Children in Care in Canada

A summary of current issues and trends with recommendations for future research

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Introduction

The National Children's Alliance of Canada, in its desire to become more knowledgeable about the status of children in care in Canada, commissioned the Child Welfare League of Canada to develop an informative position paper for dissemination to the Canadian people, organizations involved in child welfare, and governmental representatives interested in moving forward in research and policy development. In addressing the subject of children in care in Canada, this paper will: answer broad questions; highlight some current statistics and gaps in data; highlight key issues and current trends; and identify recommendations for future research. Adherence to and relevance of the UN Convention on the Rights of the Child will be addressed.

Executive Summary

Although the number of 'children in care' in Canada is increasing every year, legislation, policies, and standards of care vary between provinces, territories, and First Nations. Aboriginal children are overrepresented as a population within children in care, and many children in care have special needs requiring specific attention. Canada does not yet have a national strategy to address issues of permanency, leaving many children in care in a state of 'limbo'.

Overview of Children in Care in Canada

Approximately 76 000 children in Canada are under the protection of Child and Family Services across the country, and are referred to as children in care (based on numbers as reported in *Child Welfare in Canada 2000,* as well as available *Provincial/Territorial Ministry of Child and Family Services Annual Reports, 2000-2002).* All provinces and territories in Canada have legislative responsibility for child and family services. One exception is the federal responsibility for Aboriginal peoples with status under the Indian Act of Canada. Each province and territory has legislation that defines how children will be protected from abuse and neglect. Each jurisdiction's legislation has its own definitions, policies, and structure of services, and may include clauses that refer to the provision of services to First Nations peoples.

Due to the inherent problems of comparing individual provincial/territorial and First Nations responsibility for service provision in child welfare, there is no body of research that considers children in care nationally, either through statistical data or comparative program analyses. The very definition of "child" varies inter-provincially/territorially, creating a challenging stage on which to develop a framework for discussion of children in care in Canada.

Increasing Numbers – Fewer Resources

Over the last decade, studies have shown that in Canada, the vulnerable population of children in need of protection is increasing significantly (OACAS 2002; CWLC 2001)**.** Human Resources Development Canada reported that there were 36 080 children in care in Canada, excluding Quebec, in 1997 (HRDC, 1997). The Child Welfare League of Canada (CWLC) statistics for 1998/1999 indicate a total number of 46 397 children in care, excluding Quebec (CWLC, 2001). Despite the increase in children requiring placement in out-of-home care, proportionately fewer family-based care homes are available, due in part to problems with the recruitment and retention of foster families (OACAS, 2002; Barbell & Freundlich, 2001). According to the Ontario Association of Children's Aid Societies (OACAS), although 21% more foster homes were used in 2001/2002 than in 1998/1999, the rate of placements increased by 38% (OACAS, 2002). Compounding the issue of insufficient supply to meet the demand is the issue of increased length of stay upon placement. An American study showed that the length of stay of children in foster care increased during the 1990's and is remaining at high levels, from 21-35 months in foster care (Barbell & Freundlich, 2001, p. 6). One outcome of great concern is the growing number of children being served through group care and institutional/residential treatment…. A 58% increase has occurred since 1990 (Barbell & Freundlich, 2001, p. 23). This increase implies that there is a shortage of family-based resources, and thus many vulnerable children are inappropriately placed in group-care settings.

- There are many children receiving protective services in Canada
- Provinces and Territories follow different legislation as guidelines
- National comparative studies of children in care have not been done
- National standards of care do not exist
- 30 – 40% of children in care are Aboriginal
- Family-based care is widely used: Adoption, Non-relative Foster, Kinship Foster, Guardianship Foster
- Children experience significant placement disruption

Family-Based Care as Preferred Option

Research demonstrates that family-based care is the preferred placement option when compared to group residential options (Kluger et al, 2000, p. 141). Canadian research completed by Kimberley Thomas for her MSW thesis (University of Manitoba) found "…children in therapeutic foster care have significantly less restrictive placement outcomes at the time of discharge than do children in residential care. [She also found that] …children placed in therapeutic foster care experienced an increase in self-concept over a six-month period while the residential care sample displayed no change…" (Thomas, 1993, Abstract). "Youth who are in less restrictive placements such as foster homes fare best academically, while those in more restrictive placements such as group homes are less likely to succeed" (NYICN, (2001), p.3). Cost effectiveness is also a determinant in preference of family-based care. Kruger et al. report that treatment foster care is significantly less costly than group care (Kluger et al, 2001, p. 158), with estimates showing treatment foster care to be 20% to 33% less costly than residential group home care (Kluger et al, 2001, p. 160). In several studies, youth in treatment foster care have shown better adjustment at follow-up in terms of post-discharge stability of living situation, and restrictiveness of placement setting, than youth served in congregate care settings (Kluger et al, 2001, p. 158-9). "60% - 89% of youth in treatment foster care are discharged to less restrictive living settings following treatment foster care placement" (Kluger et al, 2001, 159). Youth in treatment foster care had significantly greater drop in criminal activity (50%) than youth in residential group care, and more youth in treatment foster care were discharged to live with their families (Kluger et al, 2001, p. 159).

