



Commission to Promote  
Sustainable Child Welfare

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Commission de promotion de la viabilité  
des services de bien-être de l'enfance

# **Promoting Sustainable Child Welfare in Ontario: An Update**

**November 22, 2010**

**Taking a Stand for Child & Youth Mental Health  
CMHO 2010 Conference**

# Commission Terms of Reference

## Commission Mandate

- The mandate of the Commission is to develop and implement solutions to promote the sustainability of child welfare in Ontario.
- The Commission's scope encompasses the entire sector: the 53 Children's Aid Societies (CASs) and the Ministry of Children and Youth Services (MCYS)

## Term

- Three years (almost) → Nov 2009 through September 2012

## Reporting Relationship

- Direct reporting relationship to the **Minister** of Children & Youth Services
- Day-to-day working relationship with the MCYS

## Authority

- **Regarding CASs:** Authority at the level of Director in Child & Family Services Act (CFSA) to issue directives to CASs
- **Regarding MCYS:** Mandate to make recommendations to the Minister on matters relating to policy, accountability, operations, etc.

# Principles Guiding the Commission's Work

- A focus on **children, youth and families**
- **Transparency**
- **Objectivity** based on evidence and the lived experience
- Iterative, **action-oriented** process
- **Boldness**
- A spirit of **partnership**
- Respect for **diversity** – including in particular, recognition of the unique considerations relating to **aboriginal** child welfare

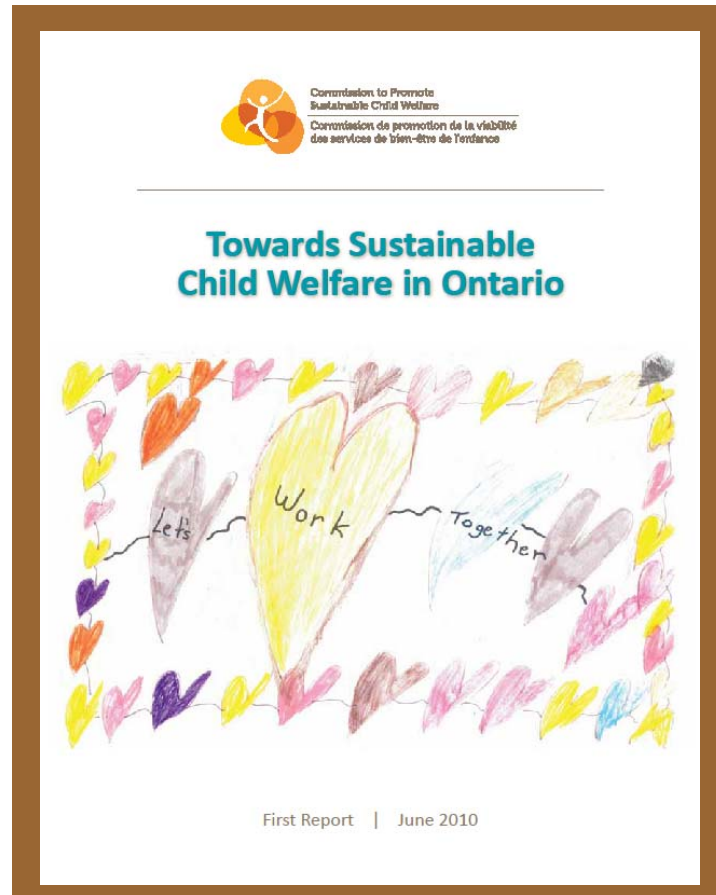


# Sustainable (sus-tain-able)

## A Sustainable Child Welfare System ...

- ***Constantly adapts*** to evolving challenges, needs and knowledge
- ***Leverages available resources*** to ***maximize positive outcomes*** for children and youth
- ***Balances current needs*** and demands while ***building a strong system*** for tomorrow

# The Commission's "First Report" – June 2010



Available at: [www.sustainingchildwelfare.ca](http://www.sustainingchildwelfare.ca)

# Strengths and Challenges Observed in Ontario Child Welfare

## Within Child Welfare

- **Variable capacity** among CASs
- **Variable CAS service models** and cultures
- Variability in **legal processes** and delays
- **Insufficient inter-CAS collaboration** and sector-wide focus by CASs
- **Compliance focus** above performance and outcomes
- Too much expected of a **funding formula**
- Fragmentation and **suboptimal coordination of MCYS** functions

