



Ontario Association of  
Children's Aid Societies

The voice of child welfare in Ontario

# Submission to the MCYS Adoption Enhancements Review

By  
Ontario Association of Children's Aid Societies

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# Acknowledgements

The following people contributed significantly to research and development of this submission to help inform the Ontario Ministry of Children and Youth Services Adoption Cost Benefit Analysis review. The members shared their collective knowledge and lived experience of supporting children, youth and families to navigate the pathways towards achieving permanency within the Ontario Child Welfare system.

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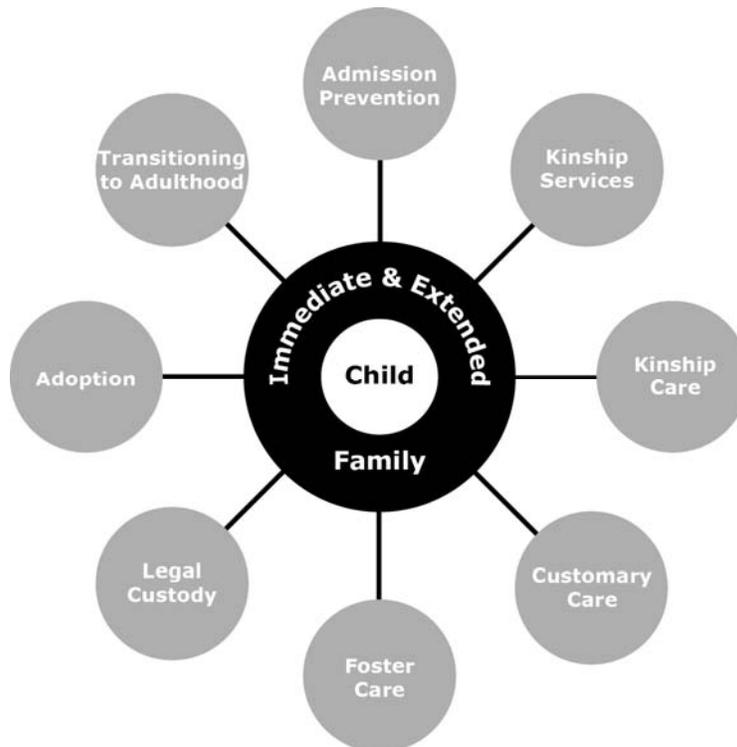
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## Executive Summary

The Ontario Association of Children's Aid Societies is pleased to provide this report from the New Directions in Permanency Workgroup. Throughout the report the term Societies is used to describe Child Welfare agencies known as Indigenous Well-being agencies, Family and Children Services and Children's Aid Societies. This report is meant to act as both a resource both for Societies that will be engaging with the Ministry of Children and Youth Services as part of the "Adoptions Enhancement Review" conducted by KPMG, and as a submission for consideration to KPMG for their review.

Ontario's permanency practice in Child Welfare has evolved significantly since the implementation of 2005 Child Welfare Transformation Agenda. The field has experienced sweeping changes in Child Welfare legislation, revisions to child protection standards, and the child protection assessment tools, as well as a continued emphasis on finding and supporting alternative caregivers within the extended family and community. All of these changes continue to promote and reinforce permanency for children and youth.

When a family works with a Child Welfare agency, Child Welfare workers explore the 8 permanency options for children and youth, these options are often explored concurrently, always keeping the child's best interests and needs at the centre.



By the time adoption has been identified as the best permanency option, many of the other possibilities have been considered and sometimes attempted. The pathway to determining adoption as the right permanency option will have involved many different Child Welfare staff, community members, family and perhaps extended family members.

It is also critical to understand the perspective/history and listen to the voices of Indigenous communities and Child Welfare agencies in their commitment to seek permanency plans for their children and youth. The Child Welfare sector needs to support Indigenous communities to retain care and custody of their First Nation, Metis, and Inuit children within their own culture and communities, a goal not met through adoption.

Child centred, customized adoptions are best completed and supported by a Child Welfare agency that is familiar with the family of origin, the child/youth and the family that is matched to provide a legal and life long relationship for that child or youth. Much misinformation exists in the public realm about adoption. Children's Aid Societies need to be more transparent about the characteristics of the Crown Ward population for whom permanency plans are being assessed and implemented. It is important to share our data with provincial and local media, key stakeholders, prospective resource parents and CAS staff. CASs need comprehensive local and provincial communication strategies to provide information about the excellent work to seek out and support alternative permanent caregivers for the community's vulnerable children and youth.

It is critical that CASs inform prospective adoptive parents and others that the average age of Crown Wards who have been in care 24 months or longer is 14.8 years old. We need to speak to the myth that suggest that children and youth are 'languishing' in care – we know that over 50 % are being adopted by people known to them and many of the youth have relationships with their family of origin and choose not to be adopted. Over 78% of Crown Wards are living in family-base care and a high proportion of these children and youth wish to remain with those families.

Permanency practice has evolved over the last decade and the delivery of the public adoption service has been impacted by policy directives, legislative changes, as well as the decrease in the number of children available through the International and Private Adoption stream.

The Work Group agrees that to strengthen our public adoption system we need to achieve equitable access to service for children and their caregivers and provide a full range of permanency supports and services that lead to improved child outcomes for all children in Ontario.

The Work Group recognizes that the public adoption stream can be improved. There are areas of efficiencies that could be explored such as expanding regional collaboration of pre-service training and completion of home studies, or perhaps a central intake process to improve the prospective adoption family's customer service experience.

Redirecting responsibility for all adoption services from Ontario Children's Aid Societies to one or more centralized organizations is not a solution that would meet the needs of the children and youth for whom Societies are legally responsible to plan and advocate for. Those children and youth are best served by agencies who know them and know their families, who can consider potential adoption planning concurrently with all other permanency options for the child, and who can provide a range of supports to adoptive families whose adopted children maintain contact and relationships with their families of origin.

## Recommendations

This report recommends the following considerations / actions

1. Redirecting responsibility for all adoption services from Ontario Children's Aid Societies to one or more centralized organizations is not a solution that would meet the needs of the children and youth for whom Societies are legally responsible to plan and advocate for. Those children and youth are best served by agencies who know them and know their families, who can consider potential adoption planning concurrently with all other permanency options for the child, and who can provide a range of supports to adoptive families whose adopted children maintain contact and relationships with their families of origin.
2. That the public adoption stream can be improved. There are areas of efficiencies that could be explored such as expanding regional collaboration of pre-service training and completion of home studies, or perhaps a central intake process to improve the prospective adoption family's customer service experience.
3. That a child centered approach to permanency is maintained throughout the adoption review.
4. That the lived experiences of children and parents are considered by the KPMG Adoptions Enhancement Review panel.
5. That the transparency of the adoption process is prioritised to allow parents and prospective parents to be able to make informed decisions.
6. That Societies promote a culture of continuous quality improvement through consistent application of legislative requirements
7. That the review examine the equity of access and equity of outcomes to ensure that all communities have range of pre and post adoption supports.
8. That all resource parents, not only adoptive parents, are supported in a more equitable way across Ontario
9. That prospective parents have access to affordable, timely PRIDE pre-service training
10. That all staff regardless of role need to have training in permanency and adoption service
11. That societies seek out new partnerships and improve current partnerships with other permanency stakeholders

## Introduction

In April of 2011, the Toronto Star reported that thousands of Crown Wards were “languishing” in care while over a thousand adoption ready families waited for children. Further, The Star reported that only 993 adoptions were completed in Ontario and that the majority of youth age out of care without a permanent family. Despite being five years old, these numbers still hold power in dialogues about adoption and are used frequently to describe what seems to be a broken system.

In response to stories such as those reported in The Toronto Star, and lobbying from waiting parents and adoption advocacy groups, the Minister of Children and Youth Services (MCYS) announced a number of initiatives to support permanency and adoption services in Ontario in September 2015. One of the initiatives announced was the review of adoption services in Ontario, specifically a cost benefit analysis.

However, while there are many ways that adoption can be improved in Ontario, these stark numbers do not tell a complete or accurate story. A cost benefit analysis of adoption services in Ontario that does not consider the history and context of Child Welfare in Ontario, as well as the lived experiences of children, youth and families risks creating a reductive analysis that will not adequately address the complex permanency landscape in Ontario.

To address these concerns, and provide the necessary context and background information to the adoption review, the Ontario Association of Children’s Aid Societies (OACAS) formed the New Directions in Permanency Workgroup (NDPW) to research and analyse current permanency practices across the sector with a specific focus on the delivery of adoption services. The NDPW sought the perspectives of both agencies and adoptive families in the creation of this paper. The outcome of the research and analysis from this group is included in this report, which provides context from three perspectives.

First, this report provides context about the permanency landscape in Ontario from a systemic perspective. It begins by demonstrating how policy and clinical practices regarding permanency have changed significantly since 2005 in response to research and changing understandings of Child Welfare. The report goes on to describe the how permanency is achieved for children and youth as part of a complicated process that prioritises preserving the family unit and begins even before a child is brought into care. Adoption is only one of many permanency options for children and youth in Ontario. This report examines these various permanency options and describes the adoption process. It also describes some of the administrative difficulties and complexities faced by society workers.

Next, it tackles the myth that 7000 children are languishing in care that could be immediately matched with the 1000 available families. This report describes who Crown Wards in Ontario are using data from the MCYS annual Crown Ward Reviews, the Ontario Looking After Children database and case studies from two agencies.

Finally, the report looks at the experiences of adoptive parents and demonstrates the inequitable supports for adoptive parents available across the province, and makes recommendations concerning reports of adoptive parents receiving poor customer service from Children’s Aid Societies (Societies).

## Permanency in Ontario

### History of Permanency Policy and Practice changes in Ontario

Children's Aid Societies have existed in Ontario for well over 100 years. In this time, the understanding of adoption and the rights and needs of children and families has evolved significantly. It was less than 100 years ago when societies would place children with families in exchange for farm labour or domestic service. Adoption was not regulated by legislation until 1921 with the passage of the Adoption Act. In the 1970s, Adoption regulations were tightened through amendments to the Child Welfare Act. The legislation required home studies for adoptive parents, and informed adoption consent for biological parents.

Permanency planning entered Child Welfare practice in the 1970s when results from the Oregon Project out of Portland University demonstrated that children benefit from more permanent family based placements. The passage of the Charter of Rights and Freedoms in 1982 expanded the number of available adoptive parents. Adoptive parents were now free to apply to adopt and would no longer have their application denied based on their marital status, ability, sexual orientation, age, race or religion. At this point in the narrative, it is important to note that despite the existence of the Charter of Rights and Freedoms, the Child Welfare system is still not equitable. Racialized communities, Indigenous people and people with disabilities are over represented in Child Welfare and continue to feel the brunt of the colonial, hegemonic and paternalistic roots of Child Welfare.

Amendments to the Child Welfare Act in 1978 codified the need to begin permanency planning that considered the best interests of the child. The passage of the Child and Family Services Act (CFSA) further reinforced the need for child centered permanency planning, and opened the doors for other forms of permanency planning such as kinship care, customary care, and legal custody.

In 2005 the Government of Ontario set out to implement the Child Welfare Transformation Agenda to help families care for children, reduce the number of children who come into care, and to increase the chances of permanency for children.

During the summer of 2008, the Government of Ontario established the Expert Panel on Infertility and Adoption to provide advice on how to improve Ontario's adoption system and improve access to fertility monitoring and assisted reproduction services. At that time the Panel was charged with recommending ways to help make both infertility treatment and adoption more accessible and affordable. In August 2009, the Expert Panel released its report "Raising Expectations." The Panel found that the problem was the system, not the people. The report stated that the systems in place do not achieve the goal of finding a family for every child. The report included 64 recommendations under three broad headings:

1. Create a provincial adoption agency
2. Develop tools to manage the adoption system
3. Provide adequate funding

The adoption landscape has changed significantly since the release of the panel's report. The Ministry of Children and Youth Services has continued to invest in adoption services through a number of important policy initiatives. The Child Welfare field has also embraced the Transformation Agenda and has continued to develop an approach to permanency that is child centred and provides a range of permanency options for children and youth. The 2005 Transformation Agenda is working well as demonstrated by the continued decrease in the number of children in care . Children and youth now have access to more types of permanency options than ever before that respects their culture, community, and relationships.

