

CHILDREN'S WELL-BEING

THE ONTARIAN
PERSPECTIVE

CHILD WELFARE REPORT 2011



Ontario Association of
Children's Aid Societies

The voice of child welfare in Ontario

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INTRODUCTION

Nearly one in every two Ontarians (47%) knows someone who has been exposed to or is the victim of child abuse and neglect.¹ This number represents vulnerable members of society who have experienced circumstances no child, or adult, should have to deal with in their lifetime.

Child protection and family well-being is not the job of one person but of many. Children's Aid Societies respond to concerns for a child's safety, community members watch for signs of abuse and neglect, and families work on keeping children safe and protected in the home. This collaborative approach unites a community to work towards the best outcomes for Ontario's children.

For this year's Child Welfare Report, Ontarians were asked their thoughts on the welfare of children and the priorities of child welfare. Ontarians feel strongly about protecting all children and keeping them safe, helping more families provide permanent homes for children, creating better life opportunities for Aboriginal children and providing better education opportunities for children in care.

Children's Aid Societies recognize that government has maintained a focus on children and families and has made investments in initiatives to improve their well-being. Recent announcements related to adoption, youth and Aboriginal children are steps in the right direction, yet more is needed to ensure that all children can belong to a family, be safe and achieve their potential.

We all have a role to play in the protection and well-being of Ontario's children. Ontario's future depends on it. Read the 2011 Child Welfare Report for strategies for improving the outcomes of children in Ontario, more information on the role of Children's Aid and how you can get involved.

¹From March 24 to March 28, 2011, an online survey was conducted among 1,002 randomly selected Ontarian adults aged 36 years or older who are Angus Reid Forum panellists. The margin of error—which measures sampling variability—is +/- 3.1%, 19 times out of 20. The results have been statistically weighted according to the most current age, gender and region Census data to ensure a sample representative of the Ontario adult population aged 36 years or older. Discrepancies in or between totals are due to rounding.

ONTARIO'S VOICE

94%

94% of Ontarians favour the government making financial investments to help children in care graduate from high school.

85%

85% of Ontarians support the work of Children's Aid to protect and care for children and support families.

76%

76% of Ontarians believe there should be additional supports for families who adopt, provide care by relatives or take on the legal custody of a child.

71%

71% of Ontarians think that there should be additional supports and special access for children with physical and mental health needs who are adopted.

69%

69% of Ontarians believe there should be additional financial investments to help support Aboriginal children.

59%

59% of Ontarians say they are likely to be influenced by issues related to children in federal and provincial elections. Among other issues, 50% mention child education, 35% mention child health and nutrition and 13% mention child poverty.

ONTARIO'S VOICE

47%

47% of Ontarians know someone who was exposed to or is the victim of child abuse or neglect.

44%

44% of Ontarians think children in care should stay in the home until they have completed post-secondary education or acquired a full-time job.

44%

Youth in care have a high school graduation rate of 44% compared to their peers who have an 81% graduation rate.

OACAS (2011). An Agenda for Children and Youth Pre-Budget Consultation

36%

Canada's child poverty rate is 18%. The child poverty rate in Aboriginal communities is 36%.

OACAS (2011). An Agenda for Children and Youth Pre-Budget Consultation

22%

In the province of Ontario, Aboriginal people represent 2% of the population but 22% of Crown wards.

OACAS (2011). An Agenda for Children and Youth Pre-Budget Consultation

7%

Whereas, only 7% of Ontarians feel that it is adequate to protect children only until the age of 16, which is the current age of protection.

From March 24 to March 28, 2011, an online survey was conducted among 1,002 randomly selected Ontarian adults aged 36 years or older who are Angus Reid Forum panellists.

ONTARIO'S VOICE

In March 2011, a survey was conducted to hear what Ontarians think about the well-being of children and their thoughts on priorities for child welfare². They were asked about financial investments for better education opportunities for children in care, help for families to provide a permanent home, issues and challenges for Aboriginal children and the role of Children's Aid in child protection and safety. Results have shown that Ontario has strong opinions about protecting our children and youth and investing in their future.

Fifty-nine percent of Ontarians say that matters related to children would influence their vote in upcoming provincial and federal elections. They highlighted child education, child poverty and child health, as areas to be addressed to provide better opportunities for Ontario's children and families and children in care.

Most resoundingly, survey respondents feel strongly that children and youth of all ages need to be protected until the age of 18. Regardless of age, children deserve to be kept safe. Ontario doesn't believe that youth should have to transition to adulthood at 16 and be responsible for their own safety. It continues to be the role of the community and child welfare organizations to protect our youth until they reach the age of majority.

Ontarians firmly believe there need to be additional supports to families who adopt or opt for other legal options to provide a permanent home for children in care of Children's Aid. Services should be provided to help transition and support the newest members of their families, especially if the child has physical or mental health issues or the family has financial difficulties. Ninety-three percent of Ontarians believe there should be support to at least some of the families who adopt, provide care by relatives or obtain legal custody through Children's Aid. Seventy-six percent agree that there should be supports to all of the three groups.

Survey results show that most Ontarians are not aware of the unique challenges that face Aboriginal children. Youth suicide rates in Aboriginal communities are five times higher than the national average. Child poverty for Aboriginal children is twice as high as the national percentage. Ontario's Aboriginal population is only 2 percent but Aboriginal children represent 22 of Crown wards. To create more equal opportunities for Ontario's Aboriginal children, changes need to be made. Sixty-nine percent of Ontarians would like to see additional financial investments to help support Aboriginal children.

Ontario also thinks that there needs to be more educational opportunities for children in care. An overwhelming 94 percent of survey respondents stated that they would favour the government making investments to help children in care to graduate from high school. More than 55 percent think that children and youth in care should be able to stay at home until they finish high school, complete post-secondary education or acquire a full-time job.

² From March 24 to March 28, 2011, an online survey was conducted among 1,002 randomly selected Ontarian adults aged 36 years or older who are Angus Reid Forum panellists.

ONTARIO'S VOICE

The areas of priority, in order of importance as indicated by the survey respondents, are:

1. Ensuring protection for children of all ages;
2. Making sure all children have a family where they belong;
3. Improving the life chances of Aboriginal children; and
4. Allowing youth to stay at home until they have a fair chance to achieve their potential.

In response to the findings from the survey, the Ontario Association of Children's Aid Societies, in partnership with member Children's Aid Societies, have outlined some areas where change is needed and strategies that can make a difference. Children's Aid needs the support and action of the government, communities and families across Ontario to move forward with these recommendations.

