



BC ASSOCIATION *of*
SOCIAL WORKERS

Submission to the
BC Children and Youth Review

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The BC Association of Social Workers is pleased to respond to Mr. Ted Hughes' invitation to participate in the BC Children and Youth Review. BCASW is the professional association for social workers in British Columbia and has been an active participant in all facets of the child welfare system.

BCASW is celebrating its 50th anniversary in 2006. BCASW considers this submission to be an important start to this year of celebration, service and public advocacy.

Social workers practicing in the field of child welfare social work are concerned about the current state of the child protection and family preservation system. Members note that many of the elements in the child welfare system, such as the legislation, are well crafted with the potential to provide excellent services to at risk children. Unfortunately there has been degradation in services, budgets and staffing levels and the current system shows signs of severe stress which is regularly leaving children at risk. This submission includes members' observations and analysis, compiled and presented for your consideration.

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Oversight

The Ministry of Children and Family Development is responsible for providing child protection and family support services to the families and children of British Columbia. During 2005 it became public knowledge that the government child protection agency had failed to protect children who died while in care. MCFD audits also indicated that child welfare investigations were not being completed until well after the 30-day time frame. BCASW as well as former ministry social workers reported that staff shortages and government cutbacks were contributing to ethical dilemmas, low morale, the fear children would die and social workers' resignations. The public became aware of the Coroner's office failure to conduct child death reviews on 713 child deaths files. This occurred after the government consistently denied any child death review concerns and then incrementally revised the number of missing child death files from 80 to the final 713 total.

Lack of Independent Oversight

This information was not discovered after regularly scheduled oversight activities ceased to effectively exist after the 2002 abolition of the Children's Commission. Public awareness of the issues surrounding the deaths of Sherry Charlie and Savannah Hall occurred only after various parties became dissatisfied with the manner in which the Ministry or the Coroners office was handling the cases. The child protection concerns and the lack of child death review criticisms only became public knowledge after these parties spoke out. There was no consistent, comprehensive review process in place and no expectation that the government had an obligation to provide a regular accounting of itself to the community at large. This lack of regular accounting also contributed to the closed cultural environment that was conducive to the Doug Walls and dbappleton financial scandals of 2004.

Statement

The mission of the BC Association of Social Workers is to support the profession of Social Work and to advocate for social justice. This includes an obligation to advocate on behalf of at risk children and client families. The Association is pleased to have participated in the public discussion of child welfare practice and child death investigations through the work of its Child Welfare and Family Committee. The current focus on child welfare practice and child death reviews in British Columbia comes as a result of a tenacious, well researched media effort, an effective political opposition in the legislature, an aroused social work association and an enraged public.

RECOMMENDATIONS

The public deserves

1. A coroner's service that is fully funded to conduct investigations and reviews of children's deaths in British Columbia. The medical investigation of the deaths would be conducted by the Coroners Office with the information being provided to a separate independent office with public watchdog and advocacy functions.
2. An adequately funded and functioning public reporting agency with a mandate to investigate suspicious individual child deaths and to compile information that would identify health trends as had previously occurred under the Children's Commission.
3. An agency in place with the specific mandate to report on suspicious child deaths, child injuries and to investigate child welfare practices that impeded or contributed to harm coming to at risk children.

Oversight (continued)

4. An agency that has the power to investigate specific child welfare cases. The tragic cases of child deaths, whether in or out of care, injuries or other serious child welfare concerns must have a place to be heard after being brought forward by the public, child welfare social workers or in prescribed reports from the Ministry of Children and Family Development or the Coroners office.
5. An agency with the appropriate legal power to subpoena information, call witnesses under oath and issue both recommendations and rulings.
6. Information regarding the Ministry's child protection practices in circumstances surrounding the lives of children like Savannah Hall, Sherry Charlie and Chassidy Whitford. This opportunity had previously been provided to the public in the yearly Children's Commission Report. The information was provided in a manner that did not compromise child/ family confidentiality.
7. An opportunity to read recommendations issued from investigations of child deaths and subsequently to be informed when child death reviews are not occurring.
8. An opportunity to consider the state of the child welfare service; ie, is the Ministry adequately funded and staffed, is the bureaucratic culture healthy and the Ministry well led, is there sufficient community support services in place and other similar related questions.
9. A non-partisan, independent officer who reports to the legislature. This will assure the public that information that may be of concern to the government is not vetted or withheld and information that supports government policy or practice is provided in a fair and even handed manner.
10. An office that provides a comprehensive evaluation of the child welfare system's current capacity to provide protection to at risk children and support services to needy families.
11. An office that advocates for children and families. The Child and Youth Office, with its limited mandate to respond only in extraordinary circumstances led to the CYO receiving "about 1000 calls a year from people seeking help with individual cases. That's one third the number the Child and Family Advocate got before the Liberals shut down that avenue in 2002 (Alberta's Children's Advocate handles up to 4000 requests for help a year" (Willcocks 2005(1) . The Child and Youth Office provided inadequate access or advocacy efforts for families or children dissatisfied with their service from MCFD.
12. An office that can launch reviews of the child protection system and its component parts. The public needs to be confident that child protection investigations, services to families assessed to be at risk and the provision of foster care services to both temporary and continuing care children are being provided at a level that can be said to be in the child's best interest. Additionally other elements of the child protecting system that need to be examined by this office are community based prevention and support services, services to youth, adoption, mental health and youth probation /correction services.
13. An office committed to examining the Ministry's public assertions that everything is going well in the child protection system. The government's tendency to dismiss critics and the well entrenched fortress mentality at MCFD will require an office with resources sufficient to assess the quality and openness of the information provided by that Ministry.
14. An office with a mandate that encourages MCFD social workers to provide written and verbal contributions regarding current conditions in the child welfare field. The office will need clear instructions which clarify that communication between social workers and said office is not restricted or limited by government employee restrictions included in the Oath of Loyalty or Code of Conduct.

Oversight (continued)

BCASW supports the additional creation of a BC Center for Dialogue and Learning with the expressed purpose of “fostering research, disseminating up-to-date practice information, modeling quality assurance strategies, encouraging collaboration, sharing practice based evidence, building capacity in families, communities and service providers”. (Federation of Child and Family Services of B.C. 2005)

BCASW notes that the call for an independent office with a mandate similar to the former Children’s Commission has been asked for by Judge Thomas Gove, by the leader of the opposition Carole James and by several of the esteemed persons who held the previous offices abolished in 2002.

Child Death Reviews

Context

The question of who would be responsible for child death reviews became an issue in the context of Liberal government plans to limit the size of government and cut budgets across all Ministries.

Transition

When the current government chose to close the office of the Children's Commission in 2002, the role of reviewing child deaths was shifted to the Coroners office. The four million dollar budget provided to the Children's Commission was reduced to the paltry sum of \$200,000 provided to the Coroner's office. The additional \$200,000 came after the Coroners office budget had been reduced by 15 % so in fact the coroner's service received additional work with less money provided to accomplish the task.

Direction

Transitions in government practices or the transfer of responsibility from one ministry to another is accompanied by transition guiding legislation. In the case of the transfer of child death reviews this direction was included in the *Office for Children and Youth Act*, Section 15(1) (b) and (c). The government was aware that there were 713 child death reviews that were not completed by the Children's Commission and so it provided direction for the way these deaths would or would not be investigated.

Investigation

Section 15 (b) provided the direction that "an investigation under the *Children's Commission Act* into a child's death, that has not been completed ***may be continued*** as an investigation by a coroner under the Coroners Act" (emphasis ours).

It is clear that the investigation of children's deaths was to be considered optional rather than a mandatory requirement. The government was providing clear legislative direction regarding the optional nature of doing said child death investigations. It follows then that the government, the Coroners Office and the new Child and Youth Officer were entirely aware of the change in direction regarding child death reviews.

Public Reporting

Public reporting of child death reviews was also prescribed in the *Office for Children and Youth Act* Section 15 (1) (c). Section (c) directed that "if an investigation under the *Children's Commission Act* into a child's death has been completed, but the report of the commissioner has not been released, the report must be delivered to the child and youth officer, who ***may*** make the report public" (emphasis ours). The government direction was that public reporting regarding child death investigation was now optional.

Concern

The concerns regarding the failure to investigate and report on the 713 child deaths as well as the lack of a reporting body for other suspicious child deaths are three fold.

1. The lack of commitment to completing child death reviews greatly diminished the medical knowledge that had previously come from the review process. The ability to chart health trends and develop comprehensive health care policies/practices was compromised during this period of government under-funding and intentional withdrawal of support for the death review process.

