



Commission to Promote
Sustainable Child Welfare

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

CLARIFYING THE SCOPE OF CHILD WELFARE SERVICES

REPORT AND RECOMMENDATIONS

June 29, 2012

The Commission to Promote Sustainable Child Welfare was created by the Minister of Children and Youth Services to develop and implement solutions to ensure the sustainability of child welfare. The Commission reports to the Minister and will complete its work in the fall of 2012. Further information is available from the Commission's website: www.sustainingchildwelfare.ca.

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EXECUTIVE SUMMARY

Children's aid societies have been part of the landscape of social services in Ontario for over one hundred years. As independently governed organizations, their form and focus have evolved over the years in response to shifts in provincial policy for child welfare, fiscal environments, and local community circumstances.

In the same way that no two of Ontario's hospitals or schools are exactly alike, the same is true for Ontario's children's aid societies. However, as a provincially funded program mandated under Ontario's *Child and Family Services Act*, what level of commonality of scope and delivery of child welfare services should we as a province strive for? Answering this question is confounded by many factors, the most significant of which is that child welfare is only one of several sectors that contribute to the welfare of children. Schools, children's mental health programs, community agencies, hospitals and many other sectors all play a critical role in influencing the health, safety and well-being of Ontario's children and youth.

The Commission to Promote Sustainable Child Welfare was established with a three year mandate to develop and implement solutions to ensure the sustainability of child welfare in Ontario. Reporting directly to the Minister of Children and Youth Services, the Commission will complete its work in September 2012. In view of its mandate, a fundamental question for the Commission has been: "*sustainability of what?*" What is or should be the intended scope of child welfare in Ontario? This question is, in turn, inter-related to various other core features of the Commission's work. The question of scope intersects with the Commission's work on accountability which must begin by answering the question, "*accountability for what?*" Similarly, the Commission's work on the approach to allocating funds for child welfare presumes clarity on the scope of services or at least the intended outcomes of these services.

The question of "scope" of child welfare services has thus been ever-present throughout the Commission's work. This report describes the conclusions reached by the Commission on the range of questions and considerations relating to the scope of child welfare services. The report sets out the following five specific recommendations for how to move forward:

1. MCYS should **take further steps to remove barriers to and accelerate realization of** the policy direction set by the 2005 **Child Welfare Transformation Agenda**.
2. **MCYS in collaboration with the sector should build on the Commission's work to** confirm and define the services that *must be* provided by every CAS in Ontario. These services should encompass **direct child protection when maltreatment has occurred** and **proactive intervention when there is a likely risk of maltreatment**.
3. **CASs should map their current scope of services** based on the Continuum for Child and Family Service Needs described in this document to provide a frame of reference for making immediate and future choices and decisions to maximize positive outcomes within available resources.

4. MCYS, with input from the sector, should **critically examine the Eligibility Spectrum and other tools being used to determine thresholds** for eligibility, for initiating, and continuing ongoing services.
5. MCYS should **commit to enhanced service integration** between child welfare and other services for vulnerable children and families and promote structures and processes that lead to more coherent and effective child and family services in Ontario's communities.

This report has focused on resolving the "what" questions relating to the scope of child welfare. The Commission's forthcoming report on Accountability will build on this work and address "how" to translate this discussion of scope into tangible changes in how CASs work with their communities and MCYS to plan services, assess performance and results, and create a culture of continuous improvement.

It must be emphasized that the conclusions and recommendations in this report cannot be viewed in isolation of the respective roles of other sectors serving children, youth and families. While this report provides a frame of reference for the scope of child welfare services, the ultimate shape of services in each Ontario community will and should continue to be influenced by the collective roles and inter-relationships of all children's and family services. This is how we as a province can assure that we not only keep our children safe but also promote all dimensions of their well-being leading to the best outcomes as children and as adults.

I. INTRODUCTION

In its First Report, *Towards Sustainable Child Welfare in Ontario*, the Commission set out a four tiered strategy for improving the sustainability of Ontario's child welfare system. The fourth tier focuses on strengthening and improving direct service delivery to children and families — and as part of this work, the Commission committed to examining the scope of child welfare services.

In the two years since the First Report, the imperative for examining "Scope" has intensified. There is now little doubt that the current and future fiscal environment will be one of ongoing spending constraint. In real terms (i.e. after allowing for inflation), the funding envelope for child welfare (and most other publicly funded programs) in Ontario will almost certainly continue to shrink. More than ever, CAS boards and leadership teams must bring to bear their considerable experience and knowledge of their communities to make difficult decisions around how to allocate resources and organize services to maximize positive outcomes for children within the confines of available funds. More than ever, careful attention at all levels is required so that Ontario's vulnerable children and youth and their families have equitable access to supports to ensure their safety and wellbeing.

This dynamic balancing is fully consistent with the definition of sustainability set out by the Commission when we first began our work. Specifically, the Commission defines a sustainable child welfare system as one that:

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

During the latter part of 2011 and the first half of 2012, the Commission undertook to examine this question of scope of children's aid society (CAS) services. The Commission took a multi-faceted approach to examining these questions which included:

- A detailed examination of the language of the *Child and Family Services Act* and of existing definitions for child welfare services within Ontario;
- A review of relevant literature from within Ontario, Canada, and other jurisdictions;
- Site visits to develop profiles of six CASs from different communities across the province;
- An analysis of variation between CASs;
- Investigation of processes used by other sectors to examine scope and make choices around the optimal combination of services to maximize value for money; and
- Consultation with CASs, MCYS and other stakeholders.

During the same time period that the Commission was undertaking its work, a project was underway through the Local Directors Section of the Ontario Association of Children's Aid Societies (OACAS). This project was initially referred to as "Early Intervention / Admission Prevention Project" and subsequently renamed to the "Early Help Project". The Commission had the opportunity to dialogue with leaders from this project on multiple occasions and is appreciative of the insights that arose from these conversations.

This document summarizes the Commission’s conclusions from its collective work on scope and offers recommendations for government, Ministry of Children and Youth Services, and CASs. In summarizing these conclusions, it must be noted that the work on scope is closely linked to multiple other dimensions of the Commission’s strategy for sustainability. Three areas warrant mention:

Accountability The work on Scope focuses primarily on the question of the *mandate* of CASs. Parallel work is underway by the Commission relating to accountability. While the Scope work addresses the question of “accountability for what?”, the Accountability work addresses matters relating to planning, assessing performance and results, and building a culture of continuous improvement.

Funding Approach The scope of services offered by individual CASs is influenced by both the amount of funding and the way in which funds are allocated. Through its previous work on Funding Approach, the Commission has recommended changes that would result in a more equitable and flexible approach to funding. Implementation of these changes will address challenges in scope that stem from funding inequities between CASs and from unintended incentives inherent in the current funding approach that favour more expensive out-of-home services over less intrusive community-based supports to children and families..

Integration of Services In every Ontario community, the scope of child welfare services is directly influenced by the scope and availability of other community-based services for vulnerable children and families. This is a key reason why an over-arching element of the Commission’s strategy for sustainability is advancing broader integration of services for vulnerable children and families. This report on Scope will make multiple references to the importance of broader integration. Formal recommendations relating to integration will be included in the Commission’s Final Report. The Commission’s recommendations on Scope are not intended to be interpreted in isolation of considering the inter-relationship of child welfare services with other services available to children and families in each Ontario community.

A word about terminology

Throughout this document, the term “*child welfare*” is used to encompass the role and functions of agencies designated as “children’s aid societies”. This term is used instead of the term “*child protection*”. This choice of language reflects two factors. First, the term “*child welfare*” is the term routinely used within MCYS and children’s aid societies in Ontario (e.g. “Child welfare funding envelope”, “Child Welfare Secretariat”, “voice of child welfare in Ontario”). Second, the term “*child protection*” is frequently associated exclusively with situations of *suspected or actual* maltreatment. Whereas the term “*child welfare*” provides additional latitude for situations in which there is the *risk* of harm. Therefore, using the term “*child welfare*” does not restrict the conversation of scope before it even begins.

II. WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE (AND WHY IS IT SO HARD TO SOLVE?)

A. *The Overall Problem of Scope*

As a province, our investment in child welfare services reflects a commitment to ensure the safety and well-being of all children and youth in Ontario.

Fulfilling this commitment is confounded by the lack of consensus across the province in regards to the breadth and depth of child welfare services and the role that CASs should play in delivering these services. Additionally, there is variation in the range and volume of service provided by CASs, but no framework through which to determine the level of justifiable variability. There is a view held by some that the role of CASs should be narrowed to focus only on protection, especially in an environment of economic constraint. Others are proponents of a relatively broad scope for CAS, and ideally, delivery of CAS services within the context of integrated organizations that also provide services like children's mental health, youth justice, and other related supports for vulnerable children and families.

The lack of clarity and consensus on the scope of CAS services creates problems in measurement, in assessing impact of the investments in child welfare across the province, and in benchmarking performance among CASs. The ambiguity also creates tension and conflict between CASs, communities, clients and government because of differing expectations around what services should be delivered.

Ultimately, the matter of scope of Ontario's child welfare services comes down to three questions:

- Where does the role of the CAS start and stop in relation to other community providers?
- Who are CAS child welfare services for?
- What are the CAS child welfare services that should be provided — and in what amounts? And for how long?

Lying behind these questions is the issue of access and the eligibility thresholds used to answer them. In Ontario, the Eligibility Spectrum provides the frame of reference that guides front line staff decisions for each and every case that comes to the attention of CASs.