STRATEGIES FOR SUCCESS

1. Ensuring protection for children of all ages.

Does a 17-year-old experiencing abuse and neglect deserve any less protection than a 15-year-old? Currently, Children's Aid are mandated to protect children under the age of 16. Children's Aid Societies are unable to help children 16 or older even if there are concerns for the safety of the youth. Children's Aid believes, and Ontario supports, that all children and youth deserve safety. Only 7 percent of Ontarians feel that it is adequate to protect children only until the age of 16, whereas 49 percent say that the age of protection should be raised to the age of 18, 12 percent say to the age of 19 and a further 26 percent believe youth should be protected to the age of 21.

Children's Aid Societies recognize the government's efforts to remedy the gap for children in care who left Children's Aid by the age of 16 or 17. Until recently, these children could never again access support. These young people need ongoing protection and care and the same applies to youth who come to the attention of Children's Aid after their 16th birthday.

Strategies for success:

The age of protection should be changed to 18. Children's Aid should have the ability to intervene when older children are abused or neglected and be able to work with children and their families, and help them make connections in the community to access supports and services.

The alternatives to providing protection are grim. Youth looking to escape unsafe conditions run away and become homeless, some turn to drugs and alcohol, end up on social assistance, or become involved in correctional services.

2. Making sure all children have a family where they belong.

All children deserve to have a family. Many children in care grow up in foster or group care and don't have a family after they leave care. They have no one to walk them down the aisle, spend the holidays with or offer advice when they have kids of their own.

Currently, there are several options for finding families for all children in care: care by relatives, legal custody, adoption and for Aboriginal children, traditional customary approaches. Over the last few years, Children's Aid Societies have succeeded in increasing the number of permanent homes being found for children in care, however, there are still many more children in care who need to belong to a family.

Children's Aid offers a free, public adoption system to Ontarians looking to grow their family. That being said, there are still boundaries to finding some children in care a family. Eighty-two percent of children in care have diagnosed special needs³ and while in care receive health, dental, education and treatment supports, which stop when they are adopted. This can be a major challenge for families who want to adopt but are unable to pay for or access the services the child needs. Because of the challenge, some very good family opportunities are lost for the children and youth who would benefit the most from having a permanent family.

82%

82% of children in care have diagnosed special needs.

Children's Aid Societies acknowledge the government's recent announcement to consider cost-neutral subsidies to create permanent homes for children in care, and urges timely implementation of this commitment.

Strategies for success:

Subsidies and access to specialized services should be provided for families who adopt, provide care by relatives or obtain legal custody of children with complex needs.

The average annual cost of maintaining a child in foster care is \$45,000. Over ten years, that represents close to half a million dollars. For a fraction of this cost, help could be provided directly to the family that would have exponentially better outcomes for the child.

Small investments in finding a family to belong to for children and youth in care will have huge outcomes in their lives. It has been demonstrated that children who grow up in a family are more likely to do better in school, less likely to become involved with the justice system, less likely to become homeless and more likely to become a contributing member of society.

³ OACAS (2011). An Agenda for Children and Youth: Pre-Budget Consultation.

3. Improving the life chances of Aboriginal children.

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

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

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

In 1985, the new *Child and Family Services Act* stated that Aboriginal communities were entitled to provide services to their own people in ways that recognized their culture, heritage and traditions. As of 2011, there are six designated Aboriginal Children's Aid Societies in Ontario. A number of other First Nation communities are developing plans to gain designation and control over their own services.

5x

The suicide rate of Aboriginal youth is five times that of their peers.

The overall life chances of Aboriginal children are compromised compared to non-Aboriginal children. The incidences of poverty, poor health, suicide, depression, addictions and poor educational outcomes indicate that change is needed.

The general public does not have a full understanding of the issues faced by Aboriginal children, families and communities. While 69 percent of Ontarians thought that additional investments should be made to help Aboriginal children, the response changed to 77 percent after being presented with statistics about poverty and suicide rates. This speaks to the need for public awareness of the challenges faced by Aboriginal people in Ontario.

Strategies for success:

Significant investments are needed not only in child welfare, but also in children and mental health supports, addiction services and justice programs. Remote areas continue to suffer without adequate transportation, schools, health services, justice and courts, housing, safe drinking water and food.

⁴Weechi-it-te-win Family Services. Timeline of Events. Accessed on April 1, 2011. www.weechi.ca/history.php

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

Investments need to be made so that the objective of having Aboriginal children served by Aboriginal service providers can be realized. This includes needed capacity in existing and emerging mandated Aboriginal Children's Aid and the support of devolution, meaning the transfer of Aboriginal children and families from mainstream services to those managed by Aboriginal people.

4. Allowing youth to stay at home until they have a fair chance to achieve their potential.

Current legislation states that children in care must leave their foster home before the age of 18. Eighty-one percent of Ontario youth graduate high school, while youth in care have a graduation rate of 44 percent. These youth struggle to balance going to school, paying for rent, food and utilities, holding down a job or two and taking care of all household needs. Given that 82 percent of children and youth in care have diagnosed special needs and 46 percent rely on psychotropic medication⁶ to help them manage, attending and succeeding in school is even more challenging.

Strategies for success:

It is recommended that the system be changed to allow youth to stay at home until they finish high school, at whatever age that ends up being, and they have had the chance to acquire the skills they need to succeed on their own.

It is also recommended that comprehensive health and dental benefits, including prescriptions, are extended to youth to the age of 25 to allow them to complete their education and gain employment before coverage ends.

These recommendations will not result in giving youth in care anything more than their peers. They are aimed at helping to "normalize" the experience of growing up for children who have experienced trauma, hurt and often violence. They deserve to have a fair chance at achieving their potential.

THE FUTURE OF ONTARIO'S CHILDREN

Children's Aid wants our children and youth to be a part of a successful Ontario. Today's children will be the community leaders and influencers of tomorrow. To help children in the care of Children's Aid be a part of Ontario's future, they need to be in the increasing numbers of youth who graduate from high school, trades school, universities and colleges and become contributing members of Ontario's society.

Investing in our children and working as a community to build their future makes our society stronger. Children in care deserve to have the same health, education and employment opportunities as their peers.

46%

46% of youth in care rely on psychotropic medication to help them manage.

⁶ OACAS (2011). An Agenda for Children and Youth: Pre-Budget Consultation.

