



# UNDERSTANDING SOCIAL WORK AND CHILD WELFARE: CANADIAN SURVEY AND INTERVIEWS WITH CHILD WELFARE EXPERTS

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## Acknowledgment

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This environmental scan of social work in child welfare in Canada is the result of the vital knowledge, experiences and opinions from social workers in the field. Participants in the survey came from front-line direct service to children, youth and families; management and supervisors, senior leaders; social work educators and trainers; and research. The participants reflect the full spectrum of child welfare today and have experiences in yesterday that helped to ground this report in the realities of the current field of child welfare practice for social work.

We are thankful to the thousands of social workers across Canada who took the time to complete the survey. Your willingness to express your viewpoints and share your stories of your day to day work experiences is greatly appreciated. Your expertise, professionalism, good humor, honesty, and intense commitment to serving vulnerable children, youth and families is highly valued. The information you shared greatly shaped the areas of emphasis in this report.

We also want to thank the child welfare front-line social workers, managers, administrators and researchers from several provinces and territories who gave their time for interviews and shared their experiences and expertise. Your commitment to children, youth and families and your advocacy to improve child welfare systems across Canada is greatly appreciated. It is hoped that all participants and survey respondents see their thoughts and experiences reflected throughout this document.



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## Executive Summary

In 2017 the Canadian Association of Social Workers contracted Barnes Management Group to conduct a scan of the working environment for social workers in child welfare. Through literature review, survey and qualitative interviews information was gathered about working conditions for social workers and sought to address the following broad questions:

- How many social workers, as defined by provincial and territorial legislation, hold positions in child welfare? What percentage does this represent of the overall people employed in child welfare?
- Is there evidence that child welfare is becoming de-professionalized and if so, how significant is this trend in child welfare?
- What are the main challenges facing social workers in child welfare?
- What is the evidence that Registered Social Workers (RSW) in child welfare produce better outcomes than others?
- What are the highest standards and best practices in Canadian child welfare?
- How are different provincial and territorial child welfare organizations seeking to address the recommendations of the Truth and Reconciliation Commission?

The review of the literature focused on the three principal areas that impact child welfare services; community-based factors, organizational-based factors and individual-based factors. A survey was developed to obtain information about the challenges facing social workers and sources of job satisfaction in child welfare, trends in that suggest social work is becoming de-professionalized, the programs, methods, services and frameworks that abode by the highest standards of practice, and the child welfare response to the Truth and Reconciliation Commission's Call to Action. The survey also aimed to bring to the forefront the Canadian experience that is often missing in academic literature.

A qualitative study using semi-structured interviews with child welfare experts across the nation also provided unique perspectives and rich information about the current experiences for social workers. The interviews included twenty child welfare experts recruited through a respondent-driven recruitment process.

### Overview of Survey Findings

The survey was a 35-item questionnaire of mostly structured closed answer questions but also allowed for qualitative responses. The survey was available in French and English and used the Survey Monkey platform. CASW collaborated with the Ontario Association of Social Workers and Quebec's Social Work Regulatory Body, L'Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec, to provide the survey to their members. The survey was also posted on the CASW Facebook page. The CASW membership were sent two follow up requests to complete the survey. The survey was open seven weeks over the summer 2017.

In total the survey was completed by 3,258 self-selected social workers across Canada. There were 796 respondents to the French survey and 2,462 to the English version. The response rate for this survey is difficult to determine because the total number of social workers who are members in all provincial and territorial associations is not known. A total of the 1,891 respondents were members of the Canadian Association of Social Workers, an organization that has approximately 18,000 members resulting in

10.45% of the CASW membership participation in the survey. There were an additional 765 respondents from Quebec and 574 from Ontario.

Most of the survey questions allowed respondents to provide multiple answers to a question. The survey was divided into three parts; Part 1 was answered by all respondents and gathered information about the characteristics of the respondents. Part 2 was answered by the social workers who had worked in child protection and currently worked in a different social work role. There were 1,389 respondents to Part 2 (42%). That group answered three questions that focused on the years they worked in child protection, the circumstances that prompted them to leave the field and circumstances that provided job satisfaction while working in child protection. Part 3 was answered by 1,438 (44%) social workers currently working in child welfare and asked about working conditions, sources of support and job satisfaction, services to Indigenous children and families, and their organization's response to the Truth and Reconciliation Commission's Call to Action.

Over two thirds of all the respondents (69%) reported having a Bachelor of Social Work Degree and almost one-third (29%) reported they had a Master of Social Work Degree. Twenty-one percent (21%) had an undergraduate degree in an area other than social work. The respondents to the survey were highly experienced with sixty-three percent of the respondents had more than ten years of experience in social work.

Nearly half of those who currently working in child welfare had more than six years of experience in child protection. Forty-two percent of them worked in settings that served families from both rural and urban settings. Almost two thirds (65%) of the respondents identified that their caseload included Indigenous children, youth and families.

The social workers who had worked in child welfare reported that unmanageable workloads influenced their decision to leave (46%) and almost as many respondents (45%) reported that stress, compassion fatigue or vicarious trauma influenced their decision. They also reported that they found job satisfaction in opportunities for supportive (33%) and helping relationships (21%) with children and youth and families.

The social workers currently working in child welfare also reported that unmanageable workload (75%) was a critical issue. System wide changes that increased expectations and administrative requirements were reported by 66 percent to be a critical issue. The unrealistic expectations by the organization was reported by 65 percent of the respondents, and work demands that were at levels that interfered with personal and family life was reported by slightly more than half of the respondents (53%) to be a significant issue.

Factors tied to burnout, compassion fatigue and post traumatic stress were reported by respondents as significant challenges. Almost two thirds (63%) reported that the emotional toll from the work was an issue they faced in their work and over half (56%) of the respondents reported their organization lacked resources to address the compassion fatigue they experienced and was not able to support employee wellness. Firsthand experiences of violence and aggression or threats of violence from a client were reported by 44 percent of the respondents.

Respondents who no longer worked in child welfare and those still employed in the field reported similar concerns about the issues experienced in job and sources of satisfaction. This indicates that

issues of unmanageable workload, and exposure to dangerous situations, vicarious trauma and compassion fatigue are long-standing issues experienced by social workers. Their sources of on-the-job support and work satisfaction are also similar. Both groups of respondents found that their support came from colleagues and their job satisfaction from the evidence that they made a difference in children's lives. Their reports reflect the research literature that looks at the individual and organizational factors that influence staff retention and job satisfaction. Individual factors found in the literature are; a personal and a professional identity with the helping role, a desire to make a difference for vulnerable children, the perception of having support from colleagues, and perceived support from the organization. Organizational factors are also found to play a part in retention including; a manageable caseload, an organizational climate of support, organizational values that include professionalism where employees feel valued, and workloads are reasonable. Studies that focused on job satisfaction found that individual factors such as the belief that one is making a difference in the lives of children, the ability to have peer and supervisor support, and effective personal coping strategies are factors that strongly influence job satisfaction even when social workers are emotionally exhausted.

Participants in the survey reported their beliefs that there are trends toward de-professionalism in child welfare. They reported that organization factors such as increased administrative requirements and high caseloads that result in less time available for meeting with and helping children and families were the drivers toward de-professionalism.

### Overview of Interview Findings

Most of the twenty participants in the expert interviews were employed in child welfare organizations (65%) with slightly more than half (54%) of them in front line positions. Almost a third (30%) were employed in academic settings and research at the time of the interview. One participant after working several years in child welfare had recently moved to a different social work role and one had recently retired. Nearly all the participants, (90%) reported they worked front line child protection positions at some point in their career

The themes from the expert interviews regarding critical issues in child welfare were grouped in four categories; organization-based factors, community-based factors, client-based factors and system-based factors. The organization-based factors identified were:

- Disproportional and over-representation of Indigenous children youth and family's involvement with child welfare and the over-representation of other visible minorities such as Black Canadian families,
- staff recruitment, turnover, and training,
- excessive workload and caseloads,
- inadequate mental health and wellness resources to respond to staff vicarious trauma,
- the tendency for child welfare organization to respond to critical incidents and public criticism with policies and organizational changes that often have unintended consequences such as lack of time to provide social work, and
- inadequate funding.

The community-based issues identified were:

- Poverty,
- Lack of community treatment programs and services, and
- Lack of foster families and kinship providers.

The client-based factors identified were:

- Parents that have their parenting capacity compromised by addiction, mental health or are victims of or perpetrators of domestic violence,
- Youth and children experiencing mental health issues,
- Youth transitioning out of care unprepared for leaving care and do not have adequate support, and
- Refugees and new Canadians with pre-immigration trauma that compromises their parenting capacity.

The system-based factors identified were:

- Lack of adequate data and information to guide policy and planning,
- Increased administrative requirements that create added burden on social work practice,
- Lack of value placed on social work in child welfare by organizations and devalue of child welfare within the social work profession.

## Summary

The responses to the survey and interviews paint a profile of the child welfare social worker that is different than pictured in the literature and held as true by many. They are highly experienced social workers and on average, had more than six years of experience in child welfare. This is contrary to the view that child welfare is a field to launch a career, most stay less than two years and is a field of practice that lacks experienced social workers. Social workers in this field have a professional identity with child welfare, are dedicated to helping clients and find job satisfaction from making a difference in the lives of vulnerable children and youth.

Most social workers in child welfare serve a mix of both rural and urban communities and for three quarters of the social workers, Indigenous families make up more than half their caseload. Social workers report significant challenges with workload and high caseloads that are as much due to high staff turnover as due to high volume of cases and increased administrative requirements. They are challenged by the high needs of clients that cannot be adequately supported through community-based services. They report experiencing the traumatic consequences of child welfare and working in stress filled environments. Their organizations often do not have the resources needed to combat compassion fatigue and post-traumatic stress. It is most concerning that such a high number of respondents reported personal exposure to violence, danger and threats (44%).

Although many reported stress and monumental challenges, they also reported job satisfaction. Most often social workers reported satisfaction that came from opportunities to practice the essence of social work such as building relationships and helping clients along their journey to change. Social workers found their role eased by the support from their team and work colleagues and from community service providers.



In many ways, child welfare social workers in Canada mirror the simultaneous and complex relationship between emotional exhaustion and job satisfaction discussed in the literature. The findings also suggest that job satisfaction and perceived support may be key to counter-balancing vicarious trauma, burn out and post-traumatic stress.

The report concludes with an analysis of the information gathered through searching the literature, findings of the survey and of the interviews and addresses the six questions that propelled the project. Part 3 of the report highlights the federal, provincial and territorial initiatives to respond to the TRC Call to Action and provides links to reports, documents and media statements. Part 3 includes descriptions of frameworks, models, approaches and best practice standards that are in child welfare across Canada.

## Part 1: Background and Project Methodology

The Canadian Association of Social Workers (CASW) promotes and strengthens the social work profession and advances issues of social justice on the national level. Since 2002, CASW has directed attention to social workers working in child welfare and began a multi-phased project aimed at advancing social workers in child welfare's impact on the well-being of children, youth and families at risk of maltreatment. The first phase of the project sought social workers' opinions through survey and focus groups, and in a consultation day about the elements of effective social work practice in child welfare and the practice methods that enhance good practice. The findings of the first phase were that; (i) social workers in child welfare put high value on the importance of a helping relationship with clients, that, (ii) often the workplace environment hindered the effectively developing the helping relationship with clients, (iii) the workplace environment could be a deterrent to providing the social work practice elements necessary to improve client outcomes, and, (iv) that social workers felt the lack of public support for child welfare practice. The study concluded that social workers felt strongly that creating conditions for effective practice in child welfare is a shared responsibility between child welfare practitioners, child welfare organizations, social work professional associations, and schools of social work.

The first phase also included consultation with representatives of the National Youth in Care Network and included a survey with 50 youth -in-care across Canada. Not surprisingly, the discussions with youth revealed themes equivalent to those from social workers in that they felt; misunderstood, unappreciated, and not heard by the larger system. Consultation with youth emphasized the importance of strengthening the voices of children and youth in care in planning and improved supports to aid transition out of care and into successful adulthood.

The findings of the first phase of the project guided CASW to develop strategies to advocate for improved practice environments. Phase II of the Child Welfare Project focused on a comprehensive review of the literature of the working conditions and looked at the link between working conditions and outcomes for children, youth and families.

Informed by the findings of Phases I and II, Phase III developed an innovative training curriculum that was designed in consultation with a team of child welfare practitioners and applied the Code of Ethics and the Guidelines for Ethical Practice to the workplace realities of child welfare. The curriculum aimed to empower social workers to change the workplace environment in ways that would support improved outcomes for children, youth and families involved in the child welfare system. The innovative curriculum "advanced the capacities of current child protection teams to adapt, cope and influence the environment realities present in their respective work places" (CASW 2006, pp. 5).

### Methodology of the Project

The project is in line with CASW's continued commitment to advocate for social workers in child welfare. The purpose was to update and modernize CASW's knowledge about the challenges, issues, and working conditions experienced by social workers in child welfare across Canada. After review of the earlier

work done by the CASW it was determined that a comprehensive environmental scan would be the best approach. Specifically, this project focused on exploring the following broad questions:

1. How many social workers, as defined by provincial and territorial legislation, hold positions in child welfare? What percentage does this represent of the overall people employed in child welfare?
2. Is there evidence that child welfare is becoming de-professionalized and if so, how significant is this trend in child welfare?
3. What are the main challenges facing social workers in child welfare?
4. What is the evidence that Registered Social Workers (RSW) in child welfare produce better outcomes than others?
5. What are the highest standards and best practices in Canadian child welfare?
6. How are different provincial and territorial child welfare organizations seeking to address the recommendations of the Truth and Reconciliation Commission?

Although some answers to the above questions could be found through a focused review of the literature and search of government and child welfare authority websites, information in the literature about the current Canadian experience was limited or, for some topic areas, non-existent. Therefore, a survey was developed to obtain information from social workers currently working in child welfare and from social workers who had left social work. The survey focused on obtaining insights and opinions regarding the issues, challenges and barriers social workers experienced in their practice, their working conditions, their reasons for leaving the child welfare field, sources of job satisfaction and trends in de-professionalism.

The project also sought opinions from child welfare experts to address the questions to a more comprehensive depth and held interviews to learn more about the issues facing child welfare, programs and frameworks in child welfare that follow the highest standards, and initiatives taken across Canada to fulfil the Truth and Reconciliation Commission Action Plan.

## The Structure of This Report

There are six sections in this environmental scan report. The first section provides background information about the purpose and goals of this project that are articulated in the six questions. The first section explains the approach taken in the environmental scan and methodology.

The second section presents the context of child welfare in Canada with focus on the social work approaches applied in child welfare that are common across provincial and territorial organizations. The section provides information about the characteristics of children and families that are involved with child welfare services and the complexities of their needs. Because child welfare is a provincial responsibility and is structured differently in different provinces/ territories, the section also includes a brief description of the structure of child welfare in each province and territory.

The third section presents an overview of the academic literature and findings of studies and research that pertain to the six questions asked of this project. The literature review focuses on issues in child welfare, job satisfaction factors, indicators of trends towards social work de-professionalism in child

welfare what are the highest standards and best practices that are applied across Canada, and provincial and territorial child welfare authorities' response to the Truth and Reconciliation Commission.