## Permanency in Ontario Today

With the historical context in mind, we can better understand how adoption planning takes place today. For children in care in Ontario, adoption is one option among many in the process of finding permanency. This section situates adoption within the context of ongoing permanency work in Ontario and describes the complicated and rigorous permanency process that begins even before a child comes into care.

In December 2014, the Ontario Child Welfare sector endorsed the following definition of permanency for children and youth permanency is defined as:

An enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; the child or youth has a sense of belonging and affiliation to a family/extended family with significant community connections and provides for physical, emotional, social, cognitive and spiritual well-being.

The following table provides a summary of the key elements of the definition and the permanency options available:

Key Elements Defining Permanency	Permanency Options
<ul style="list-style-type: none"> <li>Physical, relational and legal permanency</li> <li>An enduring family relationship that is safe;</li> <li>Offers the legal rights and social status of full family membership;</li> <li>Provides for physical, emotional, social, cognitive and spiritual well-being;</li> <li>Promotes healthy development, encourages continuity in relationships, a sense of community and identity;</li> <li>Provide both psychological and legal certainty</li> </ul>	<ul style="list-style-type: none"> <li>Supporting family to maintain child in the family home</li> <li>Kinship service</li> <li>Kinship care</li> <li>Customary care</li> <li>Long term foster care</li> <li>Legal custody (57.1 Kin/65.2 Crown Ward</li> <li>Adoption</li> </ul>

Table 1: Key Elements of the Definition of Permanency

Permanency, well-being and safety are the three pillars of Child Welfare. They happen concurrently and one pillar does not take precedence over another. Child Welfare workers must ensure all three areas are at the forefront of their planning at all times. Permanency is not “done” or considered achieved at the conclusion of a case; permanency considerations are woven throughout a case as along with child safety and well-being – from when the case opens for service to well after a case is closed.

<sup>2</sup>OACAS CAS Trends April 1, 2014-March 31, 2015

<sup>3</sup>Brady, Eavan. Permanency in Out-of-home Child Welfare Care. PARTicle. Practice and Research Together. (2014)

The pathway to permanency for children in the Child Welfare system has several different routes depending on the specific needs of each child. The goal to have children reside within their birth family and community, or within family based care needs to be understood within the context of the entire Child Welfare system, and within a shared understanding of 'permanency.' In November 2013 OACAS provincial project, Families and Relationships Matter: A Guide to Strengthening Family-Based Care For Children and Youth in Care received endorsement from the Child Welfare sector that all agencies would strive towards achieving and enacting the following goals:

- All children and youth in care will live with families;
- Family-based care will provide all children and youth with a normal experience; and
- All children and youth will leave care with lifelong connections, preferably legal

These goals are to be achieved while adhering to the following:

*A commitment to family based care and permanency for children who are Child Welfare involved, results in a number of principles that guide the work of Societies:*

1. Children should be raised in safe and supportive families
2. Rather than entering care, children should be cared for within their extended families.
3. Children who do enter care, should be placed with kin.
4. If children cannot live with kin, they should live in a foster family within their own community.
5. Siblings should live together
6. Children should maintain connections to family, other adults and their community.
7. First Nations, Metis and Inuit communities have a right to plan for their children.

These goals and guiding principles along with legislative changes have impacted permanency options for children and youth. Achieving permanency and family based care, requires a commitment to permanency planning, which is a broad and complex concept that encompasses all child protection work. It involves a multitude of pathways, which are best considered concurrently beginning at intake. Permanency planning is the work of the Child Welfare team, to systematically work within time frames and toward goals that help children and youth achieve continuity of caring, nurturing and lifetime relationships that are legally permanent where ever possible. Since 2006, the search for kin and consideration of placement with kin, is mandatory, and as a result increasing numbers of children find permanency within their family networks.

Concurrent planning means agencies typically explore more than one 'pathway' at a time until permanency is achieved for a child. Child Welfare staff continue to work toward reunification and strengthening birth families, while seeking family and community members to provide care. At the same time staff support foster families by providing wrap around supports to strengthen their capacity, and explore legal permanency through custody and adoption, often with kin and foster parents.

When adoption is considered as one pathway in the context of concurrent permanency planning, as a part of the above principles, it becomes evident that multiple pathways to permanency exist for children and youth, and more than one permanent plan is possible. It

is within this nonlinear context that adoption planning in a Child Welfare context needs to be understood.

When a Child Welfare worker begins working with a family, they explore a number of permanency options. These options may include:

### *Reunification with family*

This is the permanency plan most often achieved for children and youth who come in contact with the Child Welfare system. Many children and youth are never removed from their birth parents care, and many of those who are, return home. Significant concurrent planning may have taken place to explore kinship, adoption and legal custody and reunification may occur as the result of the parent's progress, or litigation.

### *Customary Care and Permanency Planning for First Nations Children*

Customary care is defined for purposes of Part X in the Child and Family Services Act as "the care and supervision of an Indian or native child by a person who is not the child's parent, according to the custom of the child's band or native community". Societies are obligated to work in partnership with a child's First Nation Community and to consider Customary Care or other plans that a Band or First Nation's Community presents for a child. Permanency within a First Nation's context has a different meaning that is defined by the First Nations Community.

### *Child Specific Adoption*

Child specific adoption is an adoption by kin, foster parent, or another person known to the child or birth parent, or by the adoptive family of the child's sibling(s). These plans can be presented and explored both pre and post Crown Wardship, and are subject to the Child and Family Services Review Board (CFSRB) in terms of the final decision made. Child specific plans can also be part of a litigated court process. Child specific plans are a significant part of adoption practice in Ontario.

### *Legal Custody*

Legal custody by kin or another person know to the child or birth parents can occur by agreement or via a litigated outcome for a child, and may be a preferred option by an extended family member to adoption. Legal custody of a Crown Ward is also a permanency option for a child's foster parent of two years or more.

### *Foster With a View Program*

Used to varying degrees across the province, a Foster With a View program allows children to develop relationships while they are in care with their foster family and if reunification with the birth family is not possible the status of the family can change from foster to adoption. Foster With a View is also considered when a child with a pending Crown Wardship application, faces a move in foster care. even foster families not formally designated as a Foster With a View foster family, ultimately present adoption plans for the children in their home.

### *Adoption by Adoptive Family on Internal Wait List*

Most Societies will attempt to place children within their own community, allowing children to have ease of preplacement visits, ongoing openness with foster and birth families, and the continuation of educational, recreational, psychological or medical supports without disruption to the child. Adoptive families who have attended a Children's Aid Society Parent Resources for Information, Development and Education (PRIDE) pre-service training and had a Structured Analysis Family Evaluation (SAFE) homestudy completed by a Society are well connected with the agency and community. The Society adoption workers are also directly connected to the child, the foster family and birth family which strengthens matching, preplacement, ongoing support and the management of openness.

### *Adoption by an Adoptive Family with another Society or Private Practitioner*

Often concurrently to considering internal families, depending on the needs and profile of the child, adoptive families are sought using networking within zones and provincially through Adoption Resource Exchange, AdoptOntario data bank or other child specific recruitment efforts.

### *Long Term Foster Care*

There will always be children and youth for whom long term foster care will be the permanency plan which best meets their needs. This can include children for whom, in spite of extensive efforts to locate an adoptive family, no match was located, youth who not to be adopted, children or youth with extensive special needs requiring specialized care and supports, children living with kinship foster parents who are not able to adopt, older children living with long term foster parents who cannot adopt or assume custody where the child wishes to remain in that home, or youth whose plan for themselves is to return to birth family or live independently.

To demonstrate how many families end up using these different permanency options we can look at a survey of agencies that captured a 5,244 Children and youth in care who were discharged from care in fiscal year 2014-15. The survey asked what percentage of children were discharged from care and how, of the children captured in the survey, 68.9% of these children found permanency (15.9% aged out of care). Among those who achieved permanency:

- 12.9% had an adoption finalised
- 1.7% had a provider who obtained legal custody
- 44% returned to their family
- 10.2% moved to kin without legal custody (kinship service)
- 0.1% moved to customary legal care.

This demonstrates that many children are finding permanency through options other than adoption. The majority return to their families and a much smaller fraction of children are finding permanency through adoption.

We can further break down the data to identify who adopts children and youth in Ontario. The same survey mentioned above that captured information on 659 of children who were adopted in Fiscal year 2014-15. This survey found that:

- 234 children were adopted by their foster parents (36.6%)
- 92 children were adopted by Kin (14.3%)
- 315 children were adopted by people unknown to them (48.8%)
- 2 were adopted by Child Welfare staff (0.3%)

Adoptions seems to be fairly evenly split, about half of adoptions occur with individuals and families known to the child, and the other half are adopted by people unknown to them. This is a significant change in public adoption, as historically Societies would have relied more heavily on adoptions with individuals and families who had no prior relationship with the child.

While adoption remains an important permanency pathway for many children and youth, it is most often achieved for younger children. The population of children and youth who remain Crown Wards in foster care in Ontario (often considered 'waiting' children) are not primarily younger children, but are in fact largely adolescents or older youth.

Appendix I: The Trajectory of Children in Out-of-Home Care, uses detailed data from seven agencies to show the trajectory of children who are placed in out of home care by asking the following questions about the children in these agencies:

- How old are children when they are admitted into care?
- Where are children placed when they come into care?
- How long are children in the care of a Children's Aid Society?
- Which children are discharged from care?
- How many children are discharged from the last placement of Adoption / Preadoption?

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<sup>5</sup>Ontario Association of Children's Aid Societies. Ontario Child Welfare Funding and Services Review: Fiscal Year 2014–2015. (August 2016)

<sup>6</sup>Ontario Association of Children's Aid Societies. Ontario Child Welfare Funding and Services Review: Fiscal Year 2014–2015. (August 2016)



# The Adoption Process

The New Directions in Permanency Workgroup heard from resource parents that many people do not understand the adoption process and that to those outside of the system it is opaque. The process map below outlines the complexity of the work that Child Welfare staff undertake as they seek out various options, often concurrently, and with many different stakeholders in their efforts to seek early permanency for children and youth.