B. *Why Resolving the “Problem of Scope” Matters*

The Rights of Ontario's Children and Families

Since 1990, Ontario has enshrined in legislation its commitment to protect children from maltreatment. The objective, “to promote the best interests, protection and wellbeing of children” is stated as the paramount purpose of Ontario's *Child and Family Services Act* (CFSA). Services to protect and promote the welfare of children have, therefore, become part of the package of publicly funded services that this province has committed to. It follows that *every child and youth in this province has a right to a comparable level of services that protects them and promotes their wellbeing*. Similarly, while parents hold primary responsibility for the safety and wellbeing of their

children, every Ontario parent has a right to a comparable level of help and support in fulfilling their role as parents.

Ensuring clarity around the scope of child welfare services — and consistency in access to and quality of these services — is therefore essential to ensure that there is equity for children, youth and parents across the province in the supports available to them. Clarity around the breadth and depth of child welfare services is also important to ensure that Ontario's families are not experiencing an undue level of intrusion by the state into day-to-day parenting decisions, styles and values.

Public Confidence

The *Child and Family Services Act* accords to CASs tremendous powers to intervene in the lives of families and children. CASs have sometimes been compared to the police in terms of the level of power they may have over the lives of children and families. Under the Act, if a CAS worker believes on reasonable or probable grounds that child safety is at immediate risk, that worker can act in some cases without a warrant to: apprehend children and remove them from their families; authorize medical examinations of an apprehended child without the usual requirement of a parent's consent; and enter a premises, by force if necessary, to search for and remove a child. The Act also protects any child protection worker acting in good faith in executing the authorities provided under the Act from personal liability.

In view of their significant powers, CASs need to be seen by the public as acting consistently. This is vital to public confidence. The credibility of all CASs is undermined when the public perceives a CAS in one community providing a markedly different approach to services and intervention than a CAS in another part of Ontario. Hence, ambiguity of scope and role among CASs can have direct impact on the public's understanding of and confidence in the role of CASs across the province. If the public doesn't have confidence or trust in CASs, they are less likely to pick up the phone to express concern about a child. Similarly, parents are less likely to ask for or accept help from the CAS when they themselves realize they are at risk of maltreating their children.

The Fiscal Environment

The very nature of public services — and social services in particular — necessitates a constant vigilance to ensuring that limited financial resources are invested in a way that maximizes the outcomes that can be realized. The February 2012 report by the *Commission on the Reform of Ontario's Public Services* ("the Drummond Report") emphasized that the extended period of fiscal constraint facing Ontario further heightens the imperative for thoughtful and informed attention to service choices and trade-offs to ensure constrained funds are being directed at the highest value priorities. This position was echoed in the 2012/13 Ontario Government Budget which asserted that sustainability requires that CASs "*focus resources on improving outcomes for children and youth receiving child protection services, while containing costs*".

Returning to the Commission's definition of sustainability, the current fiscal challenge demands adaptation of past approaches. These adaptations must be made in the context of the CASs' legislative mandate to protect children and the evolving needs of children and families — which themselves are influenced by the stress that the economic downturn and government spending

constraint are placing on them. CASs must make decisions that will enable them to maximize positive outcomes for vulnerable children within the constraint of available resources. Many of these decisions will be hard decisions. Invariably, they will demand a prioritization of needs and living with the reality that there will always be more needs in the community than can be met with available resources. Finally, sustainability requires that today's decisions must take into account the future. Each CAS must avoid making compromises today that will derail the capacity of the organization and the broader system to respond to community needs in the future.

These choices may seem to be financial in nature — but they are first and foremost choices that are critically important to ensuring the safety and welfare of Ontario's children.

C. Challenges in Resolving the “Problem of Scope”

The Legislative Context

The *Child and Family Services Act* (CFSA) provides the legislative context for child welfare services in Ontario. While the Act provides significant clarity on several dimensions of the role of CASs, several aspects of the language in the Act create ambiguity and give rise to differing interpretations.

As illustrated in Exhibit 1, the paramount purpose of the Act is to “promote the best interests and protection, and wellbeing of children”. The Act encompasses five “services” through which to fulfill this paramount purpose. Child welfare is one of these five services. The Minister may approve an agency to provide one or more of these five services. An approved agency can be designated as a “children’s aid society” (CAS) to provide *any or all* of seven “functions” of a “society” listed in the Act. Therefore, a single organization can be an “approved agency” designated as a CAS but also separately approved to provide one or more of the other four services addressed in the Act. “Integrated agencies”, such as Dufferin Child and Family Services and Dilico Anishinabek Family Care, are two of several examples of this kind of multi-service organization currently in existence in the province.

The Act's wording gives rise to ambiguity with respect to the scope of CAS services in that, in addition to the five services for which an agency may be approved and the seven “functions” to be performed by a designated CAS, it describes four different “child welfare services”. Further ambiguity is created by the fairly broad language associated with child welfare services and CAS functions. “*Prevention*” can be either broadly or narrowly defined. The same is true for “*individual and family counselling*”, “*non-residential services*” and even “*residential services*”. The Act outlines an exclusive role for CASs in areas like investigation of allegations of abuse and neglect and the placement of children in the care of CASs for adoption. Services like “prevention” and “individual counselling”, however, are not described to be — nor would we expect them to be — within the exclusive domain of CASs.

The Act describes CASs as mandated to provide services to protect children but this ambiguity around what the services are presents challenges and tensions for CASs and funders alike.

The Child & Family Services Act – Key Concepts for Child Welfare

The Paramount Purpose is to:

“promote the best interests and protection, and wellbeing of children.”

An “Approved Agency” can be approved to provide one or more of the five “Services”:



A “Child Welfare Service” means:

- a) A residential or non-residential services, including a prevention service
- b) A service provided under Part III (Child Protection)
- c) A service provided under Part IV (Adoption)
- d) Individual or family counselling

A “Children’s Aid Society” is an “approved agency” that is designated to provide any or all of the following “functions”:

- a) Investigation
- b) Protection
- c) Guidance, counselling and other services to families for protection of children or the prevention of circumstances requiring protection
- d) Care for children committed to its care
- e) Supervision of children
- f) Place children for adoption
- g) Other duties given by CFSA or any other Act

Part III defines a “Child in need of protection”

While the Act gives rise to ambiguity regarding the scope of services to be delivered by a CAS, it is much more descriptive when describing the primary client of a CAS: *a child in need of protection*. The Act provides an extensive list of circumstances that result in a child being “in need of protection”. This list includes both circumstances where the child has suffered actual harm as a result of physical abuse, sexual abuse, or neglect as a result of actions or inactions of a parent as well as circumstances in which “there is a risk that the child *is likely*” to suffer harm. The definition of “likely” is open to interpretation of how likely and how imminent is the risk to the child.

Appendix A provides an Overview of the Child and Family Services Act including a discussion of key terms and definitions within the CFSA and their relevance to the scope discussion.

Differing Perspectives and Frames of Reference

The welfare of children is a value-laden endeavour and as such, subject to differing objectives and perspectives from one stakeholder group to another:

- Government (the funder) places a high value on protection of children, while clients of CASs will often perceive this role as overly intrusive;
- Similarly, members of the public place a high value on protection of children as evidenced by the public outcry whenever a child dies and a CAS is perceived as having failed in its duties to protect. Conversely, the public can be extremely critical of both government and CASs if services are viewed as overly invasive in the lives of families and children;
- Members of the public looking to adopt will place a high value on access to children available for adoption and access to subsidies, whereas government as funder will have reservations around the complexities of costs, fairness and access to subsidies;

- In parallel, families whose children have been removed by CASs may feel more emphasis is required on family reunification and supporting struggling parents in the care of their children; and
- Most CASs hold the view that they are uniquely positioned to provide proactive intervention to families in which there is a high risk of child abuse or neglect — while other community agencies assert that if some CAS funding were redistributed, they could provide supports to families and avoid CAS involvement altogether.

The multiple perspectives and the tensions between the “care” and “control” functions of child welfare give rise to different policy orientations and biases in the discussion of the scope of child welfare services. In reality, every CAS must actively manage the delicate balance between these “care” and “control” functions. Ambiguity at a provincial level around the desired policy orientation of CASs results in varying organizational cultures within CASs as each board and leadership team establishes their own balancing point among the various competing tensions and expectations of the role they should play.

Differing Community and Individual Circumstances

There is great diversity across Ontario communities. Populations differ in terms of socio-cultural, socio-economic, family structures, geographic and other factors. The mix and availability of services for children and families also varies greatly from one community to another. This community variation gives rise to different service needs for vulnerable families. It also results in different service configurations and differing “scope of services” for the organizations we refer to as Children’s Aid Societies. As previously noted, in most Ontario communities, child welfare services are delivered through a single stand-alone organization. However, in a significant number of communities, the “CAS” functions are delivered through an integrated organization that also delivers services like children’s mental health, early years, developmental services, and other related services for families and children.

Cultural factors also give rise to differing community circumstances. This is particularly relevant in considering the scope of services for Aboriginal children and youth. Aboriginal belief systems embody a holistic world view and see the interests of the child, family, community, and surrounding environment as interconnected. Great emphasis is placed on the extended family and community in the upbringing of a child, and elders and members of the extended kin network have a responsibility to nurture and guide children according to the traditional teachings, anchoring the child’s identity and helping him or her make sense of the world. The Euro-Canadian model of service delivery through separate “systems” (child welfare, children’s mental health, etc.) is out-of-sync with both an Aboriginal world view and the rhythms of Aboriginal communities. Hence, consideration of “scope of child welfare services” in relation to meeting the needs of Aboriginal children and families must contemplate configurations and solutions that reflect the more holistic Aboriginal approach.