Child Death Reviews (continued)

2. The failure to complete child death reviews allowed for a gap in knowledge as to the circumstances surrounding unusual child deaths. The possibility of other child deaths similar to Sherry Charlie or Savannah Hall exists but any lessons to be learned from these deaths have been lost. With the return of child death investigations the hope is that the lessons available to the child welfare system will have only been delayed.
3. The choice not to regularly inform the public regarding child death investigations effectively eliminated the public from being able to hold government accountable for its child welfare policies and practices. Additionally the choice not to report to the public meant that the death of children in government care would remain hidden away from a concerned public.

RECOMMENDATIONS

1. That the Coroners Office receive adequate funding to complete the 713 unfinished child deaths reviews and a subsequent yearly budget that is sufficient to conduct child death investigations in a timely fashion.
2. That the Coroners Office be directed to provide the results of said investigations to an independent office.
3. That the independent office have a mandate to make this information and the analysis of it, available to the legislature and to the public.
4. That the *Child, Family and Community Services Act* provide direction that requires the Director to report the death of a child in care, within a designated time frame, to an external, independent body.
5. That the legislation empower officers of the independent office to interview any and all parties of interest including social workers and others in government employment. That the legislation direct such parties to speak freely and without worry of recrimination from the employer.
6. That a report on child deaths be issued on a quarterly and annual basis as was the practice of the Children's Commission.
7. That a transparent process be initiated such that the public is aware of the child deaths, especially the suspicious deaths of children in government foster care. This process would have the added benefit of being able to maintain child and family confidentiality if this was desired. Confidentiality or family privacy is not maintained when child deaths are hidden, the public is suspicious and government only provides information under the compulsion of Freedom of Information requests.
8. That the legislation regarding reporting to the public require government to provide a six month update to the public on changes in policy, procedure, funding etc. that comes in response to the office's report.

Statement

The BCASW continues to encourage open and accountable practices in the Coroners Office and in the Ministry for Children and Family Development. The change to open and accountable governance and the restoration of public reporting of child deaths must be in more than word only and be free of political interference and a retreat to silence when inevitable systemic failures occur.

Budget and Staffing

“When the Liberals were first elected four years ago, the new cabinet treated the Ministry of Children and Family Development like any other area of government without acknowledging the Ministry provided essential services for children” (BCASW press release, 2005)

The budget cutting by the current government began after a cursory Core Review process that looked for efficiencies and cost cutting measures across government ministries. Unfortunately this was not the beginning of budget cutting for the recently configured Ministry. During the NDP period of governance and the Gove inspired integration of government child services providers, the expanded service had been quietly going through various cost cutting measures. BCASW members complained that the reorganization and tight fiscal policies were leading to a greatly reduced capacity to protect children. Social workers regularly reported that their protection teams were short of the required amount of social workers, caseload size was unmanageable, investigations were being unsafely delayed and families needing community support services were on long waitlists. The Ministry for Children and Families was functioning at a greatly reduced capacity when the current government came to power.

The current government’s cutting of the MCFD budget was executed in a unilateral fashion. A viable rationale for the budget cuts was not offered by government to the public. Social workers and others called attention to the essential nature of the child protection service but budgets were decreased by the Liberal government. During the next four years the budget was reduced by 110 million dollars while 100 million dollars more was directed to what became another failed attempt to reorganize child welfare services within a community governance model. The BCASW and its Child Welfare and Family Committee, informed the Minister of its concerns, issued press releases and spoke regularly to the media about the impacts of budget cuts on the Ministry’s ability to provide child protection services. The period of deep budget cutting ended with an 11% rather than 20% reduction in overall budget but by then the system’s capacity to protect children had been greatly reduced.

Effects on the System

1. **Loss of Experienced Social Workers:** The Ministry chose to live within its reduced budget by offering early retirement packages to its most experienced social workers. The Early Retirement Incentive Program, while primarily in place to meet budget targets, led to the “dumbing down” or loss of valuable experience in the child protection service. In the complex world of protecting vulnerable children the loss of experienced social workers (7000 years of experience in 2002 alone), created a dangerous lack of experience in the Ministry’s social work staff.
2. **Full Staffing became a thing of the past:** The budget capacity to fully staff the child protection system was lost. The size of the workforce and the experience of the workforce were reduced. The BCASW has received regular reports from front-line social workers, Team Leaders and Community Managers that they are often unable to provide social workers to at risk children when the child’s social worker is on maternity leave, short or long term medical leave or on vacation. The lack of sufficient numbers of auxiliary social workers has added a further strain on the system’s capacity to protect children. A system in which social workers cover for other absent social workers means that already overburdened workers receive several additional at risk families to their large caseloads. Social workers know that the failure to provide sufficient staff is a direct result of government budget cuts. They also sense that budget cutting and insufficient staffing indicates the government’s lack of commitment to protect at risk children. This matter has been taken up by the BCASW, with the Minister and senior bureaucrats, but there is a general pattern of denial present during such discussions.
3. **Core child protection mandate is compromised:** The lack of sufficient funding directly impacts child protecting activities. Lack of staff and overwhelmingly large caseloads have resulted in delays in assessing the safety of at risk children. Social workers regularly disclose that child protection reports, which are to be responded to in one to five days, are regularly not recorded or

Budget and Staffing (continued)

responded to, are delayed beyond the five day limit, with some investigation beginning weeks later. Children are left to suffer abuse in dangerous home situations and social workers are left to worry about their safety. Government statistics indicate that child protection investigations are not being completed in the prescribed 30 day period and are still not completed often after 90 days. The ongoing failure to complete investigations results in children being left at risk, risk assessments not being completed, quickly thrown together safety plans being in place, referrals to community support services being delayed and at risk families not being followed over time by MCFD social workers. The lack of budget with its accompanying absence of social workers results in workers living with the ongoing realization that lack of government money and staff time could contribute to the death or injury of a child they are working with.

4. **Confusion regarding which child protection calls should be prioritized as “real child protection” concerns:** Lack of budget and the lack of sufficient numbers of social workers leads to a child protection service that increasingly restricts its response to the most serious forms of child abuse. This form of limited child protection social work is a betrayal of the CS&FS Act which articulates a wide range of Section 13 child protection risks needing investigation. Budgets and not legislation guide practice and as such produce a system that leaves many children outside the protective umbrella envisioned by the legislation’s architects, social workers and the general public.
5. **Quality of social work practice is compromised:** Social workers have repeatedly told the BCASW of their desire to practice child protection social work using all of the knowledge and skills acquired during their extensive university education and child welfare specialization training. Limited budgets and limited available time greatly narrows the extent of the social work interaction with at risk families. Morley, (4) 2005 reports “Higher caseloads... affect workers’ ability to engage in quality interactions with children, youth and families such as encouraging meaningful participation of children, youth and families in making decisions that affect them”.
6. **Decreased social worker morale and increased illness:** Cutbacks in funded social work position have contributed to a decrease in staff morale and an abnormally high amount of time off due to illness. Morley, (3), 2005 reports “frontline workers repeatedly said that headquarters seems to have little understanding of the ramifications of the cuts. The lack of adequate human resources results in high stress for those who are left, which in turn leads to increased illness and sick leaves; with no replacements available, more stress is created”.

The lack of adequate funding affects each part of the child protection system. The system is a holistic network of services and when all of the contributing parts are under resourced then the quality of child protection services being offered is suspect.

Foster Care

1. **Lack of adequate compensation:** The foster care component of the child welfare system is under severe strain. Children who have been removed from their birth families come into an alternate family system that is under-funded. Morley (2) 2005 notes hearing that “the lack of adequate compensation for foster families, in turn leads to a shortage of foster homes in some locations , especially for children and youth with special needs”. Foster care providers have had no increase in funding for several years and the cost of living alone has eaten into the dollars available to support foster children. The increased expectations and budget items included in the monthly stipend for foster families have led to significant erosion in foster care provider support.
2. **Reduction in available foster homes:** The lack of budget has contributed to the loss of 800 foster homes. BC Federation of Foster Parent Associations statistics indicate “there were between 4.300 and 4,400 foster homes across BC in the later 1990s and early 2000s , but since the Liberals took power in 2001 and restructured MCFD, the numbers of homes is down to 3500.