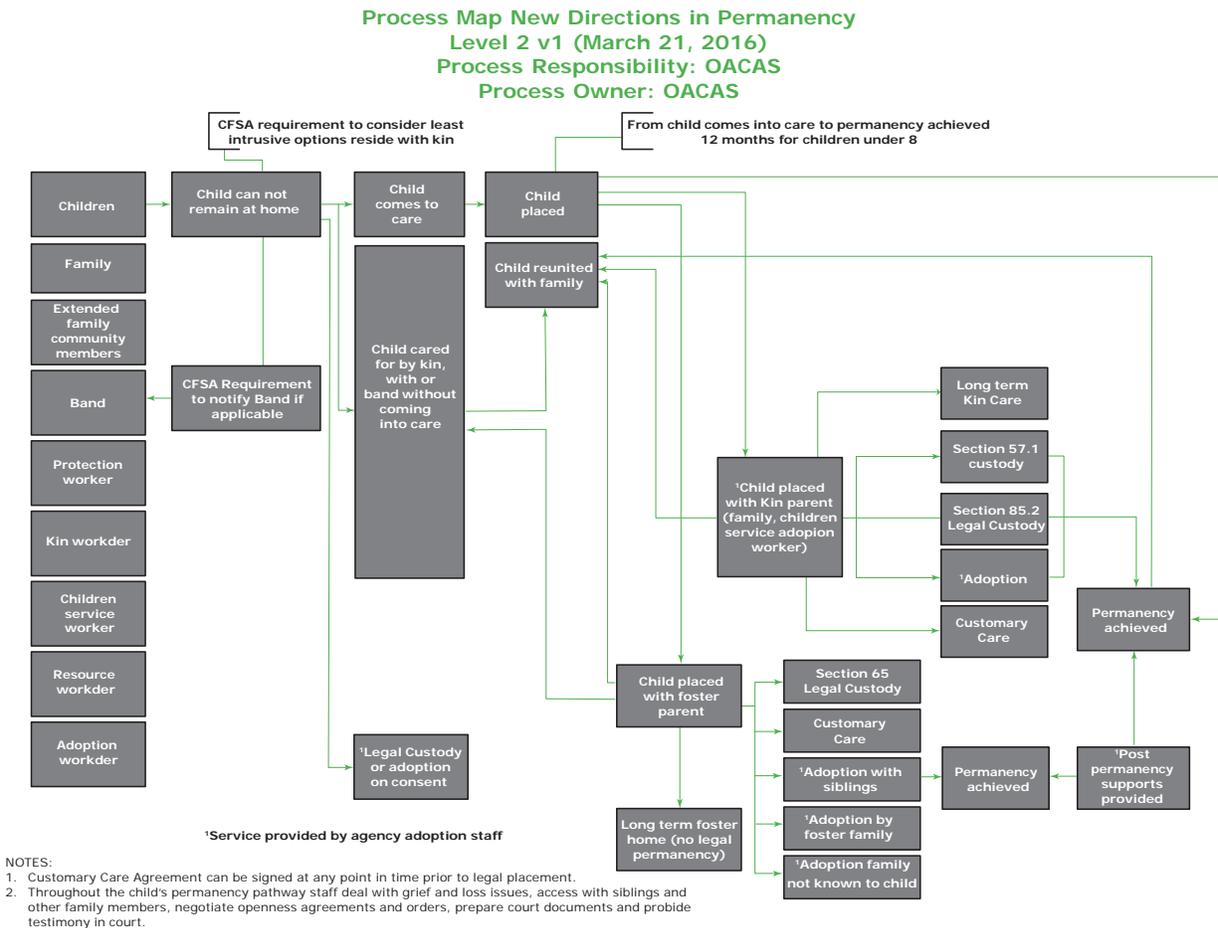


Figure 1: The Adoption Process

In 2005 the Transformation Agenda included changes in policy and legislation of kin standards, legal custody and openness in adoption leading to the complex process explained in Figure 1: The Adoption Process. The Transformation Agenda also introduced the use of Strength based models of service and kin service arrangements that allow child protection workers to assess family and community plans and place children in these homes without ever having to bring those children into care. It is very likely that the change in practice towards family based care, and the increased use of Kinship Services and Family Finding practices across the province can at least partially explain the decrease in the number of children entering care (from 6188 in 2010-2011 to 4814 in 2014-2015). Since fiscal year 2010-2011 there has also been a slight downward trend in the number of adoptions. A combination of fewer children

<sup>8</sup> Source: Ministry Quarterly Reports Fiscal Year 2014-2015

coming into care, and the increased use of a variety of permanency planning options means that there are simply fewer children available for adoption.

A myth about the adoption system is that there are 7000 Crown Wards languishing in care. Since there are over 1000 adopt ready families in Ontario, a cursory glance seems to indicate that at least 1000 of these children should be able to be placed immediately. However, the majority of families seek to adopt a young child, and the majority of children who are adopted are less than 5 years of age. For example, in a survey of 33 agencies in Ontario, 69.7% of a sample of children adopted in 2014-15 were between zero and five years of age. Conversely, only 0.8% were over the age of 16 years. This is not surprising data and is frequently the case across the province. However, when we examine these claims of Crown Wards “languishing” in care because they cannot find families, it is important to remember that many children come into care over the age of 5. Which is past the age that many parents wish to adopt. Of the Crown Wards in the province who have been Crown Wards for over 24 months, the majority are older youth (75% are over 14 years old). For many of these youth their permanency plan includes neither legal custody nor adoption as many of these youth have existing ongoing relationships with their family of origin. Despite the ability to have an open adoption, many of these youth choose not to be adopted.

Another change in policy that has altered the permanency landscape was the introduction of the 2012 Targeted Adoption Subsidies for families adopting children 10 and older and sibling groups. Targeted subsidies also opened the door for more foster families to present permanency plans. Prior to the targeted subsidies, foster parents wanting to adopt did not always receive financial support and found the adjustment challenging when going from receiving a monthly per diem and board rate to no financial support. Where children and youth cannot return home and where there are no kin plans, foster families are viewed as ideal permanent caregivers for some of these children and youth, given their reciprocal attachment.

An excellent case study of the effect of targeted subsidies and kin service arrangements comes from the Children's Aid Society (CAS) of Ottawa (see sidebar). The experience of the province is similar to that of CAS of Ottawa. With the change in practice as well as the changes within the system, permanency for Ontario's children looks different than it did ten years ago. The provincial Performance Indicator results show that 62% of children who come into care are discharged within 12 months, 77% are discharged within 24 months and 85% are discharged within 36 months. The majority of these children will find permanency by returning to their families, the next largest group of children and youth are cared for by kin or by their foster parents. The number of children are adopted by individuals' unknown to them is decreasing as is seen in the statistics presented earlier.

Youth, children with complex needs and large sibling groups are the most challenging to place. Some of these children never attain permanency, but remain in their foster homes or age out of care from group homes. Children's Aid Societies work hard to place all children and youth needing and wanting permanent homes, but despite great effort, finding an

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<sup>9</sup>Ontario Association of Children's Aid Societies. Ontario Child Welfare Funding and Services Review: Fiscal Year 2014–2015. (August 2016)

<sup>10</sup>This data was gathered from a roll up the 2015 Annual Crown Ward Reviews from 42 of 47 Children's Aid Societies in Ontario.

individual or family who are prepared, have the financial resources and the capacity to care for these children; is not always easy. Societies are positive and hopeful that the recent MCYS support to fund an additional 19 Wendy's Wonderful Kids recruiters through the Dave Thomas Foundation will help achieve increased rates of legal permanency for older youth, sibling groups and special needs children.

## **The Legislative Pathway Towards Crown Wardship and Implications for Permanency**

Understanding the complex and time-consuming journey towards adoption permanency for children in care requires an understanding of the legislative pathway that leads children towards becoming Crown Wards, and the legislative scheme that governs adoption of Crown Wards. Adoption in Ontario is governed by Part VII of the Child and Family Services Act (CFSA). The same Act also governs the delivery of child protection services in the Province of Ontario.

Some, but not all of the children who are placed for adoption in this province, will begin their journey towards adoption as a result of the involvement of a Children's Aid Society in the life of the child and their family or origin. Some children will be placed for adoption as a result of voluntary engagement by their parents or guardians with a Society, and others may end up as the subjects of adoption planning, after becoming the subjects of child protection court proceedings that ultimately results in them being made Wards of the Crown. A smaller group of children will become available for adoption through family members engagement with private adoption practitioners. However, regardless of whether the children are placed for adoption through the assistance of, or intervention by a Society, or through their parent's and an adoptive family's engagement with a private practitioner, the adoption process will be governed by Part VII of the CFSA.

The paramount purpose of the CFSA set out in section 1 of the Act, is the promotion of the best interests, protection and well-being of children. That section of the Act also identifies additional purposes which include the specific objective that: the least disruptive course of action that is available and appropriate to help a child will be considered; and that all children's services governed by the Act

## **Children's Aid Society of Ottawa Case Study**

The City of Ottawa, is a large urban area of approximately one million people, the CAS of Ottawa has approximately 660 children in their care on any given day. Of these children, there are usually 80 on adoption probation (AP) and another 165 on Continued Care and Support for Youth (CCSY). The 80 children on AP are headed to permanency and therefore exiting care. The majority of CCSY youth are not in care per se, as they are over the age of 18 and living independently but are viewed as having "in care" status. There are another 110 children and youth not in care, but placed in kin service homes. In previous years, these same children being cared for by their kin would have been apprehended and placed in foster care. For Ottawa, the adjusted number or number of children residing in foster, group or kin care homes is 415. The majority of these children and youth are in care temporarily and will return home. This number has decreased steadily over the past decade when in the early 2000s, the average daily number of children in the care of CAS Ottawa exceeded 1000.

will be delivered in a manner that respects a child's need for continuity of care, and for stable relationships within a family and cultural environment. Attention to these objectives is reflected in the legislated scheme governing decision-making at each decision making juncture in a child's progress through Society service and care, whether the decision maker is a child protection worker, or a judge, or an adoption worker, or a review board examining decisions made by a Society in respect of a change of foster placement for a child, or a decision about a child's adoptive placement.

Part III of the Act, the part of the Act that governs the delivery of Child Protective Services through court ordered intervention, also reflects the purposes identified in Part 1 of the Act referred to above. Throughout Part III, the tests that the Court, and other decision-makers are required to apply, in making determinations about custody of a child, and access to the child, and service delivery to children, reflect attention to the principles referred to above. The court and other decision makers involved in decision-making processes set out in Part III of the Act are consistently directed to consider the child's need for continuity of care, and for stable relationships within a family and cultural environment, when formulating a plan for a child's care, and when making a determination in respect of competing plans for a child. The end result is that a child's pathway to adoption is often circuitous, as placements with various extended family members and kin may end up being tried and exhausted, before the child becomes a Crown Ward available for adoption planning.

It is also true that there are mechanisms for oversight of the decisions made in respect of a child's placement, whether it is through an appeal of a judge's order, or through a review of a decision of the Society by an administrative tribunal, or through a judicial review of the decisions of the administrative tribunal that reviews the decisions made by Children's Aid Societies. Through these processes, decisions made by the courts, or by the Society, or by the review board may be overturned at certain stages. However, regardless of whether those decisions are overturned or not, the child's journey will be extended by the appeal and review processes engaged by parents and other family members or kin or foster parents in respect of decisions made. It is also important to keep in mind that a Crown Ward is not available for adoption planning, until any outstanding appeals or applications for review are resolved. In circumstances where an appeal has been filed, and it will often be many months, and sometimes over a year, before the appeal will be heard, or dismissed for delay. Once the Crown Ward order has been made, or any outstanding appeal has been resolved, the Society has a six month window within which to place the child for adoption, or otherwise fulfill its permanency plan for the child, before the door is opened to the possibility of a Status Review Application by a party to the original proceeding. In circumstances where more than six months have expired since the Crown Ward Order has been made, the parent can take steps to initiate a Status Review Application, and that application will need to be resolved before adoption planning can proceed.

It is also the case, that once a child is made a Crown Ward, and an adoption plan is identified for a child, the plan may be interrupted or delayed if it is not supported by the foster parents. Foster parents who have cared for a child for two years continuously, have a right to seek a review of any decision by a Society to remove a Crown Ward from their care, even where the removal is for the purpose of an adoption placement. Also, adoption applicants will sometimes seek a review of a Society's decision removing a child from their care, or a Society's decision to refuse to place a particular child with them for adoption. It is not uncommon for adoption planning to be interrupted and delayed as a result of these

<sup>11]</sup> s. 1, Child and Family Services Act (CFSA), R.S.O. 1990, c. C.11, as am.

<sup>12</sup>CFSA, ss. 37(3), 51(3), 57(3), 57(4), 57(5), 61(8.6)

<sup>13</sup>CFSA, ss. 141.1, 61(8.7), 144(12)

<sup>14</sup>CFSA, s. 65.1 (7) and (8)

review processes, because the children involved cannot be placed for adoption until the proceedings are resolved. It is also sometimes the unfortunate result that the delay caused by a Child and Family Services Review Board's ( CFSRB ) review of a decision to remove a child from a foster home, or by the Board's review of a Society's adoption placement decision, will result in the loss of the planned adoption placement, and open the door, as a result of the passage of time from the date of the Crown Ward and the failure to place the child for adoption, for a status review application by a birth family member.

The point to be made here is that, at any given point in time, many of the Crown Wards in the care of a Society are not available for adoption planning, and this is not always reflected in the information collected by the government about the numbers of Crown Wards who are in Society care, and not yet placed for adoption.

Adoption planning no longer occurs at the 'end' of a legal process with a referral to the adoption unit. It is embedded in concurrent permanency planning work that occurs pre and post a final legal order. Adoption staff complete work at the 'front end' to avoid unnecessary delays for children. There is no one defined point in time that marks one permanency plan as final until it is actually achieved.

Adoption practice within Child Welfare is a multifaceted and highly specialized area of practice, involving work with children and youth with complex needs, and developing working relationships with birth families, first nations communities, kinship families, foster families and unrelated adoptive applicants. Adoption staff navigate these relationships both pre and post Crown Wardship in developing an adoption plan, providing legal testimony, affidavits or reports, developing plans for openness, completing child specific home studies for foster parents and kin, managing CFSRB applications, and completing extensive work developing assessments and profiles of the needs of children and youth to determine the best plan for each child.

What might not be clearly visible are the concurrent plans which exist for each child, the number of Child Welfare staff involved in exploring these options, and the roles of adoption staff as members of a Child Welfare team in achieving permanency.