One form of family-based care is kinship foster care, where children are placed in foster homes with relatives. Kluger et al (2001) indicated that more children are living in kinship care settings as a response to rising child welfare caseloads (Kluger et al, 2001, p. 127). Kinship care in the United States has increased from 18% (1986) to 25% (2000) (Barbell & Freundlich, 2001, p. 20). However there are problems associated with kinship care. Both the children in care, and relatives are reluctant to enter into an adoptive relationship for fear of undermining existing familial relationships, and due to strong cultural resistance to the termination of parents' rights (Barbell & Freundlich, 2001, p. 22). As a result, another emerging option of family-based care is evolving, namely "guardianship" care. Guardianship care is a status between that of foster care and adoption; guardianship care status is

granted to a known family or specified friend, to indicate permanency of care. The province would retain legal guardian status until child reaches adulthood (Aitken, 2002, p. 23). Preliminary research demonstrates outcomes for children in guardian relationships are similar to the outcomes of children in adoption relationships, using measures of stability of relationship, and permanency (Barbell & Freundlich, 2001, p. 22).

High Needs

One further component, that deserves mentioning, is the changing face of children coming into care. Children currently in care may have more problems than foster children a generation ago. Many of these children have 'special needs'. See section titled "Special Needs – Identifiable Populations" for more details. Canadian research cites prevalence estimates of emotional and behavioural problems of children in foster care rising from 30-40% in the 1970-80's, to 48-80% in the mid-1990's (Stein et al, 1996, p. 385-6).

What is known is that all Canadian children who receive child protection services have been deemed at significant risk of, or actual victims of child abuse, neglect and maltreatment. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) (2002), by Nico Trocme et al., is the first national study that tackles a specific child welfare issue in Canada with national scope. Sandra Scarth, author of the Foreword for this study, notes that

> … there is no source of comprehensive, reliable national statistics on the nature and extent of child abuse and neglect across Canada. Without this information it has been difficult for policy makers and program developers to know whether the interventions and services currently provided to children and families prevent further abuse and reduce the burden of suffering on those affected…. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is the first Canada-wide effort to begin to fill the gap using a common set of definitions (Scarth, 2002).

The CIS offers a comprehensive look at *incidence rates* of reported child maltreatment; categories, characteristics and duration of maltreatment; intervention information; child characteristics; household characteristics; and child welfare referral and agency characteristics (Trocme et al, 2001, p. 106).

Recent Statistics

The *Child Welfare in Canada 2000* report prepared by the Secretariat to the Federal/Provincial and Territorial Working Group on Child and Family Services Information "outlines the roles and responsibilities of provincial and territorial child welfare authorities in the provision of child protection and preventive/support services" (Fed/Prov/Territorial Working Group, 2000, i). It provides detailed information regarding the provisions, policies and programs within each jurisdiction in Canada as of September 2000. The report makes specific reference to the difficulties inherent in comparing jurisdictional data, recognizing that each jurisdiction follows different foundational legislation with regards to child protection issues, and hence terms of reference and statistical data are not comparable.

To date, there is no research that accurately compares provincial and territorial data regarding children in care in Canada, due to the limitations as described in detail in the report *Child Welfare in Canada 2000*. The following table is based on a subjective assessment of data as reported by jurisdictions in the *Child Welfare in Canada 2000* report, as well as information gleaned from Provincial/Territorial Annual Reports from 2000/2001 or 2001/2002, and Provincial Children's Advocate Offices. **It is not intended that one use the data for statistical analyses, but rather as information to facilitate further discussion.**

Province/Territory	Children in Care	Children in Care Who are Aboriginal	Children in Care in Family-Based Care
Newfoundland/Labrador (1999)	703[1]	Unknown	93%[4]
Prince Edward Island (Mar 2002)	329	Unknown	70%[1]
New Brunswick (Mar 1999)	1 193[1]	Unknown	81%[1]
Nova Scotia (Mar 1999)	1 906[1]	Unknown	58%[1]
Quebec	20 506[1]	Unknown	Unknown
Ontario (Feb 2003)	16 989[3]	Unknown	Unknown
Manitoba (Mar 1999)	5 358[10]	68%[11]	72%[6,10]
Saskatchewan (Mar 1999)	2 710[1]	67%[2]	75%[1]
Alberta (Mar 2001)	15 032[9]	38%[9]	77%[1]
British Columbia (Mar 2002)	10 450	40%	59%[1,7]
Yukon (1999)	182[1]	Unknown	Unknown
Northwest Territories (Mar 2001)	825	Unknown	77%[5]
Nunavut	NA[8]	Unknown	Unknown
Total	76 183		

Table 1. Numbers of Children in Care in Canada, with Approximate % of Children in Care Who are Aboriginal and Approximate % of Children in Care Placed in Family-Based Settings (data collected from Provincial/Territorial Annual Reports of 2001 or 2002, unless otherwise noted – reports fully cited in Bibliography)

[1] (using 1999 numbers as reported in Child Welfare In Canada 2000 Report)

[2] (using 1999 numbers as reported in "Children and Youth in Care Review: Listen to their Voices" 2000, Saskatchewan Children's Advocate Office)

[3] http://www.oacas.org/resources/casstats.htm (Ontario Children's Aid Society website)

[4] (using 1998 numbers as reported in Child Welfare in Canada 2000 Report)

[5] (reflecting children being served in own community, not specifically what type of care – assumption that most service is family-based, from NT MCFS Annual Report 2000/2001)

[6] Winnipeg CFS reports 81% in 2001/2002 Annual Report

[7] Not including Contracted Child Care Resources which may include group and family-based care placement settings

[8] Numbers for Nunavut are represented with North West Territories numbers in Child Welfare in Canada 2000 Report, which reported 418 children in care for 1999 for NT

[9] Alberta Child and Youth Initiative, 2001

[10] Fed/Prov/Terr Working Group, 2001

[11] Winnipeg CFS, 2001 – states 32% non-Aboriginal, leaving 68% Aboriginal (status, non-status, Metis…)