Finally, every child is different. Every family is different. Every circumstance in which there is alleged abuse or neglect is different. As a result, decisions on the scope of child welfare services are made every day by thousands of child welfare workers across the province. Ultimately, optimal decisions rely on the professional judgement of individual child welfare workers in applying

provincial expectations, standards and guidelines as well as sector-wide tools to the unique circumstances before them. This tension between the goal of consistent scope and delivery of services and the variability of human circumstances is a critical element in the discussion of scope.

III. FRAMING THE APPROACH TO THE PROBLEM OF SCOPE

A. *The Welfare of Children – A Shared Responsibility*

The welfare of children is a shared responsibility that begins with families and extends to communities and to a range of formal service providers. Ultimately, it is this broader notion of “the welfare of children” that we as a province wish to promote – one that includes not just the safety of children but also their health, education, and overall well-being. As a society, our desire to support the welfare of children must begin with the strong evidence base that healthy child development is best supported within the context of a strong and supportive family environment.

Realizing this goal cannot be achieved by simply focusing on one program or another. Rather, we must look at how different programs fit together in the children’s services system.

In the Commission’s *First Report*, this dynamic of shared responsibility for the welfare of children was depicted as shown in Exhibit 2. The visual captures not only the dynamic of multiple formal systems working together but also the centrality of the family in protecting and ensuring the welfare of children. Therefore, *the collective purpose of the formal systems must not only lie in promoting the welfare of children but also in supporting and strengthening the capacity of families.* Experience demonstrates that vulnerable families typically have many needs and, as a result, access multiple services. Optimizing coordination between services is vital to ensuring efficiency, avoiding duplication, and helping vulnerable families and their children realize the best outcomes.

Exhibit 2



B. *Clarifying the Rights of Ontario’s Children and Families to Supports*

Earlier in this document, we referred to the right of every child and family to a comparable level of supports. Based on the paramount purpose of the CFSA “to promote the best interests, protection and wellbeing of children”, there are three categories of services that we as a province would want to have consistently available for families and children regardless of who they are and where they live:

1. Services to protect children from maltreatment;
2. Services to support children and families experiencing stress arising from significant family risk factors; and
3. Services to support the well-being of all children and families.

Exhibit 3 describes each of these three service categories and provides examples of the kinds of programs and services in each category.

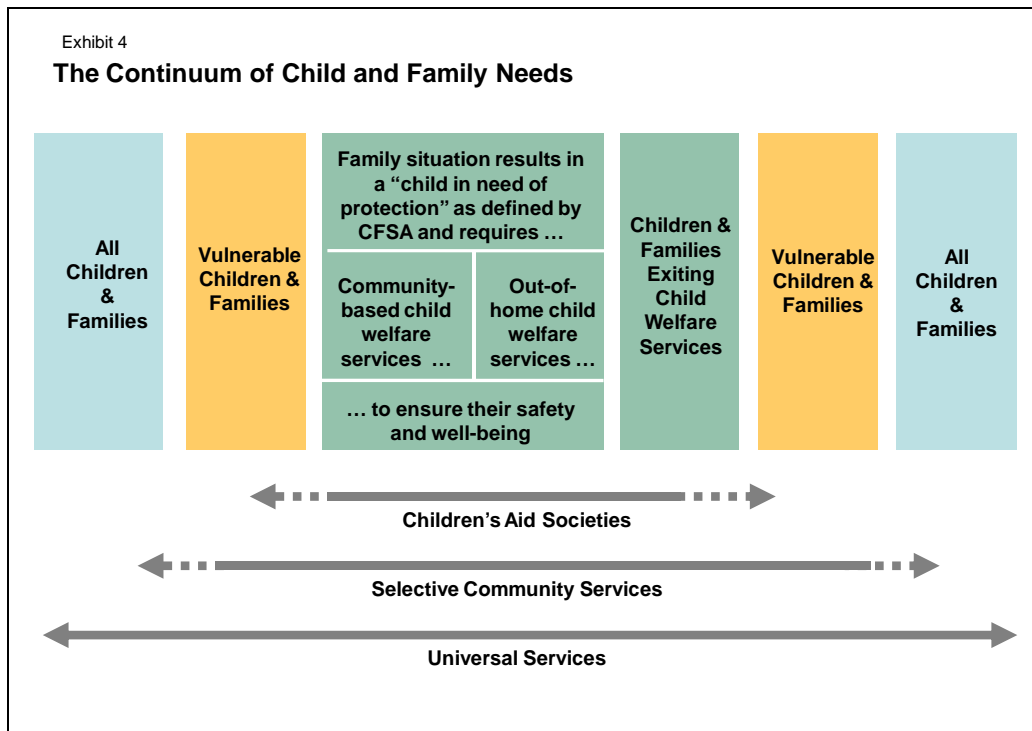
Services for Children and Families that Should be Consistently Available in Ontario

	Description	Examples of Programs and Services
Services to protect children from maltreatment	State intervention to ensure that children are protected – either by directly engaging with families to remediate / reduce risks and/or by short- or long-term out-of-home placement with a substitute caregiver. Can be voluntary or involuntary.	<ul style="list-style-type: none"> – Investigations of reports of children who may be in need of protection – Ongoing protection services including counselling, parent coaching, family group conferencing, facilitating referrals to other community supports, family reunification, etc. – Residential care services including kinship care, foster care, group care, customary care, etc. – Permanency services including adoption and legal custody placement and follow-up support
Services to support children and families experiencing risk factors	A range of programs and services to help families and children experiencing stresses arising from some combination of social, economic, educational, health, behavioural, or other factors that result in support needs beyond what can be met through universal services. Sometimes referred to as “Selective” or “Targeted” Community Services. Typically voluntary in nature.	<ul style="list-style-type: none"> – Family and individual counselling – Mental health and addictions services for children, youth, and adults – Parenting programs – Day treatment, day care, and respite programs – Prevention services like youth suicide prevention, school-based social workers, youth drop-in centres – Eligibility-based services like income security, social service / welfare, subsidized housing, emergency / temporary financial assistance
Services to promote the well-being of all children	Services intended to be universally available to all families and children in order to support basic standard of living, education, health and well-being.	<ul style="list-style-type: none"> – Education – Health care – Day care / playgroups – Libraries – Public parks, recreational programs and camps – Bullying programs – Dental services – Public awareness /education campaigns

As noted earlier, this combination of services (particularly involuntary services relating to child maltreatment) must strike a delicate balance between intervention that promotes the safety and wellbeing of children and intervention that is either of limited value or is harmful to the autonomy and effectiveness of the family.

C. Situating Child Welfare in the Continuum of Child and Family Needs

As a province, which organization provides these supports should be secondary to the question of ensuring that the supports are locally available to children and families. That said, the CFSA provides general guidance on the respective role of CASs, particularly with regard to children in need of protection. Exhibit 4 presents a continuum of children and families according to their needs as well as the general roles of different service providers in meeting these needs.



Families in which there is actual maltreatment or risk of harm are shown at the centre of the continuum. These are families where one or more children have been identified “in need of protection” based on the language of CFSA and an application of the Eligibility Spectrum. The threshold between “vulnerable children and families” and families with one or more children “in need of protection” is determined on the basis of factors including the degree of complexity of the family situation, the severity of the risk, and the level of vulnerability of the child(ren).

When a child is deemed “in need of protection”, CAS intervention can take one or two forms depending on the circumstances. Ideally, the child will be able to be protected through “community-based child welfare services” that are provided while the child remains in his/her own home. If this is not possible, “out-of-home child welfare services” will be provided by placement of the child in alternative care (foster, group, kin, customary care) on a temporary or longer term basis while working towards family reunification or other forms of permanency.

Families and children can migrate towards the ends of the continuum as needs and risks become less intense. The arrows below the continuum depict the respective roles of universal services (like schools and family doctors), targeted community services (like addictions programs and children’s mental health) and CASs in supporting children and families. Invariably, families and children at the centre of the continuum will be receiving services from multiple providers and coordination is essential. The dotted lines at the end of the CAS and community service arrows illustrate the reality that the respective roles of service providers may vary according to community and family circumstances. In practical terms, the length of the CAS arrow will be influenced by the effectiveness and capacity of universal and selective services to proactively meet the needs of families and children. Similarly, the greater capacity of selective and universal services, the fewer families with children “in need of protection” and lower likelihood of need for intervention by the formal child welfare system.

IV. RECOMMENDATIONS

Six recommendations are proposed in this document to address ambiguity and variability in the existing scope of CAS services while providing the latitude for variation that is justified by local community and individual case circumstances.

1. **MCYS should take further steps to remove barriers to and accelerate realization of the policy direction set by the 2005 Child Welfare Transformation Agenda.**
2. **MCYS in collaboration with the sector should build on the Commission's work to confirm and define the services that *must be* provided by every CAS in Ontario. These services should encompass **direct child protection when maltreatment has occurred** and **proactive intervention when there is a likely risk of maltreatment.****
3. **CASs should map their current scope of services** based on the Continuum for Child and Family Service Needs described in this document to provide a frame of reference for making immediate and future choices and decisions to maximize positive outcomes within available resources.
4. MCYS, with input from the sector, should **critically examine the Eligibility Spectrum and other tools being used to determine thresholds** for eligibility, for initiating, and continuing ongoing services.
5. MCYS should **commit to enhanced service integration** between child welfare and other services for vulnerable children and families and promote structures and processes that lead to more coherent and effective child and family services in Ontario's communities.

