"THINK GLOBALLY, ACT LOCALLY" REVISITED

Finding Better Ways to Protect Children and Youth in B.C.

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Introduction

As judges, you have a particular and privileged vantage point on child welfare. You may not see it as privileged because what tends to come before you are worst cases, failures, and recurrences of harm. However, that places you well in one respect that happens to be the central point of my talk today. You have the vantage point to understand not only the need for better intervention but also **the fundamental necessity of prevention**. Intervening after the fact, however essential, is a limited and difficult response to protecting children.

My talk today is about the growing consensus about what an effective prevention agenda is, the evidence on which that is based, and some sense of a push, locally, nationally and internationally to make that happen.

I come before you as a practitioner and a social activist. I certainly am not a legal expert and won't be covering what is familiar to you: legislation, trends in case law, or courtroom practice. Equally, I am not an academic or a researcher, although I will cover some of the research findings that inform the prevention agenda.

My work, as executive director of a child, youth and family services organization brings me face to face with the issues facing vulnerable children, youth and families –

- teen moms and their infants
- families in conflict
- children in care
- adolescents who can't succeed in the regular school system
- youth needing to learn to live independently and
- young adults seeking the basic skills to find employment and a place in society.

I manage what I think is a very fine organization but I come by my activism, like many practitioners, out of profound dissatisfaction with the limitations of what we are currently able to provide for children's welfare.

The title of this talk – ***Think Globally, Act Locally Revisited*** – has a slightly retro air and a suggestion of grassroots activism. But it is also meant to signal an emergent understanding internationally of the prerequisites of child welfare which is gradually filtering into international covenant. The other half of that slogan, **Act Locally**, underlines the fact that making a better world for children remains a profoundly local exercise. Internationally-accepted ideas need to be taken up locally and translated into action at the provincial and community levels.

OUTLINE
• The State of Child Protection in British Columbia
• A General Prevention Approach
• Evidence from Population Health
• Child Welfare Policies in Northern Europe
• A Growing International Consensus
• National Action Plan and What that means for us here

My talk divides into a number of sections:

1. I start with my understanding of the state of child protection in British Columbia and the challenges we face in common with many other jurisdictions.

2. Then I want to talk about the General Prevention approach that would improve the welfare of children and youth generally.

   a. I'll try to outline the evidence from the emerging discipline of population health that backs it up.

   b. I'll look at some countries – especially those in Northern Europe – that have been working on this kind of agenda for years and try to see if that seems to take any pressure off their child protection system.

3. And I'll conclude with some observations on how this agenda is (and is not) achieving some consensus internationally and what that means for us here.

Section 1. The State of Child Protection in B.C.

Child protection trends and issues in BC have many parallels in other jurisdictions. Indeed, as I will argue below, there are many similarities not only across Canada but in, for example, various English-speaking nations – the USA, England, Australia - that all share what has been termed a child protection orientation. I'll contrast that later on with a family service orientation.

CHILD ABUSE RESPONSE SYSTEM TYPES		
Type	Characteristic	Representative Countries
Child Protection Orientation	Legalistic Intervention	USA, Canada, England, Australia
Family Service Orientation with Mandated Reporting	Therapeutic Intervention	Denmark, Finland, Sweden
Family Service Orientation with Non-mandatory Reporting	Therapeutic Intervention	Belgium, Germany, the Netherlands
(after Gilbert, 1997)		

Caseload Trends

Among the issues that define the state of child protection in BC and comparable jurisdictions, the following seem especially prominent:

TRENDS

- Large and rising volumes of reports
- Decline in sexual abuse reports
- Prominence of neglect
- Increase in emotional abuse
- Prominence of lone mother families
- Prominence of social welfare population
- Isolation, substance abuse, mental health – risks
- Marginalized populations

Large volumes of reports.

Almost everywhere, the sheer number of reports has become daunting. From the Canadian Incidence Study of Reported Child Abuse and Neglect, there were an estimated:
- 135,000 child investigations in Canada in 1998;
- 21.5 investigations per 1000 children.
- 45% were substantiated; 33% were not; 22% were "suspected." (Trocme, 2001)

Investigated Maltreatment, CIS (1989)
21. 5 investigations per thousand children

Unsubstantiated
33%

135,500 Child
Investigations

Substantiated
45%

22%
Suspected
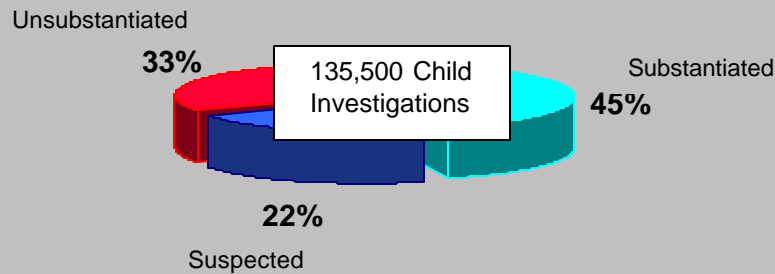
(Trocme, 2001)

- 40% were neglect cases; 25% emotional abuse; 25% physical abuse; and 10% involved sexual abuse.

Primary Category of Substantiated Maltreatment, CIS (1998)

Emotional Maltreatment
25%

Physical Abuse
25%

3,463 Substantiated
Investigations

Sexual
Abuse
10%

Neglect
40%
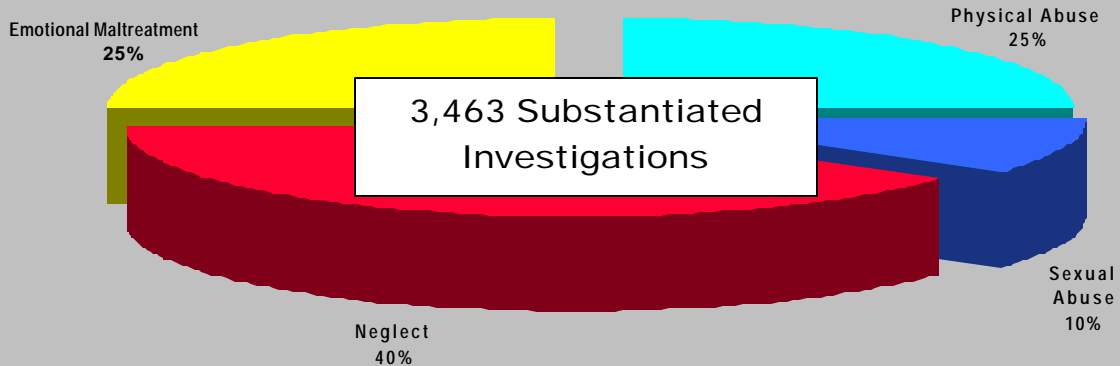
(Trocme, 2001)

Ontario alone had almost 65,000 reports in 1998, up from 45,000 in 1993 - a 44% increase. (Rivers et al., 2002) BC, proportionately, has an even higher rate of reporting; there were roughly 33,000 reports in 2001, a rate of 35.7 per 1000. (MCFD, 2002b) (I'll also compare BC statistics internationally later on.)

Decline in the proportion of child sexual abuse reports.

This trend is marked in various jurisdictions; throughout the USA for example. (Jones et al., 2001) Ontario experienced a 39% decline in child sexual abuse investigations from 1993 to 98. (Trocme & Siddiqi, 2002)

No one is certain of the reasons for this decline but, if it reflects increasing reluctance to risk criminal court intervention, it is a dangerous trend.

Prominence of neglect.

Neglect, which has always represented a significant proportion of cases, has become even more prominent in recent years. (Trocme & Siddiqi, 2002)

In Ontario, the number of substantiated investigations of neglect doubled from 4,400 in 1993 to 8,900 in 1998. (Rivers et al., 2002)

Increase in emotional abuse (whether or not there is an explicit mention of witness to spousal violence in the legislation).

Ontario experienced a 9-fold increase from 1993-98. Exposure to spousal violence is the largest component. (Trocme, 2001)

**Prominance of lone mother families.**

The increases in reports of neglect and emotional abuse also accentuate lone mother families in the caseload. The Canadian incidence study shows this relationship clearly. (Trocme, 2001)

Family structure by category of substantiated maltreatment, CIS (1998)
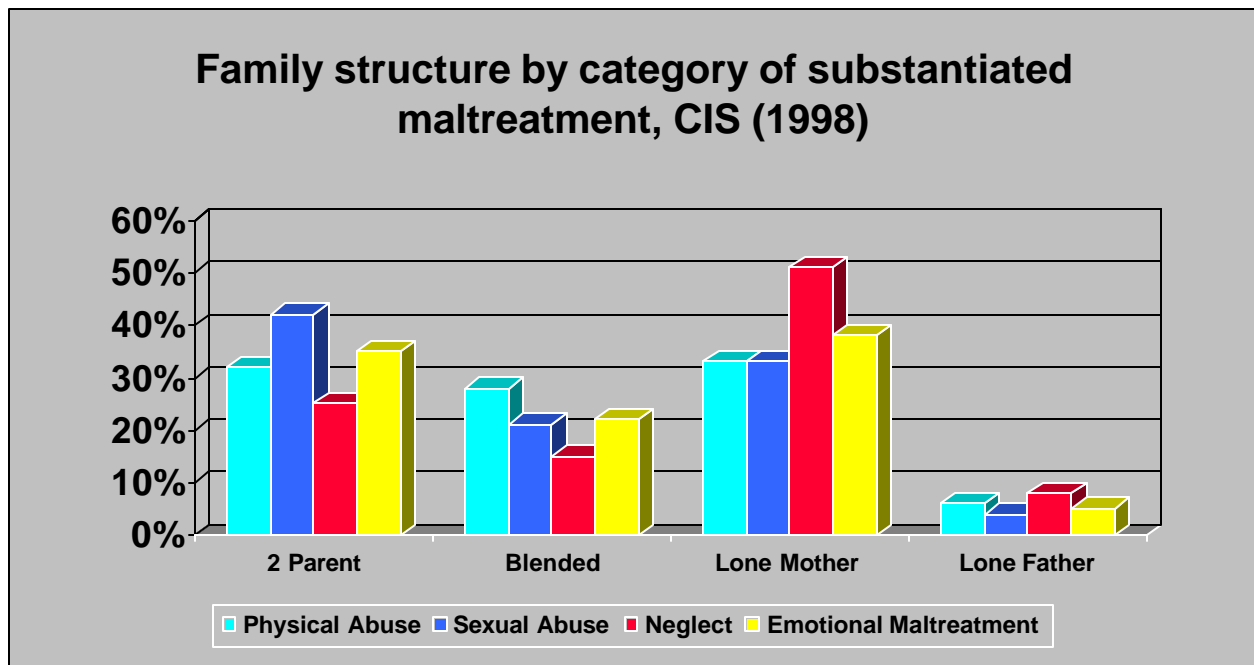
(Trocme, 2001)

Prominance of social welfare population.

It has long been an element of faith in the child abuse field that abuse and neglect cross all socio-economic lines. However, it is certainly true that our child welfare systems deal disproportionately with the poor. (Trocme, 2001; for U.S. parallels, see Pelton, 1998)

Environmental risk factors by category of substantiated maltreatment, CIS (1998)
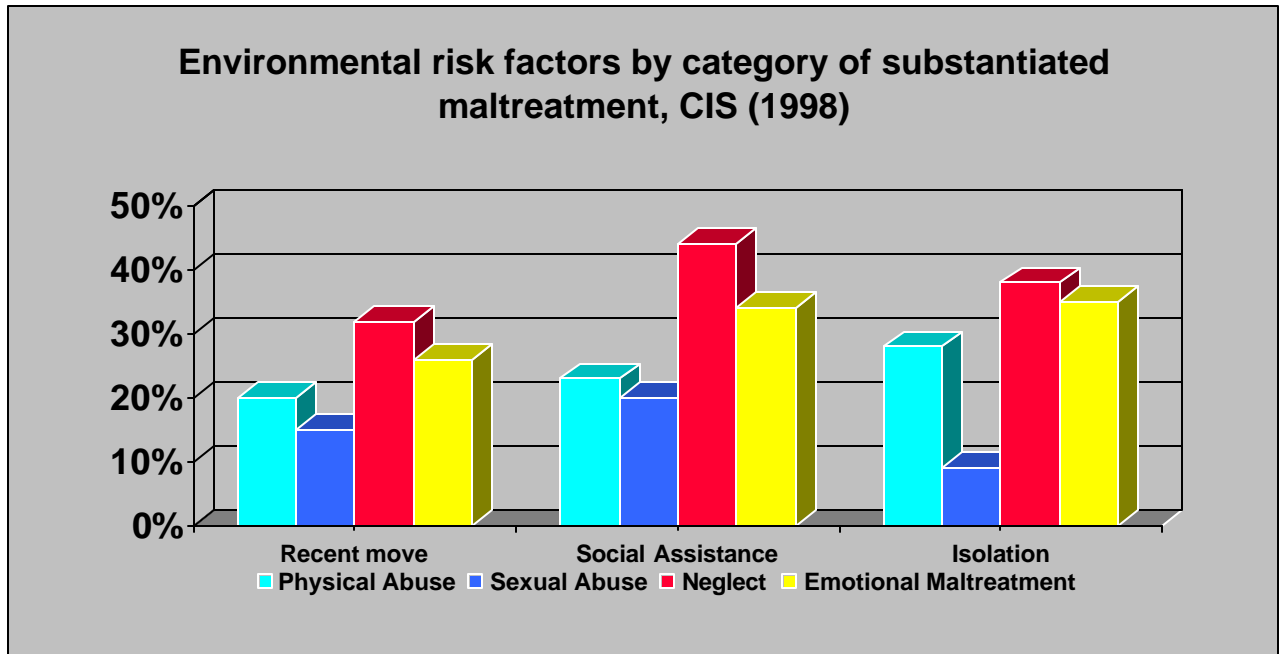
Isolation, substance abuse, mental health concerns as risk factors.