Budget and Staffing (continued)

3. **Overcrowding of foster homes:** The decrease in available foster homes has led to increasing numbers of children being placed in individual homes. The pressure to place children in whatever home is available often leads to pressure on the foster parents or a mismatching of the child and the receiving foster parent. It should be noted that the foster home where Savannah Hall was placed often had six or more children in it. The crowding of foster homes is documented in the BC Federation of Foster Parent Association statistics that indicate “6,216 children placed in 4,350 homes in August 2001...by August 2005, there were 5,343 foster children in 3,500 homes” Culbert (1) 2005.
4. **Budget driven foster placement decisions:** Social workers regularly report that the lack of sufficient foster care dollars leads to financial decisions to move attachment disordered or behaviorally challenging children. The children are moved from highly skilled expensive foster homes to lesser skilled, less costly homes. This practice runs contrary to all knowledge of what is in the “best interest” of such children and as such fails to protect their right to receive care that is in accordance with the CF&CS Act. Paul Steinhauer, Canada’s premier expert on attachment disorders states “placement decisions are clinical decisions and when carefully made, can reduce the multiple placement failure that are common among children with attachment disorders”(James 1994, p.156).
5. **Lack of services and support for foster homes:** Lack of budget dollars results in foster homes being under-supported. Steinhauer et al. (2) (1996) notes that attachment disordered children (overly represented in the foster care system) “should be placed in the long-term placement as soon as possible. In addition they insisted that the caregivers should be well trained, with an array of management strategies, access to twenty-four hour support, respite care and a well thought out plan of care”. David Paul, vice chair of the Powell River Child, Youth and Family Service Society recently wrote Premier Campbell calling for “increased supports to foster parents and assistance in the true costs of maintaining children in their care”. Culbert, 2005 (2)
6. **Pressure to have children leave the foster care system prematurely:** Budget cuts inevitably contribute to financial tensions within the Ministry foster care system. Morley (1) 2005 notes “there is a sense of pressure to get children out of care which may not be in their best interest”. Budget driven foster care planning may often contravene the best interest principle fundamental to the legislation under which the child protection system is mandated to act. The lack of sufficient foster care budget sometimes compromises the child’s universal human right to live in safety and systemic pressure to return the child home leads to injury or the children moving in and out of foster care.

The Underground Foster Care System

“A family is the preferred environment for the care and upbringing of children and the responsibility for protecting children rest primarily with the parents”. CF&CS Act, 1996

“If the government truly believes children are best off with family members then it has to properly support them”. Friesen, 2005

“Off-loading the care of children to women, many who are aging, without the provision of resources is totally unacceptable and as recent events attest, can lead to devastating consequences for children and their families”. Callahan et al. 2005

“We believe that we can provide the protection...in other ways by looking at kinship care, by supporting families and keeping them within families. And we believe that from a principled point of view, that’s the right way to do it. **And there also will be some savings which may be generated in the process**” MCFD Minister Hogg, 2001 (1)

Budget and Staffing (continued)

Background

Child welfare literature is replete with studies of at risk children living with extended family members. The general conclusion in the literature supports this form of family care. In British Columbia there are currently 8700 children living in such arrangements. When a comparison is made with the approximately 9000 children in government foster care it is safe to say that the underground foster care system is equal in size to the official system. If one is counting the number of children considered at such risk as to not allow them to live with their parent(s) the number would be 17,800.

- Grandmothers are the extended family members most likely to assume care for children.
- Many of the grandmothers are poor.
- In the Canadian context many of the grandmothers are aboriginal.
- In the US census statistics indicate a 44% increase in children living with relative over the last decade.
- 10.9% parent a grandchild for at least six months, typically for three years or more. (Callahan, 2004)

It is clear that the child welfare system is increasingly relying on relatives to provide the care for children who can no longer live with their parents. BCASW has noted the strange juxtaposition of a child welfare system that has a strong reliance on extended family care but which extends very limited finances to those providing such care.

- There is an argument to be made that families hold some responsibility to care for members of their extended family but it is the contention of the BCASW that the BC Government has over-emphasized family responsibility while understating government obligations to offer adequate financial supports to such arrangements.
- The BCASW notes that financial support to families caring for children under Kin related agreements, whether in a Kith and Kin Agreement or in a Child in the Home of a Relative, are not sufficient to meet the needs of many of the children.
- The status of the child as being “at risk” should create a special category of financial benefits for family members who take on their care.
- It should be noted that the needs of these ‘at risk’ children do not diminish, nor does the capacity of the extended family increase when kinship care is formalized in a guardianship order.
- Appropriate policy and practice will need to be developed so that benefits for children who enter Kinship care under the “at risk” category would receive a program of government supports similar to those provided for children in government care.
- Many of the children come into kinship care with medical, psychological or mental health conditions. Needs that are budgeted for in the government system receive no funding when the child lives in Kin related care. The maximum payment for an “at risk” child in kinship care is approximately \$450.00 dollars per month while the care of children in government care ranges from \$800.00 to \$2000.00 monthly, with families/contractors who care for extremely high needs children receiving amounts ranging from \$2500.00 to \$10,000.00 per month.

Budget and Staffing (continued)

The BCASW recognizes that the child welfare/protection system functions on a foundation of four pillars consisting of 1) The provision of child protection and family reunification services; 2) The placement of 'at risk' children in alternative foster homes; 3) The placement of 'at risk' children in kinship or extended family homes; and 4) The provision of community based prevention and family support services. The BCASW submission has spoken to three of the four areas of protection related services and offers a brief summary of how budget cuts have affected support and prevention services.

Community Based Services

BCASW members note that the primary goal of child protection efforts is to investigate child welfare concerns, to provide safety to children that are "at risk" while referring their parent(s) to an appropriate array of family support and parenting programs. In British Columbia these services are primarily provided by community based agencies with contracted dollars provided by the Ministry of Children and Family Development. In brief:

- Budget cuts of 20-30% to community support agencies results in a diminished capacity for contracted agencies to engage at risk families and promote change. As such these cuts lead to delays in providing support services and contribute to the ongoing reduction of the Ministry's prevention mandate. The inability to fund community based support services inevitably leads to a reactive child protection system that primarily responds when situations have become abusive, the family is in crisis and the child is likely in need of Removal.

RECOMMENDATIONS

1. That the current government's budget include an immediate return of the one hundred and ten million dollars that was cut during the 11% reduction in budget.
2. That the government engage in a one year process whereby a true costing out of necessary child welfare services is conducted. The elements included in real costing calculations would be stipulated and available for public and professional evaluation.
3. That the government publicly commit to a revised manner of budgeting for the Ministry of Children and Family Development. In the revised system, the essential nature of the service would be recognized and documentation of the real cost of providing child welfare services would dictate the MCFD budget.
4. That a formal review be held in one year's time with the specific task of evaluating the adequacy or inadequacy of the MCFD budget.
5. That mechanisms be put in place within the MCFD system that encourage reporting of financial impediments to good practice.
6. That social worker staffing levels be returned to 2000 levels within the 2006 year.
7. That an agreement be reached between the government and the BCGEU on caseload/workload size and that such an agreement be the basis for returning the staffing levels to what would be considered a full complement of social workers.
8. That the independent office (Children's Commission or otherwise) be given the powers to investigate reports from MCFD social workers and the public specifically when lack of budget or lack of staffing concerns are raised as issues impacting the ability to provide child protection services.

Budget and Staffing (continued)

9. That MCFD social workers are provided with an avenue to raise budget, practice and staffing concerns with the proposed independent office without fear of employer reprisals.
10. That the MCFD and the BC Federation of Foster Parent Associations conduct a one year review of the “real costs” of providing foster care and that the findings of said study become the basis for the MCFD foster care budget.
11. That the foster care system providers receive a cost of living increase for the period covered from the last increase to the present.
12. That foster care services expected from the monthly stipend be reviewed and made uniform and that subsequent expectations of foster care providers be fully funded.
13. That the 7800 children in the “underground child welfare system”, presently recognized as “at risk” children in Kin Care arrangements, receive adequate funding for their ongoing care. The funding formula being recommended by the BCASW acknowledges that the child would be in government funded care except for the intervention of family and financially assures that the child’s particular needs are met. The formula would acknowledge the social expectation of family members to help in such situations, the reduction in the need for government social workers and services and the positive social impact when extended family intervenes on behalf of “at risk” children.
14. That a return of the 20-30% reduction in budgets to community service prevention and family support contracts be included in the next MCFD budget.

Summary

The lack of an adequate budget has affected all elements of the child protection system. The lack of adequate levels of social work staffing has affected efforts to investigate child protection concerns, to provide case management services and to promote family and child reunification. Similarly the foster care system has been strained, 800 foster homes have left the system, and children have been crowded into those that remain. Budget cuts have also impacted the ability of community agencies to provide prevention and family support programs. The child welfare system in British Columbia is basically a sound system but one that is starving for financial resources. The BCASW recommendations clearly point to the need to adequately fund services to the most vulnerable of children.

Aboriginal Child Welfare Services

About 40% of children who are in the child protection system are Aboriginal. The children are served by fully delegated aboriginal agencies that provide a complete array of child protection services, by partially delegated aboriginal agencies that provide a variety of support services and by aboriginal teams, and a temporary transitional component which functions within the body of the Ministry of Children and Family Development.

The provision of services on reserve is funded by a mixture of federal and provincial dollars, with the issue of funding for needed services a point of jurisdictional struggle between various levels of government. The funding of aboriginal teams within MCFD is primarily a provincial responsibility.