Adoption workers are highly skilled individuals that perform a variety of functions in an agency and must be able to navigate the complex legal and permanency processes that exist for Crown Wards. Below is an outline of common tasks that a Society adoption worker would perform:

The duties described in Appendix II: Key Responsibilities of Children's Aid Society Adoption Workers demonstrate how complex adoption is and the time investment that a worker must make and the relationships they must build with families, the youth and the community to ensure that the best interests of the child are met.

Despite a strong commitment to permanency by the Ministry of Children and Youth Services and Child Welfare practitioners, there are still a number of significant challenges in achieving permanency, including adoption, for children and youth in Ontario. Barriers to timely permanence for children continues to be embedded in the legal process, including extreme delays in obtaining Crown Wardship, as well as a trend in access orders and openness being used as bargaining tool. There is a need and a desire to provide Indigenous

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<sup>15</sup>CFSA, s. 61(7.1)

<sup>16</sup>CFSA, s.96, 97

services specific to the child's culture and community and to increase the use of Customary Care Agreements. If a Society is involved in a legal proceeding with an indigenous family, respect and care is taken to ensure collaborative work takes place between the Society and Bands for Indigenous children, as well as court work related to access orders and openness proceedings

### *Adoption of Crown Wards with Access*

The legislative amendments to the CFSA that were introduced in Ontario in 2006 changed the landscape with respect to adoption planning for older children who are Wards of the Crown by enabling Societies to place Crown Wards with access for adoption.

In these situations, the Act requires that the Society will give notice of the intended adoption placement to the child being placed for adoption and any person who has a right of access to the child. Any person with a right of access will in turn be entitled to apply for an openness order.

Adoption placement of Crown Wards with access seems to be happening more in some regions of the province than in others, but it is important to arrive at an understanding of the reasons behind this. One of the biggest challenges faced within the field has been that many child protection workers, family lawyers, ADR providers and Judges working in the area of child protection service had little familiarity with the concept or purpose of adoption openness at the point at which the amendments were introduced.

Understanding has grown within the membership of the provincial bar and the bench through the learning process that naturally unfolds through advocacy before the courts and the development of jurisprudence. At this point, it has been established through judicial consideration of the amendments that were introduced by Bill 179, that the purpose of adoption openness is distinct from the purpose of an order for access to a Crown Ward under section 59 of the Act, and that it is therefore reasonable to expect that a plan for adoption openness will be different in nature and substance from the access regime created by an order made under section 59(2.1) of the Act for access to a Crown Ward.

One of the challenges that Societies have faced in dealing with adoption openness planning is that, in some regions, there are not enough family law professionals amongst the members of the bar and the ADR community, who are familiar enough with adoption law, and the Bill 179 amendments, and the practice philosophy behind the amendments, to offer effective services in this area of practice. As time moves forward, the situation is improving, but there continues to be a need for province wide initiatives for cross sector training for lawyers, ADR professional, judges, and Society adoption practitioners. In particular, there are not enough ADR professionals in the province with sufficient exposure to child protection work and adoption planning to effectively offer service in this area.

Another challenge is that Societies are often dealing with birth family members, kin, or foster parents, whose wishes for continued contact with the child being placed for adoption, will be inconsistent with what is being envisioned by the Society and the adoptive parent. In some cases, even the positions of the Society and the adoptive parent may differ. The difficulty in these situations is that, many of the parties involved in these cases requiring

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<sup>17</sup>CFSA, s. 144(3)

openness planning are people who do not qualify for legal aid, and yet they really need the assistance of counsel to arrive at an understanding of the process that is unfolding, and what they can reasonably expect from it. Even in situations where the desire is to work out a plan either through a meeting, or through a more formal process with the assistance of an ADR professional, it is important that parties have the benefit of legal advice in order to help them arrive at an understanding of the law, and what they can reasonably expect to achieve without compromising their interests in the ultimate outcome of the case.

In some jurisdictions, Societies have opted in favour of absorbing the costs of independent legal advice for parties who do not qualify for legal aid, with a view to promoting a fair and timely resolution of the issues. However, this often leads to a significant expense, which many agencies are not prepared to undertake. It is also the case that, sometimes, one of the parties involved in a case, particularly where the party has the benefit of legal aid, will opt to pursue a contested openness application. In these situations, prospective adoptive parents who are not in a financial position to engage a lawyer to represent them, but who do not qualify for legal aid, find themselves disadvantaged as a result of being uncertain about the steps that they need to take in order to be able to participate effectively in a proceeding that will impact on their interests. Although the assumption may be that the Society's objectives will be the same as the prospective adoptive parents', this is not always the case. This places Society's counsel in an awkward situation, if the Society is dealing with an adoptive parent who does not have the benefit of assistance from a lawyer who can explain the process to them, and provide them with advice and information about likely outcomes. Sometimes, if the openness planning process evolves into a contested proceeding, prospective adoptive parents may be intimidated and discouraged by what they perceive as a process that is more complicated or involved than they had anticipated. This may in turn cause them to reconsider their adoption plan for the child involved. This is less likely to happen in circumstances where they are able to rely on the assistance and reassurance of a lawyer who is acting on their behalf, and who can explain the process to them, and give them informed advice about the probable results.

This decision by Justice Carole Curtis of the Ontario Court of Justice offers a simple and helpful explanation of the difference between access and openness, and provides an overview of the jurisprudence that has developed on this subject since 2008

The intent of Bill 179 was to remove the barrier access orders posed in achieving permanence through adoption for Crown Wards. An unintended consequence of the current legislation is a growing trend in the number of access orders being applied for by the Office of the Children's Lawyer and biological parents, resulting in a significant shift in openness practice across the province. Clinical best practice in openness, where the focus is on the best interests of the child, and developing a relationship between adoptive and biological families, can be eroded when these issues are addressed during contested Crown Wardship trials and subsequent openness hearings. There can also be confusion between "access" and "openness". Adoptive parents are increasingly becoming involved in legal proceedings during a time when the focus has historically been on getting to know the child, and successful transition and family integration.

## *Openness Planning:*

As a result of a Society's intervention in the life of a child's birth family, the child's network of significant meaningful and beneficial relationships will often be expanded. It is often the case that children will form significant bonds with kin and kith and also, sometimes, with foster family members who, although initially prepared to care for the child, find themselves at some point down the road either unable or ineligible to make the commitment to care for the child on a permanent basis.

This sometimes complicated network of attachments makes the adoption planning process more challenging, because of the need to accommodate the continuation of those relationships in the adoption plan for the child. It is well established that, where a relationship has been formed by a child with a family member or kin or foster family member, and that relationship is significantly meaningful and beneficial to the child, the continuation of that relationship, though some form of openness will often be important to the child. It is believed that continuing these relationships through openness will promote the child's psychological well-being, and support the child's adjustment and the development of a secure identity as a member of an adoptive family. This is particularly the case for older children who are being placed for adoption, and most of the Crown Wards in the care of children's aid Societies are older children.

Each child's situation is unique, and each child will have had a different experience in their journey towards becoming a child who is available for adoption planning. In the case of some children, although they may have been victims of abuse or neglect at the hands of their birth parents, they may have a meaningful and beneficial relationship with a grandparent, or with a sibling, or group of siblings, or a foster parent, or in some cases, with all of those individuals, and those relationships may need to be accommodated in the adoption planning process. In many cases, birth family member relationships that need to be preserved for the benefit of the child will be with family members who reside in different family homes.

Many Crown Wards have a complicated network of significant relationships with birth family, kin and foster family members that will need to be accounted for, accommodated and managed in the course of adoption planning. There will also be a need to be responsive to the changing and often unexpected circumstances that will delay, suspend and sometimes disrupt adoption plans. For example, sometimes foster parents who have not offered a permanency plan for a child will find themselves prompted to do so when faced with the reality of the child's removal from their home for the purpose of the child's placement in another home for the purpose of adoption planning. In those situations, the foster parents will sometimes opt to exercise their right to a review of the decision under section 61 of the CFSA just prior to the adoption placement. It is also true that family members who are not prepared to adjust to an openness plan that will involve less contact with the child than the amount to which they have grown accustomed, will take steps to assert rights of contact through an application for access if no existing order for access exists, or by engaging in a contested application for adoption openness where an order for access exists that will be terminated by the adoption placement.

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<sup>18</sup>N.P.T.S. v. Catholic Children's Aid Society of Toronto, [2016] O.J. No. 2279, 2016 ONCJ 242:

Adoption workers responsible for these children's files need to work closely with the other members of the Society's service and legal team involved with the child, in order to be able to keep abreast of and be responsive to changing circumstances. In some situations, collaborative solutions may be possible, but it will require timely communication amongst all of the parties involved, many of whom, including the children, will be represented by counsel. In some cases, different children, or groups of children may be represented by different lawyers because they have differing interests or desires in the outcome of the situation. In some situations, the adoption plan may end up being abandoned as a result of the legal process. In this case there will be a need to re-group to formulate a new plan for permanency, while at the same time sorting out the consequences of the failed adoption plan. In order to manage these cases and respond to these issues as they arise, adoption workers need to be intimately familiar with the circumstances of the child's situation, and able to work closely on a day to day basis with the children's services worker, residential services worker, foster parents, and prospective adoptive parents, and the lawyers involved in the case. They also need to be engaged with clinical service providers involved in the child's life, whose input also often needs to be drawn into the decision making.

Ultimately, the objective is to move the child on towards an adoptive home where there will no longer be regulated service providers and lawyers involved in the life of the child and his or her family. However, in a world where birth family members and kin acquire court ordered rights of access, and where children of the same family have different fathers and therefore have different extended family relationships, and differing opportunities for permanency within the context of those extended family relationships, and where children are sometimes placed in different foster homes where they form significant attachments, adoption planning is often complicated. Any provincial scheme for the delivery of adoption services needs to be highly knowledgeable and be able to respond to these challenges.

## Who are Ontario's Crown Wards?

During the fiscal year 2014-2015, the average monthly number of children in care was 14,539. Each year the Ministry compiles a Crown Ward Review report, which is a comprehensive file review of all children and youth who have been Crown Wards for 24 months or more at the time of the review. In other words, these are children who remain in care, two years after becoming Crown Wards (children on adoption probation, 24 months' post Crown Wardship are reviewed separately). The data below was obtained from 42 of 44 of OACAS member agencies and does not represent all Crown Wards in Ontario although does give some insight into many of our Crown Wards.

First, approximately 40.7% of Crown Wards reviewed were female and 59.3% were male. 75 percent of the children and youth reviewed at these 42 Societies were aged 13 to 17. Several agencies had no children aged 0 to 9 who remained in care 24 months after becoming Crown Wards, and significantly fewer young children over all remaining in care without legal permanency. This is important because most adoptive parents are seeking to adopt young children under 5 years old.

Total Number of Crown Wards Reviewed	0-9 yrs old	10-12 yrs old	13-17 yrs old	Avg. age of all CWs
2836	295	404	2137	14.8

Table 3: Number of crown wards by age

10% of the Crown Wards reviewed were Indigenous youth either with Status or Eligible for Status. This means that any permanency planning undertaken with these youth needs to be done in partnership with their bands and communities. Another area that needs to be mentioned when discussing Crown Wards is their diversity in terms of race culture, sexual orientation and gender expression which can complicate adoption matching.

Examining the total number of Crown Wards reviewed at three Child Welfare agencies which has a regional model of adoption services, the story remains the same. Within the Regional Agencies of Durham, Kawartha-Haliburton and Highland Shores, 75% of children and youth who are Crown Wards are over the age of 13, with only 12% under the age of 8.

Age of Crown Wards in Care – Regional Agencies of Durham, Kawartha-Haliburton, Highland Shores	Number of Crown Wards – With Access	Number of Crown Wards – No Access
0-4	4	11
5-8	17	16
9-12	45	10
13-16	159	37
17+	97	16
Totals	322	90

Table 4: Tri country Wards in Care, July 2016

The Catholic Children's Aid Society of Hamilton (CCAS) has similar data with 69% of children and youth who were Crown Wards as of March 31, 2016 over the age of 13. 16 percent were under the age of 8. This data includes children for whom adoption is in process and will be achieved, and still reflects a Crown Wardship population that is largely adolescent. One specific example from the CCAS data demonstrates that of 23 Crown Wards age 0 to 11, there is an adoption plan underway for 16 children, a long term kinship plan for one child, and long term foster care for 6 children based on specific needs of the child. There are no 'waiting' children under the age of 12.