More broadly, a number of factors that marginalize families are strongly represented in the child welfare caseload. (Trocme, 2001) For example, drug addiction was a factor in three quarters of New York City's child abuse fatalities. (Besharov, 1998)
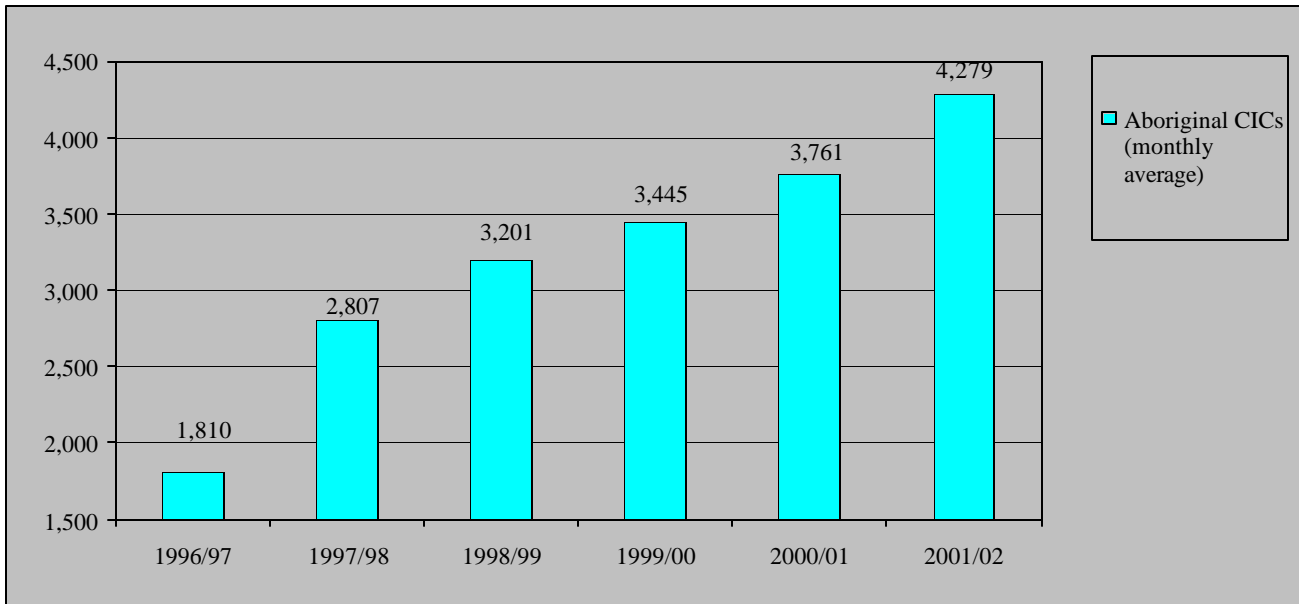

Parent risk factors by category of substantiated maltreatment, CIS (1998)
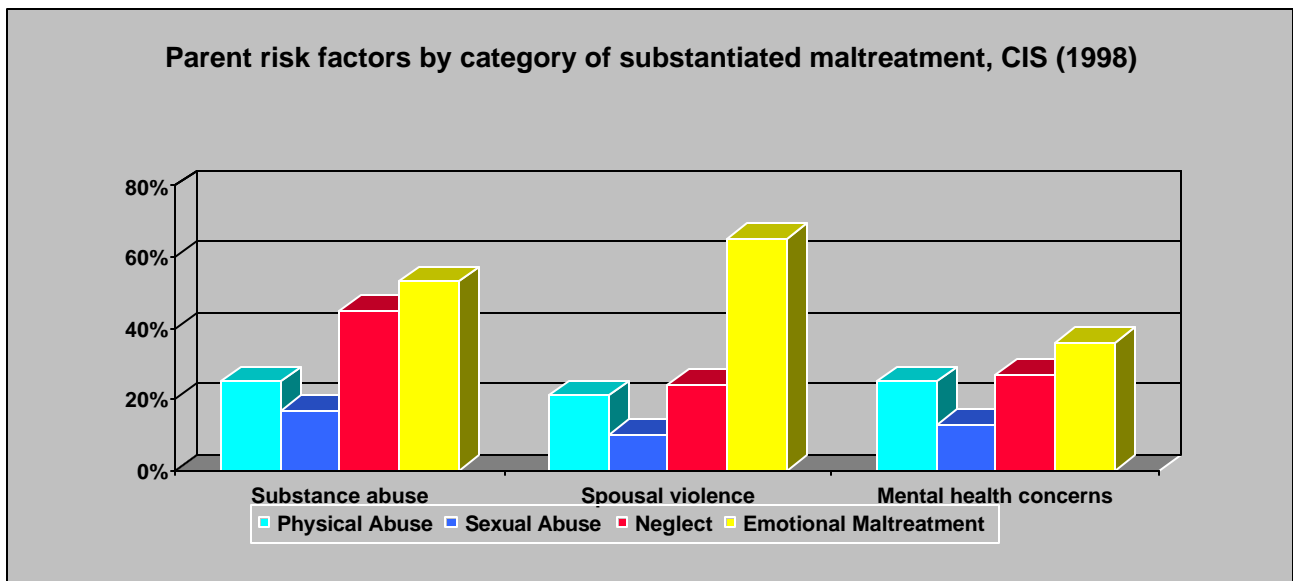
Marginalized populations are prominent.

Beyond individual characteristics that are marginalizing, marginalized groups are also over-represented in the child protection system. In some places this includes particular immigrant or refugee flows, where they are especially vulnerable to poverty and homelessness. (Rivers et al., 2002)

As well, Aboriginal families are over-represented in BC and in many other jurisdictions.

- In BC, aboriginal Children in Care increased 136% from 1996 to 2001;
- This is over 40% of the total Children in Care coming from only 8% of the child population.
- Since 1998, all the growth in the number of Children in Care in BC is accounted for by increases in the aboriginal proportion. (MCFD, 2002b)

Aboriginal Children in Care

Bar chart titled "Aboriginal Children in Care" showing Aboriginal CICs (monthly average):
- 1996/97: 1,810
- 1997/98: 2,807
- 1998/99: 3,201
- 1999/00: 3,445
- 2000/01: 3,761
- 2001/02: 4,279

What Are the Impacts of these Trends?

<table>
<tr><td colspan="2">IMPACTS OF TRENDS</td></tr>
<tr><td>•</td><td>Child Protection Systems are Swamped</td></tr>
<tr><td>•</td><td>Documentation Workload Pressures</td></tr>
<tr><td>•</td><td>Rising Rates of Children in Care</td></tr>
<tr><td>•</td><td>Difficulty Recruiting and Retaining Social Workers</td></tr>
<tr><td>•</td><td>Pool of Experienced Social Workers Declines</td></tr>
<tr><td>•</td><td>Difficulty Recruiting Foster Parents</td></tr>
<tr><td>•</td><td>Child Safety can't be Assured</td></tr>
<tr><td>•</td><td>Youth are Unprepared for Independence</td></tr>
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The increase in child abuse reports has put virtually all response systems under stress and swamped many altogether.

The most obvious impact of large numbers of reports is strain on the response system, first of all in terms of the ability to investigate. (Zuravin, 2001) Indeed, many child protection systems in the US have been driven to the edge of collapse as reports of abuse and neglect rose from 150,000 back in 1963 to 3 million in 1995, a 20-fold increase in one generation. (Besharov, 1998)

Most investigations are inconclusive but consume much of the response system's resources. In the USA, 65% of reports in 1995 were labeled "unfounded" after investigation. The pressures on child protection systems in Canada have been broadly comparable.

Risk assessment tools, safety assessments, and tougher standards for investigative response place greater workload pressures on social workers and increase the time spent documenting investigations.

Good documentation is central to good practice; the problems arise when documentation is much of what is being done. Bruce Rivers, Executive Director of the Toronto Children's Aid Society characterized the time-saving claims made for new computerized recording tools as a "hoax." To quote him:

> "With a renewed emphasis on documentation, many frontline staff armed with their desktop or portable computers are spending [only] 20% of their time in direct client contact." (Rivers, 2002)

In many jurisdictions, there has been an increase in numbers of children in care – often driven by scandals that led to increased concerns about child safety.
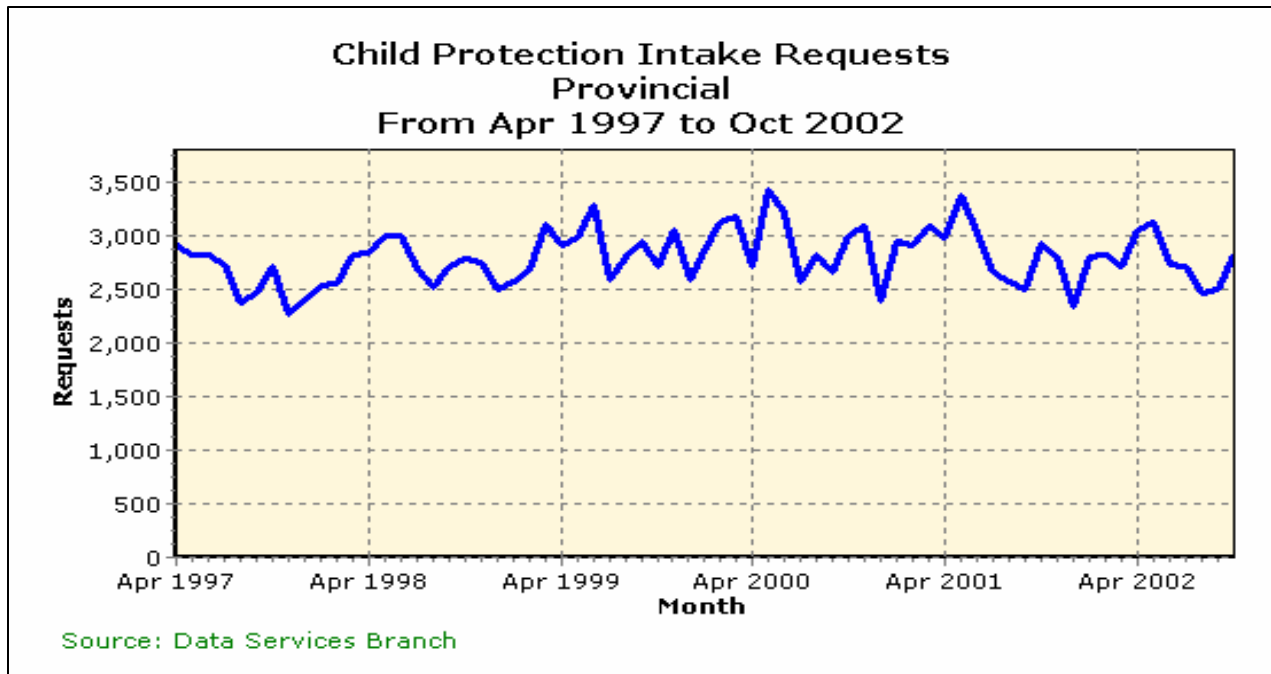
In Canada, the number of children in out of home care at any one time is increasing in many provinces.

- In BC, the numbers increased by 50% from 1993 to 97. (Trocme & Siddiqi, 2002)
- In Ontario, placements increased from over 10,000 in 1996 to almost 16,000 in 2001. (Rivers et al., 2002)
- Alberta has experienced proportionately larger increases;
- Manitoba and Saskatchewan figures have been relatively flat. (MCFD, 2002)

% Increase in Children in Care
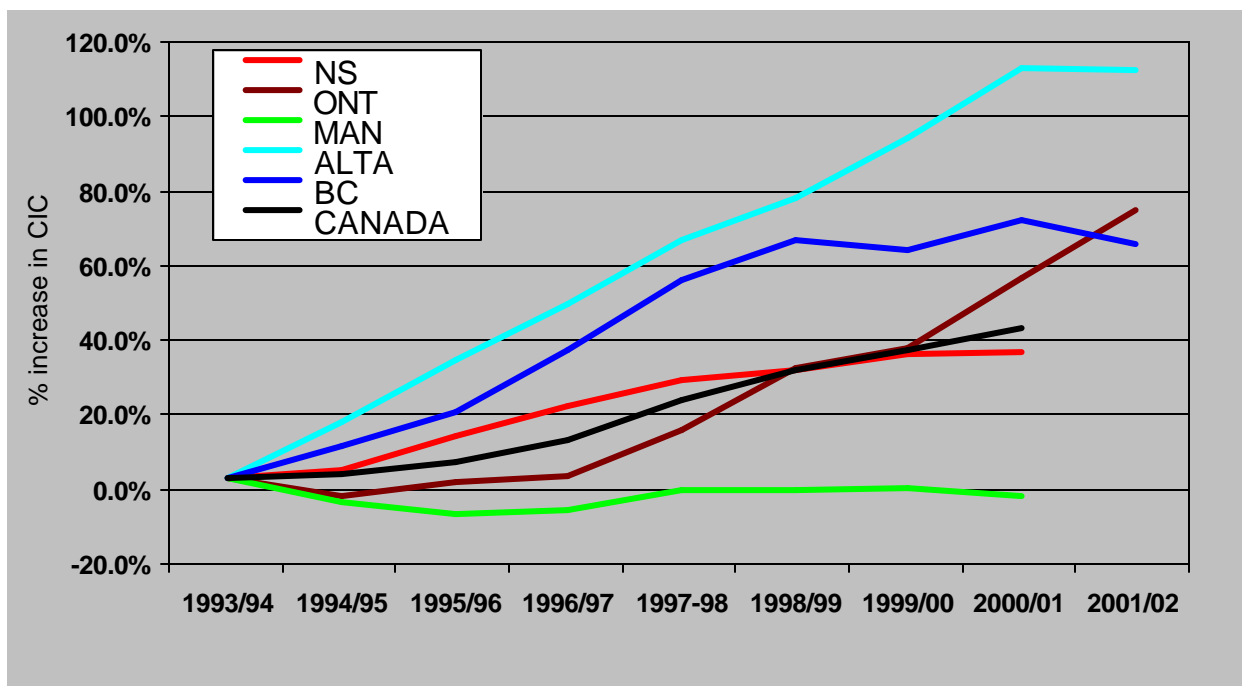
It is not clear in many instances what proportion of this increase stems from taking more children into care or from keeping them in care for longer periods. (Trocme & Siddiqi, 2002) In BC, however, the pressure of new intakes fluctuates in a relatively defined band from 2500 to 3500 each month.