The fourth section focuses on the survey to social workers in Canada that sought to better understand the working conditions and challenges in child welfare and the sources of job satisfaction. The section presents the findings of the opinions of 3,258 social workers who self-selected to complete the survey. Almost half of the respondents were at the time employed in a child welfare organization and spoke to current realities.

The fifth section provides an analysis of the information gathered from interviews with twenty child welfare experts. The findings of the expert interviews further answer the project questions regarding the critical issues in child welfare, trends in de-professionalism, effective programs and services and actions taken to address the Truth and Reconciliation Commission.

The sixth section ties together the literature, survey findings and interviews and draws final conclusions to the questions posed to the project. The conclusions provide the Canadian Association of Social Workers a comprehensive environmental scan to inform advocacy strategies and interventions for social workers.

Throughout the document electronic links are provided to essential documents that are valuable to child welfare in Canada.

## Part 2: Child Welfare in Canada

The child welfare field of practice is described as one of the most complex in the social work profession because of the legal mandate for protection of children in families distressed by chronic poverty, intergenerational trauma, adult mental illness, substance use, teenage parenthood, and inadequate housing. Child welfare social workers are tasked with ensuring children's immediate safety and protection, strengthening parents' knowledge and abilities, fortifying family relationship, guarding children's best interests, and nurturing resilience and well-being. Child welfare social workers make critical decisions that can profoundly change the trajectory of the lives of the children and their families. Adding to the challenges, child welfare social workers serve clients almost exclusively in their homes and work with to families where violence may be the norm and who often live dangerous neighborhoods. (Ellett, Ellis, Westbrook, Dews. 2007).

### Approaches in Child Welfare

Child welfare practice is grounded in ecological theory and based on the philosophical tenet of:

- The community, including professionals, share responsibility for child safety and protection,
- Children thrive best when living with their families in safe and attentive environments.
- Families have the right to be supported and most parents want to be good parents and, when adequately supported, have the strength and capacity to care for their children and keep them safe.
- Although families can have similar problems and issues, services must be individualized and tailored to meet their needs.

- Families are diverse in terms of structure, culture, heritage, race, religion, economic status, beliefs, values, and lifestyles.
- Child protection and service delivery approaches should be child focused, and family centered.
- Interventions and services must be sensitive to the cultures, beliefs and traditions of all families.
- To best support a child's overall well-being child welfare must assure legal and emotional permanency as quickly as possible.
- Child welfare organizations are accountable for achieving improved outcomes of child safety, permanence, and family well-being. (Goldman et. al 2003)

Child welfare applies social work approaches to services with children and families such as

- Ecological perspective that conceptualizes human behavior and social functioning within an environmental context. Child maltreatment is viewed as the consequence of the interplay between a complex set of risk and protective factors at the individual, family, community, and society levels.
- Strength-based perspective that guides a shift from a deficit approach, with its emphasis on problems and pathology, to a focus on individual and family strengths and potential. Strength based child welfare assessments focus on the complex interplay of risks and strengths related to individual family members, the family as a unit, and the broader neighborhood and environment.
- Developmental perspective. Child welfare takes a developmental perspective and understands individual and family a lifespan perspective, and examines individuals and families interacting with their environments over the course of time. Effective case planning considers the interventions that promise to be effective with a specific child or family problem, in a specific environmental setting, and at a particular developmental stage.
- Permanency planning orientation. Child welfare service delivery should focus on both safety and permanency. A priority is to provide services that safely maintaining children in their own homes or, if necessary, place them permanently with extended family or with a permanent family. When children must be placed outside the home interventions are to be leveraged as quickly as possible to help children return safely to their family or live in safe families who offer a sense of belonging and legal lifelong family ties.
- Cultural sensitivity and competence. This perspective requires child welfare practitioners to understand the perspective of clients or peers who may come from culturally diverse background and experiences and adapt services accordingly.
- Collaboration. Child welfare relies on community resources to keep children safe in their families and relies on collaboration with community services such as mental health, public health, addiction services and education to support families and improve care of children. There

is a wide variation in the form that collaborations take from formal joint investigation protocols between child protection agencies and police, often including crown attorney, duty to report protocols with community agencies, memorandums of agreement for collaborative service planning and delivery to informal and unwritten best practice traditions.

## Structure of Child Welfare in Canada

In Canada, child welfare is decentralized with the responsibility for the full continuum of services to children, youth and families mandated and funded at the provincial and territorial level. Canada has agreements and protocols with provincial and territorial governments establishing provincial/territorial rights to apply child welfare legislation and provide all child protection and support services to Indigenous communities.

A review of provincial and territorial legislation indicates common characteristics among jurisdictions in Canada regarding the authority of child welfare services to act to ensure the safety, protection, and support of children. All child welfare systems front-end load resources around investigating reports of alleged maltreatment and assessing safety and risk of future harm. Services to support children living with their families is the second highest resourced areas and includes activities such as counselling and supervision to children, referrals to and collaboration with community services, and removing children when it is determined that they are not safe living with their caregivers. All child welfare jurisdictions place preference on placing children with extended family and community when they are unsafe with birth parents. Child protection also is responsible to look after children in out-of-home placements including assessment and approval of foster families, responding to legal and court requirements, and services to support kin caregivers. Although the underpinnings of child welfare services remain the same across jurisdictions there are differences in the structure of organizations, the specific forms of maltreatment investigated, specific standards, time frames, procedures risk assessment tools and models between provincial and territorial authorities.

Throughout Canada, child welfare must put the child at the centre of all interventions, decision-making, and services. Child safety and protection are balanced with recognition for the child's need for continuity of relationships and the family's right to autonomy. The legislative reasons for why a child may require intervention by a child welfare organization varies from jurisdiction to jurisdiction, although there is general agreement that a child experiencing neglect or abuse or being at risk of neglect or abuse by a parent or caregiver is a child in need of child protection services. Some jurisdictions' mandates are to protect children under age 16, while others extend to youth under age 19. All provincial and territorial legislation across Canada includes a legal responsibility of professionals and citizens to report suspicions of child maltreatment. All child welfare organizations across Canada are available around the clock to receive referrals or reports concerning children and youth through a range of structures that ensure immediate response to concerns regarding a child's immediate safety.

The context from which child welfare services are delivered across Canada has changed considerably over the past decade. Several provinces have undergone comprehensive system-wide changes, often after government-initiated reviews or child death inquests. Provinces and territories have instituted new or amended legislation, restructured ministries to improve oversight, changed emphasis on service

priorities, implemented new or revised risk assessment models that include service standards and procedures, changed funding formulas, and put into operation provincial training systems. Some provinces have implemented the Structured Decision Making (SDM) model, an evidence- and research-based system developed in the USA. The SDM is discussed more in Part 3. Some provinces have developed alternate approaches to service delivery, such as differential response, alternative approach, or multiple tracks of entry to child welfare for family situations where risk of child maltreatment is at a moderate level.

Legislative-mandated involvement with a child and family from one province does not transfer to another province. Therefore, provincial authorities developed the *Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories* to define the roles and responsibilities of statutory child welfare organizations when providing child welfare services to children and families moving between provinces and territories. Twelve provinces and territories are signatories of the protocol, with only Quebec not participating. The Protocol covers child protection, children and youth in care, children and youth in out-of-care placements, supports to families, services to alternative care providers (e.g. foster parents and kin), and adoption services (Provincial/Territorial Protocol 2016) retrieved at [http://cwrp.ca/sites/default/files/publications/en/pt\\_protocol\\_-\\_children\\_-\\_families.pdf](http://cwrp.ca/sites/default/files/publications/en/pt_protocol_-_children_-_families.pdf)

## Provincial and Territorial Ministers Responsible for Child Welfare

Although there is no federal level authority responsible for child welfare across Canada, the provincial and territorial ministers responsible for child welfare (Directors of Child Welfare) gather on a regular basis to share information and address common issues. The Directors have provided leadership to several initiatives that address child welfare issues common across Canada.

In 1990, the Human Resources Development Department Canada and the provincial and territorial Directors of Child Welfare launched a series of consultations to develop a national child welfare outcomes framework that could be used by provincial and territorial authorities to measure progress to improve outcomes. The National Child Welfare Outcomes Indicator Matrix (NOM) applies the ecological framework used by social work and has four nested domains: child safety, child well-being, permanence, and family and community support. The NOM is designed to reflect the complex balance that child welfare services maintain between a child's immediate need for protection, a child's long-term requirement for a nurturing and stable home, a family's potential for growth, and the community's capacity to meet a child's needs (Trocme' et al, 2009). The NOM has ten key indicators and several sub-indicators that were pilot tested in many jurisdictions across Canada. Some provinces have moved to shift to an outcomes-based accountability system based on the NOM; however, for most provinces and territories, the priorities continue to be driven by service demands (MacLaurin, 2010). There is not a Canada-wide system for measurement, tracking, or reporting child welfare outcomes.

In 2002, the provincial and territorial Ministers published a report of the provincial and territorial child welfare systems titled 'Child Welfare in Canada 2000: The Role of Provincial and Territorial Authorities in the Provision of Child Protection Services'. The report provides information about the legislation, policies, and child welfare services in each jurisdiction at the time.

In 2006, the provincial and territorial ministers responsible for child welfare (the Federal-Provincial-Territorial Directors of Child Welfare Committee) completed a summary of foster care programs in each province and territory that was based on information provided by provincial officials at the time. The 2006 report included an update and revisions of two previous reports from 1992 and 1995. The report provides summaries of: types of foster care, training and approval procedures, the review/evaluation process, appeals/complaints, foster parent associations, damage compensation, foster care rates (including mechanisms for establishing rates, periodicity of changes (basic maintenance rate components and actual basic rates), additional allowable expenses, special rates if any, and substitute care arrangements. (Foster Care 2006 retrieved at [http://publications.gc.ca/collections/collection\\_2010/rhdcc-hrsdc/HS25-6-2006-eng.pdf](http://publications.gc.ca/collections/collection_2010/rhdcc-hrsdc/HS25-6-2006-eng.pdf))

On January 25-26, 2018, the Minister of Indigenous Services hosted a meeting with Provincial and Territorial Ministers with responsibility for child and family services and national and regional First Nations, Métis, and Inuit leaders to discuss child welfare issues. The Provincial and Territorial Ministers with responsibility for child and family services convened before the meeting and delivered a statement on improving outcomes for Indigenous children, youth, and families. The Ministers reaffirmed their commitment to addressing the overrepresentation of Indigenous children and youth in care and to improving outcomes for Indigenous children and youth, the importance of meaningful collaboration with Indigenous leaders and communities and the Government of Canada, and their commitment to meaningful progress on the federal reform of child and family services for Indigenous children, youth, and families. (Statement from Provincial and Territorial Ministers retrieved at: [https://news.ontario.ca/mcys/en/2018/01/statement-from-provincial-and-territorial-ministers-on-improving-outcomes-for-indigenous-children-yo.html?\\_ga=2.30796863.1264080030.1520188177-1295915081.1486696008](https://news.ontario.ca/mcys/en/2018/01/statement-from-provincial-and-territorial-ministers-on-improving-outcomes-for-indigenous-children-yo.html?_ga=2.30796863.1264080030.1520188177-1295915081.1486696008))

## Characteristics of Canada's Children Involved in Child Welfare Services: What We Know

Information about child welfare is available only at provincial and territorial levels, and due to varying definitions, collection methods, and data sets, cannot be aggregated to provide an accurate picture of how Canadian children are doing. Child Welfare has benefited from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), a national initiative to collect data on Canadian children who come to the attention of a child welfare authorities. The first incidence study was in Ontario in 1993 and reported child abuse and neglect in that province. The first national study was in 1998, and subsequent studies were completed in 2003 and 2008. The 2008 cycle included several province-specific studies and a First Nations component. The core funding for the national cycles was provided by Public Health Agency of Canada, with contributions from provincial and territorial governments. The Canadian Incident studies has informed provincial and territorial government policy, legislative changes, and service priorities and approaches.

A goal of the most recent Incidence Study (CIS-2008) was to modernize information and provide reliable estimates of the scope and characteristics of child abuse and neglect in Canada. The study gathered data about child maltreatment investigations, the outcomes of short-term investigations, characteristics of children and families involved in the investigations, out-of-home placements, and use of court. The study also examined the determinates of health associated with maltreatment. The study found an



estimated 235,842 maltreatment-related investigations were conducted across Canada, representing a rate of 39.16 investigations per 1,000 children (Public Health Agency of Canada 2008 pp 2).

Professionals are the most frequent referral source to child welfare, with children's schools (9.34 per 1,000 children) and the police (8.77 per 1,000 children) referring at the highest rates (Public Health Agency of Canada 2008 pp 24).

The study found that 36 percent of investigations conducted by child welfare across Canada were substantiated, and the most frequently occurring categories were; children's exposure to intimate partner violence (34%) and child neglect (34%). An overwhelming majority of investigations (92%) did not result in children being removed from their homes, and placement rates into kin/family settings were found to have a moderate increase but otherwise remained unchanged from the earlier CIS cycles.

The CIS studies provide more details of the family situations that may severely impact parental capacity to care for children. In twenty-two percent of the investigations, the primary caregiver did not present at the investigation with risk factors. The most frequently occurring caregiver risk factors were: victim of intimate partner violence (46%), caregiver with few social supports (39%), caregiver with mental health concerns (27%), and alcohol abuse (21%). Thirty-three percent (33%) of the households received social assistance as their family income, 20 percent experienced at least one move in the previous year, and 12 percent had drugs or drug paraphernalia or unsafe living conditions including accessible weapons (Public Health Agency of Canada 2008 pp 41-42).

The study revealed that the most vulnerable children are most likely to be investigated by child welfare across Canada, and, as children grow older, the rate of investigation decreases. Infants under the age of one year are most likely to be the subject an investigation (rate of 51.81 investigations per 1,000 children). Young children age one year to three years (rate of 41.73 investigations per 1,000 children) were the second most frequent to be investigated. The age-related pattern found in 2008 was consistent with the findings of the two previous CIS cycles (Public Health Agency of Canada 2008 pp 23). The study also looked at the characteristics of the children and youth and found that 23 percent had academic issues, 19 percent struggle with depression or anxiety, 15 percent experience aggression and had behaviour problems, and 14 percent had attachment issues.

In partnership with representatives from major organizations and First Nations agencies including the Assembly of First Nations, the CIS study (CIS-2008) looked at a subset of cases of involvement with Indigenous children and families. It was found that the incident rates of involvement of child welfare services with First Nation children was significantly higher than incident rates for Non-Indigenous children and families across all categories, (140.6 investigations for every 1,00 First Nation children in contrast to 33.5 investigations for every 1,000 Non-Indigenous children); a rate of 4.2 times more for First Nation children in the sample agencies than the rate of non-Indigenous investigations (Vandna, et al 2011 pp 46). The most common age group of children involved in investigations was children under the age of three (228.2 incidents per 1,000 First Nation children). Twenty-three percent involved children age 1 year to age 3 (189.8 per 1,000 First Nation children) (Vanda, et al 2011 pp 46). The most common risk factor for the primary female caregiver was her victimization from domestic violence

(43%), alcohol abuse (40%), having few supports (37%) and drug abuse (25%) (Vandna, et. al 2011 pp. 52).