The Department of Indian and Northern Affairs Canada (INAC), in its Basic Departmental Data 2001 report, shows statistical data indicating a steady increase of Aboriginal children in care, with a 6% national prevalence rate for 2000. The difficulty with this information is that it only refers to children in care who were living "on reserve" prior to coming into care, and it does not include any data from the North West Territories and Nunavut, any Self-Government First Nations, or First Nations which were not administered under a Child and Family Services Agreement (INAC, 2002). According to Marlyn Bennett and Cindy Blackstock of the First Nations Child and Family Caring Society, "there are approximately 22 500 First Nations children in the care of Canadian Child welfare authorities" today (Bennett & Blackstock, 2002, p. 30). "From best guesses based on provincial statistics about 40% of the children in the care of the provinces/territories are Aboriginal children with the majority of them being First Nations (status and non status)…. Although data on cultural match in placements is not consistently collected we know from the Children's Commission report 1998 that in BC only 2.5% of Aboriginal children in the care of the province were placed in Aboriginal homes despite a statutory

requirement to give Aboriginal homes preference"(Blackstock, 2003). The ability to accurately reflect the reality of the percentage of children in care who are Aboriginal is limited by the differing definitions and methods of calculating total numbers of 'children in care', and 'Aboriginal children'. Available data suggest a range of 30% -40% of children in care are Aboriginal across Canada.

Attempts to tabulate the total numbers of children who have achieved 'permanent' care in the provinces/territories are significantly thwarted by the various definitions and categories being used in each jurisdiction. The Adoption Council of Canada generated an estimate of 20 000 children in permanent care, based on figures from the Federal/Provincial/Territorial Working Group and statistics received from provinces (Fenton & Grove, 2002). However, more accurate numbers will become possible when national definitions, and standards for collecting and tabulating data are in place.

Key Issues

Child welfare practice has changed, and is changing in Canada. Consider the current context for practice, as outlined by the Centre for Excellence in Child Welfare (CECW, 2003):

- There are not enough places for children in care to live
- Children in care across Canada receive different services
- Child Protection Workers are overloaded
- Approaches must consider children's rights **and** family preservation
- Foster/Adoptive families must be seen as part of a professional team
- Adoption needs to be broadened to include creative permanency plans which would improve adoption rates for older children

- the number of child welfare investigations and placements has increased dramatically across Canada in recent years;
- these increases are driven largely by reports of neglect and exposure to domestic violence as well as by a shift to a more interventionist approach to practice;
- there has been an overall reduction in the social, health and educational services available to families;
- stream-lined investigation and risk assessment procedures have resulted in a larger proportion of caseloads being labeled "high-risk";
- over two-thirds of current investigations involve families with previous child welfare contact.

Within this context, practitioners, administrators, and researchers alike struggle to provide and improve services to children in care. A number of key issues affecting the practice of child welfare, not in order of priority, are highlighted below.

Shortage of Placement Resources

All regions of the country bemoan the general shortage of placement resources and options, with some provinces recognizing a need for more mental health services and secure treatment facilities (Alberta Children's Advocate, 2000, p. 19) (British Columbia Child, Youth and Family Advocate, 1999, p. 17). "Lack of a sufficient number of foster homes and/or other resources for residential care were the main reasons given…for breaching the policy on the maximum number of children in a home. Meeting the need to match children and homes is not possible when there are too few foster homes…. When homes are overloaded, [or] children and foster homes [are] mismatched, …safety concerns arise" (Saskatchewan Children's Advocate, 2000, p. 62). The impact for children in care is significant: placements are made in less than ideally-matched settings; children with long-term needs may be temporarily placed in short-term resources while awaiting a vacancy in the long-term resource; increased breakdowns of placements lead to an increased need for replacements; children's placement needs may increase as treatment is delayed; attachment disorders develop with increased disruptions in care (Aitken, 2002, p. 15).

Lack of National Standards

Across Canada there are differing approaches to determining whether a child is in need of protection, with eight provinces having adopted specific risk assessment tools (Fed/Prov/Terr Working Group,

2002, p. ix). The use of these models promotes an interventionist approach; "focusing resources on children who are most at risk, and directing interventions to reduce risk factors…[which] generally create[s] stronger links between the intent of the legislation and child maltreatment intervention…." (Fed/Prov/Terr Working Group, 2002, p. viii). The potential therefore exists for children in Canada to receive protective services differentially, according to when they are deemed to be in need of support. Once children are in public care, the National Youth in Care Network, amongst others, has identified and prioritized the need for national basic standards of care (NYICN, 2000, p. 13). The PRIDE program (Parenting Resources and Information Development and Education) and the Canadian Looking After Children program (CanLAC) are two responses to this concern, and are described in a later section titled National Trends.

Increased Workload for Child Protection Workers

Child Protection workers' desire to effectively ensure the protection of Canada's children is compromised by the environment in which they are working. Increased responsibilities for workers, without proportionate staffing support, can be attributed to the dramatic increase in the number of child welfare investigations (CECW, 2003), the implementation of new assessment and intervention tools, changes in legislation in many provinces, lack of resources, systemic restructuring of First Nations child welfare services, and lack of sufficient funding. The Ontario Association of Children's Aid Societies studied the impact of funding formulas. In their final report, the OACAS states:

> Workload pressures continue to be a major problem for staff at Children's Aid Societies. Despite increased government funding to agencies, front line and management staff are increasingly concerned about the size of caseloads and the reduced amount of time workers are spending with clients. Realistic benchmarks that reflect the work that front line workers are doing in all areas of child welfare practice must be developed. Revised benchmarks must take into account the changes that have been introduced by government as a result of Child Welfare Reform. The workload benchmarks included in the current Funding Framework do not take into account the Eligibility Spectrum, the revised Child Protection Standards, and the amended Child and Family Services Act which have all clearly increased the administrative and court work expected of front line workers. Front line workers have been given the tools, but not the time to ensure the protection of children in Ontario (OACAS, Workload 2002).