Child Protection Intake Requests
Provincial
From Apr 1997 to Oct 2002

Source: Data Services Branch

BC has achieved a <u>short-term decline</u> in numbers of children taken into care between June 2001 and March 2002; from 11.3 Children in Care per 1000 to 10.7. (MCFD, 2002)

Provincial Children In Care Caseload
January 1990 to October 2002

Source: Data Services Branch
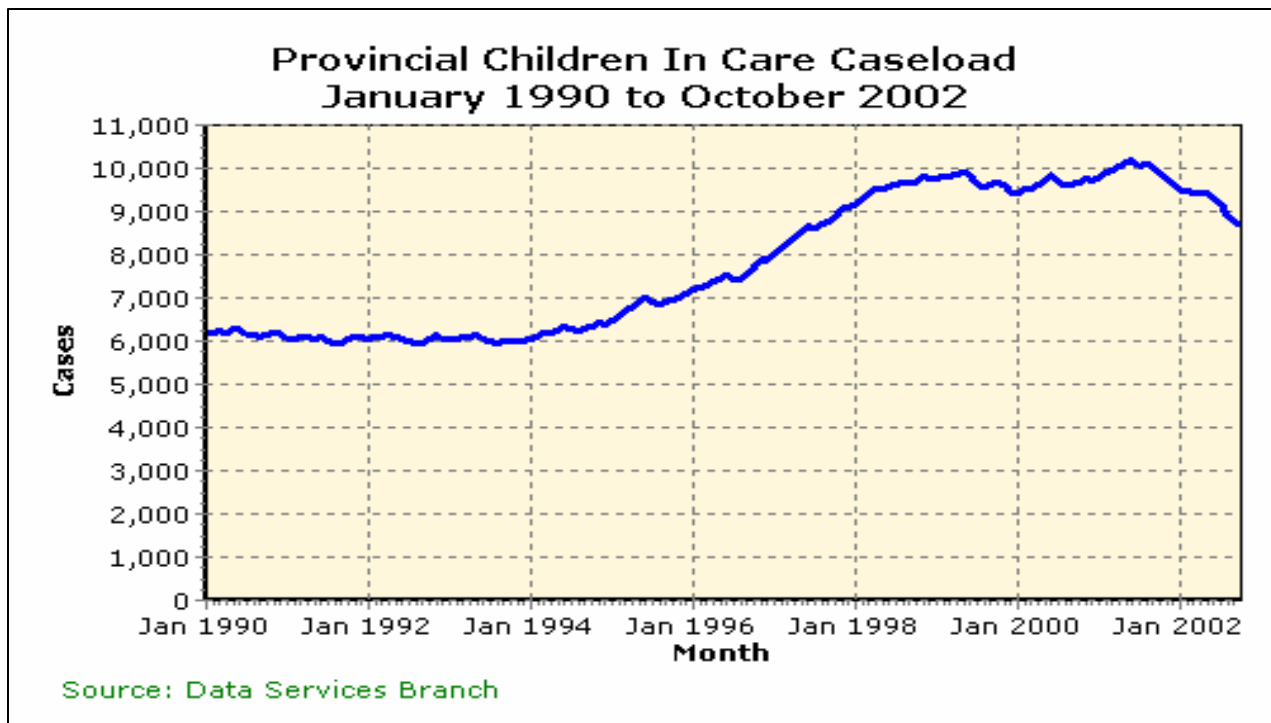
As the system stresses increase, it becomes difficult to recruit, retain and support child protection social workers.

Child Welfare Directors across Canada are expressing concern about the rate of staff turnover. (Rivers, 2002; for U.S. parallels, see Larner et al., 1998)

The pool of experienced, well trained social workers declines, placing greater stress on the system.

In England, for example, the Association of Directors of Social Services warned in 2001 that 15% of social worker posts were vacant, 9% of manager positions remained unfilled, experienced social workers were leaving for more pleasant positions, and inexperienced ones were being recruited from as far afield as South Africa and Australia. One London borough was nearly forced to close its child protection services entirely over the Christmas period because "so many Australians had gone home for the holidays". (Batty, 2001)

There has been difficulty recruiting, retaining, and supporting foster parents.

In the USA, fewer than 50% of children needing temporary care can be placed with foster parents and many are in group care or placed with relatives who have great difficulty caring for them. (Anne E. Casey Foundation, 2002) In Canada, the situation is not as dire but there is certainly concern about being able to recruit sufficient numbers of foster parents, especially in high need communities. (Rivers, 2002)

Child safety can't be assured by the child protection system.

The upshot of much of the above is that, despite very considerable efforts, it is less and less possible to assure that children are being protected effectively.

- Prior child welfare contact was noted in 62% of substantiated investigations in Canada in 1998. (Trocme & Siddiqi, 2002)

- In Ontario, the number of substantiated investigations with families previously involved with the CAS grew to 14,000 in 1998 but 68% of these were closed at intake, suggesting a revolving door of brief service that doesn't address long-term issues. (Rivers et al., 2002)

- Similarly, USA studies show more than 25% of substantiated cases receive no service at all. (Larner et al., 1998)

- In 1995, 48% of child abuse deaths in the USA involved children previously known to the authorities. (Besharov, 1998)

- Perhaps even more troubling, a study in California found that 71% of families with <u>unsubstantiated </u>reports were known to the system. That is, it was not that investigations failed to identify significant family difficulties but rather that the response system didn't provide these families with any substantive assistance. (Larner et al., 1998)

In BC, the Gove Report underscored many of the problems in the response system and proposed solutions that would improve child protection. (Gove Inquiry, 1995b) While the government has tried to implement many of Judge Gove's recommendations and have arguably made progress in several respects, the goal of overall improvement in child protection, not short-term, investigation by investigation, but through decisive and sustained intervention, remains elusive.

Child protection service audit figures present one kind of assessment of the strengths and weaknesses of our response. Figures for the last year or so show that our system in BC is still capable of undertaking the investigations of reported abuse and neglect. Where serious weaknesses show up is in translating those investigative findings of need for protection into coherent service plans and in implementing those. Look at RD#6 or RD#7,8,9 where compliance is at an unacceptable level. Absent an effective service response, protection risks inevitably will resurface in many cases.

Provincial Average Compliance January 1, 2001 – April 30, 2002 New Child Protection Standards (N = 1554 audits)		
Standard	**Short Description**	**Average Compliance**
10-30-070	RD3 Assessing child's Immediate Safety	78%
10-30-080	RD4 Decide if the child need protection	77%
10-40-010	RD5 Assess risk of future abuse or neglect	59%
10-40-020	Risk Assessment of 3rd report	41%
10-50-010	RD6 Developing Risk Decision Plan	40%
10-60-010	RD7,8,9 Reassessing Risk	31%
10-60-020	Reclassify case from protective to voluntary family services	26%
	"Overall Compliance"	78.6%
Child Service Standards (N = 691 audits)		
45-40-021	Plan of Care timely an Current	33%
45-50-020	Information to caregiver on child's history	40%
45-60-010	Reassessing Risk	39%
	"Overall Compliance"	74.2%
Source: MCFD, 2002a		

The response system fails to provide youth an adequate transition to independent adulthood.

This is an extension of the previous point. Protecting children means more than simply keeping them safe while they are in our care; we need good care plans carried out so that children's life circumstances improve and remain good. For youth in care, that involves preparing them for a reasonable future. Studies of youth in care in England found that young people leave care at a much earlier age than other young people leave home, a quarter of them at just 16. They leave unprepared and vulnerable and their educational and employment outcomes are poor compared to the general population. (Biehal et al., 1995) The National Longitudinal Study had similar findings in Canada.

Many youth in care in BC are in the 15-18 year range and nearing that threshold.
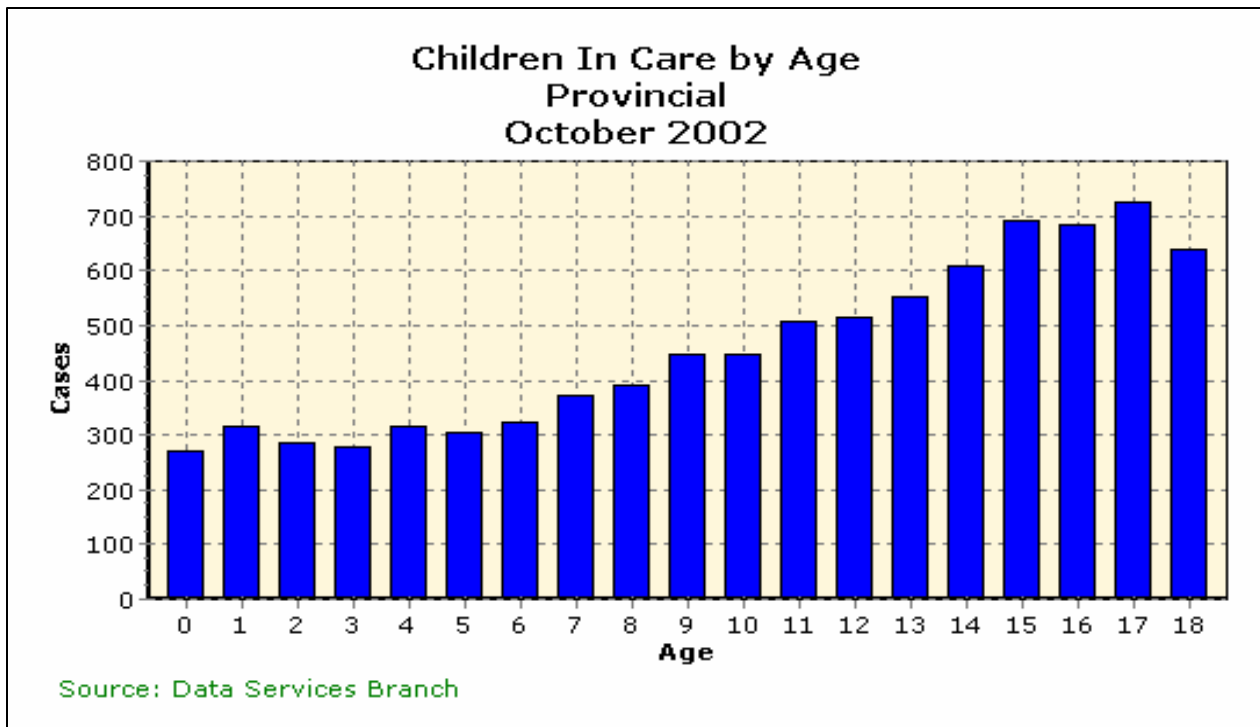
Particularly vulnerable are youth affected by F.A.S. or F.A.S.D. (Fetal Alcohol Spectrum Disorder) whom service providers and social workers now recognize as among the most challenging of youth in MCFD resources. These youth – although at times appearing articulate and superficially competent – are functioning well below their chronological age and face serious lifelong challenges. As adults, deficits in parenting capacity may go unrecognized.

FAS/pFAS	
	Experience by
• Mental Health Problems	90%
• Disrupted school Experience	60%
• Trouble with the Law	60%
• Confinement (Treatment; Incarceration)	50%
• Inappropriate Sexual Behaviour	50%
• Alcohol and Drug Problems	30%
• Dependent Living (after 21 years)	80%
• Employment Problems (after 21 years)	80%
Washington State Study 1996	

(Streissguth, 1997)

Courts inevitably find themselves caught up in the problems facing the response system.