In conclusion, the Canadian Incident Studies have revealed that child welfare services are involved with families stressed by poverty, affected by violence, struggling with adult mental health issues and addictions, and social isolation. Child welfare social workers most often conduct investigation involving infants, toddlers and children who have experienced neglect, and who struggle with depression and anxiety, have attachment issues, behaviour problems and poor academic achievement. Social workers in child welfare frequently provide interventions with families in their homes that are unsafe due to drugs, hazardous conditions and accessible weapons.

### **Youth in Care Canada**

There are Youth-in-Care Networks and support systems established in most province and territories including British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Quebec, and Saskatchewan. Many of the Youth-in-Care Networks have contributed to reviews of provincial child welfare services and development of policy to strengthen services to children and youth in care.

Youth-in-Care Canada is a charitable organization established in 1985 lead by youth and alumni of child welfare care system across the nation. The organization provides networking, support and resources for youth in care and alumni. The organization is dedicated to supporting improvements in care to children and youth through research and advocacy to child welfare authorities and governments Youth-in-Care also provides access to resources available from provincial and territorial child welfare authorities to support youth well-being such as education, addiction and mental health. Youth-in-Care Canada resources and information about provincial and territorial networks are available at:

<https://youthincare.ca/>

### **Structures of Provincial and Territorial Child Welfare Authorities and Legislation**

Canada's child welfare system is decentralized with legal mandates, governance and funding the responsibility of provincial and territorial governments. Some provinces and territories operate under a government-run child welfare system and others have models run by mandated non-government organizations. Some provinces and territories have different legal definitions of 'child' and the definitions of maltreatment vary. There is also differences between provinces and territories pertaining to children in the care of child welfare authorities and children placed with extended family and kin due to maltreatment.

### **Alberta**

The Ministry of Children's Services, formed in 2017, is responsible for Child Intervention and Child Care, Early Intervention Services for Children and Youth and Indigenous Community Connections. The Child, Youth and Family Enhancement Act governs child protection and adoption and children under age 18 are eligible for services. The Ministry is a decentralized system of child welfare and children and families receive child intervention services from ten Child and Family Service Authorities (CFSAs), nine of which

are geographically bound in regions across the province. The remaining CFSA serves Métis Albertans affiliated with one of the land-based Métis settlements in the province, wherever they may currently reside (Alberta Child Intervention Review Panel: Final Report, 2010). The provincial government has entered into agreements with 18 Designated First Nation Authorities (DFNAs) to provide services to First Nation children on 110 of the 126 reserves across the province. The funding for the DFNAs comes from the federal government through a tripartite structure.

### ***British Columbia***

In British Columbia, Ministry of Child and Family Development, Child Protection Division is responsible for child welfare services. The *Child, Family and Community Service Act* is the legislative authority and the Minister designates the Director of Child Protection, who in turn delegates the provision of child protection services across the province to child protection social workers. The *Child, Family and Community Services Act* defines a child eligible for protection to be a person under age 19.

Child protection services are provided through 429 ministry offices in 13 service delivery areas. Through delegation agreements, the Provincial Director of Child Welfare gives authority to Indigenous agencies to undertake administration of all or parts of the Child, Family and Community Service Act. There are 148 of the approximately 198 First Nation bands in B.C. are represented by agencies that either have, or are actively planning toward, delegation agreements to manage their own child and family services. (retrieved from <https://www2.gov.bc.ca/gov/content/family-social-supports/data-monitoring-quality-assurance/reporting-monitoring/accountability/delegated-aboriginal-agencies>).

### ***Manitoba***

In Manitoba, the Child and Family Services (CFS) Division of the Department of Family Services oversees family supports and protection services to children delivered under the mandate of the *Child and Family Services Act* and defines that a child who may require child welfare interventions is a person under the age of majority (age 18 years). The *Child and Family Services Authorities Act (2003)* created four authorities (First Nations Authority of Northern Manitoba, First Nations Authority of Southern Manitoba, Metis Authority and General Authority) that oversee services, disperse funds and ensure that culturally appropriate services are delivered by their respective agencies consistent with The *Child and Family Services Act* and *The Adoption Act (1999)*. The Authorities have mandated 23 legally distinct agencies, of which 17 are First Nations child welfare agencies; three are non-Indigenous, private child welfare agencies; two are Metis child welfare agencies; and one is the Department of Family Services. (Retrieved from <https://www.gov.mb.ca/fs/about/index.html>)

### ***New Brunswick***

In New Brunswick, the Department of Social Development has the legislated mandate to protect any child under age 19, whose care at home is deemed to place the child's security and development in danger, in accordance with the *Family Services Act*. Child welfare services operates from 16 sites located in eight regions throughout the province. There are ten First Nations child welfare agencies. In February 2010, the New Brunswick Office of the Ombudsman and Child and Youth Advocate published the results

of a review of First Nations child welfare that made numerous recommendations related to restructuring the child welfare system to better serve First Nations children and families. (retrieved from [http://www2.gnb.ca/content/gnb/en/departments/social\\_development.html](http://www2.gnb.ca/content/gnb/en/departments/social_development.html))

### ***Newfoundland and Labrador***

In Newfoundland and Labrador, the Department of Child, Youth and Family Services (CYFS) is responsible for providing protection services for children under the age of 16 years as well as voluntary residential and supportive services for youth aged 16 – 18 years in need of protection under the mandate of the Children and Youth Care and Protection Act (2010).

The Department of Child Youth and Family Services (CYFS) is comprised of four regions across the province, with 56 regional service delivery offices located throughout the regions. Newfoundland and Labrador does not have mandated First Nations Child and Family Services agencies.

### ***Nova Scotia***

In Nova Scotia, the Minister of Community Services provides child welfare services under the mandate of the *Children and Family Services Act (1990)*. The Act specifies child protection and child welfare services for children under the age of 16. Where special needs are identified, the Act allows for services to be provided for children 16 to 18 years of age.

There are eighteen provincial offices within four regions of the province and one First Nations child welfare agency. The one First Nations child welfare agency Mi'kmaw Family and Children's Services of Nova Scotia (MFCSNS), was established in 1985 with the signing of a tripartite agreement between the Canadian Government, the Department of Community Services and First Nations communities. The MFCSNS serves all 13 Mi'kmaw communities in Nova Scotia.

### ***Northwest Territories***

The Department of Health and Social Services is responsible for the quality and delivery of health and social services, including child welfare services. The *Child and Family Services Act* is the child welfare legislation and it defines a child eligible for child welfare services to be under age 16 years. The Department of Health and Social Services provides services through seven regional Health and Social Service Authorities (HSSAs) and the territorial hospital based in Yellowknife is also an Authority. The seven regional Authorities each have a central office location, and some Authorities also have several area offices throughout the region. The HSSA is overseen by a board of trustees and is managed by a Chief Executive Officer. The child welfare staff are employees of the Government of the Northwest Territories.

## **Nunavut**

In Nunavut, the Department of Health and Social Services is responsible for the quality and delivery of health and social services, including child welfare services. The *Child and Family Services Act* mandates child welfare and defines that a child eligible for protection is under the age of 16.

The Territory is divided into three administrative regions: Baffin, Kivalliq, and Kitikmeot. Each community has at least one social worker assigned to investigate child protection concerns and deliver social programs. Since there are no treatment facilities for mental health problems or addictions in Nunavut, social workers refer clients to contracted treatment facility providers in Saskatchewan, Alberta, and Ontario for these services.

There is no designated Indigenous child welfare authority to provide services to Inuit children, families and communities. The Inuit culture, traditional beliefs and practices are integrated into child welfare service approach, programs and services.

## **Ontario**

The Ministry of Children and Youth Services is responsible for child welfare and the legislation, *The Youth, Child and Family Services Act (2017)* defines a child eligible for child welfare services to be under the age of 16 for protection services and age 16-18 through voluntary agreement. Authority to deliver child welfare services is given to Children's Aid Societies who are independent non-profit organizations run by Boards of Directors or Indian Bands (that operate under the Indian Act). The Government of Ontario and the Government of Canada have a cost-sharing agreement for funding certain social services to First Nations children and families living on reserve.

The Ontario Association of Children's Aid Societies (OACAS) was formed by Children's Aid Societies in the province and is a membership organization. OACAS is the organization mandated by its membership to advocate with government and to address issues pertaining to child welfare across the province. OACAS also manages and delivers province wide training for new and experienced social workers.

## **Prince Edward Island**

In Prince Edward Island, the provincial Minister of Social Services and Seniors has the overall responsibility for the administration of child welfare services. *The Child Protection Act (2003)* is the legislation that authorizes child protection services and defines a child under age 18 is eligible for child protection services. Child protection services system consists of two administrative units with five offices located in communities across the province.

The province does not have a delegated First Nations child and family service agency. The province's two First Nation bands have formed a joint organization called the Mi'kmaq Confederacy of Prince Edward Island (MCPEI). Mi'kmaq provides culturally appropriate family and community services to Indigenous families with funding from the province and the federal government's Department of Indian and

Northern Affairs. When involved with Indigenous children, youth and families, provincial child protection services collaborate with Mi'kmaq Family Support Programs to provide culturally appropriate services.

### **Quebec**

The Ministry of Health and Social Services (Ministère de la Santé et Services Sociaux) is responsible for providing protection services to children and youth in accordance with the mandate outlined in the *Youth Protection Act* and defines a child eligible for child welfare service to be under 18 years old. There Youth Centres (YC) and multi-mission centres across the province given responsibility for services under the Youth Protection Act as well as the Youth Criminal Justice Act (2002).

There are 55 First Nations communities in Québec. The provincial government assumes responsibility for the funding and provision of social services for 24 of the 55 Indigenous communities under the James Bay and Northern Québec Agreement involving Inuit, Cree and Naskapi Nations. The remaining 31 communities' social services are funded primarily by the federal government (Ministère de la Santé et Services Sociaux, 2007). (retrieved at <http://www.batshaw.qc.ca/en/need-help/report>)

### **Saskatchewan**

The Ministry of Social Services is responsible for providing protection services for children under the age of 16 (and in exceptional cases to youth under 18 years of age) under the mandate of the *Child and Family Services Act*. There are nineteen Child Protection offices across the province, within three service areas.

First Nations Child and Family Service (FNCFS) Agencies have delegated authority to provide child protection services to children and families on-reserve and in some areas off-reserve. There are 17 First Nations agencies across the province that provide mandated child protection services.

### **Yukon**

In the Yukon, the Department of Health and Social Services (HSS) is responsible for child welfare services. The child welfare system in the Yukon is directly operated by the Yukon government under the administration of the Director of Family and Children's Services. *The Child and Family Services Act* mandates child welfare services and defines that a child eligible for services is under age 19.

The Yukon has fourteen First Nations, of which ten are self governing. In 2011 the Yukon government and Kwanlin Dun First Nation (KDFN), a self-governing First Nation, formed a liaison committee that developed the Memorandum of Agreement regarding the Yukon government provision of child welfare services to the Kwanlin Dun First Nation children, youth and families. The agreement includes full inclusion of KDFN in all child welfare services and defines the principle that guide services and programs.

## Part 3: The Environmental Scan Questions - Overview of the Research Literature

This project focused a review of literature to answer the following questions posed by the Canadian Association of Social Workers.

### Question 1: How many social workers hold positions in child welfare?

Searches of provincial Ministry websites and annual reports were made to determine the number of social workers employed in child welfare, the variety of positions they held, and the proportion they represent of the overall staff in child welfare. The search revealed very little information that could be used to answer this question. Some jurisdictions had past annual reports that reported the number of employees and front-line staff but did not report professional credentials.

A search of provincial/territorial social work professional associations also did not reveal information to conclusively answer the question across Canada. Not all provincial and territorial associations do not report field of practice and employment areas of their membership.

### Question 2: Is there evidence that child welfare is becoming de-professionalized?

The literature presents that for those in social work, it is more than an occupation or a source of employment. The profession's practices, beliefs, values, motives, and experiences influence personal identity (Reach (1994); Egelund (1996); Healy, Meagher (2004); Leigh (2014)).

Jadwiga Leigh (2014) examines social work professionalism within the child welfare field in a growing culture of blame and criticism. She argues that as professionals, social workers have a level of status and power and because of that status, are subject to regular scrutiny. Social workers in child welfare are criticized for failing to protect children yet are also blamed for being unsympathetic and too intrusive when a child is removed from family. She found that, through the process of developing identity as a professional in child welfare, social work values and the characteristics of a profession permeate the individual's sense-of-self and the "personal and professional identities merge together to form one identity, one that is intimately connected to the society within which (social workers) live and the institution within which (they) work." (Leigh, (2014) pp. 639). Leigh's work reflected the earlier work by Rhonda Reagh (1994), who studied child welfare social workers who choose to remain in child welfare even when there was high turnover by their peers. She found that those who stayed were individuals who had connected their work with their own life histories, and personal identities (Reagh, (1994) pp 73).

Tine Egelund (1996) presents an analysis of how social work is influenced and shaped by child protection organizations. She argues that child welfare organizations have tools, such as legislation, regulations, standards and procedures, that define the parameters of services to children and families, including eligibility to receive protection services and tools and methods that infuse social work knowledge and methods into services and practice. The social work knowledge areas and methods that are key to child welfare are knowledge of dynamics of parent child relationships that create child maltreatment situations, the impact of neglect and abuse on children, and the social work approach to crisis response,

identifying individual and family needs and methods to address those needs. She argues that social work is, by its nature, imprecise and although organizations establish rules, there are many conditions in child protection that do not fit neatly into organizational requirements. At the same time, those organizational rules are often built on social work knowledge and can support social work methods.

Child welfare, as non-profit and government funded organizations, must establish parameters, rules, procedures and requirements for accountability to funders and policy makers. The literature points toward the many reasons why child protection is a highly regulated and structured field. The rules exist to clarify the dilemmas social workers face when dealing with child maltreatment and complex family situations, and to ease the unknowns to aid decision-making. Tools such as risk assessment models define procedures and set time frames and provide structures that support more effective decision-making. When child welfare is in the spot light and the public perception is that errors permeate the service delivery system, child welfare organizations inevitably shift. Organizations attempt to reduce risks to the organization by implementing more tools (i.e. rules, procedures, and regulations) that will better support effective decision-making. Often, the tools endeavour to standardize services and routinize the work into quantifiable measures. However, at the same time, organizations are dependent on professional performance to deliver services effectively. Egelund argues that organizations and social work professionals are mutually dependent in that the “rules cannot be implemented without professional work, and professionals have to act within the formal boundaries of rules” and benefit from the organizational structures (Egelund (1996) pp 167).