## *Beyond the Sector*

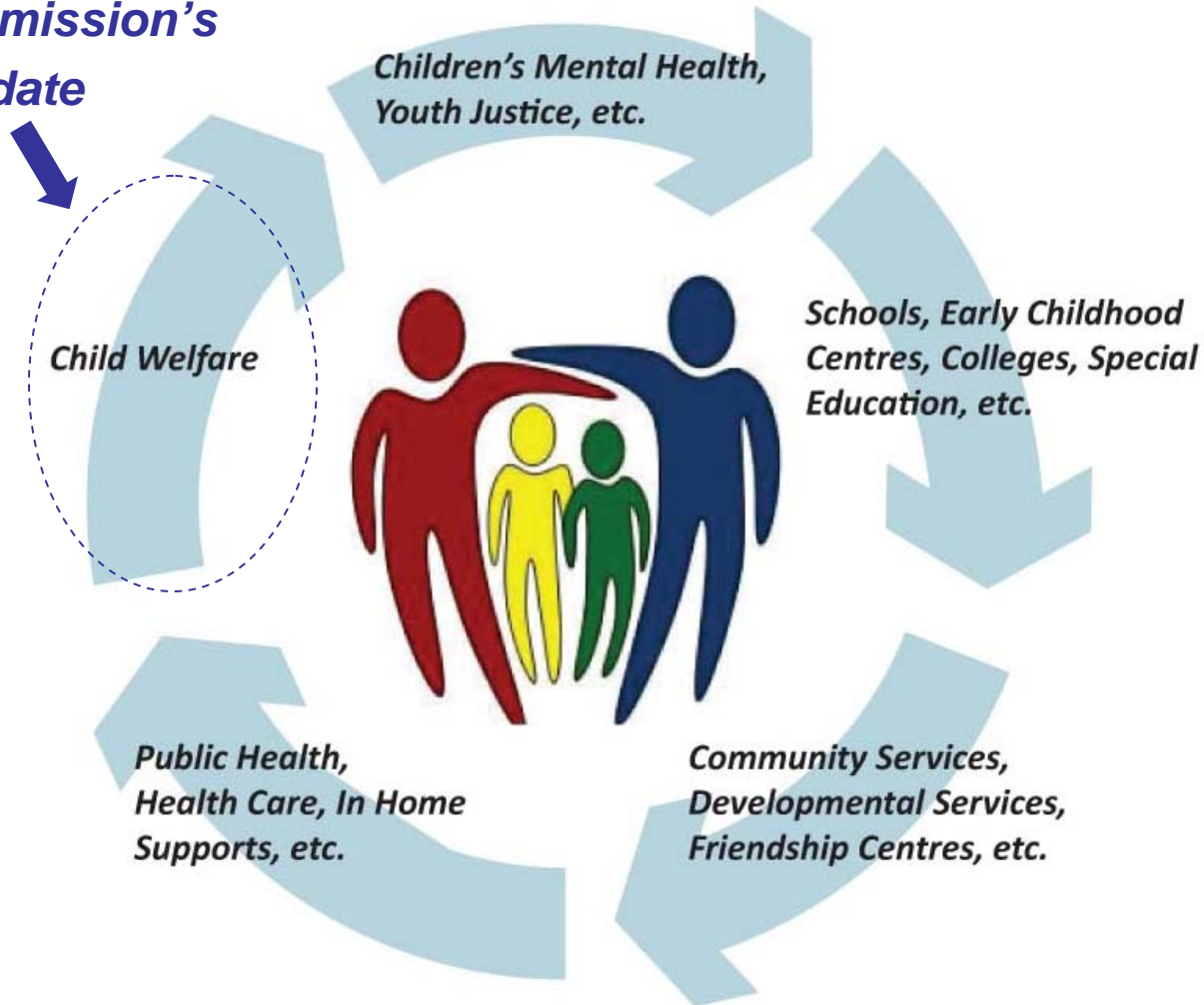
- **Mainstream services** not sufficiently responsive to the needs of CAS kids
- Lack of robust connection between **needs, system priorities, and system capacity**
- Unique needs and circumstances of **Aboriginal children and youth** not being adequately addressed

