

Presentation to Children's Mental Health Summit

October 4, 2004



Ontario Association of Children's Aid Societies
The voice of child welfare in Ontario

Outline

- Introductory remarks
- Child Welfare Program Evaluation
- Child Welfare Secretariat
- ‘Hot button’ issues
- Lessons learned
- Future Directions



Child Welfare Program Evaluation

- Systemic effects of Child Welfare Reform including legislative amendments, the funding formula, mandatory risk assessments, improved accountability, improved training for child protection work
- Examination of relevance, effectiveness, efficiency, and sustainability
- 35 recommendations



Child Welfare Secretariat

- Multi-year funding approach
- Permanency
- Differential response
- Outcomes approach/research
- Information systems/technology
- Court processes
- Quality Assurance/accountability



Issue #1 – Unmet Needs of Children involved with CASs

- 19,105 Children in Care
- 26,959 open protection cases
- 8,139 crown wards (82% with identified special needs; 65% demonstrated aggressive behaviour; 42% on psychotropic meds)
- A substantial number of the most needy and unhealthiest children in Ontario are in the care of CASs
- CASs need capacity to respond to these needs if community agencies are unable to respond



Issue #2 Access to Services

- CMHC system has capacity of 140,000 cases/year
- Average wait time 5 months
- Perception that CASs clients have severely curtailed access to CMHC spaces
- “not considered a priority” – *Child Welfare Evaluation Report*
- No clear policy direction from government



Issue #3 Resources

- Decline in capacity due to curtailment of \$\$
- Decline in capacity of specialized professional resources: child psychiatry, pediatric speech & language, psychology
- OPI sector supplying residential capacity for SEBD children (57% of boarding payments – 25% of total days care)



Lessons Learned

- Successful models – integrated agencies, strong community relationships, protocols, joint service delivery models (family group conferencing, wrap-around, resource centres)
- Two solitudes cannot survive in the new MCYS philosophy – CASs are finding the resources for children in care



Opportunities for CASs/CMHCs in future

- Differential response will require strong relationships between CASs and CMHCs
- Government leadership re implementation of *Child Welfare Program Evaluation* recommendations: define target group/key functions for CMHCs; model protocols for CAS/CMHC to improve access; community service coordination models