Karen Healy and Gabrielle Meagher (2004) also discuss that the technical and bureaucratic approach to child protection services and argue that such approaches are contrary to social work profession in that social work practices relies on power of the helping relationship to achieve change and improve lives. They discuss the interplay and tension between the holistic perspective of social work with its emphasis on critical thinking, self reflection and autonomy of the professional with the bureaucratic frameworks that aim to simplify and standardize complex processes. They suggest that de-professionalization is a universal trend that is affecting social workers across the USA, Australia and Canada. Healy and Meagher (2004) discuss the elements of de-professionalization and argue that it is a process involving three elements, the first of which is highly relevant to child welfare; ‘the fragmentation and routinization of social work and the concomitant loss of opportunities for the exercise of creativity, reflexivity and discretion in direct practice (2004) pp 245). Organizations expect that increased rules and structures will result in better decisions however the result is not always the one that was expected. The organization culture can become one where measurable procedures are valued more than professional methods, many of which often cannot be measured. They also maintain that child welfare organizations’ efforts to improve knowledge and skills by establishing competency-based training builds competency in the specific practice areas but do not develop professional knowledge or promote critical evaluation of the organizational practices, standards and rules but instead solidify organization values such as compliance to rules and procedures (Healy, Meagher (2004).

There are not studies that measure the impact that increased standardization and routinization have on the professional identity of social workers in child protection or on service outcomes.



### Question 3: What are the main challenges facing social workers in child welfare?

Discussions in the literature pertaining to challenges in child welfare often categorize the issues into three areas; (i) community-based factors, (ii) organizational-based factors and (iii) individual-based factors. The following highlights the literature findings in those three areas and gives additional attention to the complex issues surrounding the disproportionality of children involved in child welfare; an area of challenge and concern that most recently has been underscored in the Truth and Reconciliation Commission.

#### Community Based Factors

The literature highlights that the lack of services in the community is a significant issue for child welfare in all jurisdictions including Canada. Child welfare's mandate on protection consequently makes it dependent on community-based services and programs to address parental issues that most prominently influence child maltreatment. Revealed by the Canadian Incident Studies, the issues most important to child welfare are services to address; intimate partner violence, parent addiction and mental health; key drivers in child welfare referrals in every jurisdiction across Canada (Public Health Agency Canada, (2008), Child Welfare League of Canada). The Canada Incidence Study (2008) informs that witness to intimate partner violence is the reason for child welfare involvement in 34 percent of the investigations (4.86 investigations per 1,000 children) and in 34 percent of the neglect investigations (4.81 investigations per 1,000 children), (Public Health Agency Canada (2008) pp 30). Child welfare organizations are impacted when communities lack resources adults that address intimate partner violence, support adult mental health and wellness and focus on reducing addictions.

The lack of community services is most acutely felt in rural and northern communities where there are fewer specialists, service providers and programs. Child welfare practice in remote areas include potentially large travel distances to appointments that can aggravate service delivery, absorb time and funding, and in poor weather conditions, threaten social worker's safety (Child Welfare Information Gateway (2018)). Services to Indigenous and First Nation families and children across Canada are especially impacted by the limited services, programs and resources.

Poverty and the interrelated consequences such as homelessness, and insecure food directly impact the requirement for child welfare services. One in five children and one in two Status First Nation children in Canada live in poverty (Statistics Canada (2017)). One in eight households in Canada including two of every five Northern households, experience food insecurity and struggle to put food on the table (Canada Without Poverty (2017)). Many children (62%) living in northern areas of Canada experience food insecurity. Poverty places children at higher risk for poor health, developmental delays, can inhibit their learning and academic achievement. The grinding impact of poverty negatively impacts parents and leaves them with fewer resources to meet their children's needs resulting in involvement with child welfare.

Foster parents are critical in the care of children. When a child's safety is at risk and the child cannot remain at home, the desired placement type is family-based care. Placement with family is the preferred option but when extended family are not able to provide care, foster families are priority invaluable. The lack of foster families and adequate supports to enable extended family to care for children is a significant issue in many Canadian communities. Shortage of resource families put children at risk of placement outside of their communities and compromise contact and visits with parents and siblings.

There are additional consequences as well. It can lead to breach of provincial regulations that set the number of foster children per home, mismatching children's needs with foster family abilities, tax foster family energies, and compel child welfare to turn to group or institutional care for the children and youth with challenging needs.

In 2001, Health Canada identified that the child welfare system in Canada was in desperate need of foster parents. In 2012, the Child Welfare League of Canada partnered with the Canada Foster Family Association (CFFA) in a three-year initiative dedicated to improving foster parent recruitment, retention and training practices titled *Every Child Matters: Strengthening Foster Families in Canada*, by collecting data and disseminating information, tools and best practices in Canada. Their study found that in addition to changes in society that influence families to enter fostering (e.g. increase number of both parents working outside the family home), motivation to foster has changed and is less likely to be driven by the desire to adopt or religious affiliation are more likely to be based on personal experience such as knowing a foster family or knowledge of a family situation where a child required placement. The study's review of the literature found that it was reported in Ontario there had been, over several years, a disproportionate rise in the number of children in need of homes compared to the number of foster families available ((OACAS, 2005), Leschied, Rodger Brown, den Dunnen, Pickel, (2014) pp 15) and the gap put significant pressure on the child welfare system.

Expectations placed on foster families have also evolved. Families applying to foster are subjected to rigorous and intrusive assessment process and training. The needs of children in care have increased and foster families are requested to care for children with significant medical, mental health and behaviour issues and often asked to have mentoring type relationships with birth families. The study explored the foster family characteristics and profiles of the children cared for by foster families in each province and territory and generally in Canada. The study also surveyed foster parents on their experiences fostering. Their study found that two thirds of families had considered stopping foster and most frequently identified reason were; frustration with agency red tape; seeing a child sent back to a bad situation; lack of adequate support services such as respite care; dealing with a foster child's difficult behaviour; and/or in conflict with the child's worker over a case management or planning issue. (Leschied, Rodger Brown, den Dunnen, Pickel, (2014) pp. 183). The report promotes recruitment strategies evolve to incorporate targeted and child specific approaches and retention efforts strengthen foster parents experience as equal and valued members of the team providing care to children.

#### Organization Based Factors

##### High turnover rates: recruitment and retention of social workers

The recruitment and retention of staff is a pivotal issue that cascades through an organization and can negatively impact service delivery as well as expenditures. The literature focuses on the concept staff turnover to understand the interchange of recruitment and retention. The foundation of an organization adequately set to respond to reports of child maltreatment is both the recruitment and retention of knowledgeable and skilled staff and one without the other does not achieve the organization's goals. High rates of staff turnover particularly among front line workers and supervisors means fewer staff available to respond.

In the past, research in the USA reported child welfare to have high proportion of untrained and inexperienced staff, and a high majority without social work education to do a job that is understood to

require two years to learn (Kadushin and Harness (2002); Ellett, Ellis, Westbrook, Dews, (2007)). In the USA, staff turnover was first identified in 1960 as a significant factor and state turn over rates were reported to range from 39% to 44% (Salloum, Kondrat, Johnco, Olson (2015) pp 55). In addition, a study of 43 states in the average of preventable turnover rate was 67% (Strolin, McCarthy, Caringi (2006)).

Studies have differentiated between the characteristics of staff turnover, unpreventable, preventable, and desirable. Preventable staff turnover is identified as when workers leave the organization for reasons other than retirement, death, family commitment such as parenting or spousal job move, and returning to school. Desirable turnover is when incompetent workers who provide poor service leave the agency and their departure benefits the organization.

High turnover rates not only absorb recruitment, orientation and training resources it also results in frequent case transfers, moving caseload assignments, increase caseload size for the remaining workers, burdens supervisors and concurrently reduces the quality of services provided to children and families (Strolin, McCarthy, Caringi (2006); Zlotnik, DePanfilis, Daining, McDermott (2005)). A study of county child welfare authorities in California found that families serviced by child welfare organizations with low staff turnover rates had significantly lower rates of reoccurrence of child maltreatment and more likely to have up-to date case service plans. Another study found that high turnover rates negatively impacted permanency for children (Wagner, Johnson, Healy (2008)).

The literature categorizes the causes of staff turnover into three areas 1) individual factors, 2) supervisory factors, and 3) organizational factors. Individual factors include; individual characteristics, burnout, commitment to child welfare practice and level of social work education. Supervisory factors are defined as insufficient support and competency of the supervisor and organizational factors are caseload size, organizational climate and culture, salary, benefits, promotional opportunities, and administrative requirements that place a burden on front line workers (Strolin, McCarthy, Caringi (2006); Mandell, Stalker, Wright, Frensch, Harvey (2013)).

#### Individual factors:

Studies that look at individual characteristics of gender and ethnicity found that these characteristics are not predictors of intention to leave or turnover. Studies have found that age, lack of work experience and lack of competence are individual factors that are strongly associated with the intention to leave and turnover and it is argued that the three are closely related to each other (Barak, Nissly, Levin (2001)).

Although it has been discussed in the literature that social work with its set of professional values and ethics is best suited for child welfare and that formal social work education is in the best position to prepare social workers to do the job, there is little research literature that considers social work education and those that do have mixed findings. Some studies find a strong relationship with staff retention and other studies finding education linked to decision to leave (Strolin, McCarthy, Caringi (2006) pp 9).

Individual factors of family structure, family responsibilities and the level of interference by work are found to not have a strong influence on the decision to leave (Barak, Nissly, Levin (2001)).

Professional commitment was found to have a strong relation to staff intention to stay. Studies have found a strong line between Ellet et al (2007) found that professional commitment, linked to the desire

to make a difference and belief in that ability, and professional identify are strongly related to retention (Stalker, Mandell, Frensch, Harvey, Wright (2006); Mandell, Stalker, Wright, Frensch, Harvey (2013); Strolin, McCarthy, Caringi (2006)).

#### Supervisory factors:

Inadequate and insufficient supervision has been cited by some studies as a key factor in a caseworker's decision to leave their child welfare job. Supportive supervision was found to be related to retention and is a mediating factor counterbalancing workload (Strolin, McCarthy, Caringi (2006)). In one study it was found that 79% of the respondents found quality supervision to be more important to their decision to remain in child welfare than training (Kleinpeter et al. (2003) in Zlotnik, DePanfilis, Daining, McDermott (2005)).

Support from work peers is reported by studies to be a factor of workers who remain in child welfare. Front-line services are organized in teams and cooperation between members is reported to be an influential factor to remaining in child welfare (Barak, Nissly, Levin (2001)). Support from peers was found to aid in personal and professional identify and was found to be more influential than support from supervisors.

#### Organizations:

Child welfare practice commands that social workers accomplish the job in highly stressful situations that include providing support to angry and mistrusting family members and children who are victims of abuse or have serious behaviour problems. Glisson and Hemmelgarn (1998) completed a longitudinal 3-year study of 32 child welfare organizations in one state. They found in that study that organizational climate is the primary predictor of positive outcomes for children and a significant predictor of service quality (Glisson and Hemmelgarn, 1998 pp 415). They defined organizational climate to include the levels of; conflict, role clarity, job satisfaction, cooperation, and personalization. They found that poor organizational climates reduce "caseworkers' capacities for helping maltreated children by increasing job related stress, contributing to high caseworker turnover rates, and depersonalizing the relationships they develop with their clients" (Glisson and Green (2006) in Glisson and Green (2011) pp 583).

Their first study found that organizations "with higher levels of job satisfaction, fairness, role clarity, cooperation, and personalization, and lower levels of role overload, conflict, and emotional exhaustion are more likely to support workers to take a practice approach that improves children's function" such as building personal relationships with each child, being able to respond effectively to unpredictable problems and to have the tenacity to stick with each child and advocate for the necessary services even against organization and community barriers (Glisson and Hemmelgarn (1998) pp 416). Their study found that children on caseloads in child welfare organizations that were found to have positive organizational climate received more comprehensive services measured by the indicator that workers were more responsive to the individual child's needs the children received more continuity in the services. Their findings also indicated that highly structured process orientated service approaches were not found to influence positive service outcomes.

Another important finding of their study was that service coordination can improve service quality, but that increased service coordination decreased quality, a finding that duplicated other studies. Glisson and Hemmelgarn (1998) identified that increased service coordination resulted in front line workers

withdrawing their involvement and that “by transferring key decisions to those who do not work directly with a child, personal responsibility for the child is reduced for those who do” (Glisson and Hemmelgarn, (1998) pp 417). They argued that in organizations where service coordination is assigned to others, caseworkers were moved relinquish their responsibilities and level of personal involvement with children for not only one case but was an overall impact on their approach to practice.

Glisson and Green (2011) expanded the study and extended the follow up period to 7 years and found that long term outcomes for maltreated children are more positive for those children served by child welfare systems with organizational climates that were described by workers to support their efforts to make a difference and be personally involved and concerned with their clients. “This effect was clinically and statistically significant after controlling for urban versus rural location, the child’s age, gender, and race, family income, and the level of harm to the child that resulted from the maltreatment (Glisson and Green (2011) pp 589).

In a study of 369 child welfare professionals, Ellett, Ellis, Westbrook, and Dews (2007) found that the respondents believed they were overworked and underpaid, felt greatly unappreciated by the child welfare organization and by the public, and believed they were employed in organizations that did not offer opportunities for advancement.

Caseload size and specifically high caseloads were found to impact staff turnover and increase likelihood a worker leaves the agency. The sheer number of cases on a caseload are described to have less influence than the complexity of the cases. Extremely demanding cases that include families that frequently voice their anger toward child welfare social workers or workers are exposed to situations that threaten their safety are linked to burnout and a contributing factor to staff turnover. The literature defines workload differently than caseload and to include court appearances, administrative requirements, paperwork, and other organizational requirements such as attendance at meetings. Caseloads are defined as time spent with clients. High caseloads and workloads were found to be a factor affecting turnover, but overall workload was not found to be a significant predictor of turnover. (Zlotnik, DePanfilis, Daining, McDermott (2005); Strolin, McCarthy, Caringi (2006)).

The literature suggests that failure to have reasonable caseloads and workloads results in two negative outcomes; failure to spend adequate time with clients to build a helping relationship and provide the services required to meet the needs of the family. High caseloads and workloads and result in failure to fulfil the legal mandate and achieve the service standards and time lines.

Efforts have been made to quantify child protection caseloads and workloads however there are major challenges to determining what is a manageable workload. Families involved in child welfare services are unique and can require different amount of time because of factors such as number of children, parent risk factors, lack of support available to the family and availability of community services. Caseloads are made up of cases with varying degrees of demand for time such as court involved cases and children living in out of home care. Individual cases do not follow a predictable workflow pattern and at any time can require increased time to address a crisis or assess a perceived safety threat. Finally, child welfare organizations place varying demands on front-line workers that take away time with clients such as documentation requirements including court documents, training, supervision, agency and community meetings and other activities related to specific organization needs. Workload studies have tended to measure tasks and time demands by job type and area of focus that make the results difficult to transfer to other jurisdictions.

In Ontario, in 1999 with the leadership of the Ontario Association of Children's Aid Society, the child welfare field undertook a four-year project, the Workload Measure Project (1999-2000), to benchmark workloads that could provide realistic and meaningful workload measures for the provincial child welfare budget formula. The project involved three phases and the participation of most child welfare agencies across the province and measured a sizeable number of cases. In their report, Goodman and Hurwitz (2008) detail the process of the system wide project and the results of comparison with the provincial funding formula that set funding for child welfare categories. An important finding of the project from workers' collection of actual time on each case for an entire caseload was the quantifiable measure of how much time a front-line worker must devote to non-client related responsibilities such as court and travel (Goodman, Hurwitz (2008)). Similarly, in the study by Yamatani, Engel, and Spjeldnes, (2009), of child protection in Pittsburgh they found that the average total number of hours spent on a case was far greater than understood and that average caseload sizes were significant higher than what could be managed in the front-line workers' time available each month.