As I noted at the outset, courts see an unrepresentative cross-section of child abuse and neglect cases, under child protection statutes and particularly under criminal ones. Quite appropriately, charges are much more likely for child sexual abuse, much less likely for neglect. (Trocme, 2001)

Service Outcome by category of substantiated maltreatment, CIS (1998)
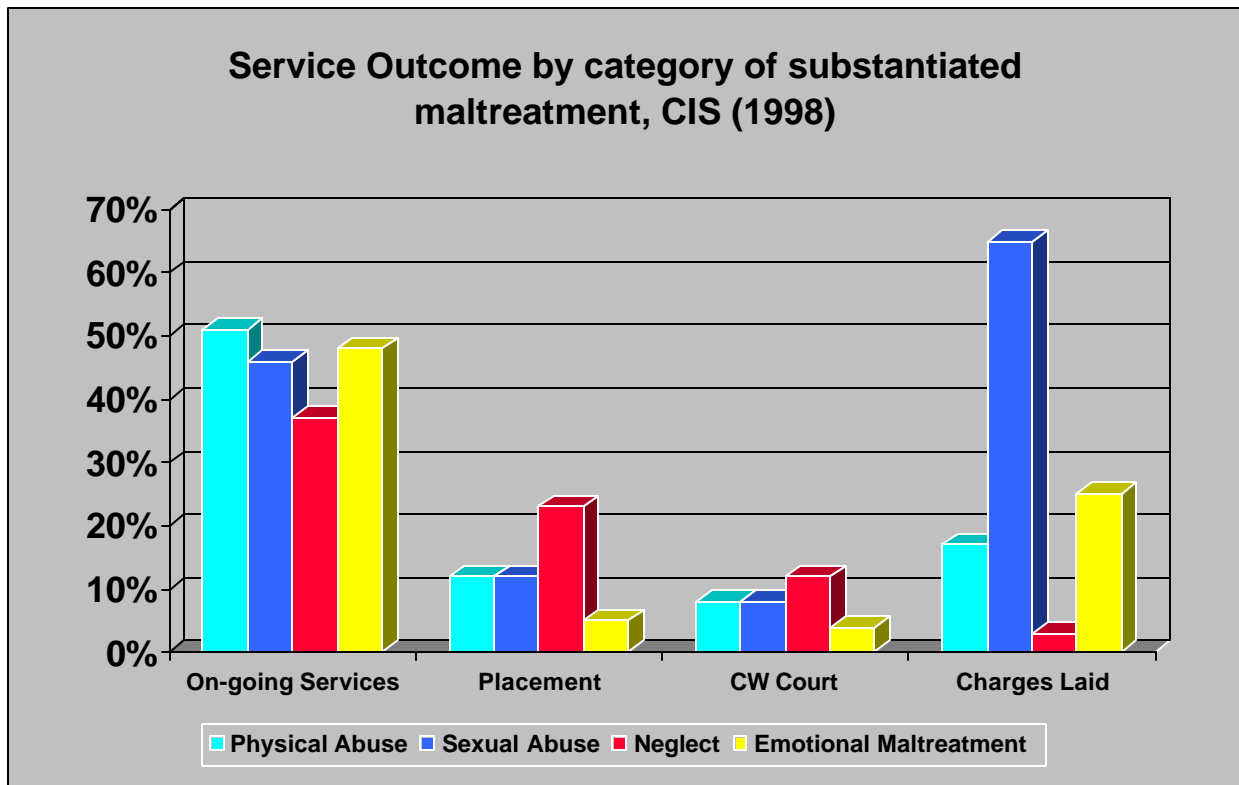
(Trocme, 2001)

      Child welfare courts see a decreasing proportion of substantiated cases – only 9% in 1998. But that volume may be taking proportionately more child protection staff time. If the Ontario situation is representative, judges increasingly are ordering independent parenting assessments to second guess the child welfare authority's recommendations. (Rivers, 2002; Trocme & Siddiqi, 2002)

Child Protection System Changes

CHILD PROTECTION SYSTEM CHANGES

SYSTEM STRAINS ARE DRIVING

- (In service) Training
- Formal Risk Assessment to Generalize Expert Practice
- Kith and Kin Provisions
- Family Group Conferencing
- Foster Parent Recruitment Strategies
- Adoptive Family Recruitment
- **Two Track Approaches**

But

- Lack of Coordination Between Policies of related Systems
  - Offloads Problems

Under the strains of these impacts, child protection systems have taken or are proposing various kinds of measures to cope, many of them with significant public policy implications. Taken together, these measures could indeed advance the best interests of children and youth. Conversely, however, they could be very detrimental to those interests if they are not implemented properly.

Most of these changes represent attempts to bolster the existing child protection system. One, which I'll leave for last, represents a more radical reform based on a notion that the existing system has been rendered fundamentally unsustainable.

Among the initiatives that you will recognize here in BC as well are:

Training for child protection social workers on the job to bring inexperienced staff up to speed.

Because of the inability to recruit enough workers with child protection training, in-service training has been recognized as critically important. For example, the Toronto Children's Aid Society New Worker Training Team guarantees a protected caseload during training, provides close mentoring, etc. (Rivers et al., 2002)

Formal risk assessment to generalize expert practice.

Risk assessment models have been adopted in many jurisdictions. One of the promises of these systems is that they guide inexperienced workers

through a rigorous decision-making process and ground protection decisions in an evidence-based framework. (Zuravin, 2001)

Kith and kin provisions to help solve the foster parent shortage and expense (and also normalize children's situations as much as possible)

This expedient was adopted some years ago in various US jurisdictions. For example, by 1995, about 40% of New York City's 42,000 foster children were living in kinship placements. (Besharov, 1998) This can help stretch our foster parent resources and can be a better choice for children, experienced by them as inherently less "stigmatizing." However, there need to be clear standards and good supports in place. These placement supports include - economic assistance, caregiver support services, specialized health services, access to day care, etc. (Rivers et al., 2002)

Family Group Conferencing to try to enlist the strengths of family and community networks to help protect and support children.

Family group conferencing was pioneered in New Zealand, drawing on notions of Maori family values in action. The model has spread widely and was evaluated in Canada in its application in various Newfoundland and Labrador communities, including remote Aboriginal situations. It requires skilled facilitation and the resources to bring the family group together and give them the information they need to engage in effective planning. (Rivers et al., 2002)

Programs to recruit and support foster parents in high need communities so that children can stay relatively close to home.

The **Family to Family** initiative in various US communities represents a concerted effort along these lines. (Anne E. Casey Foundation, 2002) But many other jurisdictions have adopted broadly comparable approaches. For example, in Ontario, the **Homes for Kids** project offers foster parents comprehensive training, peer support, and equitable and prompt payments. (Rivers et al., 2002) Among local initiatives here in BC are the **Foster Care Education Program**, and expansion of **Caregiver Support Programs**.

New recruitment approaches for adoptive families so that permanency plans for a range of children can be implemented with minimal delay and improved chances for success.

Featuring adoptive children on television has long had good success. An extension of that approach in Toronto involves the use of web-sites to profile children for a new generation of parents. (Rivers et al., 2002)

Because there is much better understanding now of the various needs of adoptive families, there has also been a movement to institute stronger post-adoption support programs.

Two-Track Approaches

All the initiatives I've just covered work to strengthen the current model of the child protection system. However, there is one initiative that seeks to radically reduce the pressure on the system by short-circuiting the investigative response through a sort of triage. This involves:

Better safety screening to focus scarce protection investigation and intervention resources on cases only where needed; and a second track with a family preservation and family support emphasis.

This expedient has been proposed in many embattled jurisdictions. (Besharov, 1998; Anne E. Casey Foundation, 2002; Brandon et al., 1999) A recent Canadian proposal along these lines made by Nico Trocme from the Canadian Centre of Excellence on Child Welfare is explained in the following terms:

> "The central issue arising from our analyses. is the importance of differentiating between cases of maltreatment requiring immediate investigatory protective response and cases requiring in-depth assessments that can be conducted without the urgency typical of our child welfare response.   Few reports cover emergency situations where the child is seriously injured. In 87% of cases, there are neither emergency medical issues nor forensic investigative ones – like child sexual abuse – which demand immediate investigation." (Trocme & Siddiqi, 2002)

In the United States, this two-track approach has moved well beyond the proposal stage; there are a number of child protection systems that transfer non-urgent cases to community-based intake teams that assess longer-term service needs. Notably, Missouri now moves about 80% of cases to a family assessment track. (Rivers et al., 2002)

In Canada, Alberta is currently introducing this approach. The "Alberta Response" model refers non-urgent cases to a community-based family services team. (Alberta Children's Services, 2002)

"Two Track" Requirements

- Skilled screening
- Quick service engagement
- No cross contamination
- Parenting capacity assessment
- Available support services in the community

The implications of this approach are particularly wide-ranging (Sullivan, 2002):

- It requires skilled screening teams to do the initial triage.
- It requires the family support track to be engaged quickly so that mistakes in assignment (or situations that have deteriorated) can be identified and redirected.
- It involves a careful articulation of the relationship between the two tracks. (Pelton, 1998)
- Good assessment of parenting capacity becomes a central task. The lessons from Matthew Vaudreuil's case which were at the heart of the Inquiry must be taken into careful account. (Gove Inquiry, 1995a)

- And not least, it means that the family development services and supports must be available, because simply creating parallel investigative and assessment systems is futile.

Coordinate with education, health, juvenile corrections, welfare, etc. so that policies of one do not offload problems onto another.

The Child Protection system can't rehabilitate families by itself. Case plans require that a continuum of resources and supports be available in the community and that each system do its part. (Anne E. Casey Foundation, 2002) It is simply counterproductive when policies of family development and support are undermined by contradictory policies – a circumstance that occurs inevitably when reform efforts are undertaken in a situation of fiscal restraint and mutual off-loading. (Rivers et al., 2002; Sullivan, 2002)

The Ontario experience has lessons for us here. For instance, the **Early Years Project** in Ontario (Mustard, McCain & Bertrand, 2000) was launched 2 years into the program cuts initiated by the then Harris government. That government made some subsequent increases to child welfare budgets but cuts to other front-end services, such as children's mental health, education, health, and addiction virtually nullified those efforts.

In B.C., recent changes in income assistance rates, access to child day care subsidies, higher Medical Services Plan premiums, cuts to dental screening, threats to community school and hot lunch funding etc. are certainly increasing pressures, both financial and emotional, on vulnerable families. (First Call, 2002; Info for Change, 2002)

Youth at risk are now particularly hard hit across multiple systems. Policies in MCFD limiting access to residential care have compounding effects when there are shrinking MHR youth at risk employment services, reduced access to income assistance, and limited alcohol and drug and mental health services.

MCFD announced cuts of 30% over the next two years to child welfare and 17% to special needs means further erosion of services.

Section 2. Towards a General Prevention Approach

We certainly need a strengthened child protection system and the supporting programs it requires to intervene successfully. That said, I want to turn now to the larger context in which child protection sits, that of general child and youth welfare. If we are ever to make real headway on this problem, we need to take a preventative approach that improves the life chances of children and youth generally and promotes truly strong nurturant families living in child friendly communities.

From this perspective, child abuse and neglect are symptoms of social distress, not simply failings of individual parents. While many have advocated a social vision of this sort for years, this argument suffered from being seen as utopian and inherently unaffordable, especially given the many other social problems that make a call on our resources. Fortunately, there is now good evidence for an approach that is workable – the approach I refer to as **"General Prevention".**

Three things make it workable.

1. The first is that the same set of social interventions does multiple duty – this is why we can talk about this as a <u>general prevention</u> model. Improving the socio-economic and psycho-social environment of children works as preparation for school success, crime prevention, substance abuse prevention, better physical health and mental health outcomes, etc. The advantages reinforce each other (what researchers like UBC professor Clyde Hertzman call a **"virtuous circle"**) and so the interventions, while admittedly costly, turn out to be highly cost effective.

2. The second fortunate circumstance is that the benefits are relatively persistent – healthy, resilient children set off on a life trajectory which tends to stay healthier, more productive, and more pro-social than it might otherwise be.

> **"An educated, skilled, and socially cohesive society is critical to sustainable development… There is ample evidence that even limited investments promote better health and education outcomes for children, bringing considerable future benefits to society as a whole… Child Protection may prove an efficient and sustainable way to promote better opportunities and more equitable economic growth…" (Crawford, 2002)**

3. The third strand in this argument is that the interventions that create an improved environment for children also turn out to help other vulnerable segments of society and enhance social inclusion broadly. That is why "bottom-line" oriented organizations like the World Bank or the Asian

Development Bank now tout child welfare policies as one of the foundations of economic development. (Ortiz, 2001)

The Growing Evidence Base

The General Prevention approach is based on a growing body of scientific evidence and program evaluation. The main evidence, mostly collected under the rubric of the rising discipline of Population Health, is an exciting and compelling way to understand social issues that affect our health and welfare.

One of the key findings is that the distribution of many risks and social problems (and conversely also of benefits) is not equal across society but follows a gradient from higher to lower, a gradient defined by socio-economic status. So, the children in low-income families are at systematically greater risk than the children in affluent families. To take a case in point, the profile of families caught up in the child protection system is not a cross section of the overall population. That is a good illustration that risk is not distributed equally. Moreover, it is an example of how risks tend to cluster (correlate) and that people whose children are taken into care tend to be marginalized in various ways. These are the profile issues that I noted above in the child protection caseload – social assistance, social isolation, transience, mental health issues, single motherhood, and substance abuse issues. Not surprisingly, each of these place stresses on parenting.

These gradients are hardly startling findings in themselves. What is so useful about this way of looking at these issues is that it directs our attention to a dual task:
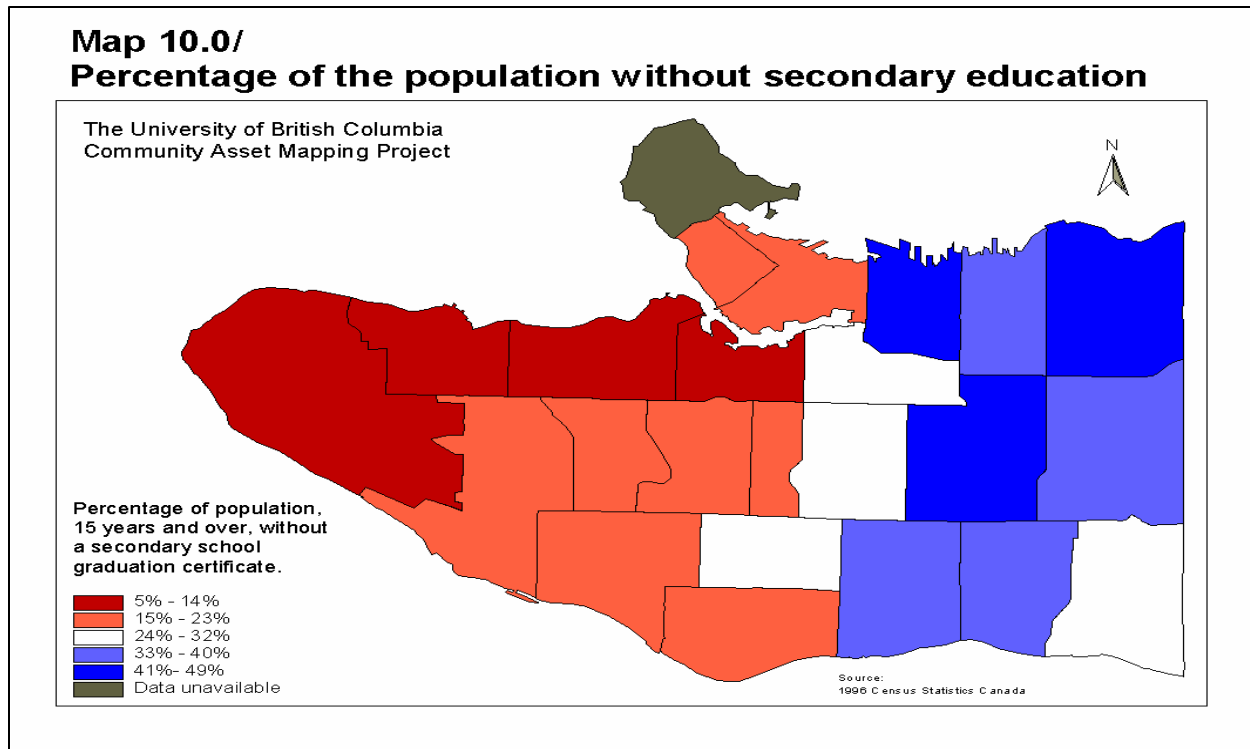
- How to make the chances of good outcomes more equal – so that no child is at greater risk just by virtue of accidents of birth (social equity policies); and

- How to lower the risks and improve the outcomes for all children (universal benefits).