ONTARIO'S VOICE

GET INVOLVED

To protect Ontario's children and give them every opportunity for success, we need your help in using your voice for children and youth who can't always speak for themselves. You can help build a future of Ontario's children by:

- **Protecting children in your community**
Learn the signs of abuse and neglect and call your local Children's Aid Society with concerns or suspicions of abuse.
- **Supporting parents in your neighbourhood**
Offer care and support if a relative or friend is struggling with parenting.
- **Becoming a foster parent**
Children's Aid provides training and education, ongoing assistance and financial supports to foster families to aid them in caring for children and youth.
- **Becoming an adoptive parent**
When birth families are unable to care for their children, adoption is the legal process that gives children the chance to experience the stability and lifelong security of a family.
- **Becoming a volunteer**
Every year, thousands of Ontarians volunteer at their local Children's Aid to support children, youth and families.
- **Becoming a Board member**
Children's Aid Societies are governed by members of the community who are invested in the well-being of children.
- **Advocating for the well-being of children and youth**
Use your voice to speak up for the needs of Ontario's most vulnerable citizens. Sign the Declaration of Support on www.useyourvoice.ca.

Children's Aid Societies educate Ontarians, including parents, about the role of Children's Aid in the community so that children can be protected and families can receive the services they need. Ontario's children are precious and the most vulnerable citizens in our society. They deserve a life free of fear and violence. Every Ontarian has a moral and legal role to play in protecting children in our communities by being alert to the signs of abuse and knowing who to call to help a child at risk of harm. Appendix C outlines types of abuse and their subtle signs.



CANDY

"I called in Children's Aid when I was fourteen to protect my one-year-old sister from the abuse that I'd known my whole life from violent, alcoholic parents. Now I'm in my second year of college and I work at Children's Aid. I want to give back—for my sister's sake and my own."

CONNIE

"At Christmas, our twelve kids—many of whom never knew a happy Christmas before coming here—take dinner, with all the trimmings, to the retirement home nearby. Imagine that, kids who once had nothing but pain, eager to share with others—that's the power of Children's Aid."



NICK

"At fourteen, I asked Children's Aid to remove my brother, sister, and myself from the abusive home of my father. In foster care, we all thrived. Encouraged by my foster parents and coaches, I became a wrestler and went on to win a Gold Medal for Canada at the 2002 Commonwealth Games. In December 2008, I was invited back to Nigeria, where I was born, for a great honour—my coronation as Chief Ikuku. Ikuku means 'air,' as in 'air gives life.'"





NANDITA

"The kids were living in terrible conditions. Both parents were alcoholics and their basement apartment was littered with garbage, including dirty diapers. The mother declared that she didn't want them, and the father, who said he did, stopped coming for visits. However, their foster mother loved them so much she adopted them, and now, years later, both children are happy and healthy. Seeing them now, laughing and playing, energizes me. Yes, I know why I'm doing this work."

GEORGE

"I came under the care of Children's Aid at fourteen. Growing up in foster homes, I learned early that part of healing would be about giving back."



JENNIFER

"I want the best for my clients. I want the best for their children; I want them to be safe and I think, if we work together, we'll get there—together. That's my position. We win with small victories and when we do, we make our whole community stronger."



CHILDREN'S AID AND THE COMMUNITY

Children's Aid Societies are committed to keeping children safe and families strong. Ontario's 53 Children's Aid Societies are mandated by the Ontario government to protect children from harm. They are also the only community agencies responsible for investigating child abuse and neglect.

What does this mean? While many other service providers in the community, such as teachers, doctors and police significantly contribute to child and family well-being, it is Children's Aid who must respond to allegations of abuse and neglect – 24 hours a day, 365 days a year.

Children's Aid works with families to create safe environments and support parents so their children and youth can remain at home safely. With the help of Ontarians, Children's Aid Societies are working to make sure that each child in the community has the opportunity to reach their full potential and become a contributing member of society. Children's Aid staff provide a wide range of services to their community such as child protection, adoption, family supports and referrals to other community services.

WHY WE NEED CHILDREN'S AID SOCIETIES

There is no one reason that children come to need services from a Children's Aid Society. Often multiple social factors combine to create the need for Children's Aid to be involved with a child or family. Sometimes parents need help with parenting skills. Other times, families contact Children's Aid directly to get help with circumstances that are beyond their control relating to their children.

Mental Health

Twenty-seven percent of the substantiated child maltreatment investigations in Canada reported that the primary caregiver had mental health issues.⁷ More than 21 percent of adult Ontarians will be diagnosed with mental health issues such as schizophrenia, depression, bipolar disorder and anxiety disorders in their lifetime.⁸

In 2007, one-third of children seeking mental health services were still waiting at the end of the year.⁹ The insufficient availability of supports and services can put additional strain on families who are either coping with a mental health issue themselves or trying to help a child who has a mental health issue.

Mental health and substance use problems are major health issues in Canada. More than 50 percent of those seeking help for an addiction are also experiencing a mental illness, and 15–20 percent of those seeking help from mental health services also live with an addiction.¹⁰ The inter-connectedness of these social factors increases the risk of neglect or abuse to children and youth living in families who are experiencing these issues.

⁷Public Health Agency of Canada, Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings, Ottawa 2010.

⁸Canadian Mental Health Organization. How many people have mental illness? Accessed March 22, 2010 www.cmha.ab.ca

⁹Children's Mental Health Ontario (2009).

¹⁰Canadian Centre on Substance Abuse. Substance Abuse in Canada: Concurrent Disorders. Accessed on March 1, 2011. www.ccsa.ca/eng

CHILDREN'S AID AND THE COMMUNITY

Poverty

Job loss, financial difficulties and high living costs create additional strain on families and can make it challenging to meet basic needs such as food, clothing and housing. These stressors challenge parents' abilities to care and can endanger the safety and well-being of children and youth.