The Canadian Association of Social Workers (CASW) undertook a national survey of over a thousand social workers involved in child protection, in response to the common recognition that social work practice has become complex and demanding. Common themes of concern include poor morale of practitioners, overly large caseloads, a shortage of qualified social workers, and a high rate of attrition. Overwhelmingly, respondents identified caseload size as the single most significant impediment to good child welfare practice, emphasizing that the impact of this reality is the inability to form meaningful relationships with clients (Herbert, 2002).

Child Welfare Legislation - Themes and Issues

Over the last decade child welfare practice has reflected a diminishing tolerance for the conditions that contribute to a child becoming 'in need of protection' and a greater emphasis upon child safety. With a simultaneous increased focus on children's rights, many jurisdictions have made legislative changes to the definition of a 'child in need of protection'; the definitions have been broadened and made more encompassing, such as the inclusion of emotional abuse as a form of abuse, and the inclusion of 'significant risk of harm' as criteria for intervention. These changes have contributed to the "interventionist" approach that has been adopted by most child welfare policymakers, and service providers. One focus of child welfare practice is now on determining the point at which the child protection agency will intervene. Many provinces have adopted the use of specific Safety and Risk Assessment tools, to determine whether a child fits the definition of a child in need of protection (Fed/Prov/Terr. Working Group, p. ix, 2002). The use of risk measurement tools to determine involvement has resulted in significantly less involvement in family preservation and family crisis prevention work by child welfare practitioners. This reduction in service to families who are struggling, but whose children do not meet the risk assessment criteria, occurred at a time when, throughout Canada, the system of social supports, community agencies, and local programs were also decreasing. This has created a challenging environment through which child protection service providers must navigate, as they strive to effectively serve the children in their care. At the same time,

birth families are being held more accountable so that children can be offered permanency at as young an age as possible (Crosson-Tower, 2001, p. 332).

Impact of Funding Frameworks

One very important issue is the way in which child welfare services are structured. Current funding does not encourage reunification with adequate supports, or permanency with adequate supports, or prevention of child welfare placement in the first place. In fact, the incentive is to bring children into care in order to provide services that could have possibly been provided to families in the community in the first place, maintaining children safely in their own home and preventing the need for out-of-home placement (Dudding, 2003) (Scarth, 2003). Currently, funding frameworks reflect a reduced emphasis on family preservation, and a clear devaluing of one of the traditional roles of child welfare agencies; that of providing services that focus on reduction of risk indicators, through community-based prevention and support services to families. Another example of problems with funding can be seen in the manner in which services to aboriginal children are funded. The federal government has arranged to strictly limit their funding for in-care services (Scarth, 2003).

Current Challenges in Foster Care

Ongoing challenges identified by the Canadian Foster Family Association (CFFA) include training, access to information about children in care, support, adequate compensation, and feeling value or recognized as a member of the team (Blackmore, 2003). Over the last decade, the call for recognition of the significant contribution of foster caregivers to the successful outcomes for children in care has resulted in a call to elevate the role of the foster parent to be an equal member of the team of professionals involved in service provision (ON CFS Advocacy Office, 1998, p. 47) (Reichwein, 1996). Foster parents are more than simply caretakers of the child. Foster parents continue to rise to the task of caring for the increasingly complex needs of children, they are expected to participate in training and therapeutic interventions, and increasingly, agencies are accepting the concept of 'foster parents being a member of the child's treatment team' with vital assessment information. This is resulting in many foster parents gradually attaining more respect within the field, being offered deliberate and extensive training, and more appropriate compensation. However, this is not a consistent pattern across Canada (Blackmore, 2003). Some agencies in the United States have (even) moved to hiring foster parents as employees of their agency (Crosson-Tower, 2001, p. 317, 332).

In Canada, the issue of taxation of income to foster parents has come to the foreground, on a case-by-case basis. In brief, the Canada Customs and Revenue Agency (CCRA) has at times deemed the income of foster parents to be taxable income. The likelihood of having one's income taxed, as a foster parent is linked to being engaged in the role of fostering through a private foster care agency. Furthermore, all foster caregivers may become susceptible to taxation, if the CCRA involves itself in an evaluation of the purpose of compensation. Historically, foster care remuneration was intended to replace out-of-pocket expenses made on behalf of the foster children. However, with the increased specialization, training and graduated levels of compensation, foster care income may be compensation that reflects more than simply care giving expenses (Dudding, 2003).

Broadening Permanency Options - Adoption Issues

The Adoption Council of Canada (ACC) has identified the need to consider adoption and other permanency options for more of the children in permanent care. Adoption is often not considered for many children living in permanent care because they have some sort of continuing access to their biological family, or because their care-needs profile is extensive. However, the ACC argues that there are adoption alternatives for these children, such as open-, kinship-, and subsidized/assisted- adoption. Currently, many placing agencies resist entering into alternative models of adoption due to limited resources, and the complexities of managing cases with complicated legal arrangements. It is critical for adoptive parents of children in care to receive ongoing support, counselling, training about care issues, (such as Fetal Alcohol Syndrome, Attention Deficit Disorder & Hyperactivity, Learning Disabilities, Attachment Disorders, Developmental delays, etc.) and respite if needed, just as foster families receive such supports in caring for the very same children prior to adoption (Ross, 2001). From a cost benefit analysis alone, adoption even with subsidies for the children's special needs will prove to be less expensive than permanent foster care (Sobol, 1997). There is a great need for research that identifies the differing outcomes for children in care who are adopted depending on the type of

adoption. An analysis of why adoptions breakdown needs to be included in the research. It should differentiate between adoption dissolution (after finalization), adoption disruption/interruption (during adoption), and adoption breakdown (before finalization) (Ross, 2003). Such research will serve to inform child welfare administrators and practitioners as to best practices in promoting successful outcomes for children who have been in care, who have gone on to be adopted.