The BCASW is cognizant of the fact that it will be a challenge for the review to address possible aboriginal child welfare issues but a provincial review that examines the child welfare system would be remiss not to do so. BCASW is aware of the myriad of historical abuses visited upon aboriginal peoples in the name of protecting their children. To mention the assimilationist policies of the past 150 years and to see the harm done in the residential school experience and the child welfare scoop of the 60's is to revisit a time of oppression by the majority culture upon the first nations peoples.

Given the sensitive nature of the subject, the BCASW submission begins with information that has been raised in conversations with social workers involved with or in contact with MCFD Aboriginal Transition Teams.

- **Qualifications:** Aboriginal Teams are staffed by social workers with excellent university and specialized child welfare training.
- **Culturally Sensitive Social Work Required:** Social workers on these teams indicate that they are expected to provide “culturally sensitive” social work practice to aboriginal families. They consider the provision of one week of training and the promise of a second week to be insufficient in scope and depth to equip them to meet this goal.
- **Original Goal for this Reorganization is Lost:** The goal of placing aboriginal services in one setting has the advantage of promoting a focus on aboriginal specific training, cultural planning, community building and the development of closer communication. Unfortunately social workers report that the goals that led to the creation of these teams seem to have been lost and the provision of appropriate tools for the task has not occurred.
- **Caseload numbers** are reportedly to be extremely high on these teams. Social workers say they feel forced to put in regular ‘free overtime’ due to the constant concerns about children lacking safety combined with the need to complete well overdue risk assessments and other written work.
- **Cultural Plans Remain Undone:** Cultural plans are a unique and time consuming part of aboriginal child protection work. Social workers note that there is no indication that the current allocations of FTE positions take into account the number of hours needed to understand and plan for meeting the child’s cultural needs. Many social workers have agonized over the fact that their workload has made it difficult, if not impossible, to meet with the band, community and extended family members, resulting in a lack of a cultural plan and the failure to meet this primary human need.

Aboriginal Child Welfare Services (continued)

- **The Delegation Matrix is Not Understood or is Ignored:** Newly hired, partially delegated social workers are being expected to perform duties beyond their level of delegation or expertise. Partially delegated social workers tend to represent the Director at court due to the unavailability of other fully delegated workers. This occurs despite the fact that their level of delegation does not permit them to do so. Partially delegated social workers on aboriginal teams also report having the same high caseloads as their more experienced and fully delegated counterparts. Partial and full delegation designations come from the Ministry, are accompanied by specific testing for knowledge and are a formal document describing what sections of the CF&CS Act a social worker may perform. The delegation matrix is either not understood by Aboriginal Team Leaders or the workload is such that the delegation matrix is being ignored.
- **Two Streams of Child Protection Within MCFD/A Two Tiered System?** Social workers providing child welfare services on “aboriginal teams” are under the impression that caseload work is dropping substantially in the “mainstream” part of the child welfare system. While this is not necessarily true in all communities it is true in areas where responsibility for a large aboriginal community has shifted to this cadre of social workers. Social workers have developed language to describe these two radically different situations noting high caseloads, extremely complex child protection cases and lack of resources in the “aboriginal child welfare stream”.
- **Lack of Stability in Workforce:** Social workers who have come over from the “mainstream” MCFD experience consistently report the movement of social workers from one area of child protection work to another, from one caseload of families to another and from one specific office to another. It appears that understaffing and other system stressors are combining to create an “unstable, disorganized workforce”. Client families are constantly faced with new social workers and key case-related information is lost. Social work practice is compromised as the fundamental changes that occur as a result of social worker-client rapport fails to occur.
- **Lack of capacity in the system to replace missing social workers:** The Aboriginal Social work teams also seem to be in crisis when it comes to meeting staffing requirements. Social workers are being informed that there are not enough social workers in the ‘aboriginal auxiliary float’ to fill social work caseloads vacated due to illness, maternity leaves or vacations. Apparently, even in such crisis, management is unable or unwilling to try and attain fully delegated social workers from the Ministry of which it remains a part.
- **The investigation process is compromised:** This understaffed system seems to be struggling at every point of involvement. The screening of child protection calls in some large geographical areas is being left to one social worker. A recent conversation indicated that one screener was covering child protection calls for one major metropolitan city and four other suburban communities. Screening social workers report being unable to keep up with the volume of work with the result that child protection calls remain in a queue, social work investigators do not assess the child’s safety, children remain at risk and in some situations calls have to be re-documented after falling off the computer system, uncompleted after 30 days.
- **Social workers report having little time to complete investigations** or to provide adequate supervision to ongoing family service files. Crisis management is the language that social workers in this system use to describe their work. They say that there is virtually no time for prevention and maintenance work for families, social work practice that would undoubtedly relieve the need for practice based in constant crisis management efforts. Social workers have raised concerns that they are barely managing to provide even this limited version of child protection services. In some offices caseloads of at risk children have received no attention while the office struggles to find a replacement social worker. Reports indicate that the ‘at risk’ children represented on these dormant case loads have received no child protection services for up to five months.

Aboriginal Child Welfare Services (continued)

- **Removals are increasing:** Social workers have noted an unexpected consequence in areas where aboriginal transition teams are functioning. It appears there are increased amounts of aboriginal children being “Removed” as a result of the lack of social worker contact with at risk families. In effect overworked and understaffed/resourced social workers move from one crisis to another, prevention services are delayed and child protection concerns increase, with the inevitable removal of children following.
- **Insufficient Levels of Community Prevention and Family Support Services:** An adequate level of family support services is conducive to safely keeping children in their family homes. There appears to be a lack of adequate resources available to aboriginal families, long wait times for services and an apparent discrepancy between the ability of aboriginal and non-aboriginal families to get such services. Social workers note that services for aboriginal families are often not available on the basis of need but are supplied on an allotment basis. This is resulting in aboriginal families in crisis waiting while non-aboriginal families with allotted spaces receive services.

STATEMENT

BCASW is concerned about the level of resources, staffing and commitment of government and the Ministry of Children and Family Development toward the Aboriginal Team component of the child welfare system. It may be that the lack of stability or adequacy in funding, staffing and services is connected to the concept of this service being a transitioning or bridging one with the goal being transference of this work to aboriginal child welfare authorities.

RECOMMENDATIONS

1. That the Ministry meet with its aboriginal partners and that the two parties come to a clear understanding of how long this transitioning service will be in place.
2. That the Ministry create and seek sufficient budget for a thorough plan to address a period of transition. That the Ministry meet all of its legislated responsibilities during the entire time of the transition process. This will include immediate adjustments to the levels of staffing and resources such that the child protection work is supported at financial levels equal to the task at hand.
3. That clear instructions be re-issued to the leadership of this component regarding the need to adhere to “best practices” in the area of child protection investigations and child welfare social work.
4. That arrangements be put in place for aboriginal families to have access to family support services without restrictions based on race or service allotments.
5. That the new independent office (spoken of in other areas of this document) include a specific person and accompanying staff with responsibilities to engage, oversee, investigate and publicly comment on this part of the child welfare system.

Aboriginal Child Welfare Services (continued)**CAUTION**

The BCASW will not be making submissions regarding the other two components of the aboriginal child welfare system for two primary reasons:

1. It is important that the aboriginal community speak in its own voice to the current situation in this field of practice.
2. The limited time provided to prepare this submission meant we did not have sufficient input from aboriginal members.

The Association does note that:

1. Jurisdictional struggles between the provincial and federal levels of government have led to the failure to fully fund and make available services that are found in the non- aboriginal community.
2. Both levels of government have a moral obligation to settle these financial disputes and to move quickly to a funding system that adequately provides child protection and family preservation services.
3. The aboriginal community has been clearly asking for a companion child welfare piece of legislation that incorporates aboriginal values while including the universal values of child safety and family preservation.
4. That in British Columbia the New Relationship Fund proposed by the Liberal government should include monies clearly directed to the adequate provision of services to vulnerable, at risk children and families.

Post-Majority Services

Context

Children who come into the care of the Ministry enjoy certain rights that are enshrined in s.71 of the CFCSA. These rights centre around ensuring that children receive care according to community norms, that they are raised within the religious and cultural norms of their family and that in consideration of their special status of being separated from their families, they have a guaranteed access to their political representative and special government offices designed to ensure that their voice is heard should they have any concerns about their care while living under government protection.

These provisions are in line with the basic principles of the Act enjoining that a child's view be heard.

It is ironic then that upon attaining the age of majority at 19, these children step outside the jurisdiction of the Act, and the Ministry assumes no more responsibility for them. They "age out" of the system of public care. This does not happen to most of the children in government care, who return to their parents after a relatively brief time in care. Many find alternative care within their extended family. Some find other families through adoption. Children with a developmental delay that is severe may begin to receive services through Community Living BC. But some children approach majority without any of these outcomes and many of these children face profound challenges.