While poverty on its own does not result in child abuse and neglect, research clearly identifies a link between poverty and child abuse, mental health issues and woman abuse.^{11,12} More than 12 percent of Ontario's families live below the poverty line, in impoverished conditions.¹³ Ontario remains Canada's "child poverty" capital with almost 412,000 children and youth (more than 1 in every 6) living in impoverished conditions.¹⁴ The reliance on social services has increased by 60 percent since the economic crisis began in 2008 and community support agencies are continuing to see an increase in accessed services and client needs.^{15,16}

Substance Abuse

Substance abuse refers to drug addiction, alcohol abuse or a combination of the two and is detrimental to an individual's physical and mental health, or the welfare of others. In the most recent Canadian Incidence Study of Reported Child Abuse and Neglect (2010), it was reported that in 38 percent of substantiated child maltreatment investigations the primary caregiver had alcohol or drug/solvent abuse issues.¹⁷

Substance abuse can cause parents to neglect, abuse and endanger their children. According to research by Walsh, MacMillian and Jamieson, parental substance abuse is associated with more than double the rate in risk of exposure to physical and sexual abuse for their children.¹⁸

¹¹ Leschied, Whitehead, Hurley, & Chiodo (2003). *The Association of Poverty and Child Welfare Services with Clinical Family Outcomes*. London, Ontario: The University of Western Ontario.

¹² Baer, Leschied, Aviston & Liston (1995). The impact of economic change on some of London's Community Services: Critical issues for service planning and coordination. *OACAS Journal* 39 (2).

¹³ Campaign 2000 (2010). *Report Card on Child and Family Poverty in Ontario, Poverty Reduction: Keys to Economic Recovery for Ontario Families*

¹⁴ Campaign 2000 (2008). *2008 Report Card on Child and Family Poverty in Ontario, Poverty Reduction: Key to Economic Recovery for Ontario Families*.

¹⁵ Campaign 2000 (2010). *2010 Report Card on Child and Family Poverty in Ontario, Poverty Reduction: Key to Economic Recovery for Ontario Families*.

¹⁶ Social Planning Network of Ontario (2009). *Hard Hit: Impact of the Economic Downturn on Nonprofit Community Social Services in Ontario*.

¹⁷ Public Health Agency of Canada (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings*.

¹⁸ Walsh, C., Harriet, L., & Jamieson, E. (2003). The relationship between parental substance abuse and child maltreatment: Findings from the Ontario Health Supplement. *Child Abuse & Neglect*, 27 (12), p.1409-1425.

Woman Abuse

Research suggests that in 30 to 60 percent of families where woman abuse or child maltreatment is identified, it is likely that both forms of abuse exist.¹⁹ The term woman abuse refers to violence perpetrated by men against women, which can include but is not limited to: physical, emotional, sexual and/or financial acts meant to harm, control and cause fear in a woman.²⁰

In Ontario, child protection intervention is required when a child is living in a home where woman abuse is occurring. Many children who are exposed to woman abuse show comparable levels of emotional and behavioural problems as do children who were the direct victims of physical or sexual abuse.²¹ Domestic violence is the highest caregiver risk factor in substantiated child maltreatment investigations.²²

Working with woman abuse victims requires a unique three pronged approach, which includes protecting children, safety planning with the woman and holding men accountable. Different situations can make getting help difficult due to the fact that many abusive men escalate their violence and control tactics when the woman talks about leaving, which places the woman and her children at a greater risk.²³

Community Resources

Everyday, Children's Aid Societies work with other community partners to find the best match between the needs of families and children and local services. Still, there are too many communities lacking the services needed to help families and children. In some communities, Children's Aid is the only resource available. There is a significant deficiency of youth addiction services, mental health services, in and out-patient psychiatric, behavior management services and supports for parents with autistic children across Ontario.

With a lack of services in many communities, situations often deteriorate to the point that families break down and have no other choice than to turn to Children's Aid. Without supports and services, families are not receiving the help they need before a situation or issue becomes a crisis. When it progresses to a crisis there is increased risk for harm to children and a higher likelihood that temporary measures will have more complications than if the problem was addressed earlier.

¹⁹ Ontario Association of Children's Aid Societies (2010). Critical connections: Where woman abuse and child safety intersect. A practical guide for child welfare professionals in Ontario. pp. 14

²⁰ Ibid

²¹ Ibid pp. 29

²² Public Health Agency of Canada (2010). Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings.

²³ Ontario Association of Children's Aid Societies (2010). Critical connections: Where woman abuse and child safety intersect. A practical guide for child welfare professionals in Ontario.

CHILDREN'S AID AND THE COMMUNITY

WORKING WITH THE COMMUNITY

Children's Aid Societies depend on communities to help them protect Ontario's children and youth. Last year, over 161,800 referrals were made by concerned community members to Children's Aid.²⁴

Children's Aid works with community partners such as hospitals, schools, community service agencies and organizations, and police services to carry out their mandate of protecting children from harm. Children's Aid receive referrals from professionals who interact with children and youth such as doctors, nurses, teachers, firefighters, mental health professionals, family counsellors, daycare providers, and solicitors to work with families who need additional supports. Children's Aid also works with community partners, such as mental health organizations, in an attempt to best support those in need.

Every member of the community has a responsibility for the safety of our children. The *Child and Family Services Act*, which is the legislation that governs child protection services, requires that members of the public have a legal responsibility and obligation to report if a child is or may be in need of protection from maltreatment or abuse. In addition, professionals such as fire departments, police officers and hospitals, all have specific protocols in place that require them to act on suspicions of abuse.

Children's Aid Societies work with families to find the best support and service plan to protect children and keep them safe. When an agreement cannot be made between the agency and family, or if the children are going to need to become Crown wards (wards of the state), the formal court system is engaged.

Children's Aid staff work to educate community members on how to recognize signs of abuse and neglect, and how to contact their local Children's Aid to help protect children and youth. As part of their work to protect families and children, staff maintain client confidentiality. Staff can't reveal information or confirm if a child or family is involved with Children's Aid. Additionally, Section 45 of the Child and Family Services Act sets specific provisions concerning publication and child protection hearings. No person or organization can publish or make public information that identifies a child who is involved in a hearing or the subject of a proceeding. This applies to the child's parent or foster parent or a member of the child's family. Children's Aid takes this provision very seriously because we believe that the families and children we work with have a right to their privacy.

²⁴ OACAS (2010). Children's Aid Society Facts April 1, 2009 – March 31, 2010. Information from this report is based upon data from member agencies only. Member agencies represent 51 of the 53 Children's Aid Societies.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Children's Aid Societies operate under the *Child and Family Services Act (CFSA)*, which is the legislation that determines mandated assessment criteria, administration requirements, and specific response times to allegations of child abuse or neglect. All child welfare organizations across Ontario are responsible for upholding the *CFSA*. Children's Aid Societies are governed by a Board of Directors who report to the Ministry of Children and Youth Services. The Ministry is responsible for the legislative and regulatory framework, which includes providing funding and issuing standards or directives related to the services delivered to children, youth and their families. The Ministry is responsible to the government of Ontario.