Although there are inconsistencies across studies and many studies focus apply a small sample, there are some themes from the literature related to the factors that influence staff turnover and retention. , First, studies suggest that professionally educated staff who are competent, well trained, have a professional identify aligned to child welfare, have a personal desire to make a difference in the lives of children and are committed to family centered practice are more likely to remain working in child welfare. Second, retention is improved when organizations are engaging, supervisors and team members provide support to front-line workers, the organization recognizes and strives to address front-line workers experiences of secondary trauma and supervisors are well versed in best practice methods. Third, organizations that develops a climate that values professionalism, values its employees and assigns manageable caseloads and reward accomplishments are better positioned to retain staff (Strolin, McCarthy, Caringi (2006); Mandell, Stalker, Wright, Frensch, Harvey (2013); Glisson and Hemmelgarn (1998); Ellett, Ellis, Westbrook, Dews (2007); Zlotnik, DePanfilis, Daining, McDermott (2005)).

### *Burnout, Vicarious Trauma and Post Traumatic Stress:*

Although many helping professionals experience stress and are exposed to trauma, child welfare social workers are noted to be unique in that their roles frequently cause them to be witness to others' current and past trauma and may even include death of a client. It is also not unusual that child welfare social workers are threatened or experience violence themselves. Burnout, vicarious trauma and exposure to traumatic events are significant issues in child welfare. A study of an Ontario children's aid society completed in the aftermath of child death inquests and reforms it was found that nearly half (48.7%) of the surveyed front-line social workers and managers were found to have post traumatic stress symptoms that fell in the high or severe range of symptoms (Regehr, Chau, Leslie, Howe 2002). Studies suggest that 34%–50% of CWWs experience high or very high levels of compassion fatigue. In another study comparing child welfare workers and social service workers including trauma therapists, it was found that child welfare workers experience higher levels of secondary trauma than their colleagues in other helping professions. (Salloum, Kondrat, Johnco, Olson (2015)). The study also found child welfare workers who experience role stress due to chaotic, unstructured, and unpredictable work environment, experienced more secondary traumatization than social workers in organizations with a functional and structured work environment (Dagan, Ben-Porat, Itzhaky (2015)).

In the literature, burnout is generally defined as a state of physical, emotional, and mental exhaustion caused by exposure to chronic stress in the workplace. (Regehr, Hemsworth, Leslie, Howe, Chau (2004); Strolin, McCarthy, Caringi (2006)). Many studies measure aspects burnout such as; emotional exhaustion, depersonalization, locus of control, and personal achievement. The literature reports that only aspect of burnout that consistently predicts turnover or intention to leave is emotional exhaustion (Strolin, McCarthy, Caringi (2006) pp 6). In a review of the literature on emotional exhaustion and job satisfaction Stalker and colleagues, found that most child welfare workers report being emotionally exhausted and yet have job satisfaction. They found that characteristics such as belief that one is making a difference, access to peer and supervisor support and effective personal coping strategies, strongly influenced job satisfaction even when emotionally exhausted (Stalker, Mandell, Frensch, Harvey, Wright (2007)). When workers who reported high-levels of emotional exhaustion and high job satisfaction were studied further, the research concluded that the relationship between emotional exhaustion and job satisfaction is complex and that job satisfaction may play a vital role in counterbalancing burnout (Mandell, Stalker, Wright, Frensch, Harvey (2013)).

In the literature, secondary trauma and vicarious trauma are terms used to describe the experience of psychological distress and posttraumatic stress symptoms resulting from helping clients who have been exposed to trauma. The person with vicarious trauma experience a range of symptoms including increased arousal or avoidance symptoms such as hypervigilance, hopelessness, avoidance, intrusive imagery of a client's trauma, sleep disturbance, exhaustion, guilt and fear (Salloum, Kondrat, Johnco, Olson (2015)).

In 2004, Regehr, Hemsworth, Leslie, Howe, and Chau, completed a study of child welfare social workers in Ontario that looked at individual factors, organizational factors and traumatic event factors and considered the potential positive outcome that may come from experiencing a stressful event. They found that individual who experienced a greater sense of control over their lives and reported meaningful relationships with others experienced lower levels of distress in the job. They found that the organizational factors were the most significant in predicting post traumatic stress. The organizational

characteristics of peer support (identified as support from the union in their study) and ongoing work stressors related to level of workload, difficult clients, organizational change and public scrutiny were strongly associated with distress and post traumatic stress reactions. They discussed that workers in an organization with high workload undergoing change and experiencing negative scrutiny “may no longer have the resources to manage and overcome post-traumatic stress reactions when faced with a traumatic event... and report higher levels of re-experiencing, avoidance and depressive symptoms (Regehr, Hemsworth, Leslie, Howe, and Chau (2004) pp342). In their study, support from supervisor did not reduce stress by any significant degree. Similarly, in the comparison study of child welfare workers and social service workers it was also found that the effectiveness of supervision did not contribute significantly to the prevention of secondary trauma (Dagan, Ben-Porat, Itzhaky (2015)).

### Disproportionality of children involved in child welfare

Disproportionality is defined as imbalance of the proportion of children of a group within the child welfare system given their representation in the total population.

The disproportionate number of Indigenous children currently in the child welfare system in Canada has long been a concern and was recently called the "humanitarian crisis" of the country by the Indigenous Services Minister Jane Philpott (Jorge Barrera, CBC News, Nov 02, 2017). The Canada Families and Household 2011 Census (Statistics Canada 2011) reports that there were 47,885 children in foster care and that although Indigenous children and youth represented 7% of all children in Canada that year, they accounted for almost half (48%) of all foster children in the country and that almost half of the Indigenous foster children (44%) lived with at least one Aboriginal foster parent. Nearly 4% of Indigenous children were foster children compared to 0.3% of non-Indigenous children (Statistics Canada 2017). Statistics Canada announced that in 2018 there be a release of Aboriginal Population Profile data that will be based on 2016 Census data.

The Canadian Incidence Study 2003 identified the disproportionality of Indigenous children and youth that come to the attention of child welfare authorities with a reported 110.56 investigation per 1,000 children (23,366 investigations) involving First Nations children compared with 42.23 investigations per 1,000 children (187,763 investigations) involving non-Indigenous children (MacLaurin, Trocmé, Fallon, Blackstock, Pitman, McCormack (2006)).

The disproportionality of Indigenous children and youth involved in the child welfare system is also stressed in the final report on Indigenous child welfare in British Columbia completed by Grand Chief Ed John (2016). He noted that the British Columbia ministry responsible for child welfare reported that 60% of the total children and youth in care of the province were Indigenous although they were less than 10% of the province child population (British Columbia 2016).

The report to the Premiers in 2015 by the Aboriginal Children in Care Working Group provided information about the disproportionality of Indigenous children as the context for their study of services and programs in local communities that effectively reduce the number of Indigenous children in care or improve outcomes of children and youth in care. Although comparing rates between provinces and territories is difficult because of the variances in community conditions that contribute to risks to children such as unemployment and poverty levels, different legislative mandates and definition of “child”, the report suggests that over-representation of Indigenous children in care is as high as 87% of



the child in care population where Indigenous children are 23% of the child population and as low as 10% of the child in care population (Aboriginal Children in Care Working Group (2015) pp. 8).

Disproportionality of Indigenous children and families involved in child welfare is understood to be a complex problem originating from colonialism, discrimination, euro-centric views, past child welfare reliance on residential schools, practice of removal and placement with non-Indigenous families, and structural racism. A qualitative study of a USA state child welfare system sought to reveal the factors that contribute to over-representation of children and families of colour in child welfare in that state. Based on the theoretical framework that over-representation is due to two factors (i) systemic racial biases and (ii) higher prevalence of child maltreatment risks with individuals, families and communities of colour. The study gathered input from child welfare and community service providers and the perspective of families who were affected directly by child welfare practices and policies. The study participants expressed that poverty, lack of trust, negative perceptions of clients behavior, the inability to relate to clients' experiences, different expectations for families of color, decision-making based on past experiences (rather than present circumstances), and lack of family engagement combined together to be strong contributors to racial disproportionality and disparity in the state's child welfare system (Miller, Cahn, Orellana, (2012). A second and follow up study further reported on one dimension of the multi-dimensional findings and obtained participations reactions to the findings of the study and their recommendations for future improvements. The second study found eleven themes that participants named as contributors to racial disproportionality and disparity in the child welfare system. Findings were clustered into four themes around individual and systemic/structural bias; (1) visibility bias; (2) cultural bias and insensitivity; (3) personal influences on determination of minimally adequate care; and (4) foster and adoptive parent recruitment and licensing practices (Miller, Cahn, Anderson-Nathe, Cause, Bendu (2013) pp 1637).

In an analysis of the Canadian Incidence Study (2003) data, Blackstock and Trocmé (2005) found that the most frequent drivers for involvement with child welfare were the caregiver risk factors, household risk factors, and community risk factors such as poverty, poor housing, and parental substance misuse. Work by the First Nations Child and Family Caring Society of Canada (Nadjiwan and Blackstock (2003)) found that First Nations families experience higher levels of poverty, have high needs for services and do not have access to the services they need (Blackstock and Trocme (2005)).

The lack of equitable and adequate funding to Indigenous child protection and to support prevention services was formally challenged when the First Nations Child and Family Caring Society and Assembly of First Nations filed a human rights complaint with the Canadian Human Rights Tribunal stating that the Government of Canada discriminates against First Nations children through inequitable funding for child welfare on reserves. In January 2016, the Tribunal found that Canada's funding to Indigenous children and youth created a "perverse incentives to place First Nations children in foster care and failed to reflect their distinct needs and circumstances". The Tribunal also found Canada's narrow interpretation of Jordan's Principle, a measure to ensure First Nations children can access government services on the same terms as other children, was discriminatory based on race and ethnic origin. The Tribunal ordered Canada to cease its discriminatory conduct immediately, reform First Nations child welfare programming and implement Jordan's Principle in compliance with the order." The Canadian government did not immediately comply and on February 1, 2018 the Tribunal issued the fourth compliance order and the federal government stated that it would immediately begin fully funding the actual costs for child welfare agencies across Canada.

The literature provides recommendations for strategies to improve child welfare services to Indigenous children youth and families. The Truth and Reconciliation Commission Action Plan identifies 94 recommendations that address the legacy of residential schools and advance reconciliation with five that specifically focus on child welfare and call for reducing the number of Indigenous children in care, equitable funding, culturally appropriate services and parenting programs and training. The report from Grand Chief Ed John has 85 recommendations under 10 focus areas including increased culturally appropriate services to children youth and families and a call for federal, provincial and territorial governments to work together to create a national strategy for Indigenous child welfare including legislation, funding and culturally appropriate services (British Columbia 2016). The wide sweeping recommendations nature of the recommendations reflect the complex root causes of child welfare involvement with Indigenous children youth and families and guide change initiatives to address societal discrimination and community risk factors as well as improving funding, child welfare knowledge and programs.

Although disproportionality of Indigenous children, youth and families is of great concern the same is true for other minority groups such as Black Canadian families and immigrant and refugee populations. For example, Ontario OACAS is striving to address the disproportionality of African Canadian children, youth and families through establishing culturally appropriate approaches and increasing awareness of systemic racism. (OACAS 2017) Also, the Ontario Human Rights Commission launched an initiative to better understand the over-representation of Black Canadian children and families in child welfare and released their study in April 2018.

#### Question 4: What is the evidence that Registered Social Workers (RSW) in child welfare produce better outcomes than others?

While it seems reasonable that educated and trained social workers dedicated to protecting children and providing child welfare services would be the best fit for delivering child welfare services, there is no body of literature to substantiate that belief. There are not studies in the field of child welfare that have looked at social work education or registration with a regulatory body and client outcomes. It would be very difficult for the field to undertake such research as it is fraught with inconsistencies. For example, comparing the differences between social work education and non-social work education would be hampered by the differences between schools of social work curriculum and internship experiences that social work students have. There is also little consistency across schools of social work. Although Canadian schools of social work include the history of child welfare including the involvement with Indigenous communities and the 60's Scope in teachings of social work history the attention paid to child welfare as a field of practice varies greatly. There are some social work programs that focus on child welfare as a primary field of practice and some offer a course as part of the curriculum, but most schools do not offer education on child welfare practice.

Some research has found that professional identify, in addition to other individual factors, positively influences retention. Although membership with a professional registering body may be an indication of professional identify and commitment, the characteristic of belonging to a regulated authority has not been studied.

The Canadian Incidence Study of Reported Child Abuse and Neglect in 2008 (CIS 2008) is the only Canadian study that provides a profile of the child welfare workers who conducted investigations and

were a part of that study. The study found that most workers responsible for investigations were female, (86%), Caucasian, mostly likely to be under 35 years old (44%), most likely had a Bachelor of Social Work degree (57%) and had either worked in child welfare between one and two years or over six years (34%). The study made a comparison of the type of education and the years of experience in child welfare and found that the years of experience was not influenced by the type of education. Workers with social work education had the similar years of experience as workers with non-social work education (Lwin, Lefebvre, Fallon Trocme' (2015)).

In addition, a review of the literature did not reveal any studies that looked at the influence that social work practice and methods may have on client outcomes. Many of the core responsibilities and tasks in child welfare are essential elements of social work including; home based interviews and visits, building relationships, assessment of safety and risks to children, determining client needs, planning services to meet the unique needs of clients and advocating for resources to meet those needs, there are not studies that evaluate the impact of those tasks on client outcomes.

### Question 5: What are the highest standards and best practices in Canadian child welfare?

Across Canada child welfare organizations and services have undergone significant changes that aim to improve service delivery. Some of the changes have moved child welfare from a procedures orientation to an outcomes focus. In recent years all jurisdictions have implemented system wide changes such as policy directions, funding formulas, legislative reforms, redefined regulations and minimal service standards and evidence informed service models.

Each province and territory have an established set of service standards that define the minimal service requirements, procedure and time lines for child protection investigations, ongoing child protection services, services to children in care and to alternate care providers. Provincial standards follow the principles of child welfare legal mandate and best interests of the child such as; the balance of child safety and family right to autonomy, continuity of care, the rights of First Nation communities, and permanency. Service standards aim to provide consistency of service delivery across the jurisdiction and support decision making. Standards are procedural in nature and process oriented.

In the past decade, Canadian child welfare authorities have implemented evidence informed practice frameworks and models into main service areas. Most of the frameworks were developed and researched in other countries and have been adapted to the Canadian experience.

Provinces and territories have also developed best practice models, programs and guides to support quality services and decision making. Some of those resources are listed in Appendix 2. Due to the decentralized nature of child welfare in Canada there is not a single resource or site that collects or disseminates information about best practice models. Below is a discussion of some of the highest standards and some effective programs that are used in several provinces or territories.

The following outlines these programs in the main service areas of; (i) child protection services, (ii) services to children in care, (iii) alternative dispute resolution, and (iv) foster parent, alternative care giver assessment and training.