Data From the Catholic Children's Aid Society of Hamilton	
Number of children in care as of March 31, 2016	263
Number of children and youth in care age 0 to 17	184
Number of Crown Wards with or without access	123
Number of Crown Wards on adoption probation	21
Number of Crown Wards under age 12	23 (not on adoption probation)
Number of Crown Wards under age 12 with adoption plan	14*
Number of Crown Wards under age 12 with customary care plan	2
Number of Crown Wards under age 12 in kinship	1
Number of Crown Wards under age 12 in long term care	6 <sup>21, 22</sup>
Number of Crown Wards age 12 to 14	19
Number of Crown Wards age 15 to 17	60
Number of youth on Continued Care and Support to Youth (age 18 and over)	79
Number of children in temporary foster care	60
Number of children in temporary unrelated foster care	47
Number of children in temporary kinship foster care	13
Number of children in kinship service	45

Table 5: Catholic Children's Aid Society of Hamilton: Child in Care Statistics, March 31, 2016

<sup>20</sup>CCASH has 23 Crown Wards aged 0-11. An adoption plan is in place for 16 of those children with kinship foster care for one as of March 31, 2016.

<sup>21</sup>These 14 have an active adoption plan, however may be delayed due to: appeal, MotherRisk, child specific adoption applications etc.

<sup>22</sup>There are only 6 Crown Wards under the age of 12 with a long term unrelated foster care plan generally reflecting severe medical, developmental or behavioral challenges requiring specialized care

Not every adolescent in care is 'waiting' for adoption. There are many youth being cared for by foster families or kinship families who have made a long term commitment, but either the youth or the foster/kinship family has chosen not to pursue adoption for varying reasons. A youth may have entered care as a young adolescent, and retained a strong sense of identity with, and connection to their birth family and community. Others actively wish to pursue independence while at the same time maintaining a connection with their birth/kin family or former foster family. Many of these youth have significant life time connections within their family and community. In still other situations, children and youth have specialized needs (medical, emotional etc.) that are being met in supported living situations that could not be replicated in a family setting. In many of these circumstances, the Society has determined that this represents the permanency plan that is in the best interest of the Crown Ward.

When one considers that, based on the Crown Ward Review, the average age of a Crown Ward in Ontario is 14.8 years old, the decreasing numbers of children in care overall and the trend toward kinship and foster parent adoption or legal custody, it would appear that public adoption numbers are unlikely to increase in Ontario. The wait for prospective adoptive families for an unrelated adoption, specifically of a younger child is likely to grow. There is no evidence that large numbers of young children are languishing in care or that adoption or another form of legal custody is not being achieved for younger children. Rather, it would appear that the majority of children and youth in Ontario who do not have legal permanency, although they may very well have a permanency plan, are adolescents, or children and youth with special needs. Adoption may represent a permanency pathway for some of these children, but it will not be the answer for all of them

Children deserve a family that is a good fit for them. Finding the right adoption match for children who have been involved with a Child Welfare agency often requires finding adoptive parents with the strengths and skills to care for children who may have:

- Complex needs because of the experiences that brought them into care
- Complex needs because of behavioural issues
- Complex needs because of mental health
- Complex needs because of medical issues
- "Openness" adoption arrangements with family of origin
- Sibling contact/joint placement needs

The incidence of these complications is quite high among the Crown Wards profiled in the Crown Ward Review. For example:

- 81.2% of Crown Wards reviewed were diagnosed with a special need, specifically:
  - o Medical: 23.3% of those diagnosed
  - o Developmental: 70.1% of those diagnosed
  - o Psychological / Psychiatric: 73.4 % of those diagnosed
- 53.1% of Crown Wards Reviewed had clinically significant behavioural difficulties
  - o 90.4% of these youth diagnosed were receiving or had completed treatment relevant to development, special needs or behavioural issues in the past 12 months
  - o 54.1 % of Crown wards diagnosed with a special need were on psychotropic medication

There is a known mismatch between the complex needs of many children in care and the capacity or motivation of many potential adoptive parents. Despite significant recruitment measures and ongoing public awareness campaigns, it continues to be challenging to find families who are ready, willing, and able to meet the needs of older children, large sibling groups, or those with complex medical, developmental, and behavioural needs. During the Fall 2014 ARE the MCYS Private and International Adoption Unit initiated a data pilot project to explore whether ARE outcomes could be measured and if so if the data could identify whether:

- The ARE is used effectively to support adoption permanency for Crown Wards
- Children's Aid Societies consider all prospective adoptive parents who express interest
- The ARE assisted in adoption an adoption match within 90 days

640 prospective adoptive parents (PAPs) registered to attend the ARE and 520 PAPS attended in person. There were 173 children profiled and the average age of the children was 8.6 years. Not surprisingly the data project found that children and youth who received the highest number of Child and Youth Response Forms were younger with no special needs identified; and children and youth that received no responses were older and/or had special needs identified.

Partnerships with adoption organizations are one strategy for finding better matches for Crown Wards. The Government of Ontario recently committed to support additional Wendy's Wonderful Kids Recruiters through the Dave Thomas Foundation. The working group hopes that this initiative will achieve positive results for this challenging population of children and youth.

*While an overall provincial recruitment strategy is important, different communities will continue to have unique recruitment needs that will require community based strategies. Regarding the profiling children through social media or other avenues, the workers and children involved need to determine whether a targeted child-specific recruitment strategy is required and, if so, the specific methodology that best fits best with the needs, wishes and informed consent of each particular child and youth in need of a forever family.*

## The Experience of Adoptive Parents

With an understanding of the complexity of permanency planning, and a better picture of who Crown wards are in Ontario, we can better understand the challenges and frustrations faced by adoptive parents in Ontario. This section will describe the supports available to adoptive parents, discuss the inequitable availability of those supports throughout the province and outline the need for improved customer service.

### Preparation and Pre Adoption Supports

Just as permanency planning begins with a youth before they enter into care, potential adoptive parents begin their journey towards adoption long before they bring a child into their home. In 2006 MCYS mandated that all foster, kin(care), customary care and Adoptive parent applicants must complete the Parent Resources for Information, Development, and Education (PRIDE) pre-service course along with a Structural Analysis of Family Evaluation (SAFE) homestudy before a child is placed with the family.

PRIDE training and the SAFE homestudy are offered by local Children’s Aid Societies at no cost to applicants. The PRIDE course is designed to be delivered face to face with 12 to 24 various types of applicants however there are typically more adoptive applicants wanting to participate than any other type of applicants which results in Societies having a wait-list of adoptive applicants.

Adoptive applicants can also choose to take PRIDE training by a provincially licensed private adoption practitioner and pay \$700.00 per person to \$2,000.00 a couple. To have a SAFE home study completed by a private adoption practitioner will cost anywhere from \$2,500.00 to \$3,000.00. Many applicants who want to pursue an adoption through a Children’s Aid Society choose to become adopt-ready through the private route as they become frustrated with the wait time to access PRIDE and SAFE home study at their local Society. Applicants are not aware that becoming adopt-ready via the private route does not increase their position on the Society waitlist.

As the opportunities for people to grow their family through private adoptions and international adoptions decrease (in 2015 there were 65 private adoptions completed and 93 international adoptions completed compared to 870 Children’s Aid Society adoptions) more and more prospective parents explore the possibility of adoption through a Society.

International Adoptions <sup>23</sup>						
Fiscal Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-Feb.26, 2016
	336	257	217	161	123	65*
Calendar	2010	2011	2012	2013	2014	2015
Year	328	276	238	182	136	93

Table 6: International Adoptions by fiscal and calendar year

<sup>23</sup>This table represents the number of Intercountry adoptions from 2010 to 2015. In some instances, the adoption process can take several years to complete. Therefore, data represents a point in time and is updated as information is received by the ministry.

Private Adoption						
Calendar Year	2010	2011	2012	2013	2014	2015
	83	72	93	87	72	65

Table 7: Private adoptions by calendar year

During 2014-2015 Ontario Private Adoption Practitioners delivered PRIDE preservice training to approximately 662 prospective adoptive/kin parents. OACAS members reported delivering training to approximately 2,216 prospective resource parents seeking to be either a foster, kin, customary care or adoptive parent. The MCYS reimburses a Society \$1,600.00 for each PRIDE pre-service series delivered (typically 9 weeks x 3 hours per session) The MCYS 2014-15 quarterly reports indicated that 1,301 adoption specific SAFE home studies were completed, and as Societies cannot complete a home study prior to the prospective applicant attending PRIDE pre-service training, we know that minimally (as a home study involves either a single applicant or a couple) 1,301 of the approximate 2,216 attendees were adoptive parent applicants.

Children's Aid Societies invite adoptive applicants to attend PRIDE pre-service and participate in the SAFE home study process when they have a need to increase their local pool of prospective adoptive families. Children's Aid Societies need to ensure there is a variety of families available to provide options of potential matches for children. It is not uncommon for adoption applicants to wait up to 6-8 years on a waitlist should their criteria be to have a child under 3 years old.

It is through the course of a Society completing a SAFE home study and observing the applicants as they engage in PRIDE pre-service training, that the Society gets to know the prospective adoptive family, particularly their strengths and the type of issues they may be challenged by. PRIDE training should be primarily delivered by Societies as the majority of adoptions in Ontario are Crown Wards. The staff of the Society has often years of knowledge working with the birth family and the child or youth. Who better to understand the history of the child or youth and to be there to support the adoptive family during the adoption probation period and beyond?

The delivery of PRIDE pre-service by Private Adoption Practitioners is a for profit business. In Ontario a single applicant is charged between \$700 to \$1,000 and a couple, anywhere from \$1,300 to \$2,000. During the time period of September 1, 2013 to September 30, 2014 PRIDE Private Adoption trainers delivered training to 662 adoption and Kin (child specific adoption) applicants. One private adoption practitioner received \$140,000.00 delivering PRIDE pre-service to 200 prospective adoption/kin parents. There is a disproportionately higher number of prospective applicants and waiting approved adoption families than there are waiting children. It is essential that prospective adoptive parents understand the reality of the changing Ontario adoption landscape and that purchasing a home study; paying for PRIDE training privately does not guarantee that they will not wait for years on a Society waitlist.

In 2015, OACAS and MCYS produced the SAFE/PRIDE Portability Guide for Public, Private and International Adoption Practitioners along with a parent brochure. These resources were developed to guide and remind practitioners how to process a home study or a training certificate that was obtained in a different adoption stream. The parent brochure provided information to applicants on what to expect regarding their PRIDE certificate and SAFE home study if they moved between the public, private or international adoption streams in Ontario.

## Post Adoption Services: Perspectives of Adoptive Families

Adoptive families have identified and experienced a lack of consistency between Societies regarding communication about available subsidies and establishing appropriate supports for the children. This appears to be a result of inconsistent and indirect funding that is allocated to each Society as MCYS does not directly fund Societies to provide post adoption service/support. The impact is that children and families receive varied support across the province. Within a provincial adoption system, where an adoptive family happens to reside in the province should not be indicative of the service and support they receive. An adoption probation (AP) is the period of time between the placement of the child/youth or sibling group into the adoptive family home and the legal finalization of the adoption. An adoption probation can be anywhere from six months (typically for younger children) to a few years for youth or children with complex needs. During an adoption probation period a Society can provide an adoptive family with various support services or resources such as:

- Therapy (e.g., speech and language, play, family, physical, visual, attachment);
- Moral / psychological support (e.g., counselling, follow-up calls and home visits from Society worker, respite support, in-house support, in-home behaviourist, parent support group, facilitated visits with birth relatives);
- Financial support (e.g., cost sharing for transracial adoption class, subsidized daycare and/or extracurricular lessons, respite support, non-targeted permanency funding agreements);
- Educational supports (e.g., tutoring, follow-up training)
- Other supports (e.g., support in obtaining travel documents and passports, dental and orthodontic treatment, hearing tests, and referrals to Kids Ability)

The type of support services and resources made available are dependent on the needs of the child, needs of the adoptive family, the funding allocated to the Society to provide adoption resources and the community in which the family resides. Families are not always aware that supports and subsidies are available to them to ensure the success of the adoption placement. On the other hand, some families, although in smaller numbers, are not in need of any supports.

Some families request supports for their child but are not successful in receiving them and have to advocate strongly and for a long period of time before receiving them. Some families' attempts at receiving assessments and supports for their child are denied, and so they have to pursue help through other means (e.g., their child's school board). Many families that received supports during the adoption probation period report experiencing a decline in the amount of support they receive post-adoption, unless a family breakdown was imminent.