Again, it turns out that pursuing social equity policies that flatten the risk gradients has a second very desirable effect – better outcomes for the most vulnerable children tend to improve the chances for better outcomes for all children. To take a simple example – a class with many learning delayed or behaviourally problematic pupils overwhelms the teacher and everyone is forced to learn at a slow pace. However, improve the circumstances of those vulnerable children and everyone in class benefits from an improved learning situation.
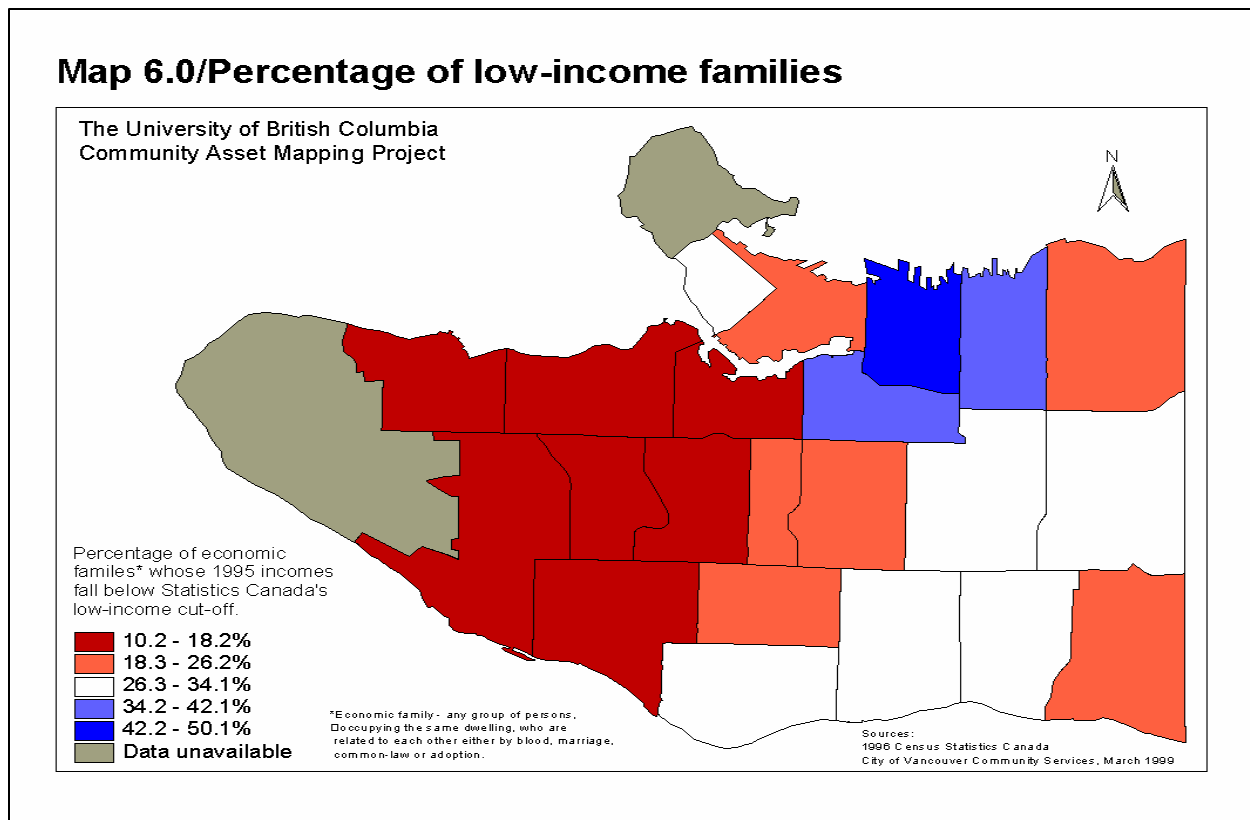
Gradients are not abstract things; we can see evidence of gradients in action "on the ground". BC is engaged in an important initiative in trying to map these effects and how they relate to the life trajectories of children, from healthy births to readiness for school to successful transition to higher education and career. Clyde Hertzman's maps of gradients in Vancouver serve

as a first taste of the utility of this information. (Hertzman, et al., 2002)
Consider, a few simple gradients and how they appear to correlate:

Secondary education shows a very simple east to west gradient.

Map 10.0/
Percentage of the population without secondary education

The University of British Columbia
Community Asset Mapping Project

N

Percentage of population,
15 years and over, without
a secondary school
graduation certificate.

5% – 14%
15% – 23%
24% – 32%
33% – 40%
41%– 49%
Data unavailable

Source:
1996 Census Statistics Canada

Low income shows a more "concentric" pattern from the Downtown
Eastside to East Vancouver to South Vancouver to the West Side.

Map 6.0/Percentage of low-income families

The University of British Columbia
Community Asset Mapping Project

N

Percentage of economic
familes* whose 1995 incomes
fall below Statistics Canada's
low-income cut-off.

10.2 - 18.2%
18.3 - 26.2%
26.3 - 34.1%
34.2 - 42.1%
42.2 - 50.1%
Data unavailable

*Economic family - any group of persons,
occupying the same dwelling, who are
related to each other either by blood, marriage,
common-law or adoption.

Sources:
1996 Census Statistics Canada
City of Vancouver Community Services, March 1999

Single parent families on social assistance and child protection investigations show similar patterns.

**Map 7.0/
Children (0-12) in single parent families on social assistance**
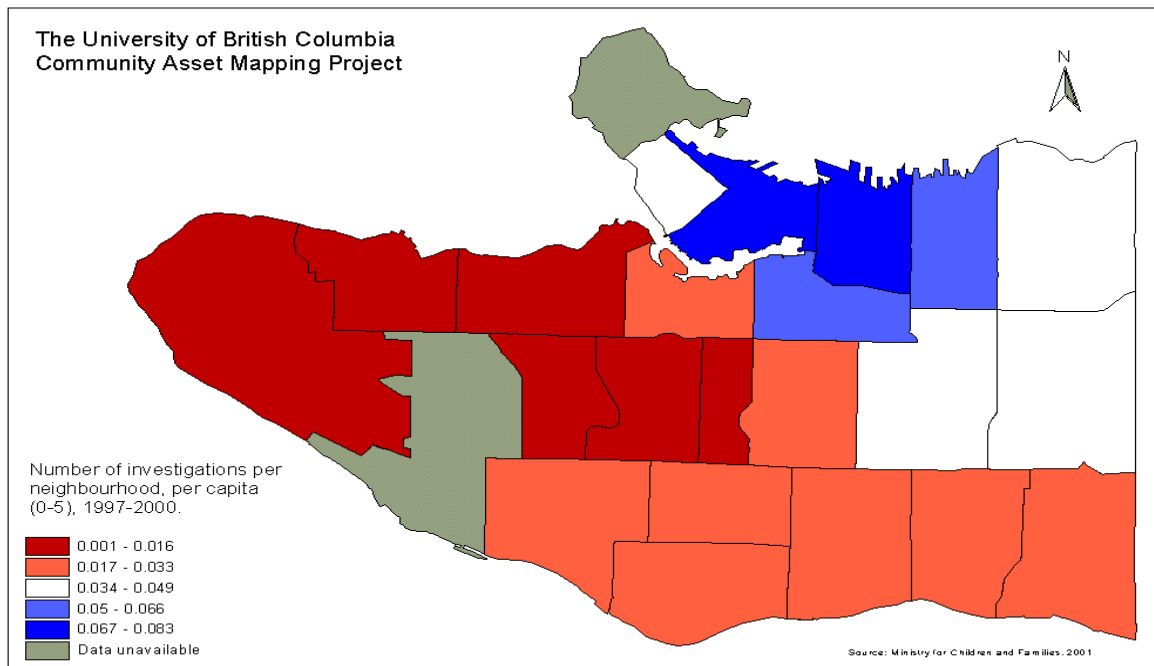
The University of British Columbia
Community Asset Mapping Project

N

Percentage of children (0-12)
in single parent families
on social assistance,
during December 1999.

- 0% – 5%
- 6% – 10%
- 11% – 15%
- 16% – 20%
- 21% – 25%
- Data unavailable

Sources:
1996 Census Statistics Canada
1999 BC Stats
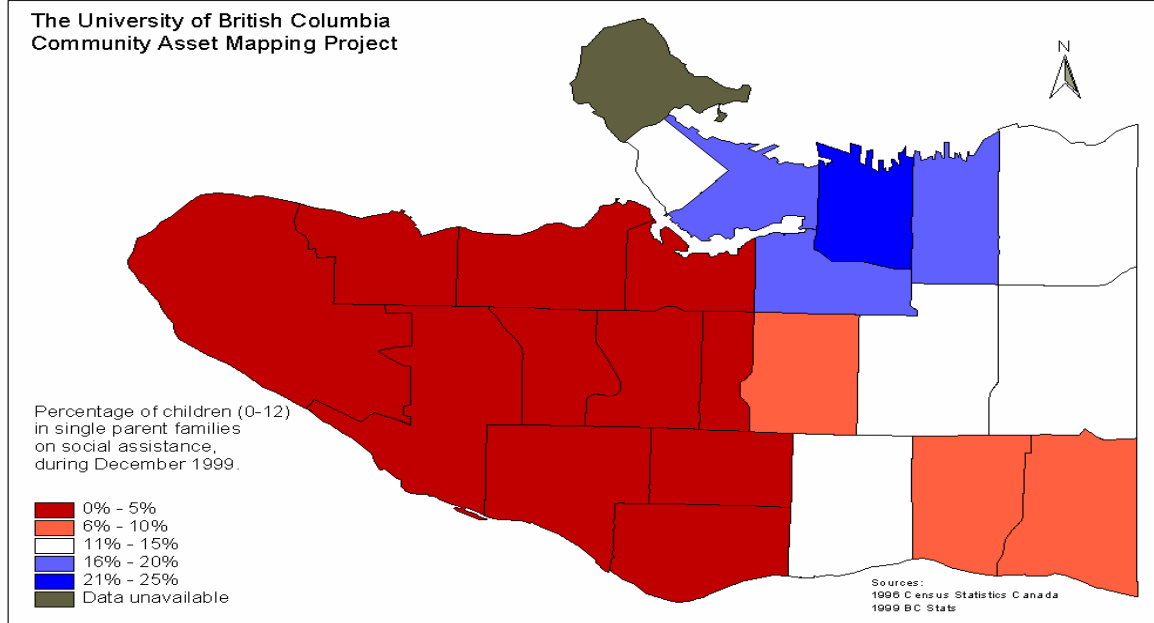
**Map 23.1/Number of child protection investigations
per neighbourhood, per capita (0-5), 1997-2000**

The University of British Columbia
Community Asset Mapping Project

N

Number of investigations per
neighbourhood, per capita
(0-5), 1997-2000.

- 0.001 - 0.016
- 0.017 - 0.033
- 0.034 - 0.049
- 0.05 - 0.066
- 0.067 - 0.083
- Data unavailable

Source: Ministry for Children and Families. 2001

The magnitude of these differences along the gradients can be large and have a cumulative impact. Note that the gradient in the map above is listed as an 83 fold difference below.

Vancouver
Gradients of Child Well Being By Age 5

From Westside to Eastside to Downtown/Eastside

6 Fold Difference – Income for Basic Needs
5 Fold Difference – Children Under 12 with single Parent on Income Assistance
10 Fold Difference – Education Level of Adults
9 Fold Difference – Neighbourhood Crime
10 Fold Difference – Access to Child Care Centres
10 Fold Difference – In Units of Social Housing

Vancouver
Gradients of Child Well Being By Age 5

From Westside to Eastside to Downtown/Eastside

50 Fold Difference – Language and Cognitive Development
17 Fold Difference – Social Development
8 Fold Difference – Emotional Maturity (withdrawal or fighting)
60 Fold Difference – Nursing Bottle Tooth Decay
83 Fold Difference – Child Protection Investigations of Suspected Abuse or
Neglect.

Socio-economic gradients show up in many child welfare risks from language delays to deliquent behaviours.