RECOMMENDATION 1

MCYS should **take further steps to remove barriers to and accelerate realization of** the policy direction set by the 2006 **Child Welfare Transformation Agenda.**

A policy orientation that residualizes the scope of child welfare to intrusive protection services provided only after child abuse or neglect has been verified is not sustainable. It places insufficient emphasis on intervention to strengthen families before the risk of a need for protection escalates into abuse or neglect and undue emphasis on the costlier dimensions of child welfare (protective out-of-home services). The result is suboptimal childhood and lifelong outcomes for Ontario's most vulnerable children and youth with unsustainable costs.

This conclusion has been recognized for many years. The alternative of a more balanced approach that encompasses both direct child protection services with proactive family preservation efforts is recognized in the CFSA but has not yet been fully realized.

In Ontario, the *2005 Child Welfare Transformation Agenda* was announced with the intent of more fully realizing the balanced approach to child welfare inherent in the CFSA. Transformation's by-line was "a strategic plan for a flexible, sustainable and outcome oriented service delivery model."¹ Transformation targeted the combined goals of protecting children while promoting their well-being and strengthening the capacity of their families and communities. *Transformation* sought to strike a better balance between child protection and family preservation, reduce the number of children coming into care, promote permanency options, introduce a differential response model, and more proactively partner with other community providers. Transformation also recognized the merits of a different more community-based and culturally appropriate response to Aboriginal child welfare.

The differential response model was a critical feature of Transformation. Through differential response, CASs would provide a customized response centred around the needs and strengths of individual children and families. This would in turn give rise to a number of service avenues including formal protection services, time-limited informal supports, or facilitating referral to and service access through other community services.²

In the six years since Transformation, noteworthy progress has been achieved against these policy objectives. Fewer children have been coming into care. There are a wide range of positive collaboration projects between CASs and community partners. Many examples are evident of differential response being taken to responding to unique circumstances and strengths of families. Throughout this period, MCYS has worked hard as have CASs to realize the goals of Transformation.

Progress notwithstanding, the sector has experienced a variety of tangible and intangible barriers in fully realizing this policy direction.

- The funding model has inadvertently continued to incent out-of-home placements for children;

Ontario's Child & Family Services Act: A Progressive Legislative Context for a Balanced Approach to Child Welfare

The CFSA is recognized within and outside Ontario as providing a very progressive legislative context for child welfare. Beyond its paramount purpose to "promote the best interests, protection and well-being of children", the Act lays out several additional purposes which reflect the multiple dynamics that must be balanced in modern child welfare. These additional purposes include:

- "... help should give support to the autonomy and integrity of the family unit..."
- "the least disruptive course of action that is available and is appropriate" should be used
- Children's services should be provided in a manner that "respects continuity of care and stable relationships"; that "takes into account physical, cultural, emotional, spiritual, mental and developmental needs and differences among children"
- Emphasis should be placed on "early assessment, planning and decision-making to achieve permanent plans for children"
- "all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family."

¹ Ministry of Children and Youth Services *Child Welfare Transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model.* July 2005.

² Measuring 2005 Transformation Goals, OACAS paper, p. 15.

- Regional Office staff working with CASs on expenditure management plans sometimes encouraged CASs to reduce or discontinue services targeted at earlier intervention for high risk families in order to balance budgets;
- Compliance mechanisms have continued to place disproportionate weight on adherence to policies for out-of-home placements distracting energy and focus from purposefully pursuing avenues for keeping children safe at home;
- Early efforts and funding support around Community Capacity Building to enable differential response have remained project based and CASs report that community partners are highly variable in their capacity and degree of support for child welfare involved children and families;
- Aboriginal leaders continue to struggle to accommodate regulations and standards that originated from Euro-Canadian ideals and are not fully reflective of Aboriginal customs and practices for raising children and building strong communities; and
- Many sector leaders have observed that the Transformation Agenda no longer feels central to MCYS policy. Comments by MCYS staff at all levels regarding the need to focus on “core services” and “reduce the size of the CAS footprint” have created confusion in the absence of clarity on overall policy.

Several aspects of the Commission’s strategy for sustainability are designed to address these barriers. As examples, if the government proceeds with implementation:

- the Commission’s recommendations on funding will overcome the inflexibility and challenges of the current funding model;
- implementation of the Commission’s work on accountability will drive the shift away from reliance on compliance mechanisms to a more outcome, performance-based approach to service delivery and system management; and
- implementation of recommendations relating to Aboriginal child welfare will enable Aboriginal communities to re-establish the wholistic, balanced approach to protecting and supporting children that has been integral to their communities and cultures for hundreds of years.

The Commission urges MCYS to accelerate efforts to address and remove barriers to realizing the directions laid out in the Transformation Agenda so that a more balanced approach to the scope and delivery of child welfare services can be fully realized.

RECOMMENDATION 2

MCYS in collaboration with the sector should build on the Commission’s work to confirm and define the services that must be provided by every CAS in Ontario. These services should encompass **direct child protection when maltreatment has occurred and **proactive intervention when there is a likely risk of maltreatment.****

Over the course of its work, the Commission has observed that there is no common set of service definitions for the child welfare services that **must be** provided through every CAS in Ontario. Lack of clarity on what every CAS must provide confounds decisions relating to service planning and assessment of performance and outcomes for CASs individually and for the system as a whole. A commonly agreed upon list of “must provide” services that arises from a commonly agreed upon policy context is essential. Leaders within the sector have acknowledged to the Commission that the sector and MCYS have been remiss in creating this level of definition and clarity around “what services we deliver”.

The closest thing to a CAS services and definitions currently available is the service definitions are those found in the Data Dictionary (2006) that derive from Service Definitions developed in 1999. These resources, however, are a mixture of various service activities and high level service descriptions as they relate to different funding categories. In comparison, the Commission has observed a more comprehensive set of definitions in other jurisdictions that support a more current child welfare policy direction. Appendix C provides a comparison between the 2006 / 1999 Ontario definitions against the US Child Welfare Service Array developed by the US Department of Health and Human Services. This is a comprehensive example of standardized service definitions used to guide service planning, funding and reporting for child welfare services across the US.

For child welfare in Ontario, the Commission’s conclusion is that every CAS must provide **direct child protection when maltreatment has occurred** as well as **proactive intervention when there is likely risk of maltreatment**. These programs and services must be available through every CAS regardless of other community resources or unique community /client circumstances. CASs can make these services available through: direct delivery; shared services with other CASs (or in some situations, other service providers); or procurement from other providers (e.g. foster and group care).

The most challenging area of service definition (and thresholds for receiving them) relates to programs and services for proactive intervention. Terms like “prevention” (which appears in CFSA), “early intervention” and “early help” are often used to describe these kinds of proactive programs and services; however, these terms have fairly wide latitude for interpretation. From its research and deliberations, the Commission has concluded that the terms “complexity”, “severity” and “child vulnerability” can be more helpful in informing decisions on what family / child circumstances warrant CAS involvement and what programs and services should be available.

In adopting these terms, the Commission has drawn in part, on the language of “*Family Preservation*” that is evident in discussions in multiple jurisdictions. Multiple definitions exist but in general, Family Preservation Services refer to: comprehensive, short-term, intensive services for families delivered primarily in the home when there is “imminent risk” of an out-of-home placement in the absence of proactive services. The emphasis on “imminent risk of removal” and “time-limited services” and “intensive services” may bring into sharper definition to the question of what role most fully leverages the unique expertise and capacity of CASs to support at-risk families. At the same time, the concepts of Family Preservation can leverage and complement both concepts of differential response and community collaboration/referral inherent in the Transformation agenda. Appendix B provides a brief summary of core concepts and terminology

from jurisdictions that have integrated “Family Preservation” services as part of a core policy direction.

In the next recommendation, the Commission has set out an initial listing of services for what every CAS must provide. The Commission recommends that MCYS, in collaboration with the sector, should refine the existing definitions and the Commission’s initial listing to create a more robust and complete set of definitions for Ontario child welfare services. These definitions should then become part of the common planning processes used by all CASs and should be incorporated in the Child Protection Information Network (CPIN) roll-out to support ongoing service planning, delivery and evaluation.

RECOMMENDATION 3

CASs should map their current scope of services based on the Continuum for Child and Family Service Needs described in this document to provide a frame of reference for making immediate and future **choices and decisions to maximize positive outcomes within available resources.**

Beyond the question of what CASs must provide for children and families in their communities, lie two related questions:

- What functions and services may CASs provide *if warranted by local needs and service availability?*
- What functions and services should not be provided by CASs?

The Commission has developed the following definitions for assessing what programs and services fall into each of the above categories. An additional category for programs and services that may be resourced through sources from outside the child welfare funding envelope is also defined.

Must Provide → These are programs and services that must be available through every CAS regardless of other community resources or unique community /client circumstances. CASs will make these services available through: direct delivery; shared services with other CASs; or procurement from other providers (e.g. foster and group care). There may be circumstances where some of these services will be delivered as shared services with other sectors (e.g. intake shared with children’s mental health).

May Provide → These are programs and services that may be warranted in individual CASs in the absence of capacity of other community providers or in response to unique client circumstances. In general, CASs and MCYS should strive to support the development of community capacity so that in the future, these “may provide” services will all be available through community providers or as a shared service between the CAS and community providers.