These children may not have recovered from the effects of abuse and neglect. They may continue to have diagnosed (or undiagnosed), disorders: attachment disorder, oppositional defiant disorder, borderline personality disorder or fetal alcohol spectrum disorder to name only some. They may be anxious, depressed or suicidal. Because of the difficulties they have lived through they may be involved with alcohol and drug addiction and they may be struggling with school if they are attending school at all. Surprisingly, in view of the challenges they have faced, many children are in school and are doing well.

Some children come to their 19th birthday having lived in a number of foster homes or other care arrangements. Some have been with one family for most of their lives. Some have been living on their own through the Independent Living Program for the last few years of their minority. However they arrive at their birthday, once they do, they stop being the responsibility of government.

Direction

There has never been a great amount of post majority services available to young people who were in care. What existed has been largely removed by the present government. For example, the Ministry used to be able to support a young person who was enrolled in a post secondary school program up to the age of 24 or until they had finished the program. Social workers are no longer able to provide this support.

These changes in service are driven by a political desire to cut costs. They do not stem from any consideration of good social work practice. This direction is the same as the push of youth in care from therapeutic foster home situations into independent living programs that do not have the resources to meet their evident needs. Sadly, these changes only produce short term "economies". But in doing so, they set up the conditions for further individual and social failures that are much more costly and so create yet another example of bad economics as well as bad practice. More sadly still, in doing so, they create a great deal of human pain and misery.

Concern

The concern is that this direction is based on a whole set of misassumptions. First, there is the assumption that children are fully independent by the time they reach their 19th birthday. This is not so. There is a related assumption that if they do have ongoing needs as adult citizens, these can be met by existing

Post-Majority Services (continued)

services available to all citizens. Considering the issues, challenges and problems that these children have faced and the diminishment of public service over the last decade, this is a tenuous assumption at best.

There is a parallel assumption that many of the children will return to their families of origin. But now, being 19 and adult, they will be able to look after themselves. But for many of these families, the problems that brought the children into care in the first place continue to be present. A return does not represent a reunion as much as it creates a resumption of risk. Young people need choice, the option not to return. They should not be pressured into returning to their families to find whatever support they can because government support has been withdrawn.

Few parents in this province would open their door to their child on their 19th birthday and tell them that they had to leave, that the relationship was now over and if they needed any more help they could find it at the welfare office. What leads us to think that this is an acceptable response to our most damaged and needy children?

Case Example: a child leaving

Policy discussions always have the danger of becoming too abstract. The reality of their impact on human beings is always in danger of being lost without reference to life as it really happens. Here is Sue's story (name changed and identifying information removed):

Sue is 19. She should be excited about leaving care but she is frightened. She came into care when she was 16. Her mother could not care for her because she herself had been sexually abused by family members and had self medicated with alcohol. Sue had been cared for by different family members but she too was sexually abused. It took her some time to settle down but she began to do well at school. She stopped her own self abusive behavior and began to look after herself. She was not ready to take part in counselling around the abuse and it left her feeling unimportant and very unsure. She was on the Independent Living Program and doing well most days. She worked with a Child and Youth Worker to look for part time work for two months before she turned 19 but was not successful in finding a job by the time her majority arrived.

She has no family who are safe, no one to care for her and nowhere to go. So she must apply for welfare so that she can continue to live on her own. Policy does not allow her to go to high school any more. Because she only has two months to go before her graduation and because her social worker intervened with the Ministry of Employment and Income Assistance, she will be permitted to finish her grade 12 high school year and graduate. She will graduate into welfare because there is no support to continue school.

While she may seek counselling for past abuse at some point, such counselling (for free), is only available through the local transition house and the funding for that service is not assured. Sue is in increased danger of drinking because of her present fear or the possibility of getting into an abusive relationship because she needs to feel she has someone in her life. She no longer has the government. There is nothing the social worker can do for her but connect her to the welfare office and walk away.

If Sue succumbs to the dangers that are present in her life, the social worker will have another generation of clientele.

Statement

The BCASW considers that the lack of majority services for youth who have been in the care of the Ministry constitutes a violation of their rights as young citizens and is an example of bad social practice that creates both individual hardship and a host of ensuing problems that are preventable through the provision of appropriate service. The service principle involved should be to ask the question, "What support would a reasonable parent offer their child from age 19 until they attain full independence?"

Post-Majority Services (continued)**RECOMMENDATIONS**

1. That MCFD continue to pay for the education of former youth in care who are in part-time or full-time education programs.
2. That former youth in care receive a recognized Post Majority Designation that enables them to receive services during times of crisis (eg housing etc.). The adult serving system does not recognize the unique history of these individuals, feels no sense of responsibility and does not have the obligation of care that came when guardianship was assumed by government. That MCFD continue to provide access to counseling and support services to former wards that require them to address the issues in their lives that caused them to be in care.
3. That ongoing research and demonstration projects be funded by the MCFD in order to develop the best set of programs possible to accomplish successful transition and that practitioners be involved in the development and monitoring of these programs.
4. That the Office of Children and Youth collect annual statistics on the successful integration into adult life of former children in care.
5. That a Post Majority social worker FTE be in place to assist youth who are 19 years of age or more on an ongoing basis without age limitation. Note: the income assistance system recognizes the special status of youth until age 24 and HRDC Canada defines youth as covering the ages of 16 to 30 years.

Children and Youth with FASD

While BCASW appreciates that this review is focused on services for children and youth, it is critical to note that many children and youth in the care of the government are aging out of MCFD care into a complete gap in services and are thus being abandoned by our service delivery system with horrific results. We cannot abandon our children if they are unable to independently survive. Youth with FASD are one example of a group of youth transitioning from care with special needs that are being completely ignored by the service delivery systems. In the cases where the youth have FASD, these young people have a recognized lifelong disability and yet are still being ignored by the system post-19. It has been identified that 80% of adults with FASD cannot live independently. These young people must be afforded effective and guaranteed lifelong services. They cannot be abandoned. Whether it is CLBC, MCFD or another body that responds to life long support for individuals with FASD it must be provided.

Fetal Alcohol Spectrum Disorder (FASD) is the leading cause of developmental disability among Canadian children and is the most common form of preventable brain damage in the Western world. Our provincial and federal governments have identified FASD as both a significant public health concern and a lifelong disability.

Prevalence

- Overall incidence rates of FASD in British Columbia are not definitively known as most cases go unidentified.
- Estimates of the prevalence in newborns in British Columbia range from a low of 3 to a high of 9 out of every 1000 births per year.
- In any discussion of prevalence rates it is critical to note that these rates vary by region and that there are high-risk neighborhoods that have higher incidence rates.

Diagnosis

- Diagnosis is key to establishing prevalence rates. Accurate prevalence rates can assist in ensuring adequate funding and resources are connected to this area.
- Diagnosis is identified in research to be one of the key elements that can improve outcomes for the individual. Diagnosis can provide the individual and their care providers with an understanding of the disability that lies at the root of their behaviors/needs.
- There have recently been notable improvements in the area of diagnosis. In May 2005 the Canadian Diagnostic Standards formally established the diagnostic criteria for the range of diagnoses included under FASD which has created increased consistency in diagnosis. Professionals in the field report that an influx in money to establish regional diagnostic centers in the province will assist in making diagnosis more accessible. Yet, diagnosis remains expensive. A review of the accessibility of diagnosis to all citizens of British Columbia is critical.

Range of Diagnosis and Needs

- Under the umbrella of FASD there are numerous fetal alcohol exposed diagnosis. These include, but are not limited to, Partial Fetal Alcohol Syndrome (PFAS), Fetal Alcohol Syndrome (FAS), and Alcohol Related Neurological Developmental Disorder (ARND).
- Fetal alcohol exposure can create both physical and neurological disabilities. Some children and youth experience both physical symptoms and neurological disabilities, while others experience only the neurological disabilities related to fetal alcohol exposure.
- Therefore there are some children, youth and adults with FASD that experience a visible disability and some who experience an invisible disability. Those with the invisible disability are often misunderstood by the education system and/or their caregivers, misdiagnosed within the general

Children and Youth with FASD (continued)