Geographic Jurisdiction

Although there is a *Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories*, the pan-Canadian crisis of resource shortages has contributed to less cooperation between service providers of different jurisdictions. When a child or a child's family crosses regional boundaries or provincial/territorial boundaries, they and their families are poorly served, through transfer of cases, replacements of children, and disruption in service planning. One key outcome: permanency planning is jeopardized (NYICN, 2001, p. 14) (Alberta's Children's Advocate, 2000, p. 20) (ON CFS Advocate Office, 1998, p. 47).

Delegation of Children's Services to First Nations Agencies

The First Nations Child and Family Caring Society (FNCFCS), in its comprehensive literature review of Aboriginal child welfare issues provides the historical context for current issues in Aboriginal Child Welfare (Bennett & Blackstock, 2003, p.71). As noted earlier in the statistics section, national estimates suggest an average of 40% of children in care are Aboriginal. The high representation of Aboriginal children in public care is even more significant in the Western Provinces, with prevalence rates of up to 68%. The FNCFCS notes, however, that since the early 1980s, First Nations have been "taking over the delivery of child welfare services [for their own communities].... With this increased responsibility, the services provided by First Nations Child Welfare agencies increasingly has begun to reflect and interweave the indigenization of services premised on diverse ideologies, values and principles as evident in Aboriginal cultures across Canada " (Bennett & Blackstock, 2003, p.71). Some provinces have identified that progress is being made which enables First Nations people to provide child welfare services to First Nations children. Although, as previously cited, available statistics for British Columbia indicate

- Improved co-ordination of services would reduce placement issues when children and families relocate
- Improved co-ordination of services will help First Nations Agencies work together with others in serving Aboriginal children
- National standards need to address services to older youth
- Youth need access to resources to be able to successfully move out of care into independent living
- Special needs of children in care need specific attention

a very low placement rate of Aboriginal children in Aboriginal settings, Alberta reports that 30% of Aboriginal children in care were placed in First Nations family-based resources in 2002 (Alberta Children's Services, 2002). It is highlighted, however, that the authority that delegates the provision of child welfare services to the First Nations child welfare agencies must ensure an adequate child welfare delivery capacity. This involves establishing appropriate standards, recruitment, training and supervision of staff, and establishment of appropriate monitoring mechanisms (Alberta Children's Advocate report, 2000).

Services to Older Youth

A presentation by Matthew Geigen-Miller and Michelle Quick of the National Youth in Care Network at the "Canada's Children, Canada's Future Symposium" (2002), highlights the issue that a number of Canada's provinces have failed to amend their child welfare statutes to include children aged 16 and 17 within the definition of "child", when assessing children in need of protection. At this time, the CWLC identifies six provinces/territories (Ontario, New Brunswick, Nova Scotia, Newfoundland/Labrador, Saskatchewan, and Northwest Territories) that use age 16 as the upper limit for a child in need of protection.. The UN Convention on the Rights of the Child (CRC) clearly defines "child" as persons up to the age of 18 (Article 1) (UNCRC, 1989). Compliance with the CRC would ensure all Canadian children have access to protection from abuse, violence, and maltreatment (Geigen-Miller & Quick, 2002, p.1). Compliance would also enable consistency of data sets utilized to generate statistical measures across Canada. A second theme throughout the literature is the rights of

the children/youth "to participate in decision-making regarding the services provided to them" (Saskatchewan Children's Advocate, 2001, p. 26)(NYICN, 2001, p. 6).

Transition-to-Adulthood Services

Since 1988, the National Youth in Care Network (NYICN) has identified that for youth to successfully complete their transition to adulthood, they need improved access to and availability of resources and financial support. A former foster youth wrote "To Be on Our Own with No Direction from Home" (1988) for the NYICN, identifying that former foster youth need a whole range of services that help them resolve issues, thus leading to independent living. Few Canadian studies relevant to transitions have been conducted, and none were published (Flynn, 2002, p. 10). One study reported on a project in Toronto that surveyed "street youth" who were seeking post-transition services from Covenant House. The survey found that 51% of the youth surveyed were former children in care, and that all the youth surveyed expressed a need for more support in the areas of finances, and preparation for life after care (Flynn, 2002, p.10). This issue is still on the list of key recommendations of the NYICN (NYICN, 2001, p. 17) as well as other organizations (Alberta Children's Advocate report, 2000, p. 24). A related legislative issue is the limitation of support (by a child welfare agency) up to the age of 21, or sooner, for the most vulnerable children in our society: children in care. There is growing consensus amongst service providers that this must be raised to an age of 24, given that the average age of emancipation for all young adults from their familial home has increased during the past decade (Dudding, 2003).