Should not Provide → These are programs and services that are intended to be provided through other publicly funded providers rather than being resourced from funds intended for child welfare. In general, provision of these services by CASs (either directly or through procurement) would occur only on an exception basis and following consultation and

agreement with the MCYS Regional Office that no other alternative exists in the immediate term. MCYS should work across Regional Offices to ensure consistent approaches to resolving circumstances necessitating “should not provide” services in CASs.

Provided through Other Funding Sources → These are programs and services that CASs make available to children and families in response to specific needs and to augment the impact of services resourced through child welfare funding. Alternative funding sources include: OCBe funds, children’s mental health funding, funding from the CASs foundation or other granting organizations, etc. Programs and services must be consistent with the strategic plan and letters patent of the CAS.

Exhibit 6 sets out the Commission’s initial framework with examples of how CAS functions and services map against these four categories and against the different groups of families and children identified in the Continuum of Child and Family Needs presented in Chapter III.

This framework is intended to provide each CAS board and leadership team with a frame of reference to inform: agency strategic planning; decision making on annual operating plans and budgets; and conversations with both MCYS and community partners regarding the role of the CAS in the context of the overall continuum of services within the community. By clearly categorizing services provided by organizations designated as CASs, the framework will bring transparency to what services are being provided (through direct delivery, purchase, or in partnership) with child welfare funds, what services are being provided from other funding sources, what services are reflecting unique community circumstances, and where CASs are de facto playing a “gap filling” role.

The Commission acknowledges that there is concern among CASs that MCYS will use the results of this framework to direct individual CASs to reduce and/or eliminate services in the “may” and “should not” categories. CASs are concerned that services mapped into the “may” and “should not” categories will be viewed as discretionary services *regardless of community or individual circumstances*. CASs are concerned that if these services are not provided early enough or with enough intensity to families and children when there is a risk of maltreatment, that circumstances will escalate and result in the need for much more intrusive and costly services and much greater harm to children. CASs have also cautioned of the need to avoid having at-risk parents experience fragmented services. They have stressed the need to avoid scenarios in which the CAS involvement is limited to a narrow role exclusively focused on child safety while parents are redirected elsewhere (often reluctantly) for supports for addictions or anger management or other complexities they need to address in order to keep their children safe. Most importantly, CASs emphasize the need to ensure that parents and children experience timely access to supports and interventions necessary to ensure child safety and wellbeing.

The Commission recognizes these concerns and underscores that the intent of introducing the discipline of service mapping is not to drive a cookie cutter approach to service delivery in CASs across Ontario. Rather, the intent is to bring transparency to existing service configurations in individual communities and facilitate dialogue between CASs, community providers, and MCYS. The expectation is that this dialogue will result in decisions on what should stay the same and what changes should be made over time in the services delivered by CASs and services delivered by

other providers. This dialogue will contribute not only to achieving equity and consistency of service availability across Ontario communities but also to promoting strategies that strengthen service integration within communities. Ideally, this dialogue would be informed by a mapping of not only the CAS services within a community, but also the related services provided by other community providers so that a full picture of gaps and needs could be established.

The Commission's report and recommendations on Accountability will further define how the service mapping framework can be used as part of planning within a fully integrated accountability framework.

Child Welfare Service Mapping Framework Based On Child and Family Needs *[Including examples]*

Child and Family Population (Based On Need and Risk)						
		All Children & Families	Vulnerable Children & Families	Family situation results in “child in need of protection” as defined by CFSA and requires:		Children & Families Exiting Child Welfare
				Community-based child welfare services...	Out-of-home child welfare services...	
				... to ensure their safety and well-being		
Aim of CAS Involvement		Screen referrals to identify protection risks	Investigation and confirmation of whether need for protection exists. Referral for further CAS involvement and/or community services as appropriate.	Protection of children and family preservation	Protection of children and concurrent planning to realize permanency through family reunification, adoption, legal custody, or other form.	Transition children, young adults, and families to supports provided by selective and universal services.
Services provided through Child Welfare Funding Envelope <i>(either through direct delivery, purchase, or partnership)</i>	Must provide	No direct service role to all children and families other than child protection service intake in response to referrals.	Child protection service investigation including safety and risk assessments Referral / linkage to other community services	Ongoing protection services and Voluntary Part II services including case management, collaborative case planning, individual and family counselling, etc.	Customary care Kinship services Kinship care Foster care Group care Concurrent planning Corresponding case management, counselling, etc.	Adoption placement and support Extended care and maintenance Case management support to youth transitioning to adulthood Transitional support to families and children when cases are closed.
	May provide	None	None	Parent education Pre-post natal support services Addictions / mental health counselling Domestic violence Episodic financial assistance	Parent education Pre-post natal support services Addictions / mental health counselling Domestic violence	Youth life skills training Long-term post-adoption supports
	Should not provide	Broad-based general prevention programs (e.g. anti-bullying, corporal punishment awareness)	General school social work services	Formal children’s mental health programs Psycho-educational assessments Sexual abuse treatment programs	Aides in Section 23 classrooms Drug testing and parental capacity assessments Episodic funding to kin service caregivers waiting for Ontario Works	Ongoing housing and financial support for young adults with developmental disabilities beyond the age of 21
Services Provided through Other Funding Source <i>(e.g. OCBe, Foundation, other MCYS, etc.)</i>		Broad-based general prevention programs	Parenting programs Child and youth mental health programs Developmental services Early years programs		Tutoring Summer camp Scholarships and bursaries for youth pursuing post-secondary education	Residential per diems for young adults >21 waiting for placement in adult group home.

RECOMMENDATION 4

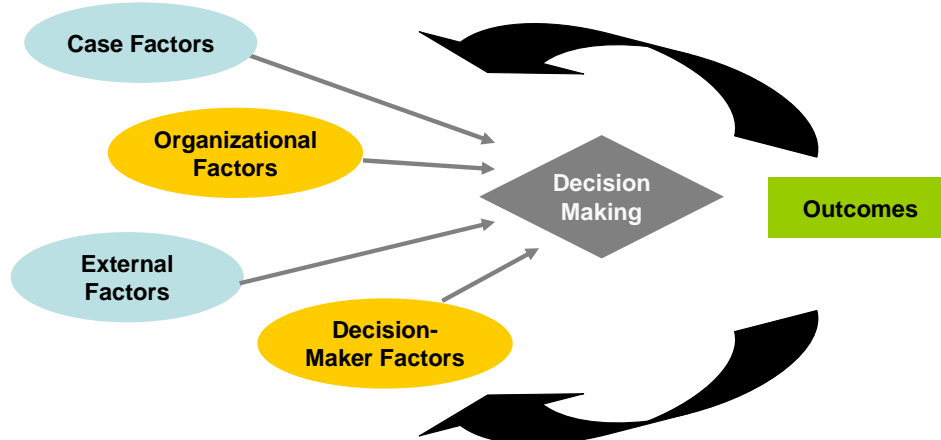
MCYS, with input from the sector, should **critically examine the Eligibility Spectrum and other tools being used to determine thresholds** for eligibility, for initiating, and continuing ongoing services. This initiative should examine the tools themselves and also the training in their use and the consistency with which they are being applied.

The Scope of child welfare services is not solely a question of breadth (i.e. *what* services should be provided), it is also a matter of depth. The question of depth encompasses *who* receives services, *under what circumstances*, and *for how long*?

The multiple factors that give rise to service decisions around “who”. “what” and “for how long” are illustrated in the *Decision Making Ecology* model (Baumann et al, 1997) shown in Exhibit 7. The “case factors” and “external factors” shown in blue reflect the individual child and family circumstances and external influencers like community circumstances and policy orientation that have been addressed previously in this document. As previously noted, the reality of “case factors” and “external factors” is why child welfare is so critically dependent on the training and professional judgement of front-line workers. The “organizational factors” and “decision maker factors” shown in yellow are the focal point of this current discussion.

Exhibit 7

The Decision-Making Ecology



Adapted from Baumann et al, 2011.

Service variability arising from organizational and decision-maker factors is an inherent challenge in all areas of human service provision. As discussed earlier in this document, given our aspiration as a province to provide comparable levels of support for all children and families, it is incumbent on CAS boards and leadership teams to critically examine variations in service that stem not from individual family or community circumstances but from the factors relating to differing knowledge, cultural orientations, or service biases.