The Family Court system plays a central role to ensure that individual client rights are respected and that children are protected. When a child protection worker brings a child into care, the agency has five days to provide the reasons for the action and the immediate plan for the child's safety. The agency must appear before the court to present the facts, while parents (and children in some cases) have independent representation. Ultimately, for cases in the court system, the court decides whether Children's Aid will be involved and under what circumstances. Courts set a strict schedule for presenting information, as well as making and reviewing plans for children.

Through the *CFSA*, child welfare agencies are legislated to:

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

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

INVESTIGATING CHILD ABUSE AND NEGLECT

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

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Part III of the *CFSA* stipulates the definitions of child abuse and the associated reporting requirements. Child abuse includes physical abuse, emotional abuse, sexual abuse and neglect. It also includes a pattern of abuse and risks of harm.²⁵ Definitions of abuse and neglect and examples of signs of abuse and neglect can be found in Appendix C of this report.

Research demonstrates that the downturn in the economy is still having an impact on Children's Aid services and that there is a lag between increased unemployment and social assistance rates. Since 2009/2010, increases in referrals and investigation are modest, and the projections for 2010/2011 are beginning to illustrate this trend (as noted in Table 1, which tracks the number of child protection investigations by Children's Aid across Ontario).

TABLE 1 Trend in number of investigations completed (2005 – 2010)^{26,27}



Between April 1, 2009 and March 31, 2010, Children's Aid received **161,819** referrals.²⁸
Among them:

- 79,487** referrals were assessed and it was determined that no investigation was necessary
- 82,332** investigations were completed by Children's Aid

²⁵ Child and Family Services Act, R.S.O. 1990

²⁶ Information is based on the data from the fiscal year-end of the year noted.

²⁷ OACAS (2010). Children's Aid Society Facts April 1, 2009 – March 31, 2010. Information from this report is based upon data from member agencies only. Member agencies represent 51 of the 53 Children's Aid Societies.

²⁸ OACAS (2010). Children's Aid Society Facts April 1, 2009 – March 31, 2010. Information from this report is based upon data from member agencies only. Member agencies represent 51 of the 53 Children's Aid Societies.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

What happens when you call

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

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

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

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

If the agency determines that an investigation is necessary a child protection worker will visit the family, and in most cases the care workers will talk to the child, to determine:

- First, if the child is safe; and
- Second, if the child is at risk of harm in the short or long-term.

If the assessment determines that the child is at risk, the child protection worker must decide how to ensure the child's safety. Whenever possible – while still ensuring safety – the worker will work with the family to develop a customized approach to keep the child safe in the home. If the risks cannot be managed, other options including foster care, will be considered. Supporting the child in the family home may involve support services and resources in the community. If the child is not currently safe, the worker will help the family develop a plan that will ensure the child's safety within the family. This could include asking for help from other family members, asking a family member to leave, or deciding that the child needs to be temporarily removed from home. Typically, this would involve a child going to stay with a family member or a friend. If the child is removed from home against the family's wishes, a Family Court judge will determine the next steps. Some forms of abuse are crimes against children, which means the police may be involved.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

PROVIDING SERVICES TO FAMILIES

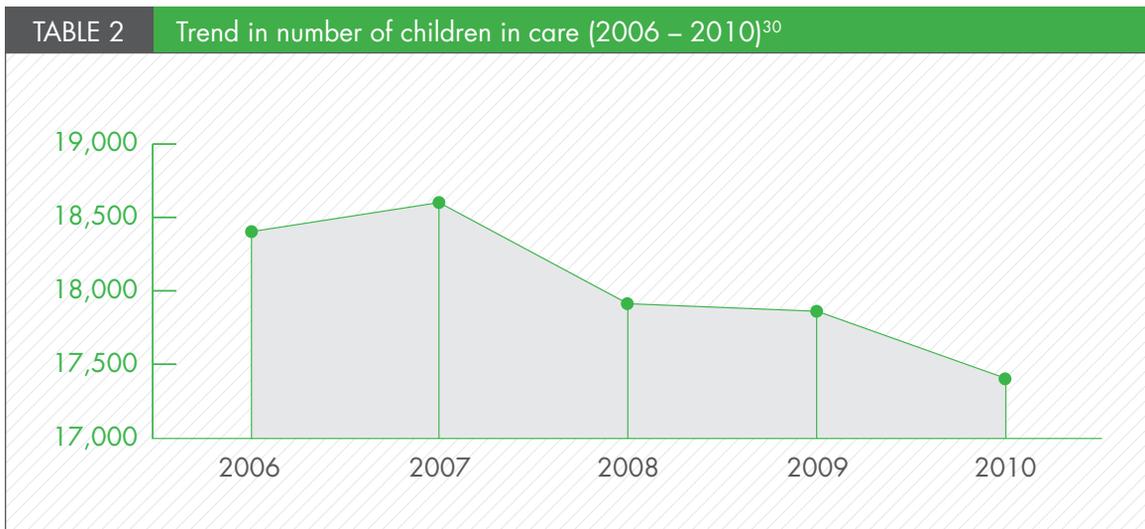
The *CFSA* mandates that Children's Aid Societies protect children when necessary and provide guidance, counselling and other services to families to protect children. Of over 161,800 referrals in 2009/2010, agencies completed over 82,300 investigations. For more than a third of these cases, long-term family services were provided so children could be kept safe at home.

When a child is not in need of immediate protection, the child protection worker may remain involved with the family to ensure appropriate supports and community services are in place. The worker may also visit frequently to ensure that the family continues to provide a safe, stable environment for the child. Statistics show that for every child that comes into care there are nine who are supported at home with the family.²⁹

The current child welfare practice focuses staff and resources on family-centred options for keeping children safe with biological and kin families to avoid bringing children into care.

Table 2 shows the number of children in care has declined. This trend is consistent with Children's Aid's efforts to work with families to improve parenting skills, reach out to extended family members, and refer to other community resources and experts to provide further support to the families. As noted earlier, children in care cases account for approximately 1 in 10 cases served by Children's Aid.