Few families that received support during adoption probation continued to receive the identical support post-adoption. These supports included but were not limited to counselling; financial support (e.g., cost sharing for therapy, subsidies for childcare); therapy (e.g., attachment) dental and orthodontic care; supervised meetings with birth family; and limited respite support.

Some families reported delaying finalization of their adoption because they feared they would not receive any supports for their child post-adoption. Providing equitable post-

adoption supports that all adoptive families could count on throughout the province could potentially achieve earlier permanency for children and youth.

For the children who experience difficulty transitioning and adjusting to their adoptive family, the provision of post-adoption support would help these families provide the resources they require to ensure their son(s) and/or daughter(s) needs are being met. The provision of these resources would also decrease the likelihood of the family experiencing an adoption breakdown.

In general, there is a lack of consistency in how the availability of post-adoption supports are communicated to families, and varying levels of success for families who seek supports for their children post-adoption. Adoptive families fortunate to adopt from a Society that has a history of providing Permanency Funding Agreements are more likely to get post-adoption supports, while families that adopt from other Societies are required to advocate strongly to get supports or pay for supports out of their own pocket.

Although the new 2016 Ontario Permanency Funding Policy Guidelines update the 2006 guidelines, there are still many families across Ontario that receive different levels of funding and post adoption support because they do not qualify for services under the permanency guidelines. A family's eligibility for funding depends on the date of the adoption or legal custody order and the policy in place at that time.

Many families in Ontario receive non-targeted permanency funding agreements (PFAs). These subsidies are different than targeted subsidies and are specifically approved at an individual Society level. These adoption subsidies are expected to be within a Society's existing funding and are not subject to updated income thresholds reviews and increases. PFA subsidies are dependent on an agency's historical funding for adoption and a Society's capacity to provide services. As a result, there may be different thresholds across the province regarding eligibility for financial assistance, and there are also different levels of subsidy provided. PFA subsidies are funded by the Society who is legally responsible for the care of the child, not where the adoptive family or child may live. This poses challenges for adoption staff serving the child and the family. Advocacy efforts to provide additional supports or services to the adoptive family is limited by the child's home agency's capacity. Societies receive adoption funding based on how many adoptions are finalized by the agency and how many "Other Society Wards" (OSWs) they supervise, rather than the adoption services the agency delivers. The funding of OSWs, regardless of the volume of work that goes into supervising these placements is only "credited" to the Parent Society; this historical model of funding does not fully appreciate the volume of work in some Societies that have many resource families and many OSW placements.

A family that has adopted under a PFA can only receive a subsidy to age 18. This has led to a multi-tiered system in Ontario and is very confusing for adoptive parents to understand the different eligibility criteria for each type of subsidy.

In June 2016, MCYS revised the Ontario Permanency Funding Guidelines (See Appendix VII: 2016 Ontario Permanency Funding Policy Guidelines). Although this revision was welcomed by the field, there are still some differences in funding and services to families providing permanency for children.

## Example Scenarios

To illustrate the difference that pre and post adoptions supports can make for families two scenarios are included in this report. These scenarios provide tangible examples of the benefits of a robust support network for adoptive families. The scenarios outlined below are real situations drawn from Ontario Children's Aid Societies (all names have been changed). They also demonstrate the extensive costs that are placed on adoptive parents and how prohibitive these costs can be without support.

*Scenario 1: Family not able to secure post-adoption financial support  
(costs to family in bold): Children: Caleb (7) & Jason (6)*

In 2011 Caleb who was then 3 years old and his brother Jason who was 2 years old were admitted into care and placed with a foster family. Over the course of 2.5 years, the boys had regular access visits with birth mother, along with weekend overnights with Jason's birth father. Jason's birth father planned to make a plan for care of both boys but decided against it and stopped all visits. The boys became Crown Wards with no access in June 2013, and their birth mother did not show for a final visit. The foster family (whom did not properly explain the temporary nature of their care and prepare the boys for an eventual adoption) did not want to adopt the boys. An adoptive family could not be located in the brothers' local community, which precipitated the Society to profile the boys at the provincial Adoption Resource Exchange (ARE). A match was made with an adoptive family that was located some distance from the Society that cared for the boys. Due to the brothers experiencing multiple attachment disruptions, the adoptive family was provided an agency funded attachment worker. The adoption was finalized in June 2015 and no further funding subsidies were offered. The boy's Society did not have a permanency funding program post-finalization. The family was not eligible for targeted subsidies since the combined income of the parents is greater than the threshold. Although, due to the high cost of raising a family in downtown Toronto the family does not have the extra funds to cover all the additional expenses to ensure their sons' mental health stability and reduce the family stress level.

### *Support Group*

- The adoptive parents were overwhelmed during AP and wanted to join a support group, however their local Children's Aid Society denied the request as the children were not \ their former Crown Wards.
  - o **COST = Unmeasurable**

### *Therapy*

- Given the numerous disrupted attachments, Jason developed Reactive Attachment Disorder and his behaviour at home and school became unmanageable
- The school's waiting list for psychological services was 3 years
- The family's insurance benefits would only cover licenced psychologists at a maximum \$2000/year
- Psychologists with experience in attachment related difficulties were difficult to locate
- The psychologist found needed to do a full psychological assessment which cost \$4500 and bi-weekly therapy @\$170/hr which cost \$4420 total=**\$8920.00**

## *Tutoring*

- Due to lithium exposure in-utero and/or other early-life trauma, Caleb was diagnosed with ADHD and a learning disability. Tutoring was need to help him achieve and stay at grade-level
- Private Tutoring (varies from 30\$ to 100\$/hr)
- Hire a tutor at 35\$/hr – 5 hours a week (2 days a week) for 35 weeks
- private tutor= **4,900\$ yearly**

## *Medication*

- ADHD medication \$85/month = **\$1,020/year**

**The cost to the Society to meet the needs of Caleb and Jason until age 18= \$1.049,174**

*Scenario 2: Family not able to secure post-adoption financial support  
(costs to family in bold): Child: Scott (5)*

Scott was admitted to care in 2009 upon his birth. The Society obtained Crown Wardship with no Access for Scott in 2011. Scott had a number of special needs including global developmental delays, possible autism, and FASD. Many assessments and appointments occurred when Scott was born to fully understand his diagnosis and future needs. In order to obtain Crown Wardship, the Adoption Department was asked to complete an "Adoptability Assessment" for trial. The assessment involved a comprehensive file review, visits with the child, interviews with his Children Service Social Worker, and the foster family. Scott was profiled at three provincial AREs (these are held semi-annually during the spring and fall). His profile was on Adoptontario (provincially funded database used to match children with families). He had minimal response, even given his young age. One family from the third ARE was seen to be a possible match for him and pre-placement visits began only to end in the family changing their mind just before placement. In 2014 a family from within the Society's approved families was approached and was eager to proceed. Scott was placed on AP in 2015 and his adoption was also finalized in 2015. Given Scott's age, the family did not qualify for a targeted subsidy, even with his significant needs. The Society, along with the family, developed a Permanency Funding Agreement outlining how and what supports the Society would provide the family. This family was fortunate enough to reside in a region where their Society had funds to be able to provide a PFA.

**The cost to the Children's Aid Society to meet the needs of Scott until age 18=\$1,192,296.00**

*Scenario 3: Kin Family is unable to access funding  
Children: Carolyn (3) & Sheldon (6)*

Carolyn and Sheldon were apprehended in 2013. The Society had been involved with birth mother for over 9 years, initially when her first born was apprehended and then later placed for adoption. The maternal grandmother, who was retired and a widow, chose to seek a legal custody order of her two youngest grandchildren. Sheldon, although undiagnosed, showed signs of Reactive Attachment Disorder and significant hypervigilance and hyperactivity with

outbursts of aggression. At school Sheldon was struggling to keep up academically with his peers. The school placed Sheldon on the wait list to have a psychoeducational assessment as Sheldon's grandmother could not afford to access an assessment privately.

Carolyn was born prematurely. The birth mother reported she regularly consumed alcohol throughout most of her pregnancy as she wasn't aware she was expecting. Carolyn was a relatively easy baby however, over the last six months, she has been experiencing uncontrollable outbursts, struggling to fall asleep and stay asleep. The Society provided very little support, suggesting the grandmother utilize community services for assistance and get a diagnosis.

In order to support her grandchildren, the grandmother was only eligible for Ontario Works funding, she depleted her savings and was forced to consider mortgaging her home.

### *Support Group*

- The grandmother has recently been introduced to Adopt4Life's online community and has been paired with another grandmother for one on one support.
- COST = **Unmeasurable**

### *Therapy*

- Given Sheldon's struggle to become/stay attached and to trust others, he has been seeing a private play therapist, twice a month, for the past twenty months. Grandmother has no access to benefits since she is retired.
- Grandmother is also in need of support and is seeing a therapist once a month to help her manage the struggles she is experiencing as a single grandmother and overcome the damaged relationship she has with her daughter as she is now parenting her children.
- Sheldon's therapist is  $150\$ \times 2 \times 12 = \mathbf{3,600\$}$
- Grandmother's therapist is  $200 \times 12 = \mathbf{2,400\$}$

### *Respite*

- Each week a respite worker comes over to the house for a total of 5 hours a week to allow grandmother to self-care and also to attend medical appointments which occur minimally 3 times a month.
- Grandmother wishes she could afford more self-care time.
- Respite cost: 5 hours a week  $\times$  25\$ (worker) = **6,500\$**

### *Future*

- As Carolyn and Sheldon grow up, grandmother is worried that she will not be able to maintain the support she has currently in place for them. She anticipates the needs for more services such as tutoring, and therapy for Carolyn.
- If grandmother benefited from the targeted subsidy, she would be able to better meet her grandchildren's needs and get the support needed.

o **TOTAL= \$12,500.00**

## **The cost to the Children’s Aid Society to meet the needs of Carolyn and Sheldon until age 18 =\$1,012,608**

In reviewing the above costs to adoptive families it is important to be aware that in Ontario the average yearly cost of providing family based foster care is \$25,550.00 (avg. daily per diem \$70.40 x 365 days) per child.

## **Additional Adoption Support in Ontario**

Ontario has a strong provincial system in place to help prospective adoptive parents find a match. This provincial system includes:

### *Adoption Council of Ontario*

A not-for-profit organization providing outreach, support and education to all adoptees, adoptive parents, potential adoptive parents, birth families, and adoption professionals in Ontario.

### *AdoptOntario*

A provincial photo listing website that connects children from Children’s Aid Societies in Ontario waiting for adoption with families in Ontario. AdoptOntario is a program of the Adoption Council of Ontario funded by MCYS. The AdoptOntario database is designed to meet the needs of agencies who desire to use it for purely local cataloguing of children and families, or to expand it to match children with families throughout each region, or provincially.

### *Adoption Resource Exchange*

A provincial gathering that helps locate and match adoptive families with Ontario children in care needing adoption and is hosted in the Spring and Fall each year by the Ministry of Children and Youth Services. Upon request AdoptOntario periodically assists regions to host Regional Adoption Exchanges outside of the larger bi-annual ARE and has also hosted virtual by invite only AREs

### *Adopt4life*

Is Ontario’s voice for adoptive parents through the Parent2Parent Support Network, Provincial and Regional Parent Liaisons provide advocacy, support and guidance to adoptive parents throughout their lifelong parenting journey.

The Adopt4life association states that adoptive parents should never feel alone. Membership in the Ontario Adoptive Parent Association is free and adoptive parents receive peer support through a group and 1on1. Adoptive parents may join a private online community to benefit from shared experience and knowledge anytime and anywhere.