## Child Protection

### *Structured Decision Making (SDM)*

Most jurisdictions in Canada have implemented Structured Decision Making (SDM) specifically; British Columbia, Saskatchewan, Manitoba, Ontario, New Brunswick, Newfoundland and Labrador and Northwest Territories. SDM is an approach to risk decisions developed by the USA National Council on Crime and Delinquency (NCCD) Children's Research Center (CRC). Structured Decision Making (SDM) system is a research-based approach to decision making at the key points in the life of a child protection case and uses structured assessments to improve the consistency and validity of each decision. SDM employed a research-based process for its development. It depends on actuarial risk assessment tool to identify the likelihood of future harm, and clinical assessment to ascertain the strengths and needs of children and their families. The model additionally includes clearly defined service standards, mechanisms for timely reassessments, and several focused assessments tools that help child welfare workers make decisions and expedite permanency. The model also provides guidance for caseload management. The development of SDM was informed by research on case characteristics, outcomes and factors pertaining to critical decision-making points. The National Council on Crime and Delinquency (NCCD) in USA has conducted research on the risk of child maltreatment and has conducted studies on the risk assessment tools in the United States, Australia, and in Canada. NCCD's impact evaluation of the Structured Decision Making® (SDM) system in child protective services found evidence that using the SDM® system can help lower maltreatment recurrence rates. The model and its components have not been evaluated for reliability or improved outcomes. Information about the model is available at: <https://www.nccdglobal.org/assessment/sdm-structured-decision-making-systems/child-welfare>.

Ontario Risk Assessment Model is based on the SDM model and the provincial Child Protection Standards incorporate the SDM decision-making framework and assessment tools for eligibility, safety, risk, reunification, and service planning with supplementary tools to assess

Saskatchewan implemented Structured Decision Making for Child Protection in 2015. The Saskatchewan model emphasises culturally sensitive services, family participation and collaboration and includes tools to guide eligibility decisions, safety, risk and reunification decisions. The policy document and tools is available at <http://cwrp.ca/publications/3250>.

### *Family Centred Practice*

Family Centred Practice is a model based on research and defines 'family' broadly to include extended family, kin, members of Indigenous community and other culture groups, and foster families. The principles that form the foundation include; safety and well-being of all family members, strengthening the capacity of families to meet the needs of their children and family members, family participation in decision-making, and provision of services that are individualized, flexible, culturally responsive, and relevant. Family centred planning is a method that engages family members and key community service providers to meet and collaborate services. Many states in the USA have implemented family centred practice models that include decision making guidelines, procedures and tools. In Canada provinces have adapted the practice principles and the family centred planning method from the USA. More information is available from the Child Welfare Information Gateway at <https://www.childwelfare.gov/topics/famcentered/> and details of USA state child welfare practice

models is available at the National Resource Centre for Permanency and Family Connection available at: [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/family-centered-practice.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-centered-practice.html).

### *Strengthening Families Program*

The Strengthening Families Program (SFP) is an evidence-based parenting and family strengthening program for high-risk families and all families. Evaluations have found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. The program has been implemented in many jurisdictions in Canada such as British Columbia, Manitoba, Nova Scotia, Saskatchewan (Saskatoon), Ontario (Toronto and London), and Alberta (Calgary and Edmonton).

In 2016-2017 Public Safety Canada funded 3-year projects to implement Strengthening Families Program for age 12-16 to reduce delinquency and drug abuse. Projects were established in Prince Edward Island, Ontario, and Alberta. The first-year evaluation results (2017) are promising and it was recommended that SFP is expanded to more jurisdictions in Canada. The Strengthening Families Program has been adapted for culturally responsive to First Nation Indigenous families and Muslim families. Information about the Strengthening Families Program is available at Strengthening Families Program website at: <https://www.strengtheningfamiliesprogram.org/about.html>

### *Caring Dads Program*

The Caring Dads Program is a Canada program developed in partnership with the University of Toronto. The program is for fathers who have been violent with their partner and provides fathers with positive parenting skills and promotes respectful cooperative parenting with their child's mother. The program is delivered in partnerships between child protection and community service provider who may be a men's support or domestic violence programs. The programs are located throughout Canada, UK, Ireland, Australia and USA. Research has found that the program reduces family violence and improves client outcomes. Information about the program is available at Caring Dads <https://www.caringdads.org/home/>

### *Triple P Parenting Program*

Triple P Parenting and Family Support program is an international sustainable multi-level framework that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents and strengthen community support to families. Triple P is noted by Public Health Agency of Canada as a best practice. More information is available at: <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/triple-p-positive-parenting-program/>

Some provinces have implemented Trip P through child welfare organizations while other provinces have established the program in community-based family support organizations such as early years and community centres.

In 2016/17 the Newfoundland and Labrador Ministry of Research into evidence-informed parenting programs and the selection of Triple P Parenting Program for delivery to support children and families involved with the Child Protection Program.

Ontario established Triple P in cities and communities across the province often in partnerships with Children's Aid Societies and community Early Years Centres.

More information about Triple P across Canada is available at <http://www.triplep.net/glo-en/home/>

## **Children in Care**

### *Looking After Children (LAC)*

Looking After Children is an assessment and planning approach for children and youth in out of home care, first developed in the UK, and since 1997 adapted and used in Canada, particularly in Ontario when in 2006 it was a requirement for all children in care. The approach is child development based and applies a strengths focus, it supports participation by the child and youth and encourages engagement with caregivers and birth family. The Assessment and Action Record (AAR), the core clinical tool, provides the basis for an in-depth assessment interview which then leads to a comprehensive care plan. The Looking After Children in Canada project was a three-year implementation and research project funded by Human Resources Development Canada and in partnership with Child Welfare League of Canada, Provincial and Territorial Directors of Child Welfare, and the University of Ottawa. Each province is responsible for implementation and management of the approach as well as data collection and analysis available from the AAR tool.

### *Customary Care*

Customary care is a First Nations approach to care of children not able to remain with immediate family and is entrenched in many provincial child protection legislations. An underlying principle of customary care is that "the responsibility for the care and safety of children is a collective responsibility that extends beyond immediate and extended family to the community as a whole" (Ontario 2013, pp. 18) Each First Nation defines customary care for its own community and decisions to have a child placed in a customary care arrangement is made by the First Nation Band and Council, not by the child protection authority. A child placed in a customary care arrangement is not a child legally in the care of child protection and there are no legal time limits set on the duration of the child's placement.

## **Alternative Dispute Resolution methods**

Alternative Dispute Resolution (ADR) are methods that are used to for parties in a case before the courts to come to an agreement short of litigation. In child welfare the methods are Child Welfare Mediation and Family Group Decision Making. Both methods are a practice of involving trained, neutral, third-party facilitators or mediators in child abuse and neglect cases as a means of resolving disputes and expediting permanency for children. In some provinces the family situation must be before the court and may include children in foster care or children living with family under supervision of the child protection authority. Other provinces can use ADR for family situations where court action is being considered.

### *Family Group Decision Making (FGDM) or Family Conferencing*

FGDM is a method of facilitating family planning to meet the needs of children by engaging extended family members, other adults in the family circle that are important to the child and community professionals to plan for the safety and well-being of the children. FGDM was first legislated in New Zealand through the Children, Young Persons, and Their Families Act of 1989 in recognition that the

existing child welfare system was affected by institutional racism and paternalistic organizational and professional practices. The process is facilitated by a trained neutral third party and follows a set of steps including preparation before the family meeting, the family meeting that often includes an opening ceremony or culturally important ritual, information sharing about the children's needs session and private family time to create a plan that meets the children's needs. Research in the program has been rated as showing high-levels of promise for client outcomes in the areas of placement stability and reducing racial disparity and disproportionality in child welfare. Information about FGDM process and the research is available at the California Evidence Based Clearing House at <http://www.cebc4cw.org/program/family-group-decision-making/detailed>.

## **Foster Care, Kin and Alternative Care Providers**

### *Parent Resources for Information, Development, and Education (PRIDE)*

PRIDE is a standardized competency-based framework for recruitment, assessment and pre-service training of foster parents. It was originally developed in partnership with the Illinois Department of Children and Family Services (DCFS), foster parents, adoptive parents and child welfare expert. PRIDE is consistent with the Child Welfare League of America (CWLA) Standards of Excellence for Family Foster Care. Its development is currently supported the CWLA and the National Foster Parents College, an organization dedicated to foster parent training (<https://www.fosterparentcollege.com/>).

The implementation of PRIDE in Canada was promoted by the Child Welfare League of Canada is used in child welfare in several provinces including Newfoundland and Labrador, Nova Scotia, Ontario, and Saskatchewan. More information on the program components is available on the CWLC website and through provincial child welfare authorities. ( <http://www.cwlc.ca/en/projects/pride>)

### *Structured Analysis, Family Evaluation (SAFE)*

SAFE is a family assessment framework with tools for evaluation of families considering fostering, adoption or kin placement. The framework includes tools for evaluating the home and the family's ability and readiness to provide care to a child. Most areas in Canada are now using the framework and tool.

Questions 6: How are different provincial and territorial child welfare organizations seeking to address the recommendations of the Truth and Reconciliation Commission (TRC)?

Most provinces and territories have undertaken to achieve the TRC Child Welfare Action Plan recommendations. Actions have varied from developing specific strategic plans, implementing provincial wide training for child welfare employees, programs and procedures aimed to strengthen relationships and provide culturally relevant services. The following highlights some of the developments by provincial and territorial child welfare. The list presents the information gathered through an internet search of provincial and territorial Ministries responsible for child welfare websites and pulled the reports and documents available to the public. The following documents and activities are not identified in the National Centre for Truth and Reconciliation or the Beyond 94 websites because the documents are provincial reports and plans that usually do not receive media attention and there are no requirements on provincial and territorial child welfare authorities to report progress to either of the

websites. The following list is not complete and does not reflect any of the work in progress that is not yet available to the public to access on provincial territorial websites.

## ***Canada Wide Initiatives***

**Aboriginal Children in Care report to Canada’s Premiers (2015).** In 2014 the Premiers directed provinces and territories to partner with Indigenous leaders to share information about local effective programs and services that are effective in keeping Indigenous children and youth safely with family and community and improve outcomes of children and youth in care. Their report (2015) discusses the challenges within child welfare systems that cause barriers to change. The report applies the social determinants of health framework and focuses on (i) root causes, (programs that strengthen conditions for families, (ii) prevention and early intervention (family preservation, prevention programs and early help services) and (iii) supports to the system through development of assessment and decision-making tools and supports to skilled and knowledgeable workforce. Retrieved at <http://www.oacas.org/2015/08/aboriginal-children-in-care-report-to-canadas-premiers/>

**Jordan’s Principle Working Group.** This report is a product of a multi-year study and provides systematic research to guide policy changes to achieve the vision of Jordan’s Principle. Jordan’s Principle Working Group is a collaboration between the Assembly of First Nations, the Canadian Paediatric Society, UNICEF Canada, and a team of researchers based at McGill University, the University of Michigan, and the University of Manitoba. This report describes the widespread jurisdictional ambiguities and underfunding that are the underpinnings of Jordan’s Principle cases, explores the pathways of cases involving jurisdictional disputes under the current governmental response, and describes the systemic issues that must be addressed to ensure equitable services for First Nations children. The Jordan’s Principle Working Group (2015) Without denial, delay, or disruption: Ensuring First Nations children’s access to equitable services through Jordan’s Principle. Ottawa, ON retrieved at [http://www.afn.ca/uploads/files/jordans\\_principle-report.pdf](http://www.afn.ca/uploads/files/jordans_principle-report.pdf)

**Federal Minister of Indigenous Services,** convened a two-day emergency meeting in Ottawa on January 26, 2018, to bring all partners together to address the crisis of disproportionality of Indigenous children, youth and families’ involvement child welfare across the nation. The Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, regional Indigenous leadership, as well as federal, provincial and territorial governments gathered to discuss the causes that lead to the high rate of children in care and work together towards reform. Among issues discussed were: data collection, youth perspectives, community wellbeing, innovative jurisdictional approaches, and First Nations, Inuit, and Métis Nation Child and Family Service programs. Youth delegates, who had been in the foster care system, were also present to share their lived experiences and contribute to recommendations on the way forward. The federal government committed to the following actions:

1. Continue to fully implement the orders from the Canadian Human Rights Tribunal including Jordan’s Principle, and reform First Nations child and family services including moving to a flexible funding model.
2. Work with partners to shift the focus of programming to culturally-appropriate prevention, early intervention, and family reunification.
3. Work with our partners to support communities to draw down jurisdiction in the area of child and family services, including exploring co-developed federal legislation.



4. Participate and accelerate the work at tripartite and technical tables that are in place across the country in supporting reform.
5. Support Inuit and Métis Nation leadership in their work to advance meaningful, culturally-appropriate reform of child and family services.
6. Create a data strategy with provinces/territories and Indigenous partners to increase inter-jurisdictional data collection, sharing and reporting to better understand the rates and reasons for apprehension.

**First Nations Incidence Study 2019.** Planned for 2019, the FNIS 2019 will collect data on the context of Indigenous child welfare in Canada. The data collection will be done in collaboration with provincial incident studies in Ontario, Alberta and Quebec. The study will also have a two year follow up that will document child welfare outcomes for Indigenous children, youth and families. Securing funding from Public Health Agency is in progress but not yet finalized.

**Beyond 94 Truth and Reconciliation Canada.** Launched March 2018 and hosted by CBC. The website provides analysis on national, provincial and territorial progress to achievement of the TRC Call to Action. There is a section on the website dedicated to the child welfare recommendations that presents provincial and territorial legislation requirements pertaining to services to Indigenous children youth and families and rights of Indigenous communities. The site notes that progress has not been started to address the number of children in child welfare care, assess neglect investigations, provide adequate resources and ensure social workers are educated. It highlights the fact that there is no federal plan or system in place to move forward on the child welfare recommendations in a comprehensive manner. It notes that a national review of neglect investigations is planned through the First Nations Incidence Study 2019. The website is updated through CBC news. Available at <https://newsinteractives.cbc.ca/longform-single/beyond-94?&cta=4>

**Prairie Child Welfare Consortium (PCWC),** is an informal and unfunded, tri-provincial and northern multi-sector network. The first partners in the consortium, academics from four Prairie-based university programs in social work, gathered together in 1999 in Saskatchewan. Participants were from the University of Regina, Faculty of Social Work; First Nations University of Canada (then the Saskatchewan Indian Federated College—SIFC), School of Indian Social Work; University of Calgary, Faculty of Social Work; and the University of Manitoba, Faculty of Social Work. Membership has expanded to include child welfare authorities, university educators and researchers, government and Aboriginal administrators, policy-makers, and service delivery agents dedicated to advancing and strengthening child welfare education and training, research, policy development, practice, and service delivery in the Prairie provinces and the Northwest Territories. The Consortium is unique in Canada due to its accomplishments across organizational, geographical, political, and cultural boundaries. The Consortium held the first symposium in November 2001 in Saskatoon and since then has partnered with the Centre of Excellence for Child Welfare and Public Health Agency of Canada, to provide annual symposium and develop written literature based on the symposium papers.