CHART 2
Children with delayed vocabulary
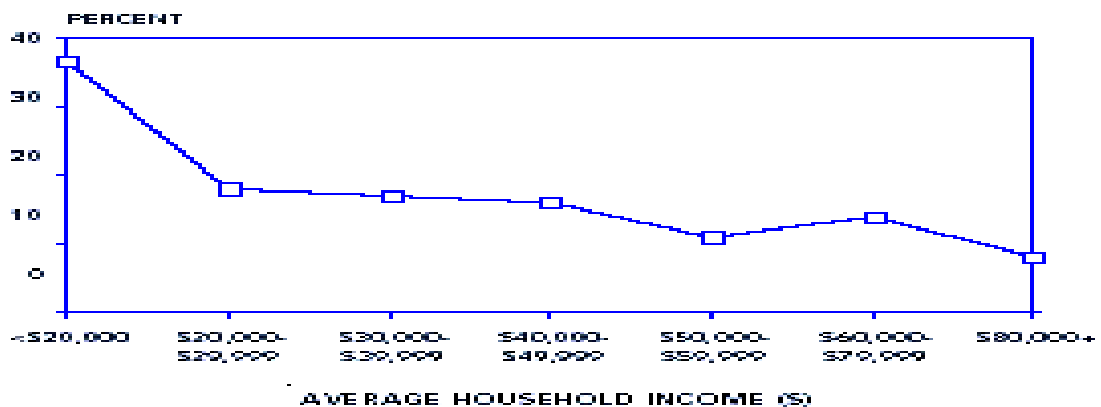
Note: Children scored less than 85 on the PPVT Scale, 4 to 5 year-old, two parent families.
Source: Prepared by CCSD using NLSCY, 1994-95 microdata.

CHART 1
**Children engaging in frequent delinquent behaviour**
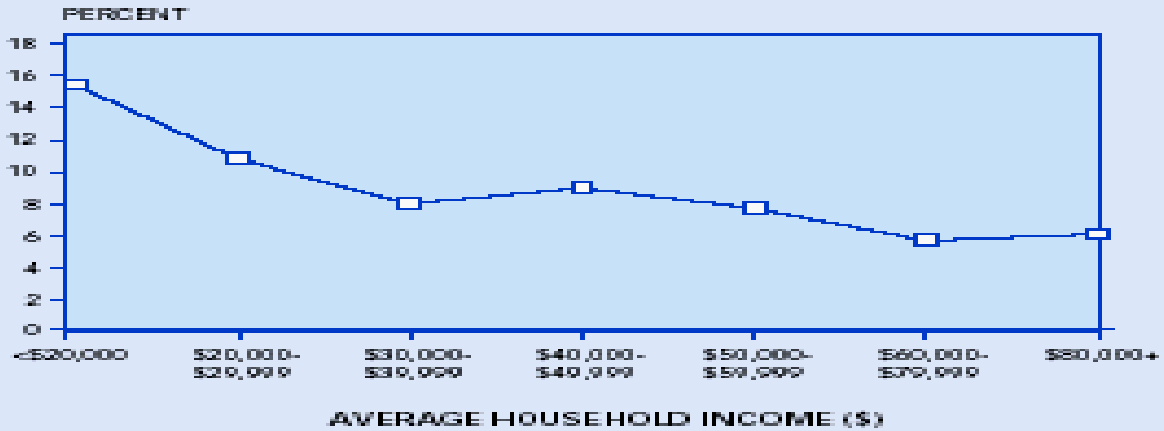
Note: Two-parent families with children aged 4 to 11 years.
Source: Prepared by CCSD using NLSCY, 1994-95 microdata.

One over-riding generalization is that those countries / provinces / regions / or municipalities that have strong policies aimed at counteracting income inequalities, do better on a whole range of outcomes.

Consider some differences among Sweden, Canada and the USA. Sweden starts out with a similar market income distribution as Canada or the US. However, after taxes and transfers, as the columns on the right show, Sweden has been much more successful at alleviating poverty. (Hertzman, 2000)

**Household Poverty Rates
Before and After Transfers**

Canada (1994) ■ US (1994) ■ Sweden (1992)
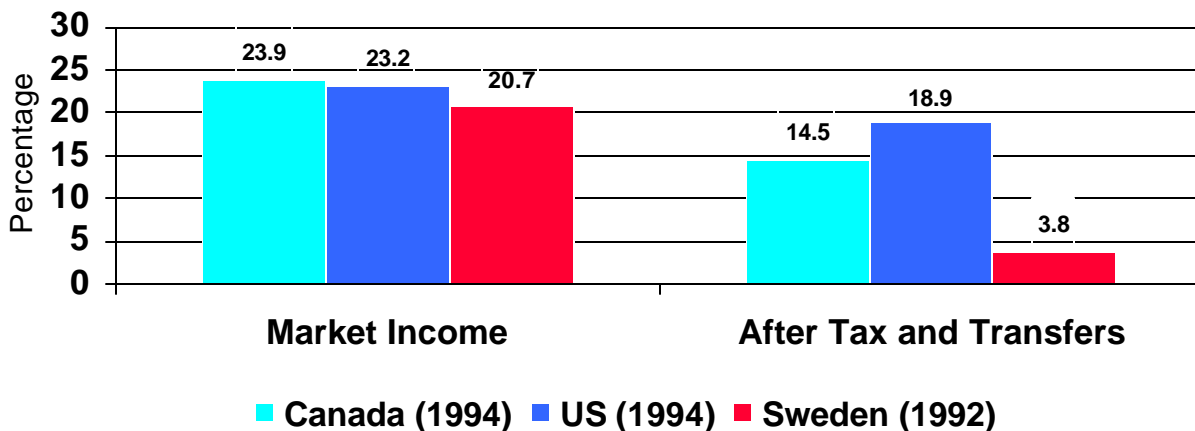
The benefits to society include everything from lower mortality to higher literacy and numeracy and lower prison population

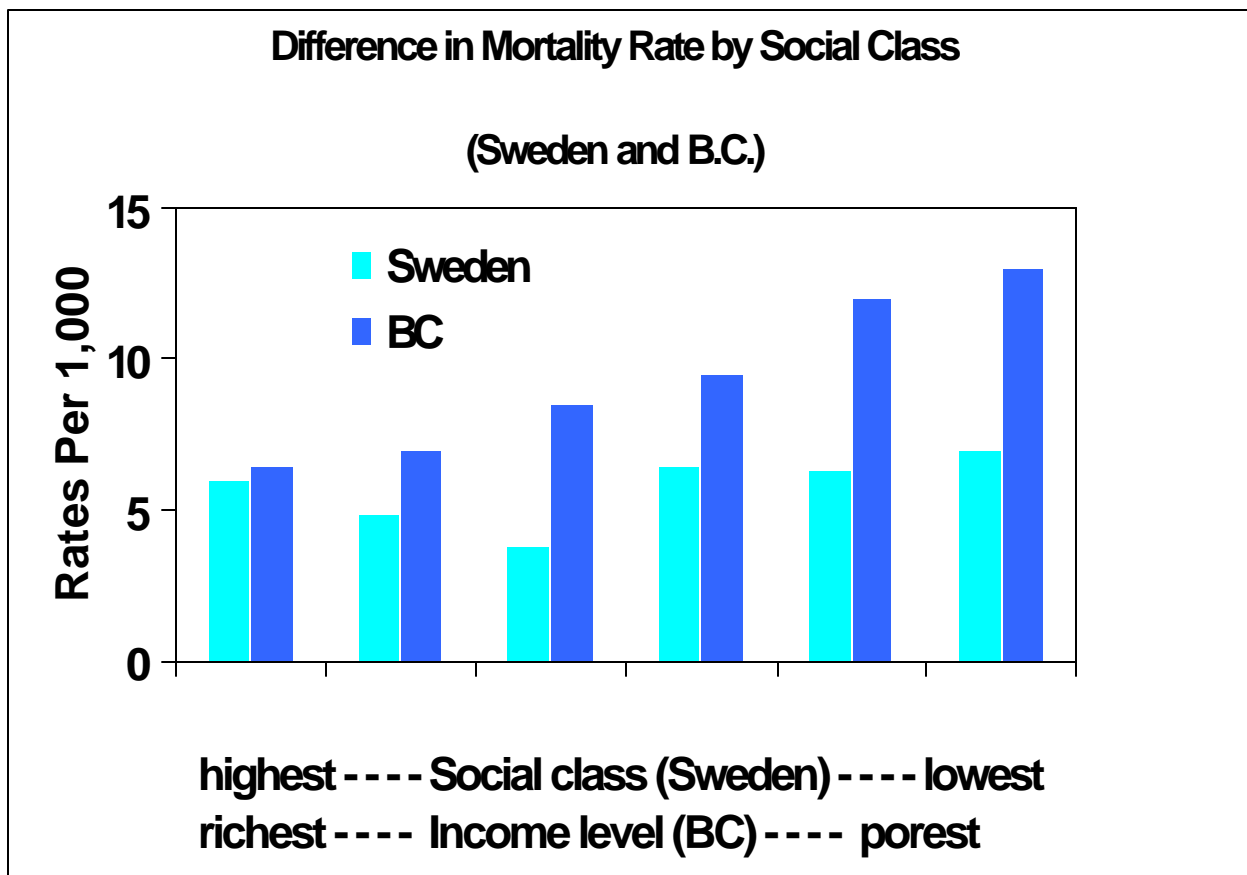**Social Class differences in mortality of men 20-64 years: Sweden compared with England and Wales.**

Death Rates Per 100,000

800
700
600
500
400
300
200

IV+V   IIIM   IIIN   I+II

Sources: D. Vagaro, O. Lundberg. Health inequities in Britian and Sweden. Lancet 11:35-36,1989

Difference in Mortality Rate by Social Class

(Sweden and B.C.)

Rates Per 1,000

15

■ Sweden
■ BC

10

5

0

highest - - - - Social class (Sweden) - - - - lowest
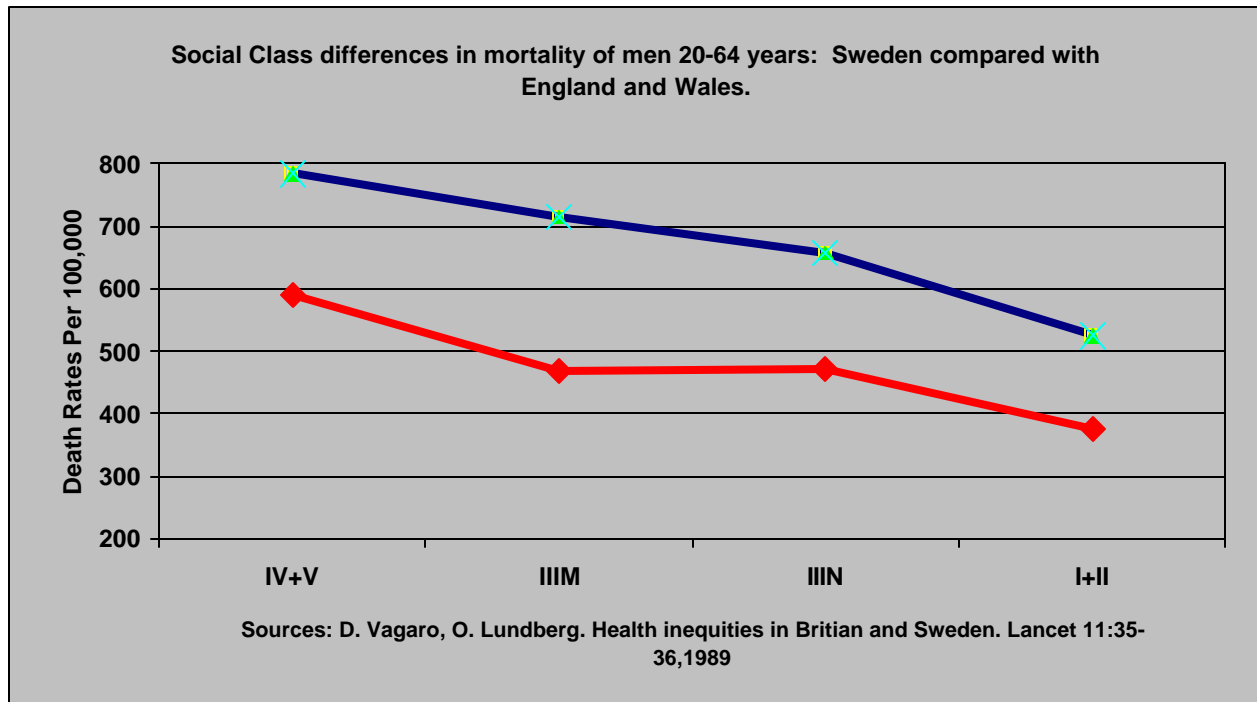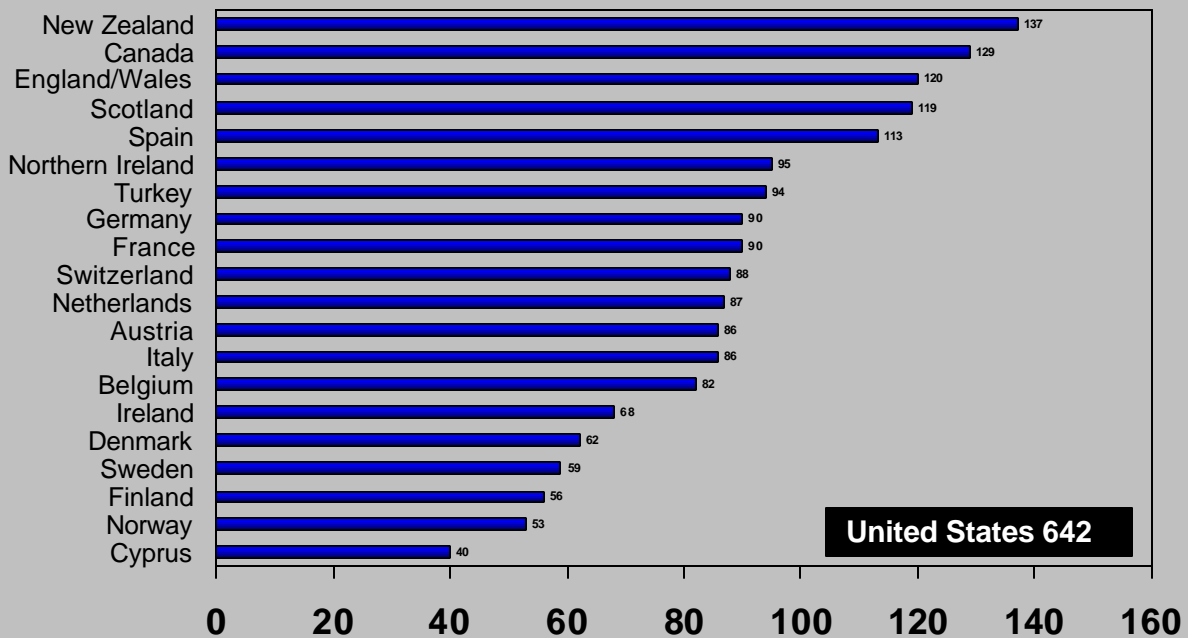richest - - - - Income level (BC) - - - - porest