Special Needs of Children – Identifiable Populations

There is a need to redesign some foster care services to better meet the needs of certain sectors, such as children with significant developmental delays, children who are HIV-positive, youth who are gay or lesbian, youth who have become young offenders, and children who are exposed to substance abuse (Crosson-Tower, 2001, p. 336) (NYICN, 2002, p. 2). For example, "experts estimate 50% of the 6 600 kids in care in Alberta [1999] have FAS [Fetal Alcohol Syndrome]. Symptoms of FAS include learning disabilities, juvenile delinquency, chronic unemployment and violence. The cost to the taxpayer … [is] about $3 million over the course of a lifetime for each child" (Jacobs, 1999). Another example is children with disabilities. "It is estimated that among children and youth in Canada, 5-7% have some form of disabilities…. As a result of social exclusion, children and youth with disabilities are more likely to live in families with low-incomes, to be victims of sexual abuse and violence, to be excluded from regular education, and to have come into contact with child welfare systems" (CACL, 2003). "Each year more than 3000 children with disabilities end up in the [Canadian] child welfare system. [The Canadian Association of Community Living (CACL)] estimates that more than 60% of children in care have some form of disability" (CACL, 2003).   The Centre of Excellence for Special Needs provides the following definition, which is adopted from UNESCO: a child has special needs if s/he requires additional resources (public or private) beyond those normally required to support healthy development (O'Sullivan, 2003). Key issues in serving the needs of the special needs population in Canada are directly related to the fact that 40% of children in Canada live in communities with populations of less than 100,000. The Canadian Centre of Excellence for Childen and Youth with Special Needs (CECYSN) has identified that the children with Special Needs in/from rural and remote communities have unique needs simply because of where they live. The services provided to children with special needs in all areas of Canada, including those in care, must respect children's rights for culturally and linguistically appropriate service (O'Sullivan, 2003). Furthermore, improving risk assessment tools, and intervention tools has and will continue to improve the care services for special needs populations. Broadening the permanency options available within foster care and adoption, as recommended by the Children in Limbo Task Force (Steinhauer, 2002, p. 93), will enable more of the 'identifiable populations' of children in care to experience permanency, and social inclusion in our communities.

National Trends

Recruitment, Assessment and Training for all Family-Based Caregivers

The desperate need for more family-based caregivers throughout Canada, and the need for greater competency amongst family-based caregivers, has given rise to the trend to incorporate recruitment, assessment (home study process) and training (both prior and during care-giving assignments) into a

continuum of service offered by agencies/service providers. The PRIDE program, which is an acronym for Parenting Resources for Information Development and Education, is designed to strengthen the quality of family foster care and adoption services. PRIDE provides a standardized, consistent, structured framework for the competency-based recruitment, preparation, and selection of foster parents and adoptive parents, and in-service training and ongoing professional development (CWLC-PRIDE, 2003). Across Canada, the PRIDE model is gaining acceptance as an excellent standard of programming and is currently being implemented in some of the Atlantic Provinces (Newfoundland/Labrador, New Brunswick, Nova Scotia), Ontario, Yukon, Saskatchewan, and the Northwest Territories. A potential issue with the adoption/ownership of PRIDE through provincial bodies is access to this resource by private family-based care agencies that also recruit, hire, train and supervise family-based care providers. The child welfare agencies' inconsistent responses of support for, competition with, and dependency upon private family-based care-giving agencies may undermine the potential for a unified approach to recruitment, assessment, training and supervision of all caregivers, regardless of which organization the individual families choose to affiliate with.

Permanency Planning Models

Historically, permanency planning alternatives consisted of family reunification, or adoption. More recently, models for permanency have expanded beyond these extremes on the permanency continuum. Options such as Kinship Care Customary Care, Guardianship Care, Open Adoption and Subsidized or Assisted Adoption are more recent alternatives being utilized, or explored, which have the capacity to provide consistency, and offer permanence for children (Crosson-Tower, 2001, p. 331) (Aitken, 2002, p. 23-24). Permanency Planning is defined as "the systematic process of carrying out, within a limited period, a set of goal-directed activities designed to help children and youths live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to offer life-time relationships (Maluccio et al., 1986, p. 5).

The failure to engage in a functional and deliberate process of permanency planning leaves children in a state of limbo. "The unfortunate outcome for many children in limbo is that they become *attachment resistant*. Such children pose significant problems for their caregivers, and they consume an inordinate amount of professional time and expertise" (Wilkes, 2002, p. 6). They become vulnerable to further moves because their behaviour is difficult to manage; they tend to exhaust their caregivers and it is particularly difficult to devise care plans for them (Wilkes, 2002, p. 9).

- Recruitment, assessment and training of family-based care providers is key
- PRIDE is one program being utilized in some jurisdictions in Canada to address recruitment, assessment and training issues
- Permanent placements for children in care are critical
- Canada should develop dual licensure of family-based care providers (foster care and adoption)
- Canada should develop kinship and guardianship options
- Assessment of how well children in care, and 'post care' are doing is difficult
- CANLAC is one program being utilized in some jurisdictions in Canada to address outcome measures

The Children in Limbo Task Force identified that a number of factors exist that, if addressed, could aid the potential for achieving permanency sooner for children in care (Aitken, 2002, p.16-17). Permanency Planning could be expedited through:

- increasing the availability of adoption subsidies;
- reviewing and defining practices regarding contact or access between birth parents and children with a view to avoiding impractical court-ordered arrangements;
- encouraging establishment of agency-mediated contact arrangements negotiated between the appropriate parties to apply either during alternative care arrangements or after adoption; currently agencies avoid participation in mediation of open-adoption arrangements, in part due to lack of resources;
- extending 'fostering with a view to adopt' programs, also known as parallel or concurrent planning, or dual-licensure;

- developing and extending post-adoption services, such as therapeutic support, consultation, and including mediated open-adoption. Although there currently is no legislation in Canada that speaks to open-adoption contracts (Wilkes, 2002, p. 90), private practitioners have increasingly engaged in 'openness in adoption' over the past 30 years (Bernstein, 2002, p. 101);
- creating a designated or assigned guardianship option that would provide children past the toddler stage with a permanent placement offering greater stability than long-term foster care.