The PCWC in partnership with the Provincial and Territorial Directors of Child Welfare, and the Faculty of Social Work, University of Calgary is hosting the 9th Biennial PCWC gathering on October 24 - 26, 2018 titled 'The Future of Child Welfare in Canada, 2018' in Calgary Alberta. More information is available at: <https://fsw.ucalgary.ca/pcwc2018/call>

**Canadian Child Welfare Research Portal** provides up-to-date research on Canada's Aboriginal child welfare programs and policies, and includes research borne out of the different provinces and territories.

**National Centre for Truth and Reconciliation** established at University of Manitoba. The National Centre provides resources for residential school survivors and tracks achievements of the TRC Call to Action retrieved at <https://nctr.ca/calltoactionssummary.php#child-welfare>

**First Nations Child and Family Caring Society of Canada** Several child welfare jurisdictions have launched training programs, resources and research literature provided by the (the Caring Society) available at <https://fncaringsociety.com/who-we-are>

**Metis Children and Families in Child Welfare.** In 2017 study *The Invisible Children of Child Welfare: Legislation Policy and Governance Models for Metis Child Welfare* (retrieved from [Calling Our Families Home](#) (eds. Jeannine Carrière, Catherine Richardson, JCharlton Publishing Ltd., 2017)) provides a comprehensive review of the factors that influence Metis children and families' involvement with child welfare. The child welfare systems and the relationships between child welfare and Metis communities in each province are reviewed and discusses the strategies to move forward to strengthen relationships and address systemic racism. Retrieved at <https://www.jcharltonpublishing.com/wp-content/uploads/2017/01/Chapter-3.pdf>

## **Alberta**

**Nistawatsimin: Exploring First Nations parenting: A literature review and expert consultation with Blackfoot Elders.** In 2016, Alberta Human Services Calgary and Area Child and Family Services and Mount Royal University funded a comprehensive review and analysis of information academic sources and consultations with Blackfoot Elders on the theme of Indigenous parenting. Their review looks at the systems that have contributed to the over representation of Indigenous children and families in the child welfare system and discusses the Indigenous approach to parenting. The report recommends that assessments of parenting and child development are rooted in Indigenous culture, family and parenting and that Indigenous ways of parenting are recognized as valid and valued. Retrieved at <http://cwrp.ca/publications/3110>

**Alberta Office of the Child and Youth Advocate Report** *Voices for Change Aboriginal Child Welfare in Alberta a Special Report July 2016 "Voices for Change: Aboriginal Child Welfare in Alberta.* In this report the Child and Youth Advocate identifies system challenges, root causes and makes recommendations aimed to address the over representation of Indigenous children and youth in child welfare. The report acknowledges that there has been an overall reduction in the number of Indigenous children in-care, and provides recommendations that focus on four areas (i) Governance to increase Indigenous community participation and equal partnership with the provincial government, (ii) building capacity for Indigenous communities to delivery child welfare services, (iii) improve effectiveness of programs, (iv) and in partnership with Indigenous leaders, develop a multi-year plan to reduce Indigenous children and youth involvement in child welfare.

**Government commitment.** The Ministry of Children's Services committed to policy and practice improvements including building resiliency and capacity in Indigenous children, families and communities, the development of a cultural understanding framework and training for staff,

strengthening the assessment and support for kinship homes, ensuring children are actively connected to their family, their community and their culture and focussing on returning children home whenever it is safe to do so. The Ministry committed to Investment in prevention and early intervention to on-reserve service families. To that end, the Ministry of Children's Services is working with First Nations communities on several pilot projects to create capacity for culturally appropriate early intervention and prevention services for families both on and off reserve. Alberta is the lead ministry for the implementation of Jordan's Principle in Alberta and are working collaboratively with Health Canada to ensure that Indigenous children access the programs and services required to meet their needs.

**The Alberta Ministry of Children's Services** convened an all-party Ministerial Panel on Child Intervention in February 2017 to strengthen the intervention system by addressing root causes of why children and families become involved with the system in the first place. On January 26, 2018 the Ministerial Panel on Child Intervention submitted the final report with 26 recommendations to the Ministry. The Ministry responded with commitment to the recommendations. The plan was not made public but will go out for public input and feedback. Retrieved from <http://www.cbc.ca/news/canada/edmonton/alberta-ministerial-child-care-panel-26-recommendations-1.4502793>

**Business Plan.** In March 2017 the Ministry of Children's Services launched the 2017-20 Business Plan of three Outcomes and Key Strategies. The plan aims to transform the way that the Ministry supports children and families through strengthening partnerships with Indigenous leaders and communities, the Government of Canada, other Government of Alberta ministries, community-based agencies and other stakeholders. The business plan is available at: <http://finance.alberta.ca/publications/budget/budget2017/childrens-services.pdf>. In

## ***British Columbia***

In 2002 the **First Nations Leadership Council (FNLC)** was formed with representatives from the Union of BC Indian Chiefs (UBCIC), the First Nations Summit and the BC Assembly of First Nations. The FNLC is an organization that advocates for, and is directed by, First Nations in British Columbia.

**Grand Chief Edward John, Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions.** The British Columbia Government and the Ministry of Children and Family Development committed to fulfilling the Truth and Reconciliation Commission Call for Action and in 2015 appointed a special advisor, Grand Chief John. His 2016 report includes 85 recommendations that address an array of issues in child welfare with Indigenous families and communities including funding equity, services to strengthen families, prevention of child maltreatment, strengthening connectedness, reunification and social justice. The B.C. Government has committed to implementing all of the recommendations by, available at <http://fns.bc.ca/our-resources/indigenous-resilience-connectedness-and-reunification-from-root-causes-to-root-solutions>

**Child and Family Services Act** amendments 2016. The Act requires that planning for a child includes actions to "preserve the child's aboriginal identity."

**Minister of Crown-Indigenous Relations and Northern Affairs met with the FNLC** on March 15, 2017, to discuss the work of improving First Nations Child and Family Services in British Columbia. Canada, the Province of British Columbia and the FNLC formed a tripartite working group to focus on ways to bring about real change in child welfare in the Province of BC. All parties have agreed to a Terms of Reference

for the working group. A Reconciliation Charter was developed and is a commitment for all partners to work towards creating a range of flexible options that are responsive to First Nations' capacity and needs and are led by the nations towards jurisdiction and governance for children and families.

## ***Manitoba***

**System Wide Training.** Manitoba obtained system wide training and culturally informed programs developed by Bent Arrow Traditional Healing Society (available at: <http://bentarrow.ca/>) and through the Saskatchewan First Nations Family and Community Institute Inc. (available at <http://www.sfnfci.ca/pages/about-SFNFCI.html>)

**Bill 18: Path to Reconciliation Act.** (2016) The act set out principles and timelines for developing a strategy for the government's commitment to advancing reconciliation, led by the minister responsible for reconciliation. The act required that the strategic plan included measures and annual reporting mechanisms.

**Transforming Child Welfare in Manitoba** October 2017. The plan was created in response to the Hughes Public Inquiry by the Office of the Children's Advocate, the Bringing our Children Home Report (2014), Manitoba First Nations Regional Engagement Interim Report (2017), Metis Children and Families and the Child Welfare System (2013), and the Canadian Human Rights Tribunal decision. The plan has four essential areas of reform that focus on prevention, legislation reform, life long connectedness and funding. The plan is available at [https://www.gov.mb.ca/fs/childfam/pubs/child\\_welfare\\_reform.pdf](https://www.gov.mb.ca/fs/childfam/pubs/child_welfare_reform.pdf) and at [https://www.gov.mb.ca/fs/child\\_welfare\\_reform/index.html](https://www.gov.mb.ca/fs/child_welfare_reform/index.html)

**Amendment to Child and Family Services Act.** Formal recognition of customary care in Bill 15 2016 and increased expectation for consultation with Indigenous community and participation in planning.

## ***New Brunswick***

**Hand-in-Hand: A Review of First Nations Child Welfare in New Brunswick.** In 2010, the Office of the Ombudsman and Child and Youth Advocate in Province of New Brunswick conducted a review of Indigenous child welfare. The report recommends a new model for First Nation Child and Family Services that includes changes in governance, accountability, operational procedures, case management and training. The report is available at: <http://leg-horizon.gnb.ca/e-repository/monographs/30000000047900/30000000047900.pdf>)

## ***Newfoundland and Labrador***

**The Department of Children, Seniors and Social Development.** In May 2017, the Newfoundland and Labrador government hosted the first Indigenous Leaders Roundtable forum for Indigenous Governments and organizations with the Provincial Government and Federal Government representatives addressed matters of common interest. The forum focused on common issues of economic development, education and employment, and mental health and addictions supports.

The Department of Children, Seniors and Social Development conducted a statutory review of the Children and Youth Care and Protection Act. The report highlights the findings of information gathering with key stakeholders and specifically focuses on "how can the Act be enhanced to recognize the unique needs of Indigenous children youth and families" and looks for strategies to include in the Act that will

validate the connection to culture, language and community in the definitions of In the Best Interests of Child in the Act. *What We Heard A review of the Children and Youth Care and Protection Act (2017)* available at [http://www.cssd.gov.nl.ca/publications/pdf/What\\_We\\_Heard.pdf](http://www.cssd.gov.nl.ca/publications/pdf/What_We_Heard.pdf)

**Annual Report 2016/17.** The Department of Children, Seniors and Social Development (CSSD) annual report articulates progress by CSSD to address issues facing child welfare services with Indigenous communities. The report indicates that CSSD “partnered with Indigenous governments/organizations on a number of key priorities to enhance services, including, continued the partnership with the Nunatsiavut Government and Key Assets NL to build capacity and create expansion of placement resources in Nunatsiavut to help achieve fewer children/youth moved outside of their communities away from their families and culture; and continued to partner with the Innu Round Table Secretariat, Sheshatshiu Innu First Nation, Mushuau Innu First Nation and the federal department of Indigenous and Northern Affairs Canada to enhance capacity and create additional placement resources for children/youth in Natuashish and Sheshatshiu. CSSD continues to partner in the coordination of services to Innu children, youth and families, and strongly supports the communities’ efforts to complement CSSD services with community-driven, culturally-appropriate prevention activities. Retrieved at [http://www.cssd.gov.nl.ca/publications/pdf/annual\\_reports/CSSDAnnualReport2016\\_17.pdf](http://www.cssd.gov.nl.ca/publications/pdf/annual_reports/CSSDAnnualReport2016_17.pdf)

### ***Northwest Territories***

Building a Culturally Respectful Health and Social Services System October 2016. The territory announced the action plan for “reconciliation, system transformation and working to address the differences in health status between Indigenous and non-Indigenous Northerners”. The plan embeds cultural safety in all aspects of the Social Services system, sets plans for work place diversity and development of policies, standards and performance measures. Child welfare is not specifically addressed in the plan. Available at <http://www.hss.gov.nt.ca/sites/hss/files/resources/building-culturally-respectful-hss-system.pdf>

### ***Nova Scotia***

**Nova Scotia Judiciary 2015.** After the report by the Truth and Reconciliation Commission the members of the Nova Scotia Judiciary met in Membertou with leaders from six First Nations communities to hear from First Nations leaders about the challenges facing Aboriginal communities in Cape Breton, particularly the child welfare system in Nova Scotia. Included in the meeting were representatives from the provincial departments of Justice and Community Services, (Chief and Associate Chief Justices of the Nova Scotia Appeal Court and the Supreme Court, and all the judges of the Family Division, and Nova Scotia Legal Aid), the Unama’ki College of Cape Breton and other community-based organizations that support Aboriginal parents, children and families.

**Office of Aboriginal Affairs Business Plan 2016/17.** The plan does not specifically focus on child welfare services to Indigenous communities but does have priorities to improve early childhood and education for Indigenous children and youth and to improve health and wellness that includes an objective to support violence against women and girls initiatives. Available at <https://novascotia.ca/government/accountability/2016-2017/2016-2017-Aboriginal-Affairs-Business-Plan.pdf>

## ***Nunavut***

**Indigenous Cultural Competence in Health and Social Services.** In response to the TRC the Department of Culture and Heritage hosted training Indigenous Cultural Competence in Health and Social Services. The course was part of a strategy to embed cultural competence at the program and organizational levels in government departments.

## ***Ontario***

**Ontario Children's Aid Societies.** In June 2017, the children's aid societies in Ontario unanimously agreed to prioritize reconciliation with Indigenous communities through nine key commitments. In October 2017 Children's Aid Societies joined in an Acknowledgement and Reconciliation Event with Indigenous Leaders. Under the leadership of Ontario Association of Children's Aid Societies have developed an Indigenous Commitment First Look Tool to track, monitor and report Children's Aid Societies progress implementing the Truth and Reconciliation Commission Call to Action. Further information is available at: <http://www.oacas.org/2017/09/4-things-you-should-know-about-the-child-welfare-sectors-commitments-to-reconciliation/>

**Journey Together Ontario's Commitment to Reconciliation with Indigenous Peoples.** In 2016 the province announced the Journey Together strategic plan. The plan has five priorities including creating culturally responsive justice systems, improving community health and well-being, and reconciling relationships with Indigenous communities. Child welfare is not specifically addressed in the plan but objectives to build the health of communities promise to have a positive impact on families. Available at [https://www.ontario.ca/page/journey-together-ontarios-commitment-reconciliation-indigenous-peoples?\\_ga=2.166596862.1370640045.1521734685-1295915081.1486696008](https://www.ontario.ca/page/journey-together-ontarios-commitment-reconciliation-indigenous-peoples?_ga=2.166596862.1370640045.1521734685-1295915081.1486696008)

**Ontario Human Rights Commission.** In 2005 the OHRC responded to the TRC Calls to Action and committed to using its mandate to examine the over-representation of Indigenous and racialized children and youth in Ontario's child welfare system. In 2006, the OHRC, in cooperation with Ontario Children's Aid Societies, gathered data to examine racial disproportionality in the child welfare system in Ontario. The report includes review of the research literature of the factors that contribute to disproportionality, response from Ontario children's aid societies and Indigenous leaders and recommendations. The report was released April 2018 8 and is available at: <http://www.ohrc.on.ca/en/interrupted-childhoods#6.1.Responses%20from%20children's%20aid%20societies>

**Ontario Indigenous Children and Youth Strategy.** The Ministry of Children and Youths Services announced in January 201and Indigenous Closing the achievement gap for First Nations, Métis and Inuit children and youth is a major focus of Ontario's Indigenous Child and Youth Strategy (OICYS) across the full range of child and family services. Available at <http://www.children.gov.on.ca/htdocs/English/professionals/indigenous/index.aspx>

## ***Prince Edward Island***

**Prince Edward Island Child Protection Act Review and 5-year action plan.** In 2015 Prince Edward Island appointed an Advisory Committee to review the Child Protection Act that included consultations with First Nation and Indigenous community members. The report published in November 2016 makes 66

recommendations ranging from establishing a collective responsibility to protect children, improved cultural sensitivity and awareness by child protection staff, improved prevention and services for children living in their family on or off reserve and those living in care. Recommendation 66 calls for a process of formal review and engagement with Indigenous communities to be held before January 2017 to establish a plan to improve child welfare and to apply the TRC child welfare Action Plan Recommendations. In 2017 the Ministry announced six priorities and is developing a 5-year action plan to address the recommendations. The 2016 report is available at: <https://www.princeedwardisland.ca/en/information/family-and-human-services/child-protection-act-review> and the news release is available at: <https://www.princeedwardisland.ca/en/news/child-protection-act-review-released>

**Aboriginal Cultural Connections: a child protection resource guide 2015.** The guide was developed in partnership between Child Protection Services, Department of Community Services and Seniors and Prince Edward Island's First Nations. The guide has been approved by Indigenous communities to represent the general beliefs, traditions and practices of the Indigenous communities in Prince Edward Island. The document also informs about treaties and Indigenous legal rights. Available at: [https://www.princeedwardisland.ca/sites/default/files/publications/aboriginal\\_cultural\\_connections.pdf](https://www.princeedwardisland.ca/sites/default/files/publications/aboriginal_cultural_connections.pdf)

## Saskatchewan

**Engagement Project to Inform Child Welfare Reform 2017** The Government of Saskatchewan developed Inter-ministry strategies that include the Joint Task Force on Improving Education and Employment Outcomes, poverty reduction, Mental Health Action Plan and Child Welfare Reform Strategy. The government partnered with Saskatchewan First Nation Family and Community Institute (SFNFCT) who lead the Engagement Project to Inform Child Welfare Reform 2017 and conducted community consultations throughout spring 2017. More information and the engagement report are available at: <http://www.sfnfci.ca/pages/child-welfare-reform.html>

## Yukon

Yukon Government's Deputy Ministers' Report to the Premier on the Truth and Reconciliation Commission of Canada Report January 2016. The Yukon First Nation Chiefs were invited to meet with the Yukon government Cabinet ministers to discuss how to work together to achieve the Truth and Reconciliation Call to Action. In preparation for that meeting the deputy ministers completed a comprehensive review of the TRC report, assessed the work completed to date and identified areas where more work was required. The evaluation of recommendations pertaining to child welfare included assessment of the provisions in the legislation, emphasis on placement with family and community and culturally relevant programs. The report is available at: <http://www.eco.gov.yk.ca/aboriginalrelations/pdf/DM-Report-Truth-and-Reconciliation-Commissions-Calls-to-Action.pdf>.