- medical community, and personally blamed for behaviors that are linked to their disability. Research has identified that having the visible disability is a protective factor for individuals with FASD.
- The physical and neurological challenges associated with this disability are in constant relationship with the individual's environment. Thus while the nature side (biological) of the disability can be identified through diagnosis, it is also critical to look at the nurture side (environment) to ensure protective environmental factors that can assist these individuals in engaging in life in fulfilling, productive ways.
 - Individuals with FASD diagnosis can experience a range of physical and neurological characteristics including pre and postnatal growth retardation, a distinctive pattern of facial anomalies, central nervous system dysfunction, lower IQ, learning difficulties, deficits in school performance, poor impulse control, problems with social perception, deficits in higher level receptive and expressive language, poor capacity for abstraction or metacognition, deficits in mathematical skills, problems in memory, attention or judgment., higher than normal pain tolerance, epilepsy, tremors, impairment of fine motor skills, and struggles in coordinating gait and hand-eye functions. Each individual with a diagnosis under the FASD umbrella will have a unique compilation of characteristics that is the result of the unique impacts of fetal alcohol exposure on their physical and neurological development.
 - Individuals with FASD also experience secondary disabilities that are not inherent at birth but evolve as the result of the interplay between their physical and/or neurological disability and their environment. Secondary disabilities associated with FASD include poor school performance, mental health issues, homelessness, unemployment, drug and alcohol issues and connection to the criminal justice system. These secondary disabilities are not inherent to the individual, but rather come into existence as a result of the interplay between the environment and the disability. The disability is lifelong, not changing; and thus, if we are to reduce these secondary disabilities it is the environment that must change to respond in more effective ways to the disability thus reducing the prevalence of these secondary disabilities.
 - Research has identified protective factors that can reduce the prevalence of secondary disabilities. These include, living in a stable nurturing home, early diagnosis, never having experienced abuse, being found eligible for Community Living Services, having a diagnosis of FAS rather than Alcohol Related Neurodevelopmental Disorder (visible instead of invisible disability) and not living in poverty. While these factors cannot alter that the individual has FASD, they can maximize the ability for the individual to cope and engage in society in healthy ways.
 - Despite provincial and federal acknowledgement of the existence of FASD as a significant public health concern, and their identification of the needs of individuals with FASD, there continues to be a lack of services to support these children and youth.

Services/Resources

- This disability is a preventable disability. Based on this premise a significant amount of funding has been aimed at education to reduce the quantity of women drinking when pregnant.
- Despite the recognition of cognitive and learning disabilities associated with FASD diagnosis there continues to be a lack of services available in the public education system to adequately respond to the high-level of need and one-on-one attention that children with FASD may require to be successful.
- There is a complete lack of FASD specific support services for children, youth and adults with FASD. In the past the FASD Support Network provided some much needed education, advocacy and support services to helping professionals, families, children, youth, and adults with FASD. There funding has recently been cut.
- Despite the acknowledgement that this disability is lifelong, there is no lifelong support or services available to these individuals. CLBC services are the only system that provides ongoing support services to individuals with developmental disabilities. However, their eligibility criteria include an IQ of 70 or below. While research has confirmed that individuals with FASD struggle in so

Children and Youth with FASD (continued)

many areas their IQ results often do not drop below this mark and thus they are ineligible for services post-19. This leaves many children, youth and families who received support and services through the Ministry of Children and Family Development in various ways without any resources once they reach the age of 19. For children in care this can be detrimental and leaves many experiencing secondary disabilities such as homelessness, joblessness, and connection with the criminal justice system.

- A lack of resources and services also leaves these vulnerable individuals open to being manipulated and abused. Research has shown that individuals with FASD are at high risk for being taken advantage of and victimized as a result of their disability. In cases where they are highly vulnerable due to being homeless or jobless their vulnerability increases exponentially.

RECOMMENDATIONS

- We as a province must do better at responding to the needs of children, youth and adults with FASD. There are many professionals working in the area of FASD who are aware of the lack of resources and supports for these children, youth and adults. There needs to be a formal consultation process with these professionals coupled with a commitment to funding the resources identified as being critical to the wellbeing of individuals with this disability. Without adequate, effective resources, these children and youth will continue to experience the secondary disabilities identified above as a result of a lack of adequate response by the formal service delivery systems that make up their environment.
- Children and youth must be provided with guaranteed access to diagnosis. Given that diagnosis is a critical protective factor for these individuals it must be accessible to all.
- Funding to the FASD Support Network must be reinstated and the services afforded by this resource must be reviewed to ensure that adequate funding is provided that will allow for this service to respond to the needs of individuals with FASD and their support networks.
- It must be recognized that as youth with FASD age out of services and resources afforded by MCFD they are accessing informal support services to survive. It has been noted by groups such as FASD Connections that these caregivers are burning out as they receive no financial support or resources to provide care to these permanently disabled adults. These caregivers must receive both financial and resource support so that they can continue to provide stability and nurturing to these adults.
- While a continued commitment to education in the interest of the prevention of this disability is fundamentally critical, it is also vital to respond to the needs of those individuals who are born with this lifelong disability. They cannot be ignored. Education must be coupled with adequate and accessible resources for these individuals. This list in no way provides a comprehensive outline of all that is needed. At present the appalling lack of resources for individuals with FASD leaves the BCASW calling for the government to take the next step and move from acknowledgment of the prevalence of FASD and the needs of these individuals to funding and providing the tangible resources that these individuals need.

Conclusion

Researchers, provincial and federal governments, service deliverers, and advocates have all identified that FASD is a significant public health concern that requires a comprehensive response. Yet the funding needed to comprehensively respond to the needs of individuals impacted by this public health concern has not followed the recognition of its existence. Acknowledgment is not enough, resources must follow. The BCASW encourages the government to take the next step and adequately fund the services and resources that children, youth and adults with this lifelong disability require.

10 Years After: A Review of The Gove Enquiry Executive Summary

It is approximately ten years since the findings of the Gove Enquiry were made public. The BCASW would like to highlight some of the content of its summary with an updated response to some of Judge Gove's principles.

In the section *Designing a New Child Welfare System* four principles were proposed to guide the creative process. The principles were Universality, Responsiveness, Accountability and Efficiency.

Universality:

In this section Judge Gove 1995 (1) notes "child welfare standards must apply equally across the province and every child and youth should have realistic access to needed services regardless of geography, ethnicity or other personal characteristics".

The child welfare system is complex and secretive in nature. As a result it is difficult for the public to assess Ministry performance or to hold the child welfare system accountable to the principle of universality. Social workers functioning in all geographical regions and in all child welfare specializations are one source of information that is available in spite of Ministry reluctance to inform the public.

- Social workers have informed the BCASW that services, with budgets centered in Victoria (such as Youth Agreements) tend to be delivered in a universal fashion but services that are financed by local office budgets are not.
- Services funded from local budgets are impacted by office budget shortfalls, the particular disposition of the community manager or team leader and other local factors such as availability in northern and rural regions.
- Legislated services, such as Voluntary Care Agreements, in place to take children into care when parents are temporarily unable to provide care, may be available in one community while families in another community are told "we don't provide that service here". As such child protection services vary and persons seeking support may receive very different levels of services in different regions or communities.
- In child protection social work prevention and support services are central to any possible success in promoting family stability or reunification and the lack of universal access to the full range of legislated services is seen as being both problematic and breaching the ethic of fairness.

RECOMMENDATION

The BCASW recommends that the child welfare system be examined using the principle of universality and that a system be put in place that assures children and their families the same level of access to services province wide.

Responsiveness:

"Child Welfare services must respond to the needs of children and youth, which may vary among communities" Gove 1995 (2).

It could be said that the child welfare system remains universally challenged in its ability to provide child protection or support services in a safe and timely fashion.

Gove 10 Years After (continued):

- The ability to respond to investigation calls varies from office to office. Lack of sufficient staffing has led to the common practice whereby child protection calls are responded to only if the risk is immediate. This is referred to by social workers as blood and guts child protection work and is considered the least effective way to assess child safety as only a small portion of protection calls receive a timely response.
- Overworked social workers often ask for and receive a waiver on the “must investigate within five days” rule, and social workers report some parts of the system being so understaffed as to lead to some calls not being responded to for weeks or months. These reports are provided to the BCASW by responsible, professional social workers who are concerned about their inability to investigate and protect neglected and abused children.
- Social workers report that community based agencies also struggle to respond because budget cuts of 20-30% have led to a reduction in services dedicated to supporting families and preventing abuse. The long waitlists for prevention programs such as family support services and parenting programs, along with the growing absence of homemaker, life skill coaches, respite care provision and other similar services, greatly impede the system’s ability to respond to the needs of at risk children and families.
- Children in government care and their biological families also suffer from a lack of timely service. The absence of a full complement of social worker staff contributes to a lack of responsiveness after children come into care. Social workers consistently report that it is difficult to find time to meet with the children on their caseloads. Child welfare literature such as *“Pain lots of Pain”* by Brian Raychaba (1993) also chronicles this dilemma. Social workers, with overwhelming case/ workloads rush from one casework responsibility to another while children and families complain that it is difficult to access their social worker.

RECOMMENDATIONS

1. The child welfare system must receive the financial resources necessary to provide for the investigation of abused and neglected children, within the time frames in the CF&CS Act.
2. That a two year study be immediately launched to chronicle the time frames in which services are delivered with a written report and recommendations to be issued on a yearly basis.

Accountability:

Judge Gove 2005 (3) said “Child welfare service providers must be accountable for their actions, and managers must use quality assurance findings to effect improvements in the child welfare system”.