In addition to the above, agencies need to be guided and supported to establish more child-centred programs which can provide for more flexible child-care arrangements between family of origin, and family providing care (Dudding, 2003). Much remains to be done to improve our ability to provide all children with the comfort and security of a permanent family.

Outcome Measures for Children in Care

The recent focus on measuring the impact of services for children and families has the potential to significantly affect the experience of receiving protective services for children in care. Recently, Child Welfare Agencies and Family Service Agencies across Canada were surveyed, to identify how they monitor client outcomes, establish and monitor practice standards, and develop common standards and accountability mechanisms, including outcomes evaluation. Although all agencies agree on the value of accountability and outcome evaluation, and many do collect information for their Boards, funders and others, "only 50% have systematic processes for integrating results of their own outcomes evaluation and needs assessments into practice, and only 30% have processes for integrating the results of external research into practice... 39% do not have any process" (Stevenson & Balla, 2003, p.9).

The following discussion is a summary of the Keynote Address of the Canadian Symposium of Child and Family Services Outcomes (February 2003). The Symposium was developed in response to the recognition by a wide variety of service providers in all regions of Canada, that there is a serious lack of coordination (in Canada) of efforts to measure the efficiency and effectiveness of services delivered to children, youth and families. Despite calls for research on the effectiveness of intervention and tracking of outcomes, there has been limited progress over the past 25 years. "Services to children and their families continue to be driven primarily by evidence of need, irrespective of evidence of service effectiveness" (Trocme, 2003, p. 7). Funders have traditionally responded to increasing need and caseloads, and have not required accountability based on outcomes. Funders are now starting to request evidence of program effectiveness. The development of outcome measures is complicated by a number of factors: a) funding to implement outcome research is expected to come out of already stretched budgets, b) service providers worry that the measures selected may not document the service they provide, c) future funding will be determined by the types of outcomes selected, d) government funders fear outcome tracking will lead to pressure to provide more resources (Trocme, 2003, p. 8). The survey by Stevenson and Balla mentioned above identified a key concern of respondents being that the development of outcome measures must be organizationally driven, and not funder-driven, to protect and maintain the exploratory nature of program development. Focus of evaluation should be on learning and improvement rather than on judgment and assessment (Stevenson & Balla, 2003, p. 18,19).

A discussion about measures of outcomes for children in care requires an understanding of competing objectives of child welfare, and the need to prioritize these objectives in service provision. Three key objectives in child welfare are highlighted: child protection, family and community support, child well being (Trocme, 2003, p. 9). An effective outcome measurement must find a balanced way of tracking outcomes associated with each objective. Further outcome measures may have different purposes: (1) assessment of clinical interventions for front line workers, (2) program evaluation for resource administrators and policy makers, (3) clarification through independent, controlled research that client changes can be attributed to child welfare interventions, and not just "to a co-occurring event or other factors (Gibbs, 1991)" (Trocme, 2003, p. 14). A number of instruments to track clinically meaningful outcomes are increasingly in use in Canada, such as the "Child Well-Being Scales (Magura & Mosie, 1986), an adapted version of the Child Behaviour Checklist (Achenbach, 1991), and the Looking After Children (Ward, 1995) instruments (Trocme, 2003, p. 13).

The Child Welfare League of Canada (CWLC) is currently managing the national "Looking After Children (LAC) in Canada" (CanLAC) project to support and co-ordinate the implementation of the LAC tools as resources for effective in-care services across Canada. The CWLC is also an active partner in the "Ontario Looking After Children" initiative. The Looking After Children Program describes seven "developmental dimensions" or distinct areas of a child's life in which development and growth occur. These are: health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self-care skills (NYCN, 2002, p. 14). At regular intervals, an Assessment and Action Record is completed with the child and key individuals. The noted outcome of using the LAC tool, by one agency, is more informed decision-making, advocacy, and an "ability to operationalize a strong commitment to supporting the comprehensive development of the whole child" (CWLC, 2002, p. 8). At this time, PEI, NB, NL, QC, ON, NWT, AB, BC, YK are involved in using LAC either in pilot projects or with full implementation. NU is in the process of considering a pilot project. The other 3 jurisdictions, NS, SK, MB have other priorities right now but have remained actively involved in the development of the CanLAC project. The Directors of Child Welfare of all 13 jurisdictions have endorsed this model (Balla, 2003). LAC provides both clinically meaningful outcomes at the individual and group levels, as well as the capacity to compare child well-being outcomes with the general population of children through comparison with data generated through the National Longitudinal Survey of Children and Youth (Dudding, 2003). As the Looking After Children program becomes more broadly implemented within Canada, standardized research will become increasingly feasible, providing both a national view of clinical outcomes, as well as inter-provincial/territorial comparisons.

Resource administrators have relied on systems-based indicators to assess outcomes to date; system events are recorded to serve as proxy measures for client outcomes (Trocme, 2003, p. 13). Numbers of case re-openings, adoptions, or numbers of replacements for children are examples of such outcome measures.

Trocme, in his keynote address, recommends that all three types of outcome measures should be incorporated into an "Integrated Outcomes Tracking System". The national Child Welfare Outcome Indicator Matrix is proposed as a first step in an incremental process to develop meaningful, valid and reliable outcome measures for child welfare (Trocme et al., 1999, p. 2). Canadian service providers are just beginning to invest in the development and implementation of more effective measures.