TABLE 1
Literacy and numeracy among those who have not completed high school

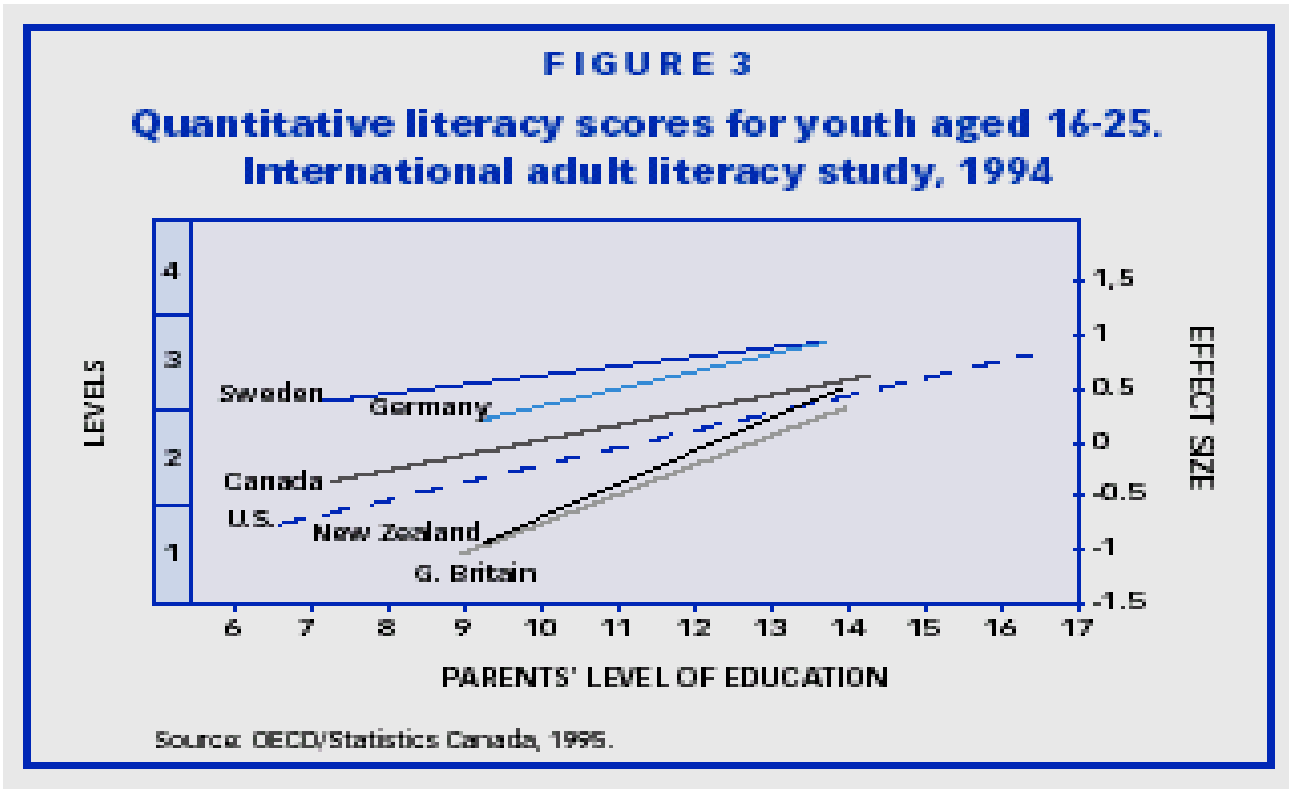| Literacy scale				
	Lowest	2	3	Highest
Canada	73.6	15.4	09.7	1.3
U.S.	74.0	18.8	06.3	1.0
Sweden	22.5	38.1	33.2	6.2
Numeracy scale				
	Lowest	2	3	Highest
Canada	69.4	18.5	11.3	0.8
U.S.	66.8	23.2	09.1	0.8
Sweden	21.7	32.0	35.3	11.1

Source: OECD/Statistics Canada, 1995

Number of inmates per 100,000 total population (1997)

Country	Value
New Zealand	137
Canada	129
England/Wales	120
Scotland	119
Spain	113
Northern Ireland	95
Turkey	94
Germany	90
France	90
Switzerland	88
Netherlands	87
Austria	86
Italy	86
Belgium	82
Ireland	68
Denmark	62
Sweden	59
Finland	56
Norway	53
Cyprus	40

United States 642

Sources: Corrections and Conditional Release Statistical Overview – Nov. 99; c.f. U.S. Dept. of Justice; Canadian Centre for Justice Statistics, Statistics Canada; Council of Europe; and Ministry of Justice, New Zealand.

And, as I stated earlier, that also means that everyone in those circumstances tends to do better, not just the most disadvantaged. Nations with flatter income inequalities show better outcomes across the whole socio-economic spectrum. (Leon et al., 1992) Everyone should note that Swedish children from the most disadvantaged families in terms of parental education perform as well or better than Canadian children from the most advantaged families.

FIGURE 3

Quantitative literacy scores for youth aged 16-25. International adult literacy study, 1994

Source: OECD/Statistics Canada, 1995.

Moreover, each of these better outcomes tends to reinforce others – the "virtuous circle" I referred to earlier. For example, I will talk about evidence in a minute or two about how low parental education is a risk factor for child abuse and neglect. (Willms, 2002) The accomplishments of countries like Sweden in producing a literate population promise to provide parenting benefits as well.

What are Key Components of a General Prevention Model?

Evidence is mounting from various sources about what components make up the general prevention model to improve the welfare of children and youth. (Hertzman, 2000; Willms, 2002) The most important evidence in Canada comes from the National Longitudinal Survey of Children and Youth, which started in the mid-90s and now supports a growing body of research. (Willms, 2000) For the first time in Canada, we have access to good information on child and youth well-being based on a large sample and up-dated every 2 years.

Components of a General Prevention Model

- Good Parenting
- Mother's Educational Level
- Family Income
- Family Characteristics
- Single Parent Families and Teen Parent Families
- Peer Groups
- Supportive Neighbourhood

Important factors include:

- Good parenting – parenting style, the most effective being an "authoritative" style, characterized by parents who monitor their children's behaviour, are responsive to their needs, and encourage independence with a democratic approach; whether parents read to their children also predicts better cognitive functioning and behaviour

- Some socio-economic related gradients – e.g., mother's educational level less than high school graduate, low family income, etc.

- Some family characteristics – single parent families and teen parent families represent additional risk for behaviour problems; maternal depression

- Peer group influences - consorting with other children that frequently get into trouble places even young children at greater risk of behavioral problems

- Social environmental factors like a supportive neighbourhood. (Willms, 2002)

Willms (2002) and others use these data to explain that supporting children involves a whole web of social policies and is not adequately captured by an agenda that emphasizes any single factor, even one as significant as

"child poverty". Poverty is a general risk factor and prolonged and extreme poverty overwhelms anyone. That said, many children in low income families are doing reasonably well and the majority of children who are at high risk are in middle class families (simply because the largest number of children live in middle class families). What works for this broad range of families are policies, programs and services that emphasize <u>universal accessibility</u>, <u>broad social inclusion</u>, and <u>support independent of family means</u> and that create the social environment in which children can flourish.

<div style="border: 1px solid black; background-color: #cccccc; padding: 10px;">

Social Policies and Programs

- Family supportive social policies
- Public awareness and education programs
- Family and child supports
  - pre-natal and post-natal services
  - post-natal screening and supports
  - early childhood education and care services
- Supportive neighbourhood policies

</div>

The complement of social policies and programs that make a difference in early childhood are well substantiated by program evaluations from Canada, the USA, and elsewhere. (Daro, 1994; Leventhal, 1996; McCain & Mustard, 1999; Willms, 2002) This list includes:
- family supportive social policies like extended parental leave and the Child Tax Benefit
- public awareness and education programs – e.g., programs that emphasize the effects of alcohol consumption during pregnancy, assisting pregnant women to quit smoking, etc.

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A NETWORK OF UNIVERSAL SUPPORT

- Child Day Care
- Parks and Playgrounds
- Community Centers, Recreation Facilities
- Libraries
- Family Resource Centres/Neighbourhood Houses
- Family – Friendly Workplace Initiatives
- Pre and Post Natal Public Health Services

</div>

- family and child supports- including:
  - pre-natal and post-natal services – even things as simple as nutrition counselling

- o post-natal screening and supports – home visiting models, infant development services

- o early childhood education and care services – especially, accessible quality child care, pre-school and kindergarten – and "two generation" services, so-called because they help improve the situation of parents while also providing stimulating environments for children – such as family resource programs, enhanced "Headstart" models like the Perry Preschool model that has been the subject of very long term follow-up studies, etc. (Schweinhart, 1993)

> Strathcona Library in the Downtown – Eastside of Vancouver achieved young child rates of involvement 60 times higher than the adjacent area by moving to an outreach plan in daycares and schools when the librarian recognized that many parents in its catchment area do not read: a demonstration of how an existing asset can be tailored to be many time more effective.

- supportive neighbourhood policies like accessible parks and recreational opportunities, library outreach, mixed social housing, mixed ability classes, etc. As I already noted by way of illustration, a low income child in a classroomful of other low-income children is at much greater risk than in a classroom with children from a range of circumstances.

- It is also worth drawing special attention to mixed neighbourhoods as good social policy. If you look back at the maps of Vancouver that Clyde Hertzman has prepared, you can identify certain neighbourhoods – such as the Granville Island / Fairview Slopes area along False Creek and Champlain Heights/Killarney in the southeast corner – that have better indices along many dimensions than their socio-economic profile might suggest. These neighbourhoods were diverse economically from the start and benefit from that fact. Building in this "no-cost" supportive feature through urban planning seems highly cost-effective as a general prevention approach. (Hertzman et al., 2002)

A wide-ranging agenda of this sort is not beyond our capability; indeed, it is being taken up in some measure in many places. For example, New Brunswick (perhaps not generally considered among the more affluent provinces) launched an Early Childhood Initiative in 1994. It includes 7 health and social services programs – prenatal screening; postnatal screening; preschool clinics at 3 to 5 years of age; home-based early intervention services; integrated daycare services; social work prevention services; and home economic services. (Willms, 2000)

The **Ontario Early Years Study** (McCain & Mustard, 1999) proposed a network of early childhood development and parenting centers to integrate and expand the capacity of programs including child care, preschools, kindergarten, parenting and family literacy, healthy baby programs, toy lending libraries, pre and postnatal supports, etc. They saw these centers as supports for parents' fulltime, part-time or occasional labour force participation and available and accessible to all children. While the proposal was to raise investment in the pre-school years to levels comparable to those for school-aged children, only limited commitments were made. (Mustard et al., 2000)

Among Canadian provinces, Quebec has a distinctive and relatively well-developed family policy. It is the first province to launch a universal low-cost child day care program – costing parents $5 a day. That initiative has led to an unanticipated increase in reports of child neglect for children under 6. But that is simply a result of the fact that low-income parents now have access to daycare where these problems could be noticed. Daycare workers are trained to do a preliminary assessment specific to neglect and refer to child protection if a protection concern exits: in effect creating a two-track approach in reverse.

Government views this policy as cost efficient over the long term (not in the short term) and are focused on building an early intervention response. Quebec is preparing to commit $60 million over 6 years to intensive follow up for all single mothers under 19 and anticipates 16,000 families will use these services.

CHILD ABUSE RESPONSE SYSTEM TYPES		
Type	**Characteristic**	**Representative Countries**
Child Protection Orientation	Legalistic Intervention	USA, Canada, England, Australia
Family Service Orientation with Mandated Reporting	Therapeutic Intervention	Denmark, Finland, Sweden
Family Service Orientation with Non-mandatory Reporting	Therapeutic Intervention	Belgium, Germany, the Netherlands
(after Gilbert, 1997)		

The typology of child welfare system types that I mentioned earlier (Gilbert, 1997) contrasts the English-speaking countries most strongly with Northern European ones – Denmark, Iceland, Norway, and, as you may already have noticed creeping into various comparisons, Sweden.

In some circles, using Sweden as an example can prompt dismissal. Even among the nations of Europe, Sweden is sometimes regarded as "teacher's pet", not an easy example to follow. (But for a less sanguine view, see Swedish.., 1999.) Certainly, Sweden and the other countries in this category have very comprehensive child welfare programs. As a vivid example, let me talk about Sweden's day care policies.