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<sup>24</sup>Source: Ministry Quarterly Reports

<sup>25</sup>Adoption and Permanency Capacity: Regional Service Options (2012)

## OACAS Initiatives

In addition to supportive legislation, provincial policy, and provincial resources OACAS and its member agencies have also continued to develop its expertise and resources to support permanency. Member agencies of OACAS participate in Regional and Provincial training events and committee work (i.e., Building Partnerships for Permanency-Children's Aid Foundation), provincial and regional AREs, and provincial workgroups (i.e., Adoption and Permanency Steering Committee, Caring for Children and Youth Council). The following reports and resources related to supporting permanency have been produced by OACAS since 2008:

- Pillars of Permanency in Practice (2008 Webinar)
- Child Welfare Legal Custody Ontario Project Report (2011)
- Adoption and Permanency Capacity: Regional Service Options report (2012)
- Strengthening Family-Based Care Guide (2013)
- Children's Aid Society training to support MCYS Formal Customary Care: A Practice Guide to Principles, Processes and Best Practices (2013)
- Permanent Relationships for Children through Legal Custody Guide (2014)
- Creating Openness within the Permanency Plan: the what, when, why and how (2015 8-part webinar series)
- Best Practices of the Portability of PRIDE Pre-service Training and a SAFE Home Study: A Guide for Public, Private and Inter country Adoption Practitioners (2016)
- Adoption in Ontario: Private, Public and Inter-Country Adoptive parent pamphlet (2016)
- Agency Guide for Foster Parents Considering Legal Custody of a Child or Youth with Crown Wardship Status and Foster Parent pamphlet (2016)

OACAS and its member agencies believe that every child and youth needs and deserves permanent, lifelong connections to flourish. The primary goal of Children's Aid Societies is to support children to live safely with their family of origin. When that is not possible, Societies look for another family to provide safety, security, and support. This is a child centred approach.

### **Improving Customer Service for Adoption Applicants**

The final part of this report looks at the issue of customer service for prospective adoptive parents in Ontario. Members of the public have often raised the issue of inconsistent practices in giving and receiving information about public adoption from Ontario's Children's Aid Societies. Complaints about these inconsistent practices and lack of information available about adoption are directed to government, Members of Provincial Parliament, Offices of the Legislature such as the Provincial Advocate for Children and Youth and the Ombudsman, OACAS, Societies, and other stakeholders such as the Adoption Council of Ontario.

These complaints suggest a need for:

- Consistent and standard messaging on adoption throughout the province including but not limited websites and publications produced by Adoption Council of Ontario, Children's Aid Foundation, Ontario Association of Children's Aid Societies, individual Child Welfare agencies and MCYS.

- A common approach to the inquiry/intake stage of the adoption process, keeping in mind that these processes may differ jurisdictionally based on the Societies' waiting children and youth and the current number of placement ready families.
- Better customer service that is relationship focused – that is reflective and appreciative of the applicants' interest and a proactive approach to helping the applicants' in their adoption journey.
- The development of Adoption standards similar to Child Protection standards or Kinship Care standards. These standards would provide Society adoption practitioners with a framework of practice, a guide to the minimal level of service and timelines that should be achieved regarding the delivery of adoption services and specific requirements of the portability of PRIDE pre-service training and the SAFE home study.

A strong public adoption system is essential to ensure that children in care of Children's Aid Societies have the opportunity to have a permanent home. Therefore, the need to have a common and consistent approach to good customer service is the first step in supporting the public who is considering and/or inquiring about public adoption. The Work Group agrees that to strengthen our public adoption system we need to achieve equitable access to service for children and their caregivers and provide a full range of permanency supports and services that lead to improved child outcomes for all children in Ontario.

The Work Group recognizes that the public adoption stream can be improved. There are areas of efficiencies that could be explored such as expanding regional collaboration of pre-service training and completion of home studies, or perhaps a central intake process to improve the prospective adoption family's customer service experience.

Redirecting responsibility for all adoption services from Ontario Children's Aid Societies to one or more centralized organizations is not a solution that would meet the needs of the children and youth for whom Societies are legally responsible to plan and advocate for. Those children and youth are best served by agencies who know them and know their families, who can consider potential adoption planning concurrently with all other permanency options for the child, and who can provide a range of supports to adoptive families whose adopted children maintain contact and relationships with their families of origin

## Conclusions

Adoption practice within Child Welfare is a multifaceted and highly specialized area of practice, with complexity in service delivery related to permanency planning for older children, more children with complex needs, and large sibling groups. Adoption is only one option in a continuum of permanency options that Children's Aid Societies consider when looking for life-long connections for children in care. Facilitating the best permanency plans for all children in care requires specialized attention to working with families of origin, kinship families, foster families and unrelated adoptive applicants. These permanency options are based on the recognition that there are many paths to long-lasting relationships and that there is no one right answer for every child.

Redirecting responsibility for all adoption services from Ontario Children's Aid Societies to one or more centralized organizations is not a solution that would meet the needs of the children and youth for whom Societies are legally responsible to plan and advocate for. A key factor in ensuring effective collaboration is the development of trusting relationships and integrating adoption work between the adoption professionals and their respective Society colleagues working in other service areas such as intake, family service and children services early on in the planning. Those children and youth are best served by agencies who know them and know their families, who can consider potential adoption planning concurrently with all other permanency options for the child, and who can provide a range of supports to adoptive families whose adopted children maintain contact and relationships with their families of origin.

It has been suggested that centralizing adoption in Ontario within a central agency such as AdoptOntario would lead to more matches between children and parents. What is missing in the Adopt Ontario database is the intricate level of knowledge of Child Welfare. Perhaps the AdoptOntario online data base for registering and potential matching of children and families could better be seen as a trusted tool if the AdoptOntario online data base for adoption professionals within the Child Welfare sector. There is a need for further collaboration between AdoptOntario and adoption practitioners to strike the fine balance of strength based information which protects a child's privacy, and accurate disclosure of information required for successful matching.

The Work Group agrees that to strengthen our public adoption system we need to achieve equitable access to service for children and their caregivers and provide a full range of permanency supports and services that lead to improved child outcomes for all children in Ontario.

The Work Group also recognizes that the public adoption stream can be improved. There are areas of efficiencies that could be explored such as expanding regional collaboration of pre-service training and completion of home studies, or perhaps a central intake process to improve the prospective adoption family's customer service experience.

## Appendices

### Appendix I: The Trajectory of Children in Out-of-Home Care

#### The Trajectory of Children in Out-of-Home Care

The following statistics are provided through seven Ontario Children's Aid Societies who are participating in the Social Sciences and Humanities Research Council Connections Grant through the Factor-Inwentash Faculty of Social Work at the University of Toronto. Dr. Barbara Fallon is the Principle Investigator.

How old are children when they are admitted into care?

- The highest rate of admission of children coming into the care of a Children's Aid Society is under the age of 1 at 6.5%
- The second highest rate of admission are youth between the ages of 13 to 15 at 4.2%

	<b>AGE GROUP</b>	<b># INVESTIGATIONS</b>	<b># PLACEMENTS</b>	<b>% PLACED</b>
<b>12 MONTHS POST INVESTIGATION 2007-08 TO 2013-14</b>	<1	24,066	1568	6.5%
	1 to 5	80,844	1798	2.2%
	6 to 12	133,929	2200	1.6%
	13 to 15	52,153	2207	4.2%

*Note: For SSHRC Connection grant agencies (n=7)*

Where are children placed when they come into care?

- 77.5% of children are placed in family based care such as Foster Care, Kinship Care, Adoption Probation
- 14.25% of children are placed in group homes
- 8.25% of children are placed in hospitals, children's mental health centers or youth or justice facilities

How long are children in the care of a Children's Aid Society?

- 63.6% of children that come into care in a fiscal year are discharged within 12 months
- Within five years 93.6 % of children that come into care are discharged from care, with 6.4% remaining in care

FISCAL YEAR	Total Admitted Children 7 Agencies											
	#		%		#		%		#		%	
2007-08	2,208	1,430	65%	1,687	76%	1,882	85%	1,981	90%	2,045	93%	
2008-09	2,150	1,387	65%	1,708	79%	1,883	88%	1,982	92%	2,042	95%	
2009-10	1,917	1,199	63%	1,462	76%	1,658	86%	1,747	91%	1,783	93%	
2010-11	2,023	1,225	61%	1,546	76%	1,720	85%	1,839	91%			
2011-12	2,204	1,431	65%	1,736	79%	1,918	87%					
2012-13	1,969	1,262	64%	1,528	78%							
2013-14	1,822	1,123	62%									

Note: For SSHRC Connection grant agencies (n=7)

Which children are discharged from care?

- 56.6% of children under the age of 1 are discharged from within 12 months
- Within 3 years 90.5% of children under the age of 1 are discharged from care
- 59.9% of youth age 13 to 15 are discharged from care within 12 months
- Within 3 years 86% of youth age 13 to 15 are discharged from care

How many children are discharged from the last placement of Adoption / Preadoption?

- 10% of children (28) are discharged from their last placement of Adoption / Pre-Adoption within 1 year
- 92% of children (255) that came into care in 2007-08 were discharged from their last placement of Adoption / Pre-Adoption within 5 years

Number and percent of children discharged from their Adoption or Pre-Adoption placement within one to five years who entered care in 2007/08

Total Children with Last Placement of Adoption or Pre-Adoption in 2007-08 for 7 Agencies	1 year		2 years		3 years		4 years		5 years	
	#	%	#	%	#	%	#	%	#	%
277/2,208	28	10%	117	42%	192	69%	236	85%	255	92%

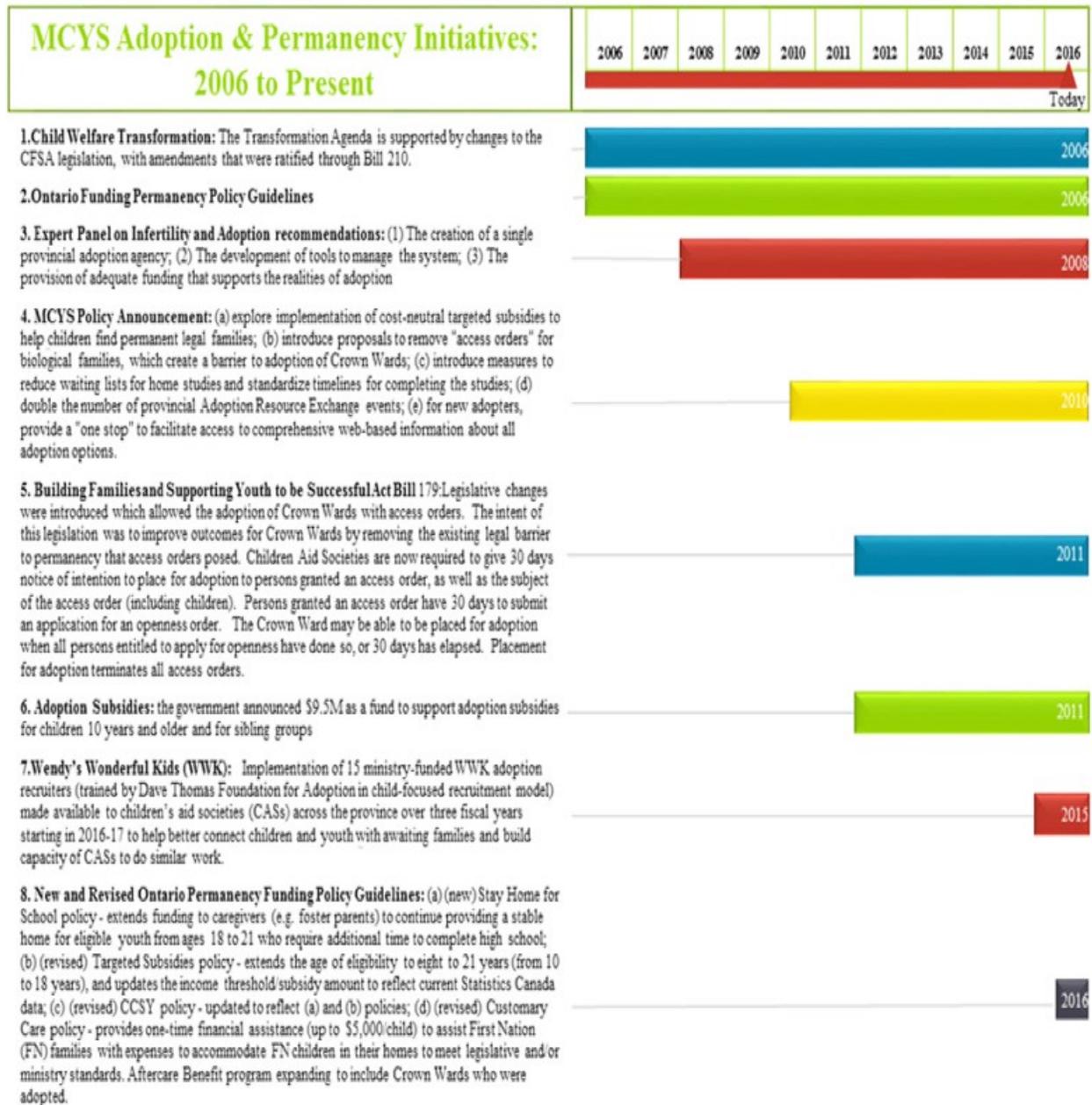
Note: For SSHRC Connection grant agencies (n=7)