Adherence to and Relevance of the UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (CRC) binds Canada in matters related to the protection of children (UN, 1989). "The CRC is the world's most widely accepted human rights treaty. It establishes a wide range of protection, provision and participation rights for children, and creates mechanisms for reporting and accountability for participating countries.... Children have the right to be protected from violence and abuse (Article 19), and to be provided with substitute care where necessary (Article 20). To date, 191 countries have ratified the CRC. Canada ratified the Convention in 1991" (Geigen-Miller & Quick, 2002). The Canadian Coalition on the Rights of the Child offers a series of resources speaking to recreation, childcare, health care, education, protection and justice rights of the child (CWLC, 2003 website).

Article 1 of the CRC defines a child as a person under the age of 18 (UN, 1989). A national strategy of child protection in Canada is bound to include this basic definition in the development of founding principles. This is currently not upheld by all provincial/territorial legislation in Canada. Article 2 specifies that all children have a right to be protected from any form of discrimination (UN, 1989). This premise is paramount when matching children to appropriate family-based care resources, as there is more potential for children who are placed with families of different cultural/racial heritage to experience discrimination. Most provincial/territorial legislation does require cultural and racial consideration as part of placement matching, and placing agencies must make concerted efforts to match children with families appropriately. However, due to resource insufficiency, there is inadequate compliance with this requirement. In order for greater compliance to occur, there is a need for the proportion of resources available to exceed the immediate demand, allowing for choice when placing children of varying needs.

Article 12 states that all children capable of forming their own views have the right to express these views freely. Their voice is to be heard and taken seriously on matters that concern them (UN, 1989). This is a very powerful and far-reaching principle which all Canadian service providers involved with children are required to implement, well before the child's situation comes to the attention of the Canadian Council of Provincial Child and Youth Advocates.

As a country that ratified the UN Convention on the Rights of the Child, Canada must adhere to **all** of the articles of the Convention. Provinces, territories, and First Nations must work together to develop and implement a national strategy of protection for children in Canada that reflects the founding principles and articles of the UN Convention on the Rights of the Child. This would ensure that all Canadian children would be the beneficiaries of a common standard of care and protection.

Recommendations for Future Research

Children in care in Canada have a right to the same opportunities as children who are not in public care, in order to develop into responsible, well-educated, well-balanced adults. The UN CRC ensures that they receive adequate care to facilitate their growth (UN, 1989), and child welfare policies and practices in Canada should be designed to meet those primary goals. To date, Canada does not have a national strategy concerning the provision of child protection services. The provinces, territories and First Nations have established commendable programs and strategies within their own jurisdictions, but it is evident that timely research is required to facilitate the development of national standards and strategies, which will ensure equal opportunities for all of Canada's children. Throughout this paper, recommendations for research have been mentioned as they pertained to the topic being discussed, and thus will not be repeated here. Attention to the two central organizing principles of Permanency Planning and Outcome Measurement in all future research endeavours will significantly contribute to positive development in the resolution of many key issues identified in this paper.

In an effort to establish national standards, there is a need for common terms of reference across the country. Research is needed to identify the best terms for legislation, grounded in the UNCRC. Adoption of common terms of reference will facilitate further research in determining best practices in child protective services. The recognition that family-based care is the primary resource utilized for children in care underscores the need for research in determining best practices in the provision of family-based care. The high representation of Aboriginal children in public care points to the need for research in meeting the needs of this specific population of children.

About the Authors

In collaboration with the Child Welfare League of Canada, Cheryl Farris-Manning, BMT, MSW Candidate, and Marietta Zandstra, BSW, of Foster LIFE Inc., are the co-authors of this policy paper. They each draw on knowledge, skills and experience gained through 15 years of work within the social service and health sectors. Foster LIFE Inc. is an organization intended to improve services to children in public care, through serving the needs of foster care organizations in Eastern Ontario, by disseminating knowledge, implementing new research, and providing training. Marietta and Cheryl are committed to helping to develop children's services in Canada, through their involvement at the local level with the family-based care community, as well as their contribution to research and policy development nationally.

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Glossary of Terms

Children in Care Children who have been deemed in need of protection, requiring state intervention, as determined by provincial legislation

Child Protection Services Delegated authorities empowered to provide mandated intervention, based upon legislated definitions of children in need of protection; i.e. children exposed to maltreatment, suspected or confirmed child abuse or neglect.

Group Care Non-family based group care (staffed), usually limited to 6-9 residents in a home/facility.

Institutional/Residential Treatment Care Facility with common treatment focus providing prescribed, often time-limited large-group care. Focus may be on specific maladjustment behaviours, mental health conditions, young offenders, youth, children.

Family-Based Care Adoptive, Foster, Kinship, Customary, Guardianship care

Adoptive Care Permanent family, legal guardianship rests with adoptive parents. Contact with birth family is dictated by terms of adoption; open or closed adoption

Foster Care Provision of care by a family, other than a parent or guardian of a child, approved and arranged by a child welfare authority, to provide care and supervision of a child in care

Treatment foster care Caregivers with specialized skill-set providing therapy/treatment specific to individual child's care needs

Kinship Care Relative family provides the care, arranged through a child protection service provider

Customary Care defined as care provided in the custom of the particular band or community

Guardianship Care Known family or specified friend provides care indicating permanency, with legal guardian status retained by the government

Parents' Care Biological family (receiving in-home supports as children in need of protection)

Children in Limbo Children in care who are experiencing ongoing discontinuity in their care and are in a perpetual state of uncertainty regarding their future

PRIDE Parenting Resources for Information Development and Education: A program for assessment and training (pre- and post engagement) of resource families

LAC Looking After Children: a new, developmentally oriented, strengths-based approach to the implementation and evaluation of child welfare services, aimed at enhancement of long-term outcomes for children in care when they attain adulthood