submission suggests that since Ontario has ratified the United Nations Convention on the Rights of the Child, child welfare services should be available to 16 and 17 year olds.</p>
Ontario Looking After Children (OnLAC) Project: Selected Findings from the OnLAC Project on Young People Aged 18-21+	<p>A special report based on OnLAC sample of over 500 young people aged 18-21+ in the Continued Care and Support for Youth (CCSY).</p> <p>The study focusses on the young people's <i>outcomes</i> when they were 18-21+, on the following four topics: the young people's current placements, their educational attainment (i.e. the highest level of education they had completed, as of ages 18-21+), their emotional well-being, and their connectedness to an adult.</p>
Centre for Research on Educational and Community Services University of Ottawa	Findings support expressed are consistent with that of other experts. Many ECM/CCSY young people, however, appear to be at risk of not qualifying for post-secondary opportunities because of delays in their secondary education, or of entering PSE only on a delayed basis.

<p>Dr. Robert Flynn & Nick Tessier</p>	<p>Youth have a higher rate of mental health challenges and suicidality, about one in eight of the young people; hence they will need intensive and specialized mental health assessment and assistance.</p> <p>Special educational, mental health, and other specialized interventions and supports are likely to be required especially by those youths who have a low level of assets. Such assistance, however, would also help those with a medium range of assets to move to a higher level of attainment and those with a high level of assets to continue to progress.</p> <p>The report also indicates the need for greater investment in mentoring and tutoring to provide needed social and emotional support.</p>
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