TABLE 2 Trend in number of children in care (2006 – 2010)³⁰



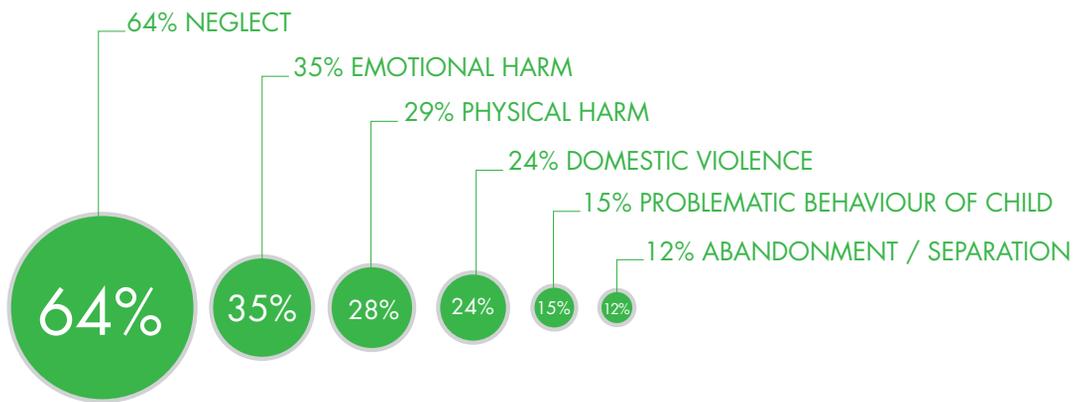
²⁹ Catholic Children's Aid Society (2008). For the Love of Children.

³⁰ OACAS (2010). Children's Aid Society Facts April 1, 2009 – March 31, 2010. Information from this report is based upon data from member agencies only. Member agencies represent 51 of the 53 Children's Aid Societies.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Legislative changes were proclaimed in 2006. While it was anticipated that implementation in the field would take several years, the effect of the changes is now becoming evident through: a decrease in the number of children in care and admitted to care (see Table 2) and an increase in the number of adoptions being finalized (21 percent increase between 2008/2009 and 2009/2010). Children's Aid workers are spending more time with families and community partners to ensure children and youth are safe.

The reasons for admission to the care of Children's Aid are tracked in an important report on the care of children in Ontario.³¹ The most common reasons are:



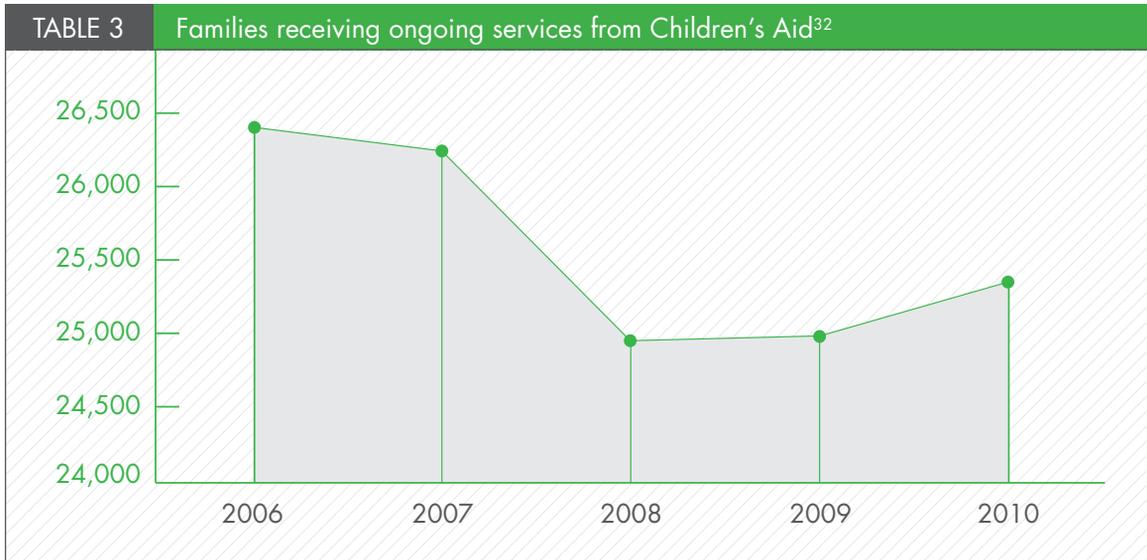
Note that for most children, there are multiple reasons.



³¹ Flynn, R. & Miller, M. (2010). Looking after Children in Ontario: Good Parenting, Good Outcomes, Ontario Provincial Report (Year 8). p. 4

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Table 3 shows the number of families receiving ongoing services from Children's Aid fluctuating and declining over the last four years. This trend suggests that although Children's Aid is working with more families since the legislation change in 2006, a larger number of children are staying out of care and more biological families are remaining together.



³² OACAS (2010). Children's Aid Society Facts April 1, 2009 – March 31, 2010. Information from this report is based upon data from member agencies only. Member agencies represent 51 of the 53 Children's Aid Societies.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

PROVIDING CARE FOR CHILDREN

To experience healthy development and create a sense of self-worth, children need to feel a sense of belonging with a family who cares for them. Children's Aid Societies, under the provisions of the *CFSA*, provide care for children in care or supervision for children who don't need to come into care. In 2009/2010, Ontario Children's Aid provided substitute care for more than 26,221 children. Many of these children were in care for a short period while Children's Aid worked with parents to resolve issues that placed the children at risk. On any given day, there are approximately 17,000 children in care and 50 percent of these children are permanent wards of the Crown.

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

TABLE 4 Where children in care are living (2008-2010)³³

Living arrangement	Number of children			% of change 2009 to 2010 (As of March 31)
	2008	2009	2010	
Foster Care	10,292	10,081	9,419	-6.6%
Youth Living Independently	2,627	2,596	2,771	6.7%
Group Homes	2,926	2,789	2,592	-0.1%
Kinship Care	1,003	1,042	1,044	0.2%
Pending Adoption ³⁴	748	865	756	-12.6%
Other	310	471	243	-48.4%
Total	17,906	17,844	16,825	



³³ OACAS (2010). Children in Care and Permanency Survey Facts Sheet. Information from this report is based upon data from member agencies only. Information in this graph is from 50 of the 53 Children's Aid Societies.

³⁴ In addition to 756 children and youth waiting for legal finalizations of their adoptions, 993 adoptions had been finalized by March 31, 2010.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Foster Care

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

The majority of foster placements are short-term, with most children and youth returning home within weeks or months.³⁵ When parents are not able to keep their children safe, the plan may include long-term foster care or adoption once the child is a Crown ward.