## **Appendix II: Key Responsibilities of Children's Aid Society Adoption Workers**

1. To participate in planning and conducting intake, orientation and adoption-preparation groups for applicants.
2. To respond to general enquiries about adoption.
3. To assist families in the completion of application documentation including the completion of SAFE homestudy documents and SAFE supplemental documentation.
4. To conduct SAFE home studies and SAFE home study updates for adoptive applicants, relatives or foster parents who have proposed a long-term plan for a child.
5. To act as a Resource Worker in the completion of SAFE home studies of foster to adopt families where the long term plan for the child is adoption by the family.
6. To conduct PRIDE pre-service training.
7. To provide direct social work service to children in care, with emphasis on permanency planning which can include adoption planning and preparation and/or long-term placement planning.
8. To assess the strengths and needs of children in care and to develop recruitment plans, including adoption profiles for children awaiting adoption.
9. To make recommendations in adoption planning conferences regarding the suitability of approved families to meet the needs of children to be placed for adoption.
10. To carry Children's Service Files as may be assigned prior to adoption placement.
11. To participate as required in legal planning including affidavit preparation, adoption feasibility reports, openness consultations and child protection legal testimony.
12. To participate in Permanency Planning Conferences as required.
13. To participate in ADR processes where adoption and/or openness is being considered.
14. To provide case consultation for children in care where adoption is being considered.
15. To conduct in-house and/or province-wide searches for adoptive families for any child available for adoption, including attendance at bi-annual or regional Adoption Resource Exchange Conferences or the use of other adoptive family recruitment tools (i.e. Adoptontario) that may be available. Explore and assess all potential matches for the child and recommend a family.
16. Provide direct work and support to children moving on to adoption with an emphasis on grief, loss and attachment issues.
17. Conduct pre-placement work with adoptive families, foster families and birth families as appropriate.
18. To place children, supervise and support adoption placements and prepare cases for finalization.
19. To provide supervision for O.S.W.'s and inter-provincial placements in accordance with the Inter-Agency/Provincial Supervision Guidelines/Protocol.
20. To complete comprehensive social histories for any child placed for adoption, including a social history for prospective adoptive families to consider as well as a non-identifying social history for the child.
21. To arrange for the taking of Adoption Consents for Crown Wards over age 7 years.
22. To provide support to adoptive parents as part of a Serious Occurrence Investigation, where required.
23. To replace the child and support the family in cases of adoption probation disruption.
24. To provide counseling and support to birth parents considering or planning adoption.
25. To assist birth parents in consent adoption plans.

26. To provide adoption disclosure services including the preparation of redacted file information and non-identifying social histories.
27. To facilitate the exchange of post-adoption contact information, updates including the exchange of pictures, letters etc.
28. To assess the need for and to provide post-adoption services including counseling and other supports to former adoptive parents.
29. To assess the child's needs and the families' eligibility for targeted subsidies and permanency funding agreements.
30. To conduct annual re-assessments and eligibility for continued financial supports including both Targeted Subsidies and Permanency Funding Agreements.
31. To maintain subsidy files according to the Ministry Guidelines for Permanency Funding Agreements.
32. Assist adoptive families with supports and services in relation to openness orders and agreements regarding children placed for adoption.
33. To collaborate with other Societies to facilitate placements and enhance adoption services for the adoptive families.
34. To complete all required paperwork including any assigned CSW recording, adoption recording, registration packages, and finalizations. Maintain legal documentation, case records, and adoption files in accordance with agency policy.
35. To provide back-up coverage for team members, as required.
36. Performs other duties as may be assigned.

# Appendix III: Overview of MCYS Adoption & Permanency Initiatives



## Appendix IV: Costing of Adoption Scenario vs. Staying in Care until 18 Examples of Costs Comparators (estimated) for Adoption VS Child In Care

Adoptive Family unable to Secure Post-Adoption Support						
Scenario	Description	Costs Per Unit	Number of Years	Days	Costs for Child Adopted	Costs for Child in Care until 18
1	Came into Care @: Calabe 3, Jason 2					
	Per Diem Prior to Crown Ward -	40	2.5	365	73,000	73,000
	Based on Base line Foster Cost					
	Per Diem Crown Ward -	40	2	365	58,400	58,400
	Based on Base Line Foster					
	Kare Plan Costs	6,000	4.5		54,000	54,000
	Worker Costs @ Salary of \$85,000 for 15 Cases	5,667	4.5		51,003	51,003
	Child Needs (that will increase as child ages)	6,987	4.5		62,883	62,883
	Per Diem if Not Adopted -					
	Based on Base Line Foster however					
	in many cases costs increase when	40	10.5	365		153,300
	child become teen - Calabe					
	Per Diem if Not Adopted -					
	Based on Base Line Foster however in many	40	11.5	365		167,900
	cases costs increase when child become teen - Jason					
	Kare Plan Costs	6,000	22			132,000
	Worker Costs @ Salary of \$85,000 for 15 Cases	5,667	22			124,674
	Child Needs (that will increase as child ages)	6,987	22			153,714
	Psyc Assessment (Paid by Parents) that if not	4,500				4,500
	adopted would be paid by Society					
	Therapy estimated time (Paid by Parents)	8,900				8,900
	that if not adopted would be paid by Society					
	Tutoring estimated time (Paid by Parents)	4,900				4,900
	that if not adopted would be paid by Society					
	Medication Paid by Parents annually @ \$1,020					
	however would be covered in Kare Plan					
	<b>Total Costs</b>				<b>299,286</b>	<b>1,049,174</b>

**Adoptive Family able to Secure Post-Adoption Financial Support**

<b>Scenario</b>	<b>Description</b>	<b>Costs Per Unit</b>	<b>Number of Years</b>	<b>Days</b>	<b>Costs for Child Adopted</b>	<b>Costs for Child in Care until 18</b>
2	Scott came into care at birth in 2009 until 2015					
	Costs While in Care	85	6	365	186,150	372,300
	Kare Plan Costs	6,000	6		36,000	72,000
	Worker Costs @ Salary of \$85,000 for 15 Cases	5,667	6		34,002	68,004
	Child Needs (that will increase as child ages)	6,987	6		41,922	83,844
	(without this child would not be adopted) unable to estimate					
	Permanency Agreement					
	Per Diem if Not Adopted - Based on Treatment Foster - Again in many cases costs increase when child become teen	85	12	365		372,300
	Kare Plan Costs	6,000	12			72,000
	Worker Costs @ Salary of \$85,000 for 15 Cases	5,667	12			68,004
	Child Needs (that will increase as child ages)	6,987	12			83,844
	Many Assessments unable to estimate					
	Therapy ???					
	Tutoring ???					
	<b>Total Costs</b>				<b>298,074</b>	<b>1,192,296</b>

**Kin Family unable to Access Funding**

<b>Scenario</b>	<b>Description</b>	<b>Costs Per Unit</b>	<b>Number of Years</b>	<b>Days</b>	<b>Costs for Child Adopted</b>	<b>Costs for Child in Care until 18</b>
3	Came into Care @:Carolyn 3, Sheldon 6 2013 (assumption Gramma has Children on in Care)					
	Per Diem Prior to Crown Ward - Based on Base line Foster Cost	50	0	365		
	Per Diem Crown Ward - Based on Base Line Foster	50	0	365		
	Kare Plan Costs	6,000	0		-	
	Worker Costs @ Salary of \$85,000 for 15 Cases	5,667	0		-	
	Child Needs (that will increase as child ages)	6,987	0		-	
	Per Diem if Not Adopted - Based on Base Line Foster however in many cases costs increase when child become teen - Carolyn	50	15	365		273,750
	Per Diem if Not Adopted - Based on Base Line Foster however in many cases costs increase when child become teen - Sheldon	50	12	365		219,000
	Kare Plan Costs	6,000	27			162,000
	Worker Costs @ Salary of \$85,000 for 15 Cases	5,667	27			153,009
	Child Needs (that will increase as child ages)	6,987	27			188,649
	Psyc Assessment estimated for each child Therapy For Sheldon	4,500				9,000
	(Grandmother wouldn't need therapy)	3,600	2			7,200
	<b>Total Costs</b>				-	<b>1,012,608</b>

## **Appendix V:**

### **Adopt4Life Children's Aid Society Adoption Experience Survey Questions**

#### **Children's Aid Society (CAS) Adoption Experience - Feedback**

Adopt4Life is collecting information from adoptive parents in regards to CAS adoption, so we can effectively discuss with CAS leadership the positives experiences, the challenges and/or struggles adoptive families face when adopting through the public system. Please be as truthful and detailed as possible. Your answers will remain anonymous, any personal information received will not be kept or shared. Thank you for taking the time to complete the survey.

**\* 1. Have you adopted through the ARE?**

Yes

No

**\* 2. Did you adopt through your local CAS?**

Yes

No

**\* 3. Was your home study and PRIDE public or private?**

Public

Private

**4. If private, did you encounter difficulty in having your local CAS accept your home study and/or PRIDE training?**

**\* 5. Describe your adoption (kin, kith, at birth, sibling set, open/closed, etc). How many times have you adopted publicly?**

**\* 6. What support did you receive from the CAS during adoption probation? Did you continue to receive this support post adoption?**

Type of support: Post-

adoption:

**7. What supports did you not receive from the CAS during adoption probation that you wanted to get?**

**\*8. Did you delay your finalization in order to continue receiving supports from the CAS?**

Yes

No

**\*9. What could your CAS have done to make your adoption better (e.g., easier or faster)? Based on your experience, would you adopt from the public system again, or recommend the public system to prospective parents?**

**10. Please add any additional info you would like to share about your experience adopting through a CAS.**

## **Appendix VI: Adopt4Life CAS Adoption Experience Survey Results**

### **Adopt4Life - CAS Experience Survey Results**

Survey respondents = 68

Adoption through ARE = 22 (32%)

- 8 (36%) adopted through local CAS while 14 (64%) adopted outside local CAS
- 16 (73%) had a private PRIDE/SAFE while 6 (27%) went public

Homestudy and PRIDE public = 37 (54%)

Homestudy and PRIDE private = 31 (46%)

- 6 (19%) had some difficulty getting their homestudy accepted by local CAS

Delayed finalization in order to continue receiving supports from CAS = 7 (10%)

## **Appendix VII: 2016 Ontario Permanency Funding Policy Guidelines**

Through the 2016 Ontario Permanency Funding Policy Guidelines families can receive targeted subsidies. The funding for targeted subsidies is added to Society's operational budget each year to cover each targeted subsidy. This guarantees continued funding for families that meet the criteria.

As explained in the OACAS Legal Custody Information for Training and Development of Resource Families guide (2016) "Revisions to targeted subsidies were made by MCYS in 2016 to expand financial support of youth to age 21. The directive indicates that Societies shall provide Targeted Subsidies to families when the following 3 conditions are met:

- 1) The family obtained legal custody of the child(ren) on or after June 15, 2012
- 2) If the Legal custody order occurred between June 15, 2012 and June 14, 2016, the child was 10 years or older on date of legal custody order; OR If the legal custody order occurred on or after June 15, 2016 and the child is 8 years or older on date of order; AND/OR the child after June 15, 2012 is part of a sibling group (2 or more siblings)
- 3) Family has a combined annual net family income of not more than \$93,700 as calculated on Canada Revenue agency personal income tax return of the point of application or renewal of targeted subsidy. All eligible families will receive Targeted Subsidies until the youth's 21st birthday and these are reviewed annually".

A permanency agreement may be entered into when the provision of support has been identified as a key factor in achieving the goal of permanency. Agreements are reviewed annually and a file remains open with the Society. Financial support in permanency agreements may include a monthly allowance and /or coverage for special expenses, for example medical, educational and psychological services for the child/young person. The financial supports can be episodic or ongoing based on the young person's needs and the caregiver's ability to meet those needs and are reviewed annually.

Extended family members seeking custody under sec 57.1(1) of the CFSA must also consider financial ability to care for the child/young person. Policy guidelines do not allow for subsidies and these families will receive limited financial supports. This can be particularly challenging for families on fixed incomes and where there are sibling groups or youth with special needs."