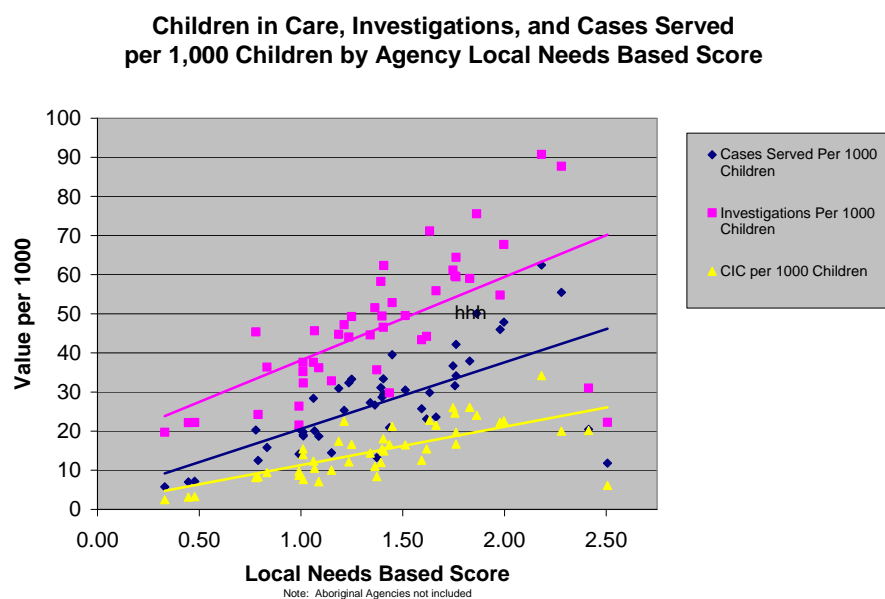
The reality of child welfare service variation was recently corroborated in a multi-level analysis of over 16,000 investigations within 111 child welfare agencies across Canada in which Jud et al (2012) found high variability:

The proportion of services provided following an investigation varies remarkably across Canada’s provinces ranging from as low as 30% of children being open for ongoing child welfare services or getting some other service referral in one province to as high as 70% in another province. Variation between sampled sites is even more distinct and goes from as low as 13% to as high as 96% for medium-sized agencies and from as low as 15% to as high as 77% for large agencies. Several case characteristics were significantly associated with the odds of receiving services. *Although there was remarkable variation in service referral rates between agencies, factors accounting for that difference remain largely unexplained [italics added].*³

In Ontario, the Eligibility Spectrum and the Family Risk Assessment are both used universally across CASs as the tools for determining the child protection entry point (commonly referred to as the “intervention line”) and informing ongoing service decisions. There is a widely held view that these tools result in consistent decision making. However, the evidence suggests otherwise. Consistent with the findings of the Canadian study, the evidence in Ontario indicates that a high degree of service variability exists in spite of the common tools for determining eligibility.

Exhibit 8 provides an example of this variability. The chart plots the service ratios for CASs across three dimensions of service (investigations, cases served, and children in care). The ratios are plotted against the “Local Needs Based Score”, a composite measure developed as part of the Commission’s funding work to represent the relative need for service based on a number of socio-economic factors and community characteristics. As would be expected, the chart illustrates that as community needs increase, there is a corresponding upward trend in service levels. However, there is wide variation and some significant outliers. Why? Returning to the “Decision Making Ecology”, we know there will be variation on a case-by-case basis as individual workers apply their professional judgement to individual situations — but in the aggregate, this would not explain the level of agency variation observed in Exhibit 8.

Exhibit 8



³ A. Jud, B. Fallon, N. Trocme Who gets services and who does not? Multi-level approach to the decision for ongoing child welfare or referral to specialized services *Children and Youth Services Review* 34 (2012) 983-988.

A close look at the three patterns plotted in Exhibit 8 indicates that variation relating to investigations is particularly significant. Given the intrusiveness and disruptiveness of an investigation in the lives of children and families, it is of concern to see this high level of variation at the “front door” of CAS services.

A recent evaluation of the validity and use of Ontario’s safety and risk assessment tools identified important implications around practice variation and how these tools require ongoing development. The need for further training on appropriate use of the tools is also identified, including potential application in the court system to improve system consistency⁴.

The Commission recommends that it is now timely for a re-examination of the service eligibility tools and their application in Ontario. MCYS should lead in this work with full engagement of the sector and of other expert resources. Ultimately, this work should aim to strengthen the capacity of front-line workers to use the Eligibility Spectrum and other tools to inform their professional judgement in individual case decisions. The work should examine not only the tools and how they are applied but also the outcomes that the use of these tools produce so that modifications to tools and/or their use can be made as appropriate to improve outcomes for children and youth. In support of this work, Appendix D provides a brief summary of sources for the literature on the areas of risk screening and associated decision making on service thresholds.

RECOMMENDATION 5

MCYS should **commit to enhanced service integration** between child welfare and other services for vulnerable children and families and promote structures and processes that lead to more coherent and effective child and family services in Ontario’s communities.

Throughout its work on Scope, the Commission had multiple reminders that the scope of services delivered by CASs is inextricably tied to capacity of the communities in which they are situated *and to the level of coordination and integration of services*.

Ultimately, optimizing service integration is essential to realizing comparable access to and availability of child welfare services — and other related services — for Ontario’s most vulnerable children and youth. The link between child welfare needs and children’s mental health needs is a good example of this vital role that integration plays in ensuring appropriate and equitable access. Hurlburt (2004) found that increasing the coordination between child welfare and children’s mental health services resulted in a greater likelihood of service access correlating with need regardless of child welfare status. Hurlburt thus argues that increasing coordination between these two sectors may facilitate targeting of scarce resources to children with the greatest levels of need.⁵ Bai (2009), reporting on a study of child welfare involved children over a 36 month period

⁴ Shlonsky, A., Shin, T.M., Wong, B., Sawh, P., Lee, B., Eisner, A., Tan, J. (2012). Prospective Validation of the New Ontario Decision Support System: Phase IV Final Report. *University of Toronto*.

⁵ Hurlburt et al. 2004. “Contextual Predictors of Mental Health Service Use among Children Open to child Welfare.” *Archives of General Psychiatry* 61(2): 1217-24.

concluded that the more intense the coordination between children's mental health and child welfare, the better the service access and the better the child outcomes.⁶

The importance of strengthening community capacity and the level of service integration has been a recurring child welfare policy theme in Ontario and in all other jurisdictions for many years. In Ontario, this theme was thoughtfully expressed in a 1997 OACAS discussion paper titled *The Role of Community-Based Child Welfare Services*.

To promote children's safety, the child protection system should broaden the responsibility for child protection beyond the child welfare agency. We must enlist parents, neighbours, schools, health providers, child care facilities, law enforcement, substance abuse treatment providers, businesses and many other community stakeholders as partners and must make available an array of in-home and out-of-home interventions.

To achieve this goal, the role of child welfare must shift from viewing itself as the provider of all child protective services and, instead, begin to catalyze, organize, and in a variety of ways, provide leadership in the development and sustenance of community partnerships for child protection and neighbourhood-based systems of service delivery that achieve the result of child safety.⁷

There are several noteworthy examples of how this kind of community capacity building, collaboration, and service integration being realized today in Ontario. These examples need to be built upon so that vulnerable children, youth and families in all of Ontario's communities have equitable access to an appropriate breadth and depth of services.

The Commission urges MCYS to put a strategy in place to move purposefully to strengthen service integration within all Ontario communities. This strategy can incorporate multiple tactics and components:

- Leverage the experience of communities, such as London, Simcoe, Ottawa and Muskoka where **local planning and action** is bringing multiple organizations together to create more seamless and coordinated case management of the most complex child and family cases.
- Critically examine opportunities for **cross-sector agency amalgamations** to create integrated family and children's service organizations in more Ontario communities. In the Commission's visits to Ontario communities where these integrated organizations exist, we heard multiple testimonials from staff and clients of the positive impact on client services that have resulted from these organizational approaches to service integration.
- **Clarify the mandates** not only of CASs (through implementing recommendations outlined in this document) but also of other provincially funded services for children, youth and families. The government should also specifically clarify and set

⁶ Bai et al. 2009. "Coordination between Child Welfare Agencies and Mental Health Providers, Children's Service Use and Outcomes." *Child Abuse and Neglect* 33(6): 372-81.

⁷ OACAS *Child Welfare Discussion Paper: The Role of Community-Based Child Welfare Services*, November 6, 1997. Excerpts from pages 6 and 7.

expectations for the role other provincially funded programs are expected to play in supporting the needs of CAS-involved children and youth.

- **Address impediments to integration** including such factors as the ability to share information across sectors.
- **Formalize mechanisms for local planning and integration** Local planning and integration of children’s services in Ontario currently relies on ad hoc initiatives. In some communities, leadership is provided by the CAS. Other communities have “local children’s planning councils” which are primarily voluntary bodies drawing on the goodwill and energy of individuals from multiple organizations. In the course of its work, some CAS leaders pointed to the role of Ontario’s Local Health Integration Networks are playing in healthcare and questioned whether there are insights for how local planning can be achieved for family and children’s services. The Commission is aware that a review is currently underway relating to the role of MCYS/ MCSS regional offices. Some have suggested that the reconfigured Regional Offices should be specifically charged with taking the lead in bringing together CASs, children’s mental health, and other providers of services for children and families to develop and realize local service integration.

IV. IN CLOSING ...

It must be emphasized that the conclusions and recommendations in this report cannot be viewed in isolation of the respective roles of other sectors serving children, youth and families. While this report provides a frame of reference for the scope of child welfare services, the ultimate shape of services in each Ontario community will and should continue to be influenced by the collective roles and inter-relationships of all children’s and family services. This is how we as a province can assure that we not only keep our children safe but also promote all dimensions of their well-being leading to the best outcomes as children and as adults.

VI. APPENDICES

APPENDIX A

Overview of the *Child and Family Services Act* and Relationship to the Scope of CAS Services

The *Child and Family Services Act* provides the legislative context for contemplating the issues related to scope of CAS services. The table that follows provides CFSA excerpts that are relevant to the scope of CFSA services. The challenges that arise from the language used in CFSA are also described.