Youth Living Independently

Of all children in care, just over 16.5 percent or approximately 2,770 youth in the care of Children's Aid are living independently. The *CFSA* provides youth with the opportunity to receive assistance up to age 21, but requires them to leave foster care at 18. In some cases, youth as young as 16 are living independently. Considering that youth are in the care of the Children's Aid because they have suffered abuse or neglect, many are not yet emotionally mature enough to be living on their own. At 17, youth formerly in care are moving into apartments, boarding homes or shelters. In contrast, the average age for independent living among the general population in Canada is mid-20s.

Group Home or Treatment Centres

While most children served by Children's Aid Societies can be cared for in family-type homes, at the end of 2009/2010 there were approximately 2,600 children and youth whose needs were so great that they required a more structured setting. The majority of these children and youth were placed in group homes that are owned and operated by independent organizations. These homes are licensed and approved by the Ministry.

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

The cost of group care is usually significantly higher than the cost of foster care, largely due to the cost of staffing and other specialized services. Ideally, group placement is not intended to be a long-term option; however, it is sometimes the best and only option for some children and youth with highly complex medical needs and/or severe mental health problems.

³⁵ Catholic Children's Aid Society of Toronto (2009).

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Kinship Care

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

The government recognizes two types of service where family members care for children: kin service and kin care.

Kin service is when the child is identified as needing protection,³⁶ and has gone to live with kin (often extended family). Children's Aid's role is to ensure that the child continues to be safe, and therefore prevents formal admission to care. In kin service, the caregiver is not eligible for foster care rates, but may be eligible for a small allowance under Ontario Works.

Kin care is when the child is identified as needing protection and has been formally placed with kin and that family is approved as a foster home. In kin care homes, Children's Aid use a standardized home study tool³⁷ and training program (both approved and required by the Ministry) and the family can receive a foster care allowance.

ABORIGINAL AND FRANCOPHONE CHILDREN IN CARE

Customary Care

Customary care refers to the full-time care, nurturing and protection of a child by a caregiver identified by the child's Aboriginal community. Caregiver may include relatives, Aboriginal community members, or adults with whom the child has a bond. The customary care process takes place outside of the courts and the child's Aboriginal community plans the child's placement. By taking this approach, parents and workers have the opportunity to collaborate with the best interests of the child in mind.

³⁶ Child and Family Services Act, R.S.O. 1990

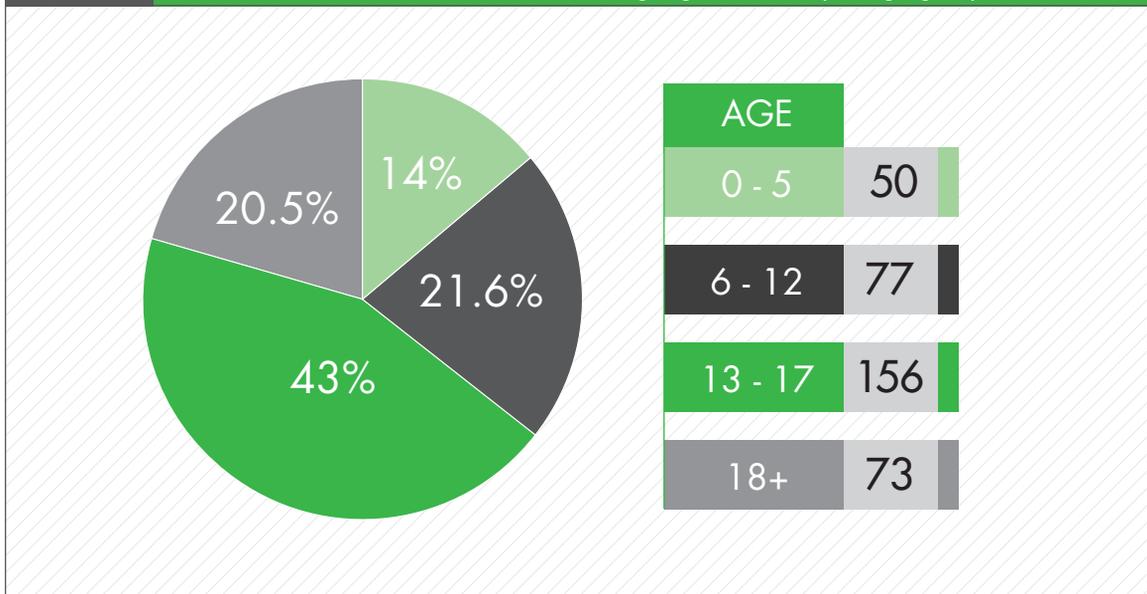
³⁷ OACAS (2008). Kinship Service and Kinship Care.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

Caring for Francophone children

Many Children's Aid Societies are required to provide services to families in both official languages. As of March 31, 2010, there were 356 children in care whose first language was French and 419 available foster homes able to provide services in French. During the period April 2009 to March 2010, 222 children were placed in French-speaking foster homes. During the same time period, 1,420 investigations were completed in French.³⁸

TABLE 5 Number of children in care whose first language is French per age group (2009/10)³⁹



PLACING CHILDREN FOR ADOPTION

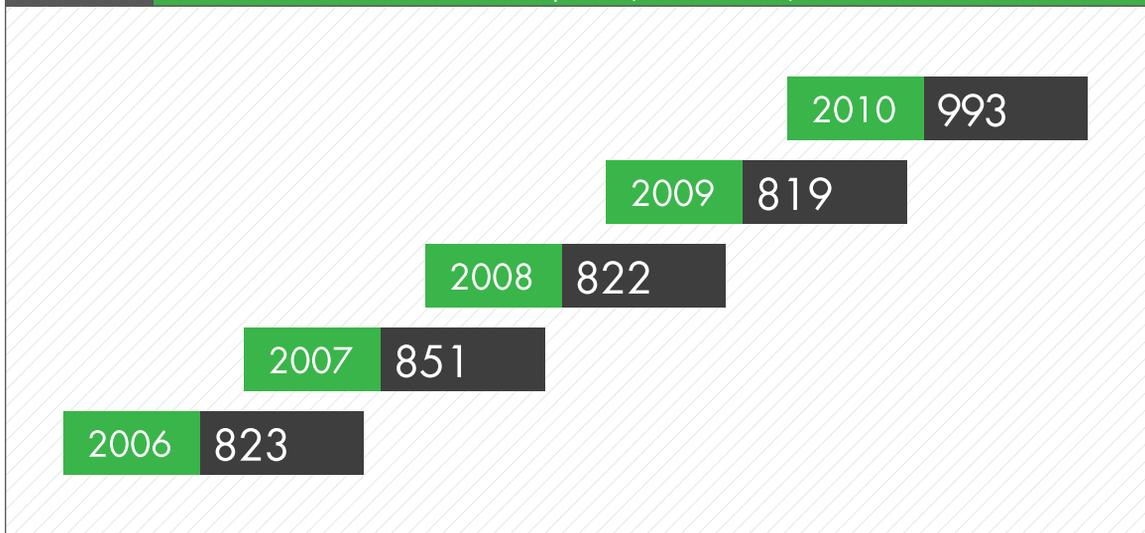
Under the *CPSA*, Children's Aid is responsible for placing children for adoption. When a child is in the permanent care of Children's Aid, the agency must immediately begin to create a plan for the child's extended future. Often families can, and do, help but when it is not possible to find a safe and committed home with a relative, family or community member, agencies seek a permanent home through adoption. In some situations, foster parents may become the legal guardians of a child who has been placed in their home, if this plan is in the best interest of the child.