- The current child welfare system has an Audit and Review office as part of its organizational structure. Auditors conduct reviews of files looking at whether standardized lists of tasks were performed within a prescribed period of time.
- Information compiled from such audits is maintained within the child welfare system. The compiled information is not confidential but is not posted anywhere commonly known to the public. As such the public has no idea how well the child protection agency is functioning.
- The effectiveness of the auditing system is reliant on the ability of the child welfare system to provide a remedial plan when deficiencies are discovered in how the child protection system functions. Many of these remedial efforts resemble a rearranging of the deck chairs on the Titanic. There is a rearrangement of limited resources but the ability to protect children remains compromised. Dix 2005 (1) surfaced MCFD statistics that documented a rising number of

Gove 10 Years After (continued):

uncompleted investigations (over 90 days) reporting that the increase was an astounding 53% or in actual numbers an increase from October 2003 figures from 1,940 to 2,409 uncompleted investigations. This increase was noted from statistics provided by the Ministry's own auditors but a lack of resources appears to have stymied the mounting of any effective Ministry response.

- The child welfare system's accountability to the public taxpayer is presently reliant on the skills of the political Opposition, media pundits, family and interested professionals like the BCASW to seek out information and call the system to account. It was this kind of activity that surfaced the circumstances surrounding the child deaths of Sherry Charlie and Savannah Hall, the missing 713 child death review files and the Ministry's growing inability to complete child protection investigations well beyond the prescribed 30 day period.
- The elimination of the Children's Commission and Child Advocate in 2002 effectively left the external responsibility for holding the Ministry accountable in the Child and Youth Office. In 2005 the office released a "*What We Heard*" document that outlined concerns regarding the provision of child welfare services but it was effectively ignored by the government and the popular press. Subsequently Paul Willcocks 2005(1) noted the ineffectiveness of CYO office writing, "Not one of the investigations was launched because Morley's office raised concerns. Questions from family, news reports and Opposition pressure uncovered the problems and forced the government- for the most part slowly and grudgingly to act".
- The Ministry has attempted to present itself as an open and accountable system but the lack of forthrightness regarding children dying in care, the failure to note the absence of child death reviews and the lack of frankness regarding the Ministry's ability to fulfill its child protection mandate indicate that the Ministry remains evasive and wary of being held to account.

RECOMMENDATIONS

1. That the MCFD Audit and Review Office be given an increased mandate with duties to report directly to the Minister regarding the results of current audits. That the office also receive the additional responsibility to provide possible remedial plans for consideration to the Minister. That the information also be provided to the independent office with overview responsibilities and that the auditors be available to consult with the new office (similar to former Children's Commission and Child Advocate).
2. That an independent office be established with a mandate similar to a combination of the former Children's Commission and the Child Advocate's office.
3. That this office provide the public with a quarterly and then a yearly report on child welfare practice as per the former mandate of the Children's Commission.
4. That all non-identifying child welfare statistics (investigations, children in care etc.) be posted by the Ministry of Children and Family Development on a publicly accessible website. That the government informs the public of this website via a promotional campaign and that the website information is provided in a manner that is easily understood by the public.
5. That a public board be constituted from a broad population of public figures with the expressed purpose of providing external oversight to the Ministry of Children and Family Development.

Gove 10 Years After (continued):**Statement**

The BCASW recommends that the Ministry for Children and Family Development be provided with one or more external offices to assist it in providing services in a publicly accountable fashion.

Efficiency:

Judge Gove, 1995 (4) indicated that by efficiency he meant “the child welfare system must provide a high quality of service, while spending public funds responsibly”.

- During the first five years of Liberal governance the efficiency of child welfare services was compromised by severe budget cuts of 11% or 110 million dollars.
- The government equated efficiency with reduced budgets, less social work staff, reductions in the capacity of the foster care system and a constricted community support sector.
- The BCASW and others warned that budget cuts were putting real children in harm’s way but it appeared as if the overwhelming legislative power held no elements of restraint and so budget driven efficiency plans were introduced.
- The provision of high quality child welfare services was not achieved during the first five years of the Liberal mandate and it is unclear that there will be significant changes to produce real child protection efficiencies in the future.

Statement

The BCASW is hopeful that the current review will assist the Ministry to return to a balanced understanding of the concept of efficiencies. It is hoped that realistic budgets and child/family centered planning will allow the child welfare system to fulfill its mandate to protect children and to work in their best interests.

Regulation of Practice for Social Workers

Regulation of social work practice is a much misunderstood issue that directly relates to the quality and integrity of child welfare services that are delivered in this province. The social work profession with its history of providing direct services to children, youth and families remains a key staffing component in this service delivery. The *Social Workers Act* was proclaimed in 1968. While the Act was revised in 1979 and 1996, it is clearly evident that this fundamental foundation for social work practice is outdated. BCASW has long advocated for changes to this legislation. *The Gove Report*, in making reference to the area of quality assurance outlined that

“The Board of Registration of Social Workers, established under the Social Workers Act, has most of the hallmarks of a self governing professional body, but only about 1250 of the provinces 5, 800 social workers are registered. Social workers employed by the ministry are exempt from registration, and only 20% of them have voluntarily registered. Thus, 80% of ministry social workers are not subject to independent professional regulation.”

“The Inquiry also concluded that the regulation of social workers and other child welfare workers should be required by legislation”.

BCASW’s advocacy for a new *Social Workers Act* stems from the present Act’s inability to address the issue of mandatory registration. Indeed, the present Act is inadequate as only social workers who voluntarily register with the Board of Registration for Social Workers are held accountable to maintaining a standard of practice that will provide necessary protection for the public. Nearly every province in Canada has implemented mandatory regulation for its social workers; however, to date, a succession of BC governments has resisted implementing these fundamental changes.

Should social workers employed by the Ministry or other government/community agencies be subject to mandatory registration, minimum qualifications and a standardization of education, skills and abilities would govern entry to all social work positions. Indeed, this important initial step will be a key to establishing a competent and skilled service. In maintaining entry level qualifications for social work, the Ministry can begin to develop a common professional culture and vision for the delivery of child welfare services.

Regulation of Practice not only ensures accountability and protection for the children and families, it also ensures that professional standards are developed and maintained. Changes to the present *Social Workers Act* will result in adherence to identified standards of practice that have been developed by the profession. Adherence to a common code of ethics will enhance the delivery of quality services. Proposed legislative changes highlighting individual and professional accountability will augment present supervision and mentoring that currently exists within the Ministry. Over the years, criticism of the Ministry has often centered on the disconnect between management, policy makers and line social workers. Indeed, changes involving self regulation will assist in creating a more collaborative organizational climate.

Changes to the present *Social Workers Act* will facilitate improved training and professional development of social workers as this will be an essential requirement of any regulatory body. The need to maintain and upgrade skills and knowledge in a complex and changing environment applies to social work, as is the case with other professions. Legislative changes will ensure the development of closer working relationships between Schools of Social Work, the Board of Registration for Social Workers in BC, BCASW, and government and community employers. The development of these working relationships can only serve to enhance quality research, evaluation and planning initiatives that will need to be undertaken in future.

Regulation of Practice for Social Workers (continued)**RECOMMENDATION**

That the BC Children and Youth Review support the recommendation of Judge Gove in 1995, that social workers be required by legislation to be subject to mandatory registration.

While not all positions in child welfare services are designated as social work positions, social workers are a key component of service delivery. Although social work is most often associated with child protection services, social workers are employed in other areas such as child and youth mental health, health and addictions, and non government family and community services. They also require regulation of practice. Many of these social work positions require more specialized clinical qualifications related to counselling and treatment. These concerns are currently addressed under the present Act through a clinical registration designation, but the present Act again is unfortunately limited to only those social workers who voluntarily request this certification.

Much needed changes to the present *Social Workers Act* will be a fundamental step towards improving the delivery of child and family services in this province. Regulation of practice will result in an immediate upgrading and standardization of qualifications for all social workers working with children and families. Regulation of practice will foster improved professional practice through the development and adherence to standards of practice and a Code of Ethics developed by the profession. A focus upon accountability and self regulation for staff who are primarily responsible for delivering child and family services will be an important initiative towards the development of a more collaborative and coordinated network of provincial child welfare services.