Reference	CFSA	Commentary
S. 1. (1) Paramount purpose	The paramount purpose of this Act is to promote the best interests, protection and wellbeing of children.	The intent of the CFSA is broader than child welfare in general and child protection in particular. This legislative context is reflective and supportive of the recognition that the welfare of children is a collective responsibility involving several inter-connecting systems.
S. 3 Service	<ul style="list-style-type: none"> a) A child development service b) A child treatment service c) A child welfare service d) A community support service e) A youth justice service 	Child welfare is one of 5 services set out in the CFSA.
S.3 Approved Agency	An agency that is approved under subsection 8(1) of Part I (Flexible Services)	The Minister may approve an organization to provide one or more of the five services. An organization can be approved to be a CAS and can also be approved to deliver other services under the Act.
Part 1 Title	Flexible Services	The title of this Part reflects the intent to permit the Minister the latitude to approve, fund and set certain requirements on agencies and their premises for the purpose of delivering or purchasing a service or services.
S. 3 Approved Service	<ul style="list-style-type: none"> a) A service provided under subsection 7(1) of Part I or with the support of a grant or contribution made under subsection 7(2) of that Part, b) By an approved agency, or c) Under the authority of a licence. 	The definition of “Approved Service” leaves almost unlimited latitude for interpretation. This has the benefit of supporting the Minister’s discretionary powers to approve and fund services which fall within the Act. It has the disadvantage of creating ambiguity and conflict over differing interpretations. Note that the CFSA does not restrict an approved agency from providing services that are funded through sources other than the Ministry of Children and Youth Services.
S. 3 Child Welfare Service	<ul style="list-style-type: none"> a) A residential or non-residential service, including a prevention service, b) A service provided under Part III (Child Protection), c) A service provided under Part VII (Adoption), or d) Individual or family counselling. 	A child welfare service includes, but is not limited to, child protection (b) which no agency other than a CAS may provide or adoption service (c) which may be provided by a CAS or by private arrangements. Historically, the provision of services in (a) and (d) have been developed and approved based on the needs and capacity of each community and may be delivered by a CAS “as a society” or as an approved agency (if the Minister so chooses) or by other service providers. This is a significant point in clarifying the scope of CAS services as this language indicates the breadth of services that <i>could</i> be provided by a CAS but does not provide clear boundaries. As with “approved service” language, the advantage is latitude to respond to unique community needs. The disadvantage can be ambiguity and conflict in interpretation. Arguably, the broadest interpretation of both (a) and (d) could be any service relating to the welfare of children.

Reference	CFSA	Commentary
S. 15. (2) Designation of Children's Aid Society	The Minister may designate an approved agency as a children's aid society for a specified territorial jurisdiction and for any or all of the functions set out in sub-section (3) may at any time amend a designation to provide that the society is no longer designated for a particular function set out in subsection (3) or to alter the society's territorial jurisdiction.	The Minister has discretionary powers to designate <i>any or all</i> functions of CAS agencies under S.S. 15. (3). The Minister may change functions designated to a CAS agency. S.S. 15(2) does not presume that all CASs must provide all functions although this has become the common interpretation.
S. 15. (3) Children's Aid Society Functions	<ul style="list-style-type: none"> a) investigate allegations or evidence that children who are under the age of sixteen years or are in the society's care or under its supervision may be in need of protection; b) protect, where necessary, children who are under the age of sixteen years or are in the society's care or under its supervision; c) provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children; d) provide care for children assigned or committed to its care; e) supervise children assigned to its supervision; f) Place children for adoption; and g) perform any other duties given to it by CFSA or any other Act. 	<p>As with the definition of "approved service" and "child welfare services", the language used to outline the functions of a CAS leaves considerable latitude for interpretation and does not, in all cases, describe functions that are exclusively provided by CASs. As an example, the "prevention of circumstances requiring the protection of children" in (c) may be broadly interpreted to reach all "vulnerable families" in the community or more narrowly interpreted as "at-risk families" in which a protection concern has already been identified.</p> <p>Historical variation in delivering these functions across CAS agencies occurs in 3 main realms:</p> <ol style="list-style-type: none"> 1. The service threshold which is driven by a combination of organizational context, professional expertise and the application of the risk assessment tool and the eligibility spectrum. 2. The role taken by a CAS and supported by the Regional Office to deliver services defined in (c). 3. the direct purchase or delivery of services for children on the CAS caseload <p>The provision of other duties may also be expanded by legislation other than CFSA.</p>
S. 37 (2) Child in need of protection	<p><i>The following selected excerpts are highlighted as referring to children in need of protection when there is a risk of harm.</i></p> <p>A child is in need of protection where,</p> <p>(b) <i>there is a risk</i> that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,</p> <ul style="list-style-type: none"> (i) failure to adequately care for, provide for, supervise or protect the child, or (ii) pattern of neglect in caring for, providing for, supervising or protecting the child; <p>(d) <i>there is a risk</i> that the child is likely to be sexually molested or sexually exploited as described in clause (c);</p> <p>(g) <i>there is a risk</i> that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;</p> <p>(g.1) <i>there is a risk</i> that the child is likely to</p>	<p>Section 37(2) falls within Part III – Child Protection and identifies the circumstances which result in the need for protection. Of the 14 sub-sections, 10 of these relate to circumstances in which actual maltreatment or harm have occurred.</p> <p>The four sub-sections shown as excerpts from 37(2) in this table clearly identify children <i>at risk</i> and in need of protection to prevent physical harm, sexual abuse, or emotional harm.</p> <p>This language is on one hand, very specific, and has informed the development of the current Eligibility Spectrum. On the other hand, the term "is likely" is helpful but leaves considerable latitude for interpretation.</p>

Reference	CFSA	Commentary
	<p>suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;</p>	

APPENDIX B

Core Concepts Relating To “Family Preservation Services”

Many models of Family Preservation Services (often referred to as Intensive Family Preservation Services) exist. The Commission’s brief review examined programs in British Columbia, Alberta, the United States, and Australia. In general, programs shared several similar characteristics:

- Small caseloads of two to six families per primary worker;
- Short, defined timeframe some sources cite no more than 3 months, others cite no more than 12 months;
- Home is the primary service setting;
- Flexible service model: workers available 24x7; broad range of supports available to families; and
- Intensive services ... sources cite a range from 6 to 20 hours of service per week per family.

Family Preservation Services are by design, family-focused and incorporate the following principles:

- Family unit is the focus of attention;
- Strengthening the capacity of families to function effectively is emphasized;
- Families are engaged in the design of the program; and
- Families are linked to more comprehensive, ongoing community networks of supports and services.

Although a multitude of research studies have examined the effectiveness and impact of Family Preservation programs, the findings have varied. This is, in part, due to different targeting of families for the programs, different fidelity to program principles, and methodological limitations of the studies themselves. In general, the evidence appears to indicate that when families are clearly targeted (imminent risk of out-of-home placement), family preservation programs can deliver better outcomes and better cost-benefit than traditional out-of-home placements options.

Sources:

P. Martins, *IFPS Toolkit: A Comprehensive Guide for Establishing and Strengthening Intensive Family Preservation Services*. National Family Preservation Network, 2009.

Nelson, B. Blythe et al, *A Ten-Year Review of Family Preservation Research: Building the Evidence Base* Casey Family Programs, January 2009.

L Tully, *Family Preservation Services: Literature Review* New South Wales Department of Community Services, January 2008.

APPENDIX C

Overview of the U.S Child Welfare Service Array and Child and Family Services Review Process

Background

The US Department of Health and Human Services funds the National Child Welfare Resource Centre for Organizational Improvement. One of the functions it performs is to support the state level public welfare system as it engages in the Child and Family Services Review process to implement systemic changes that will improve service outcomes.

There are two goals:

1. Assess: Does the current service array have the capacity to achieve positive outcomes for children and families including: child welfare practice, child welfare leadership and culture, current services, needed new services.
2. Plan: To create and implement a resource and capacity development plan to enhance the jurisdiction's capacity to serve children and families through an appropriate and flexible child and family service array that will achieve positive outcomes.

A comprehensive stakeholder planning process is used to develop a Resource and Capacity Development Plan over a 20 month period. Shared funding models are evolving which stream funding from multiple sources into a local management entity that is held accountable to the state. Steps in the strategic financing analysis include:

1. Identify state and local agencies that spend dollars on the identified population(s). (how much each agency is spending and types of dollars being spent).
2. Identify resources that are untapped or under-utilized.
3. Identify utilization patterns and expenditures associated with high costs/poor outcomes, and strategies for re-direction.
4. Identify disparities and disproportionality in access to services/supports, and strategies to address.
5. Identify the funding structures that will best support the system design (e.g. blended or braided funding; risk-based funding; purchasing collaboratives).
6. Identify short and long-term financing strategies (federal revenue maximization; redirection from restrictive levels of care; waiver; performance incentives; legislative proposal; taxpayer referendum; etc.)

The U.S. Child Welfare Service Array description is standardized across the country to allow for comparison and benchmarking at both local and national levels. It is also used by all levels of government to fund services. This creates transparency in what services are provided as an important step to assessing performance outcomes.

The U.S. Service Array is comprehensive in nature. Decisions about which services are developed or continued are based on effectiveness and importance in meeting the needs of the local population served.

Other jurisdictions have also worked on developing a comprehensive continuum of child welfare services using standardized service descriptions to guide service planning and resource allocation.

Conclusion

The Ontario Child Welfare system could benefit from the development of a standardized service inventory which more clearly captures the continuum of child welfare services as a starting point for local community planning and evaluation. The following chart provides a comparison of the service terms used in Ontario Child Welfare Services and the U.S. Child Welfare Service Array.