Swedish ECEC (Early Childhood Education and Care) programs are designed to meet children's needs for early education, socialization, and opportunities for enhanced development as well as care. They cover the normal work day and year, are publicly funded, delivered through a free-standing autonomous system of centers and family day care homes, and serve all children under compulsory school age who have working mothers or mothers who are full time students. (The government is increasingly stressing the need for access to subsidized care regardless of parental employment status.) The programs charge income-related fees usually equal to 1-3 percent of family income and these fees cover about 17 percent of operating costs. As of January 1, 2002, a maximum fee for ECEC programs went into effect, reducing the cost of these programs for many families. The government has established a policy of guaranteeing a place for any child whose parents wish them enrolled, from the age of one year. (Sweden's parental leave lasts for 18 months and infant care is largely parental care.)

Swedish (and Danish) ECEC programs constitute the highest quality of out-of-home care and education available anywhere. Centers are held to the same standards of quality, and charge the same fees to parents, regardless of whether they are public, private non-profit or for-profit. More than 90 percent of children are in public or publicly-funded programs and only 3 percent are in for-profit programs. Standards concerning group size, staff to child ratios, and caregiver qualifications are high, rigorously set and enforced, and are based on extensive research. Staff salaries are comparable to average wages in other occupations. Staff turnover is low (about 10 percent a year). Even though staff: child ratios were lowered in the mid-1990s as a consequence of cuts in public spending on child care in Sweden, they still remained higher than in other countries.

Coverage rates for 1-5 year olds in center care or in supervised family day care are about 75 percent and slightly lower (68 percent) for school aged children in after-school (leisure time) care. Forty percent of the under 3s and 82 percent of the 3-6 year olds were enrolled in 1999. By January 1, 2003, all 4 and 5 year olds will be guaranteed a place in preschool, if only for part of the day, if their parents wish it. (Clearinghouse, 2002)

As a result of policies and programs of this kind, Sweden, along with Denmark, has the lowest degree of income inequality in the OECD. In 1998, Sweden's child poverty rate (using the relative definition of less than 50% of median income) was 2.6%, lowest of 23 developed countries; the USA, with a much higher per capita GNP, ranked 22nd of 23. (Clearinghouse, 2002b)

I am using the Northern European countries as examples here because of their developed child and family policies but also because their approach to

child protection itself is not dissimilar from the systems in Canada. It should be pointed out, however, that a group of Western European nations – France, Germany, the Netherlands – has also moved quite far in terms of implementing comprehensive child and family policies.

A Comparison of Child Protection Rates

Child protection statistics are quite difficult to compare across jurisdictions because of varying definitions and age-ranges, different legislation, differing child protection systems, practice standards, etc. That said, it is very tempting to see if the broad social supports in Northern European countries are reflected in lower child protection caseloads and indicators of a child protection system under less pressure than we might see in Canada, the USA, or England.

Child Protection "Comparisons"	
B.C.	**Population 4 million**
	33,000 reports; 36 per 1000 children
	10,000 children in care; 10.7 per 1000
Sweden	**Population 8.9 million**
	17,000 children in care; 7 per 1000
Norway	**Population 4.5 million**
	19,000 investigations; 18 per 1000
	5,100 children in care; 5 per 1000

British Columbia, with just over 4 million population, had around 10,000 children and youth in care in March 2002, an increase of 63% since 1993/4. That's a rate of 10.7 per 1000 children 0-18. (MCFD, 2002; 2002b)

Sweden

In SWEDEN, a country with 8.9 million people, about 7 children per 1000 are taken into custody by social authorities each year (a rate about one third lower than BC's) – and that rate that has been stable since the 1980s. 25% spend less than a month in out of home placement; 50% less than a year. (Clearinghouse, 2002)

Care is most often by parental agreement or consent of the youth. If necessary, children and youth over 15 can be taken into care involuntarily and kept until age 20. In 1998, 17,000 children and youth were in residential care – 12,000 by consent and 5000 involuntarily.

The number of children in care is not a direct compaison with BC. In Sweden, children come into care not only because of abuse or neglect but

because of their own [dangerous] behaviour or family circumstances – including youth involved in crime, substance abuse, youth with severe mental problems that need psychiatric support or youth with antisocial personality disorders. Some would argue this is an illustration of how countries like Sweden have become more interventionist, lowering the child protection threshold as social conditions improved. (Pelton, 1998; Families First, 2001)

Most children receive non-residential services; in 1997, the most common service provided – involving 18,300 children 0-17 - was a "contact person" (appointed as a one to one worker for older children) or a "contact family" – respite foster care, often every other weekend, to provide support and stimulation for the child; this is a rate of 9 per 1000. (Swedish.., 1999)

Norway

NORWAY has a population of 4.5 million people, just a little bigger than BC's.

In 2001, there were under 19,000 investigations with respect to children 0-17 (about 45% less than in BC); a rate of 18 per 1000. Of these, 55% resulted in intervention.

Again, that is based on a broad definition: only 19% of these cases involved abuse or neglect, 54% involved conditions in the home and special needs, 20% were triggered by the child's behaviour problems, and 22% were "other". (Statistics Norway, 2002)

As of the end of 2000, there were 5100 children in care, again almost half the BC rate. (Statistics Norway, 2002a)

Iceland

ICELAND, a former dependency of Denmark, has been a self-governing republic since 1944. It has retained a typical north European social welfare model, maintained by a population of 283,000, somewhat smaller than Surrey's.

Iceland averages just over 200 children in foster care placements each year, a rate of 3-4 children per 1000. This involves 40 to 50 new placements per year, about half short term. Authorities need to recruit up to 40 foster homes per year.

It is not that Iceland is not interventionist. In 2000, 3000 children had some intervention by child protection committees (courts are not involved), a rate of about 39 per 1000 children. Most intervention is by consent – in 1999, not a single parent was deprived of custody by a child protection committee. (Clearinghouse, 2002; Iceland Ministry of Social Affairs, 2002)

Section 3. A Growing International Consensus but Compromised Implementation

Population health information is becoming widely influential in international circles. Examples of nations where children and youth are doing well are available for all to see. However, it is still a big step from this understanding to changed policies and improved programs. Fiscal restraints and competing policy priorities can negate the evidence-base. The recent UN Special Session on Children, at which I was an Non-Governmental Organization delegate, represents a clear lesson on how ideology and political considerations can trump scientific evidence and good policy proposals. (Udy and Annis, 2002)

United Nations Initiatives on Children's Rights
1989   Convention on the Rights of the Child
1990   World Summit for Children – National Action Plans
2000   Millennium Development Goals
2002   Declaration: A World Fit for Children
2003   New National Action Plans

In 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child to spell out conditions and rights that apply specifically to children. The Convention was widely ratified and has become the nearest ever to a universally-accepted treaty.

A year later, the World Summit for Children laid out an international plan of action for the 1990s. Some progress was made over the decade – particularly in improving nutrition and health – but little real headway was made in achieving children's entitlements to protection, economic security, education, or participation.

The plight of the world's children goes far beyond what we know here in Canada.

Today, globally
• **600 million – live in dire poverty**
• **10 million – die from preventable diseases annually**
• **149 million are malnourished**
• **113 million are child labourers**
• **12 million have been orphaned by AIDS**

Lest we slip into a state of smug self-satisfisfaction in comparison with our third world neighbours, we should reflect on the fact that the 1990s did not mark a significant step forward for Canadian children. The rate of child poverty and the gap between the rich and the poor actually increased. When the Convention was signed in 1989, one in seven children in Canada lived in poverty. Today it is one in six: 1.3 million children.

Aboriginal children across Canada showed patterns of social distress – infant mortality rates, developmental delays, rates of sexual abuse, substance abuse, school dropout and adolescent suicide rates that were hardly above third world levels. Black children in central and eastern Canada are also significantly over-represented in the child welfare population.

On the international stage, against that kind of backdrop of widespread distress, I rather naively expected that the Declaration being negotiated in 2000 and 2001 would find an easy consensus. So I, like many other delegates at the preparatory sessions and the special session itself, found it shocking just how difficult it was to arrive at a final agreement and what obstacles were placed in the way. I am told this treaty about children rights and welfare was as hard to negotiate as the treaty on disarmament in the 1980s. In the end, negotiations - mainly behind the scenes – were not concluded until 2:00 a.m. on the last night of the Special Session, when normally a document crafted at Preparatory Sessions is fully in place before Heads of State even arrive for formal speech-making and signing ceremonies.

The U.S. is one of only two countries in the world that has never adopted the Convention. At this Special Session, their role was very discouraging. The United States refuse to recognize or accept the notion of children's rights because they view this as in fundamental conflict with parental rights.

Their objections to adolescent sex education, birth control, and rights to abortion blocked acceptance of reproductive health language. And, the U.S. Government refuses to abandon capital punishment for youth offenders. Twenty-two states still put youth to death.

Although other countries were also, at times, very problematic, it was the United States that forced compromises throughout the process. Other countries then had to weigh the relative merits of a watered down agreement versus a stronger document the world's superpower would not accept. In the end, the United States did sign the Declaration adopted in May 2002. A flawed document was the outcome.

Moving to Local Action

That said, the Declaration, titled ***A World Fit for Children***, does set out twenty-one significant goals. The target date for meeting these goals is 2015, at which time the United Nation will conduct the next major review. (UNICEF, 2002)

A World Fit for Children
• **Promoting Healthy Lives**
• **Providing Quality Education**
• **Protecting Against Abuse**
• **Stopping Exploitation and Violence**
• **Combating HIV/AIDS**

This new target date brings this children's initiative into line with another important United Nations' plan with implications for children. This is the ***Millenium Development Goals*** document, agreed to at a Special Session on Development back in 2000.

Millennium Development Goals
• **Eradicate extreme poverty and hunger**
• **Achieve universal primary education**
• **Promote gender equality and empower women**
• **Reduce child mortality, improve maternal health**
• **Combat HIV/AIDS, malaria and other diseases**
• **Ensure environmental sustainability and**
• **Develop a global partnership for development**

In the process leading up to the Special Session, certain key themes emerged about how best to meet children's needs:

First, the vast majority of countries, including Canada, support a rights-based framework building on the Convention: that is, to test whether or not legislation, policies, and practices we carry out locally are consistent with the child's legal rights as set out in the Convention. That position shifts our thinking from one of pleading with politicians to give us adequate resources – to holding governments accountable to meet their obligations under a legally binding international convention.

The second key theme is that the evidence base of <u>population health research</u> is now widely known and understood. For instance, early brain development is not just central to discussions in First World countries but Third World countries as well. (Cynader & Mustard, 1997) In taking up many of the policy implications in National Action Plans over the past decade, the European Union is clearly leading, albeit not without forward leaps followed by backtracking.

United Nations Initiative on Children's Rights

1989 Convention on the Rights of the Child

1990 World Summit for Children – National Action Plans

2000 Millennium Development Goals

2002 Declaration: A World Fit for Children

2003 New National Action Plans

In keeping with the U.N. process, Canada must develop - by 2003 - its National Action Plan for the coming decade, setting out national objectives and targets.

Implementation of Canada's first National Action Plan started with ***Brighter Futures*** in the early 1990s. (Social Union Canada, 2000) While the federal government allocated new funding to Aboriginal Headstart, CAPC, and Prenatal Nutrition programs, an overall strategy to produce substantive progress for children and youth was lacking.

By the mid-1990s, a new element in the equation was supplied by population health research. These findings were picked up in the late 90s in the National Children's Agenda, a federal/provincial/territorial agreement that laid out an evidence-based, comprehensive, intersectoral vision for improving child and youth well-being. (Federal.., 1997; Social Union Canada, 2001) As a first step, the federal government committed $2billion to a 5 year initiative on early childhood development. The challenge in the next National Action Plan will be to give that vision substance and to get commitments from all senior governments for resources to implement significant programs. (CWLC,2002)

GOALS – NATIONAL ACTION PLAN

- **Reduce Poverty**
- **National Child Day Care Plan**
- **Child and Youth Nurturant Communities**
- **Enhance Youth Readiness for Adult Roles**
- **Repeal Section 43 – Criminal Code**
- **Prevent F.A.S.D.**

Among the key provisions – some huge and some smaller - that we need to see in our next National Action Plan are the following six:

➢ We must work more seriously to reduce child poverty and create greater economic equality, a key determinant of child health and well being;

➢ We must introduce a national childcare plan to meet early child development needs, as well as recognize that Canadian parents are in the workforce. We know that quality child care mitigates other risks to a child's development;

➢ We must focus on community planning to build child and youth friendly communities. Child nurturant communities ensure child friendly housing, play and recreation, arts and culture, safety, freedom from violence, non-ghettoization, and meaningful participation – all of which mitigate risks children might face at home or in the community;

➢ We must increase our support to youth at risk in their transition to adult roles as parents, workers and citizens.

➢ We must call on the federal government to repeal section 43 of the Criminal Code – which allows for the corporal punishment of children. Children have a right not to be hit. Research tells us that managing a child's behaviour, and teaching cooperation and compliance, are not best-achieved with physical punishment.

➢ We must invest much more effort in preventing Fetal Alcohol Spectrum Disorder (FAS/pFAS) – especially with high risk populations; as well as redesigning child serving systems to meet the needs of affected children and youth. We know that 95% of FASD children are out of school before the age of 15. Adults, in large numbers, end up in prisons, mental health institutions, or on the streets.

Those are ambitious child welfare goals – that go far beyond the bounds of the child protection system. Keynote speakers customarily end with a "call to action". But, given the tradition of judicial independence, I will not presume to try to set your course. It is up to you, individually and collectively, to consider the many ways in which inadequate supports for children, youth, and families affect your work and to determine how you – with both the influence and the constraints that your position brings - can help a general prevention agenda move forward.

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