# **Our Vision for Sustainable Child Welfare**

**A modernized child welfare system that functions as one of many programs working together to provide integrated, child-focused services fully aligned to improve outcomes for vulnerable children and youth.**

## An Integrated System for Ontario's Vulnerable Children and Families

### Commission's Mandate



### IMPORTANT ENABLERS

- ✓ Mechanisms in place to ensure early identification of vulnerable children
- ✓ A common assessment tool to ensure families and children get what they need when they need it
- ✓ A framework for evaluating outcomes and ensuring continuous improvement and adoption

## A Four-Tiered Strategy for Sustainable Child Welfare

A modernized child welfare system providing integrated child-focussed services fully aligned with the broader network of children's services to improve outcomes for children and youth.

Advance broader integration of services for vulnerable children and families

1. Reconfigure the organization of CAS structures and service delivery

2. Change the approach to funding child welfare

3. Implement a new approach to accountability and system management

4. Strengthen and improve service delivery

Advance Aboriginal approaches to child welfare

# The Relationship between Children's Mental Health and Child Welfare

- ❑ Study of Ontario Crown Wards found 32% had at least one mental health condition versus 14% in the general population<sup>1</sup>
- ❑ US study (2007) found that 46% of children in care had at least one mental health condition, three times the rate (15%) found among children from disadvantaged homes<sup>2</sup>
- ❑ 2005 study found that children in foster care were 16 times more likely to have psychiatric diagnoses and 8 times more likely to be taking psychotropic medication than children in the community<sup>3</sup>
- ❑ 2008 Canadian Incidence Study found that in cases of substantiated maltreatment:
  - 19% exhibited symptoms of depression, anxiety or withdrawal
  - 15% showed aggression
  - 14% exhibited attachment issues
  - 11% demonstrated symptoms of ADHD

<sup>1</sup>Burge, P. "Prevalence of Mental Disorders and Associated Service Variables among Ontario Children Who are Permanent Wards", *Canadian Journal of Psychiatry*, 2007, 52(5), 305-314

<sup>2</sup>Ford T, Vostanis P, Meltzer H, Goodman R: "Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households." *Br J Psychiatry* 2007, 190:319-325.

<sup>3</sup>Racusin, R., Maerlender, A. C., Sengupta, A., Isquirth, P. K., & Straus, M. B. (2005). Psychosocial treatment of children in foster care: A review. *Community Mental Health Journal*, 41(2), 199–221.

# What Makes Child Welfare Involved Children Vulnerable to Mental Health Conditions?

- ❑ Early neurological development / attachment
- ❑ Biological and environmental factors associated with parental mental health
- ❑ Trauma associated with child welfare involvement: disruptions; multiple moves; and occasionally, abuse during care
- ❑ For some youth transitioning to adulthood, absence of stable connections and supports

# The Case for Integration / Strong Linkages between Children's Mental Health and Child Welfare

Hurlburt, 2004. **“Contextual Predictors of Mental Health Service Use Among Children Open to Child Welfare”** *Arch Gen Psychiatry* 61(12).

Increased coordination between local child welfare and mental health agencies was associated with stronger relationships between Child Behavior Checklist scores and service use.

Increases in interagency coordination may lead to more efficient allocation of service resources to children with the greatest need

Bai 2009. **“Coordination between child welfare agencies and mental health providers, children's service use, and outcomes”** *Child Abuse Negl.* 33(6)

Greater intensity of inter-organizational relationships between child welfare and children's mental health was associated with higher likelihood of both service use and mental health improvement

# Commission Observations / Reflections on the Child Welfare – Children’s Mental Health Relationships

- ❑ We are convinced that the stronger the **inter-relationship between children’s mental health and child welfare** the better the outcomes and the fewer at-risk children who need to be in out-of-home care.
- ❑ We like what we see in the **integrated agencies** in Ontario in terms of enabling efficient, child and family focused services to communities
- ❑ We question the level of variation in the **respective roles** of CMH providers, CASs, OPRs and others in providing children’s mental health services
- ❑ We have concerns about the concept of **re-integrating children’s mental health into the health care**
- ❑ We agree that the **funding constraints** to the CMH sector over the last decade have challenged the sector’s capacity to optimally respond to the needs of all children
- ❑ Our work on reconfiguration in child welfare leaves us with similar questions about the long term **sustainability of small, stand-alone children’s service providers.**



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