Comparison of Service Terms Used In Ontario Child Welfare Services and U.S. Child Welfare Service Array

Ontario Child Welfare Services	U.S. Child Welfare Service Array
Non-Residential Services	Investigative, Assessment Functions/Services
<ul style="list-style-type: none"> • Investigation and Assessment • Ongoing (Protection) Support Services • Non-Residential Client Services (includes professional services, personal needs, financial assistance) • Part II Family Services (voluntary services) include: individual and group counselling, counselling children 12 years+, additional family resources to plan care of children) • Other Services <ul style="list-style-type: none"> ○ Child Welfare Legal Services ○ Travel-Direct Services 	<ul style="list-style-type: none"> • Child abuse and neglect report/hotline • Child protection services intake • Multiple track child protective services response • Child protection services investigation including safety and risk assessments • Placement decision-making and permanency planning • Comprehensive family assessment • Specialized child protective services/domestic violence investigation • Domestic violence/child protection service protective order process • Child justice/child advocacy centres
	Home-based Interventions/Services
	<ul style="list-style-type: none"> • Voluntary in-home child welfare casework services • Involuntary In-home child welfare casework services • Case management services • Family group conferencing • Wrap-around services • Placement prevention flexible funds • Homemaker services • Parent pals/child welfare mentors • Behavioral aides • Father/male involvement services • Public health aides • Outpatient substance abuse services • Outpatient domestic violence services • Outpatient mental health services • Child/adolescent day treatment • Sexual abuse treatment • Therapeutic child care • Intensive family preservation • Respite care for parents

Ontario Child Welfare Services		U.S. Child Welfare Service Array	
Residential Services		Out-of Home Interventions/Services	
<ul style="list-style-type: none"> • Residential Client Services • Regular Foster Care • Specialized Foster Care • Treatment Foster Care • Outside Purchased Foster Care • Group Care • Independent Living • Extended Care and Maintenance • Legal Custody Subsidies * • Kinship Service * 	<ul style="list-style-type: none"> • Voluntary out-of-home child welfare casework services • Involuntary out-of-home child welfare casework services • Concurrent case planning • Placement disruption services • Reunification/permanency casework • Court appointed special advocates • Supervised visitation • Post-prison reunification services • Emergency kinship placement • Emergency shelter care • Domestic violence shelters • Legal counsel for children in custody • Legal counsel for parents when children in custody • Child welfare mediation • Family foster care • Medically fragile foster care • Treatment foster care • Shared parenting foster care • Foster-adoptive care • Respite care for foster parents • Group home care • Residential programs for adolescent behaviour problems • Residential adolescent substance abuse treatment • Residential adult substance abuse treatment • Residential substance abuse treatment for women with dependent children • Inpatient adult mental health treatment • Inpatient child/adolescent mental health treatment 		
Adoption Services		Child Welfare System Exit Services	
<ul style="list-style-type: none"> • Adoption Probation Placement • Adoption Subsidies • Adoption Support (includes adoption information disclosure counselling and post adoption support, adoption counselling to birth parents) 	<ul style="list-style-type: none"> • Pre-adoption casework • Post-adoption casework • Independent living casework • Adoption support • Adoption subsidy • Post-adoption crisis intervention • Guardianship support • Guardianship subsidy • Independent living skills development program • Independent living dormitory services • Independent living supervised apartments • Job coaches • Post-secondary tuition waiver • Foster care transition Medicaid 		

Ontario Child Welfare Services	U.S. Child Welfare Service Array
Block 2 (Transformation)	Community/Neighborhood Prevention, Early Intervention Services
<ul style="list-style-type: none"> • Community Links (Differential Response) • Admission Prevention Assistance 	<ul style="list-style-type: none"> • Community services information and referral • Cash assistance including: <ul style="list-style-type: none"> ○ Food assistance ○ Utilities assistance ○ Clothing assistance • Housing assistance • Child care assistance • Transportation assistance • Employment assistance • Crisis stabilization services • Children’s health insurance programs • Primary child health care • Child dental care • Primary adult health care • Educational services for children • Family support centres • Neighbourhood services time banks • Home visits to parents with newborns • Parent education/parenting classes • Life skills training/household management • Crisis nurseries • Parents anonymous • Head start/early childhood education • School-based personal safety curriculum • School-based personal safety curriculum • School-based family resource workers • Before-and-or-after school programs • Mentoring for adults • Mentoring for children and youth (Big Brothers/Big Sisters) • Child Abuse and Neglect Education (to mandated reporters) • Child and family advocacy

- These services identified under Block 2 (Transformation) Funding

Source: National Child Welfare Resource Centre for Organizational Improvement, Service Array Materials and Tools.
 Accessed at: http://muskie.usm.maine.edu/helpkids/agency_col_servicearray.htm

APPENDIX D

Summary of Key Sources Related to Variability in Access to Child Welfare Services

Source	Brief Description
<p>Jud et al (2012, Canada)</p> <p><i>Who gets services and who does not? Multi-level approach to the decision for ongoing child welfare or referral to specialized services.</i></p>	<p>Identifies factors associated with the decision to provide ongoing child welfare services or to refer to specialized services following investigation. Variations in service referral rates between agencies were largely unexplained. Implementation of an alternative response track was supported due to identified caregiver and household concerns. Organizational variables affecting assessment and threshold are explored.</p>
<p>Shlonsky et al (2012, Canada)</p> <p><i>Prospective Validation of the New Ontario Decision Support System: Phase IV Final Report</i></p>	<p>Identifies that the Ontario Family Risk Assessment is working fairly well as a predictive tool for recurrence of maltreatment – the risk factors used strongly predict opening of cases to ongoing services and the risk assessment instrument itself predicts opening of cases to ongoing services. A number of process and practice improvements are recommended including modifications to the assessment tool, consideration of a new tool for cases that open to ongoing services, worker re-training (to improve consistent application of the tool), and potential application in the court system. A working group is recommended to address recommended practice changes recognizing that further improvements are required to maximize the benefits of the tool both in practice and research.</p>
<p>Mansell (2006, New Zealand)</p> <p><i>The Underlying Instability In Statutory Child Protection: Understanding System Dynamics Driving Risk Assurance Levels. New Zealand.</i></p>	<p>Addresses decision-making uncertainty in surveillance and screening, the instability that arises in statutory child protection systems and the variation in levels of assurance for the risk of abuse to children. Mansell concludes that risk-assurance levels must be stabilized by establishing an acceptable rate of failed alarms and by developing the capability to target towards a specified level of risk assurance that is commonly accepted and publicly defended.</p>
<p>Mansell (2006, New Zealand)</p> <p><i>Stabilization Of The Statutory Child Protection Response: Managing To A Specified Level Of Risk Assurance.</i></p>	<p>Follow-up on prior article to challenge further how the threshold for intervention can be stabilized. Transparency of data on the range of decision outcomes and feedback about risk-screening performance at a staff and notifier level is proposed to achieve more balanced decision-making regarding the level of risk assurance and error trade-off to adopt. Underlying dynamics of the problem and potential approaches are explored, with a caution for careful consideration on consequences and communication strategy.</p>
<p>Belanger & Stone (2008, US)</p> <p><i>The Social Services</i></p>	<p>Signals the need for public policy to address service allocation variation between urban and rural settings (with greater total accessibility to services in urban settings) including issues of parental rights, ethics and legal dilemmas. Lack of</p>

Source	Brief Description
<p><i>Divide: Service Availability and Accessibility in Rural Versus Urban Counties and Impact on Child Welfare Outcomes</i></p>	<p>accessibility to intensive family preservation services is related to re-entry into foster care arising from instability at home. Substance abuse, mental health difficulties and family violence are directly related to child abuse and neglect, and the services to prevent and treat them are considered essential to child welfare practice. Accessibility barriers to these services including fees, travel distances and waiting lists are identified.</p>
<p>Campbell, et al (2010, U.S.)</p> <p><i>Household, Family and Child Risk Factors After an Investigation for suspected Child Maltreatment: A Missed Opportunity for Prevention</i></p>	<p>The study concludes that child protective services are missing opportunities to improve outcomes for children at high risk for future maltreatment, medical problems and behavioural problems. Investigation for suspected child maltreatment is not associated with improvements in modifiable risk factors (social support, family functioning, poverty, maternal education, maternal depression, anxious or depressive child behaviors, aggressive or destructive child behaviours. The article does a good job of identifying barriers to prevention efforts at the time of investigation. It also suggests that changing long-term outcomes for families and children may require a shift in focus to the broader household, caregiver and child risk factors in the home and that future research should focus on identifying effective interventions to improve long-term outcomes and supporting the social, medical and community resources needed to deliver these services.</p>
<p>Baumann et al (2011, U.S.)</p> <p><i>The Decision Making Ecology</i></p>	<p>Uses the decision-making sciences to provide a systemic context for child welfare decision-making including the range of case, external, organizational and individual factors that combine in various ways to influence decisions and outcomes. A framework is provided that can assist in identifying sources of decision-making errors which can be empirically understood and their remediation made possible within a system context. Policy and practice implications of the application of the threshold concept are offered.</p>
<p>Black et al (2008, Canada)</p> <p><i>The Canadian Child Welfare System Response to Exposure to Domestic Violence Investigations.</i></p>	<p>Analyzes investigations substantiated as a result of exposure to domestic violence as a potential cause of need for protection (due to risk of emotional and physical harm). These cases have not resulted in assessed need for child protection services if no other form of maltreatment is identified. Exposure to domestic violence is being substantiated, but the child welfare system is determining that these families do not require ongoing child welfare services.</p>

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