³⁸ OACAS (2010). Children in Care and Permanency Survey Facts Sheets. Information from this report is based upon data from member agencies only. Information in this report is from 50 of the 53 Children's Aid Societies.

³⁹ OACAS (2010). Children in Care and Permanency Survey Facts Sheets. Information from this report is based upon data from member agencies only. Information in this graph is from 50 of the 53 Children's Aid Societies.

THE LEGAL MANDATE OF CHILDREN'S AID SOCIETIES

TABLE 6 Trend in number of finalized adoptions (2006 - 2010)^{40,41}



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

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

Adoption is not the only option to achieve a permanent family for a child. Last year, over 4,200 children found homes through a combination of kinship, legal custody, customary care and adoption.

⁴⁰ OACAS (2010). Children's Aid Society Facts April 1, 2009 – March 31, 2010. Information from this report is based upon data from member agencies only. Member agencies represent 51 of the 53 Children's Aid Societies.

⁴¹ In addition to 993 finalized adoptions, 756 children and youth were waiting for legal finalizations of their adoption as of March 31, 2010.

APPENDIX A: LIST OF RESOURCES

- Ontario Association of Children's Aid Societies – www.oacas.org
- Contact information for your local Children's Aid – www.useyourvoice.ca
- Ministry of Children and Youth Services – www.children.gov.on.ca
- Child and Family Services Act – www.e-laws.gov.on.ca
- Child and Family Services Review Board – www.cfsrb.ca
- Office of the Provincial Advocate for Children and Youth – www.provincialadvocate.on.ca
- Office of the Chief Coroner – www.mcscs.jus.gov.on.ca
- Use Your Voice – www.useyourvoice.ca
- Commission to Promote Sustainable Child Welfare – www.sustainingchildwelfare.ca
- United Nations – Convention on the Rights of a Child – www.unicef.org
- Eligibility Spectrum – www.oacas.org
- Child Protection Standards – www.children.gov.on.ca
- Child Welfare Report 2009-2010 – www.oacas.org

APPENDIX B: PROVINCIAL OVERSIGHT

Children's Aid Societies operate under the *Child and Family Services Act* and report to the Ministry of Children and Youth Services. In addition to the Ministry, there are many mechanisms that provide provincial oversight to the work done by Children's Aid Societies.

Provincial oversights include:

- The Family Court system ensures that individual client rights are respected and, ultimately, that children are protected. When cases are brought to the courts, the Court decides on the action and level of involvement of Children's Aid. Children's Aid Societies must act on decisions made by the justice system.
- The Ministry of Children and Youth Services reviews the files of every Crown ward in the province of Ontario every 12 months and carries out integrated file review, which provides further auditing to other areas of direct client services, including children in care and adoption. The Ministry also does funding reviews, along with extensive oversight through regulation, directives and policy, such as foster care licensing and standards.
- The Child and Family Services Review Board (CFSRB) has the authority to hear complaints from families, children and youth receiving services from a Children's Aid Society. The Board hears complaints and reviews decisions made by an agency.
- The Office of the Provincial Advocate for Children and Youth receives complaints from children in care of child welfare authorities and addresses systemic issues, along with reviewing Child Fatality Case Summary Reports regarding children's deaths known to Children's Aid.
- The Office of the Chief Coroner of Ontario and the Paediatric Death Review Committee independently investigate child deaths in Ontario, report on findings publically and make recommendations to improve systems of care.

APPENDIX B: PROVINCIAL OVERSIGHT (CONTINUED)

- The Auditor General's Report presents the findings of special assignments to perform value-for-money audits as requested by the legislature, the Standing Committee on Public Accounts or a Minister of the Crown. It submits reports detailing the findings of its special examinations of Crown corporations to the corporation's boards of directors.

Internal oversights include:

- All Children's Aid Societies are governed by independent, community-based boards of directors that are responsible for strategic, operational and financial decisions. There are over 600 volunteer community members that serve on Children's Aid Boards across Ontario.
- Board members are responsible for the overall management and operation of Children's Aid, which includes holding Executive Directors accountable for their actions and decisions.
- Ontario's child welfare system has a competency-based training system that translates knowledge into skills to ensure that child welfare professionals, foster parents, and managers have the foundations to work with children, youth and families. The courses focus on critical decision-making skills, diversity training, child safety, and family and community engagement.

APPENDIX C: SIGNS OF CHILD ABUSE AND NEGLECT

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

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

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

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

Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants to please the adult or out of fear. It includes sexual intercourse, exposing a child’s private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing a child to look at or perform in pornographic pictures or videos, or engage in prostitution.

THE SUBTLE SIGNS OF CHILD ABUSE

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

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

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

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

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

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

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

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

- Frequent sore throats or urinary infections
- Constant sadness
- Re-enactment of abuse using dolls, drawings or friends
- Clinging
- Thumb-sucking
- Sudden fear of the dark
- Behaviour extremism—aggressiveness or withdrawal
- Recurrent nightmares or disturbed sleep patterns
- Loss of appetite for no apparent reason, or excessive appetite
- Bedwetting
- Avoidance of undressing or wearing extra layers of clothes
- Abrupt decline in school performance

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

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

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

Alone, a subtle sign doesn’t necessarily mean anything, but if multiple signs exist, the child may be at risk of abuse or neglect. Please contact your local Children’s Aid if you have concerns about a child.



Ontario Association of
Children's Aid Societies

The voice of child welfare in Ontario

www.oacas.org
www.useyourvoice.ca