Voices from the Front Line: Social Workers Speak Out

Social Workers have communicated many concerns and recommendations to the BC Association of Social Workers. The contributions come from people with years of social work practice and as such represent a wealth of knowledge and a treasure trove of expertise:

1. Child welfare practice is slowly shifting back to a family preservation model by focusing on supporting families to keep at risk children safe in their homes. This practice will be a safe one only if social workers are clear that the child's safety is the paramount concern and families receive family preservation support services in a timely manner.
2. MCFD statistics indicate that 9,151 children are in government care, a number that does not include Kith and Kin agreements and other arrangements not counted by government. I am concerned that the government purposefully does not provide an accurate count of children needing social work services so as to continue making the argument that more social workers are not needed. An accurate accounting of how many people are using child protection services should guide the size of the budget allocated to it.
3. Child protection reports are growing, not shrinking, according to MCFD statistics. When I last looked the government's own statistics indicated a rise of almost 9% to 2, 492 call in November of 2005.
4. I am very concerned that the government continues to say there are fewer families and children receiving child protection or family preservation services. I checked the MARS or government statistics and they confirmed what my practice experience already told me. Numbers of families who have active involvement with an MCFD social worker grew to 15, 032 in November of 2005. These numbers don't record the increase in the workload associated with complex at risk families and increasingly alcohol and drug affected children. The Ministry needs to stop saying that the current budget is sufficient and accurately cost out what services actually cost. There is a need for the Minister to provide leadership in this matter.
5. It used to be that we could help families hold together and reduce the risk of child abuse or neglect by supporting families with emergency measures. These might include food vouchers, respite care, homemakers, transportation and other immediate responses. These small measures helped at risk families hold together, reduced stress and built rapport between families and social workers. It appears that the current government has become penny wise and pound foolish and this is creating situations where social workers cannot be less intrusive but must intervene in the family in a more disruptive manner.
6. I remember Judge Gove recommending that caseload size be capped at 16 cases per person. I'm not sure if this is the number recommended by the Child Welfare League of Canada or its American counterpart but I know a cap needs to be put in place. If there is no cap on caseloads then there will be no way to judge when social workers are no longer able to protect children. I don't think any social worker wants to get to that place but when you have 30 to 40 cases like we have in BC, you have gotten there and gone beyond that. It's a shame the government hasn't addressed this long ago.
7. Cuts to other Ministries like those providing income assistance have impacted families living in poverty or classified as the working poor. Levels of stress rise when families cannot meet their basic needs and children suffer through neglect and abuse. The Dietitians of Canada, B.C. region issued a report called the *Cost of Eating in B.C.* and stated that the \$ 1,495 allowance for a family of four was \$200.00 a month less than what was required to meet the families' basic food needs. We are seeing what being unable to adequately feed your family does to parents and that government legislation directly affects the number of children needing child protection attention.

Voices from the Front Line: Social Workers Speak Out (continued)

8. Minister Richmond of the Ministry of Employment and Income Assistance has committed to asking for a topping up in certain categories if this is necessary and his other cabinet colleagues should hold him to that promise.
9. Poverty is a key factor affecting families in contact with the child protection system. What does the government expect to happen to families when the stress related to poverty is legislated into existence by the very people who are supposed to be looking out for the common good of society? The government is aware of the recent report by the *Social Planning and Research Council of British Columbia*, in their report *Living Costs and Employment and Assistance rates in B.C.* Currently the welfare support meets half of the monthly cost of those who are on assistance. If the welfare rates corresponded to the actual financial needs of these families then we would have less child welfare involvement with this group of vulnerable people.
10. When children come into care they deserve a life that is stable and predictable. These expectations are what allow children to know that the world is a reasonably safe and predictable place. The child welfare system nationally and provincially has failed to keep children in stable living environments moving them from foster home to foster home. The experience of children in care is recorded in studies like the 2005 study *No Family to Call Their Own* by UBC social work Professor Edward Kruk and Laura Jones MSW. Other studies like the 2002, *Where do We Go from Here* by Paul Jenkinson MSW, UBC also contain recommendations that would promote this kind of environment for children in care. Someone in the Ministry needs to look at these studies and do something about the damage done to children as they drift through the foster care system.
11. Foster parents continue to provide most of their services on a primarily voluntary basis. If one looks at all of the budgeted items the foster parent is expected to meet from their monthly stipend there is little left to reward the foster parent for their work. It is going to be increasingly hard to recruit foster homes when the financial reward is so small. This is not because of foster parent selfishness but because it takes 1.5 to 2 full incomes to meet today's family needs. The government had better get used to the idea of adequately funding the foster care system or they will see the system begin to fail, first with the quality of care givers diminishing and then with the numbers of families willing to foster collapsing.
12. There are many people in the Ministry who by word or action indicate that this government is willing to tolerate a higher level of risk management. To put it bluntly it seems this government is willing to support an under funded, understaffed child welfare service with the implicit knowledge that the child protection system will not be able to adequately respond to child neglect or abuse calls. This is not risk management; it is moral irresponsibility.
13. Aboriginal youth, especially those in urban centers, need to have the services of outreach workers restored to them. During the time of adequate outreach services suicides among aboriginal youth went down. In a fit of mean-spirited budget cutting these services were cut or severely limited. In a short time aboriginal youth suicides began to increase. This service needs to be restored for the sake of those kids.
14. Social workers working with aboriginal families need to have enough time to connect with the child's band and to mutually develop a care plan. This is not going to happen if MCFD social workers continue to be so understaffed that they spend all their time running from one crisis to another.
15. We had some tremendous successes in Prince George in 2000, at Youth Around Prince George. We had no high risk youth suicides because of the available supports and a skilled outreach social worker who worked with the youth.

Voices from the Front Line: Social Workers Speak Out (continued)

16. A lot of aboriginal youth live far from home having left the reserve for the urban centers. The bands and the families of those youth have not forgotten them so any planning for youth seeking help in urban centers, coming out of prison or detox centers and youth seeking to reconnect with their home communities needs to be supported with designated Ministry funds.
17. Government is going to have to adequately meet the needs of at risk children who cannot live with their parents but who have relative willing to take them in. This type of care arrangement has grown in size as to actually equal the number of children in government care. This situation needs to be looked at closely as many of these children are also considered to be in the high needs category. As such these children deserve to live with extended family while being given an at risk status that allows them to receive additional funds for their needs.
18. The Ministry needs to fulfill its commitment to release a yearly *Measuring Success* document. This document which monitors and reports on the status of B.C. children's health and well being has been issued erratically over a period starting in 1997. The *Measuring Success* document should include a specific section that measures the unique experience of children in care so that their experience is monitored and positive outcomes are assured.
19. The Ministry Service Plan is a requirement of the Budget Transparency and Accountability Act and acts as a guide for the issuing of Annual Reports. These reports are evaluated regarding the performance of said plan. Recent plans have been lacking in the major categories of child protection social work. As such these plans to a poor job of guiding the MCFD budget process. It is important that future Ministry Service Plans reflect child protection/welfare goals.
20. I think we need to recommend the development of community based prevention, that's where we need to be willing to consider a system redesign that keeps effective protection aspects but is also capable of building and working within adequate community supports to families.
21. Resource social workers need to make more contact with foster families and be less restricted to their offices. Contact needs to expand beyond the necessary visits when child related crisis arises or contract questions are raised. It used to be that resource social workers were a major part of the foster parent's support system and that was greatly appreciated.
22. Caseloads are the same but the true numbers are often hidden under the guise of offering support services, such as Kinship Care Agreements, Youth Agreements, Child in the Home of Relative. or other methods to avoid counting as in care children. This is a strange process whereby the Ministry takes an inadequate budget, tries to justify it by not accurately counting the actual work we are doing and then is given another inadequate budget. This may serve the interest of bureaucrats interested in currying government praise but it does not serve children well.
23. Supports for training have been greatly reduced in practice, mostly due to reduced budgets and overworked staff. This has happened in spite of the provisions for training in the current contract. The Ministry needs to financially support external training for its professional work force and have staff in place so that caseloads are not left unmonitored.
24. Social workers who go on to advanced degrees need to be financially rewarded. These workers bring additional knowledge to the child protection service and as such are deserving of increased financial compensation. My friends in the education system often shake their heads at the way the Ministry fails to acknowledge the extra expertise represented by Masters level degrees. One of my former workmates went on to get a doctorate and still received no financial recognition for this additional skill. This person quickly left the child protection service for an employer where the financial remuneration matched the level of skill. It was our loss

Voices from the Front Line: Social Workers Speak Out (continued)

25. We need to have the ability to speak freely especially within our work place. People are fearful of pursuing any idea beyond the level of their own team leader. Some say to go any higher is professional suicide and this is especially true for social workers who practice with small teams in rural or northern settings. The top down style of management often leaves the senior social workers feeling oppressed and silenced while younger workers quickly learn to remain passive and silent.

CONCLUSION

The BCASW submission represents the voices of many child welfare social workers. Those who have contributed their analysis regarding the current state of services represent literally hundreds of years of front line child protection practice.

The concerns about insufficient budgets, lack of staff, children left at risk, child deaths and lack of independent oversight are just a few of those presented in this document. The comments and concerns have been gathered by BCASW and its Child Welfare and Family Committee over time and have been revisited, revised and considered during years of discussion and dialogue.

The government has given you the responsibility to both consider and present this practice wisdom to those who hold political power and responsibility. The BCASW remains ready to participate in any discussion or clarification of ideas presented in this submission. The Association is also available to participate in any forums that follow as a result of the findings of this review.

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