## Part 4: Survey to Social Workers across Canada

The literature provided relevant information that answered many of the questions posed by this project, but the Canadian current experience was missing. A survey was developed to obtain that information and specifically aimed to help answer following three questions of the project;

1. What are the challenges in child welfare?
2. Is there evidence that child welfare is becoming de-professionalized and if so, how significant is the trend, and
3. What actions are child welfare authorities taking to address the Action Plan of the Truth and Reconciliation Commission?

### Methodology

The survey was a 35-item questionnaire of mostly structured closed answer questions that allowed for qualitative responses. The survey was available in French and English and used the Survey Monkey platform. Most questions allowed respondents to provide multiple answers to a question. The survey was divided into three parts: Part 1. The first nine questions were answered by all respondents and asked about education, past and current employment and membership in a professional regulatory body. Respondents who had never worked in child welfare completed the first nine questions.

Respondents to Part 2 were the social workers who worked in child protection previously but were currently in another social work position. There were 1,389 respondents to Part 2. That group answered three questions that focused on the years they worked in child protection, the circumstances that prompted them to leave child protection and work areas that gave them job satisfaction while working in child protection.

Part 3 Questions were answered by respondents currently employed in child protection. There were 1,438 respondents to that concluding section of the survey. They were asked 17 questions that examined their current role and responsibilities, the nature of their caseloads, the challenges they face in carrying out their responsibilities and sources of job satisfaction. The respondents currently employed in child protection were also asked about any trends toward de-professionalization that they may experience. Those respondents were also asked to provide information about the actions taken by their organizations to fulfil the Truth and Reconciliation Action Plan pertaining to child welfare and to identify issues and topics that CASW should consider as part of a national plan to advocate for social workers working in child welfare.

The survey was announced to all the CASW members with a link to the survey site. The survey was titled 'Child Welfare Survey' and announcements indicated that CASW was seeking input from social workers currently or previously employed in child welfare to help inform future advocacy strategies.

CASW contracted with the Ontario Association of Social Workers and the Quebec Social Work Association (Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec) to post the survey to their members. The survey was also posted on the CASW Facebook page. The CASW



membership were sent two follow up requests to complete the survey. The survey was open from June 23 until August 14, 2017, a total of seven weeks over the summer.

[Response to the Survey: PART 1 and Profile of the Respondents](#)

In total the survey was completed by 3,258 self selected social workers across Canada. There were 796 respondents to the French survey and 2,462 to the English version. The response rate for this survey is difficult to determine because the number of the total sample is not known. The Canadian Association of Social Workers membership is approximately 18,000 and therefore, 10.45% of the CASW membership participated in the survey. It seems that this is a high participation rate and may be an indication that the proportion of social workers working in child welfare is substantial. It also suggests that child welfare social workers are committed to giving their voice to support the Canadian Association of Social Workers advocacy for child welfare.

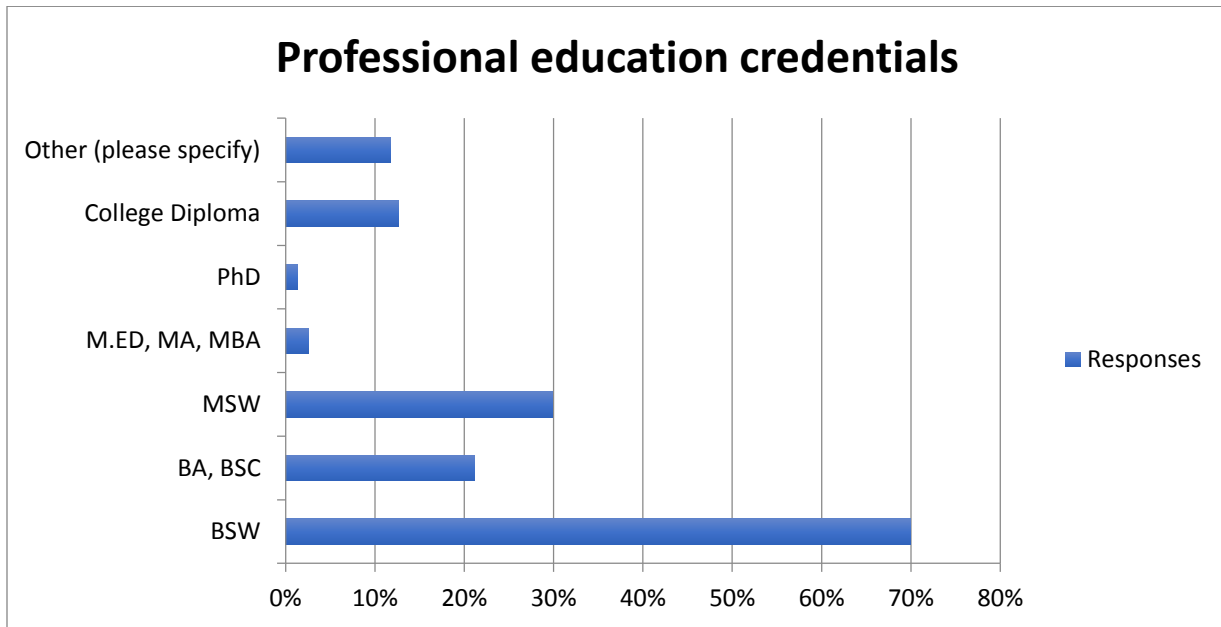
**Profile of the Respondents**

The respondents were asked questions to understand the profile of who responded to the topic. A significant majority (89%) self identified as female. (see Table 1 below) Over two thirds of the respondents (69%) reported having a Bachelor of Social Work Degree and almost one-third (29%) reported they had a Master of Social Work Degree. Twenty-one percent (21%) reported they had an undergraduate degree in an area other than social work. (see Chart 1)

**Table 1**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
<b>Female</b>	2859	89
<b>Male</b>	323	10
<b>2 Spirit or fluid</b>	3	0
<b>Missing</b>	10	0
<b>Total</b>	3195	100

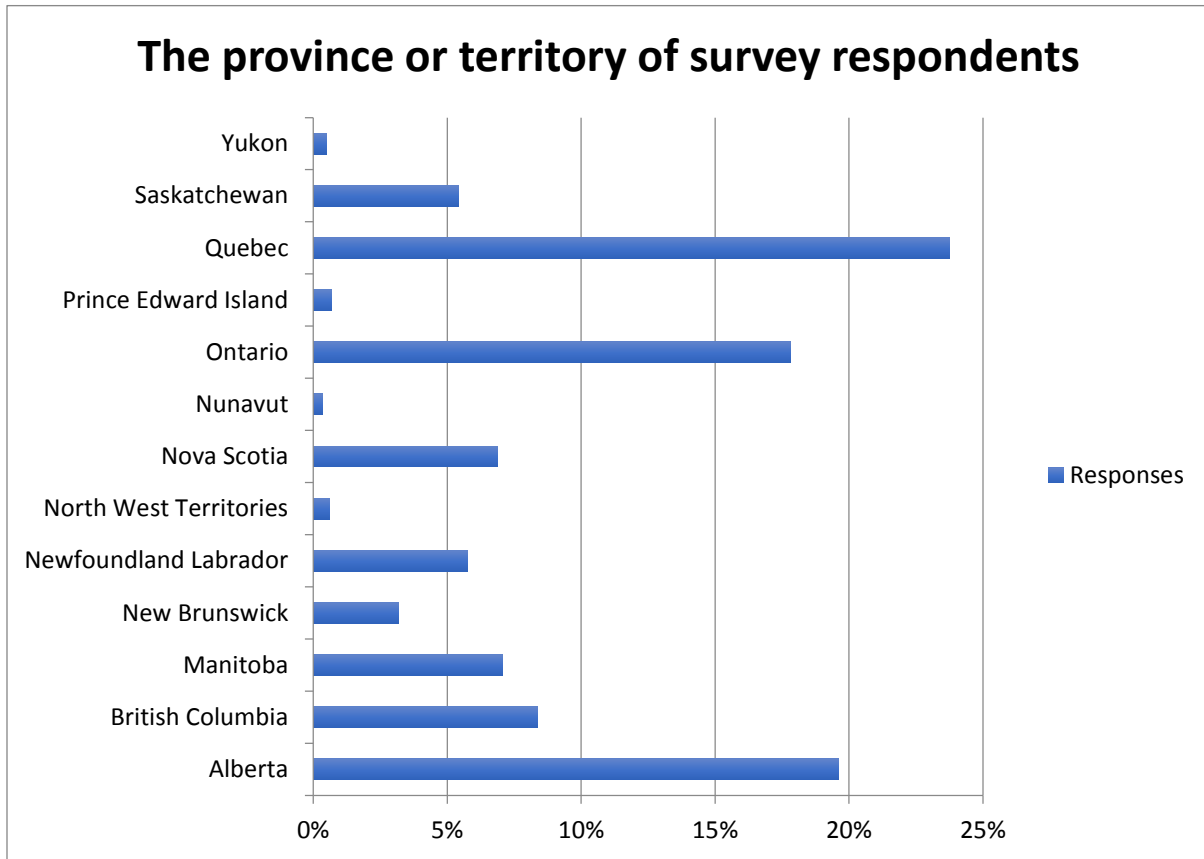
**Chart 1**



The largest group of respondents were social workers living in Quebec (24%), followed by those living in Alberta (20%) and in Ontario (18%). (See Chart 2)

Overall, the respondents were highly experienced social workers. Nearly two-thirds (63.1%) had more than ten years experience in social work and 17 percent had 2-5 years experience. (See Table 2) When asked about the years of experience in their current social work role 28 percent reported they had more than ten years experience, 19 percent reported six to ten years of experience and 18 percent reported they had two to five years of experience. (See Table 2)

**Chart 2**



**Table 2**

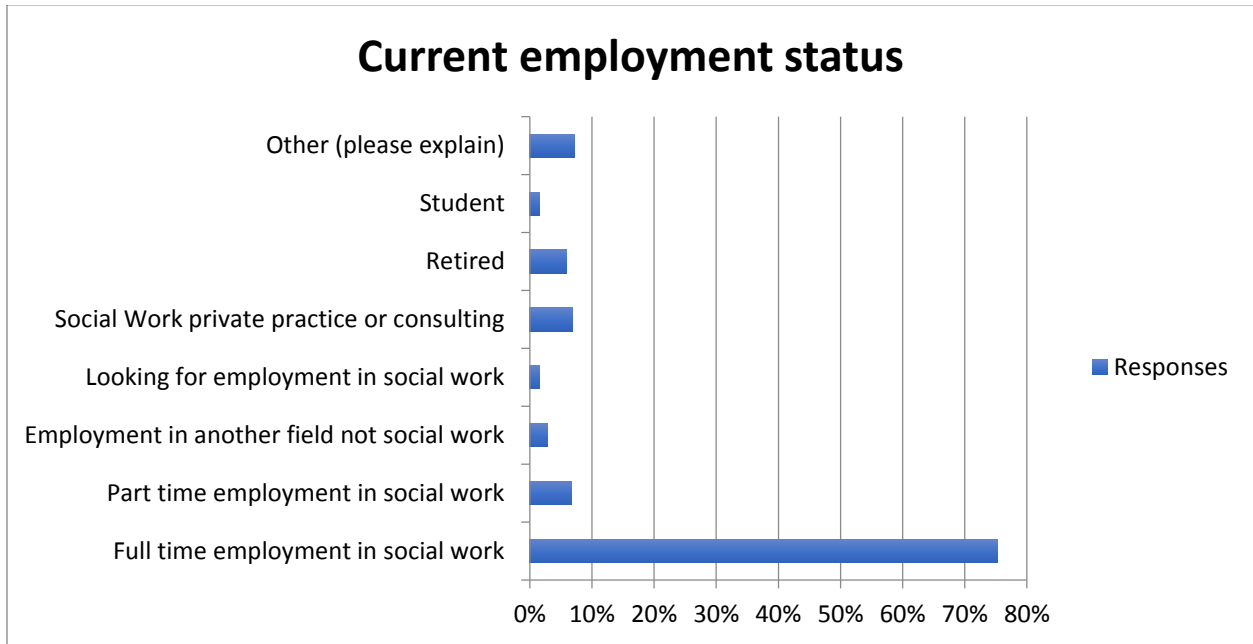
Years Experience in Social Work	Number	Percent
0-1	113	3.5
2-5	559	17.2
6-10	485	14.9
More than 10	2050	63.1
Missing	8	0.02
	3258	

Three-quarters (75%) of the respondents were employed full time in social work at the time of the survey, and 7 percent were employed part time, 7 percent were in private practice or consulting and 6 percent were retired. Fifty respondents (2%) reported they were seeking employment in social work and 90 (3%) indicated they were employed in a profession other than social work. (See Chart 3)

The employment status of the Francophone respondents was slightly different than the English survey respondents. Eighty-one percent reported they were employed full time and 9 percent employed part

time in social work. 4 percent worked in private practice or consulting, fewer than 1 percent were seeking employment in social work, almost 3 percent were retired, and 1 percent were employed in another profession.

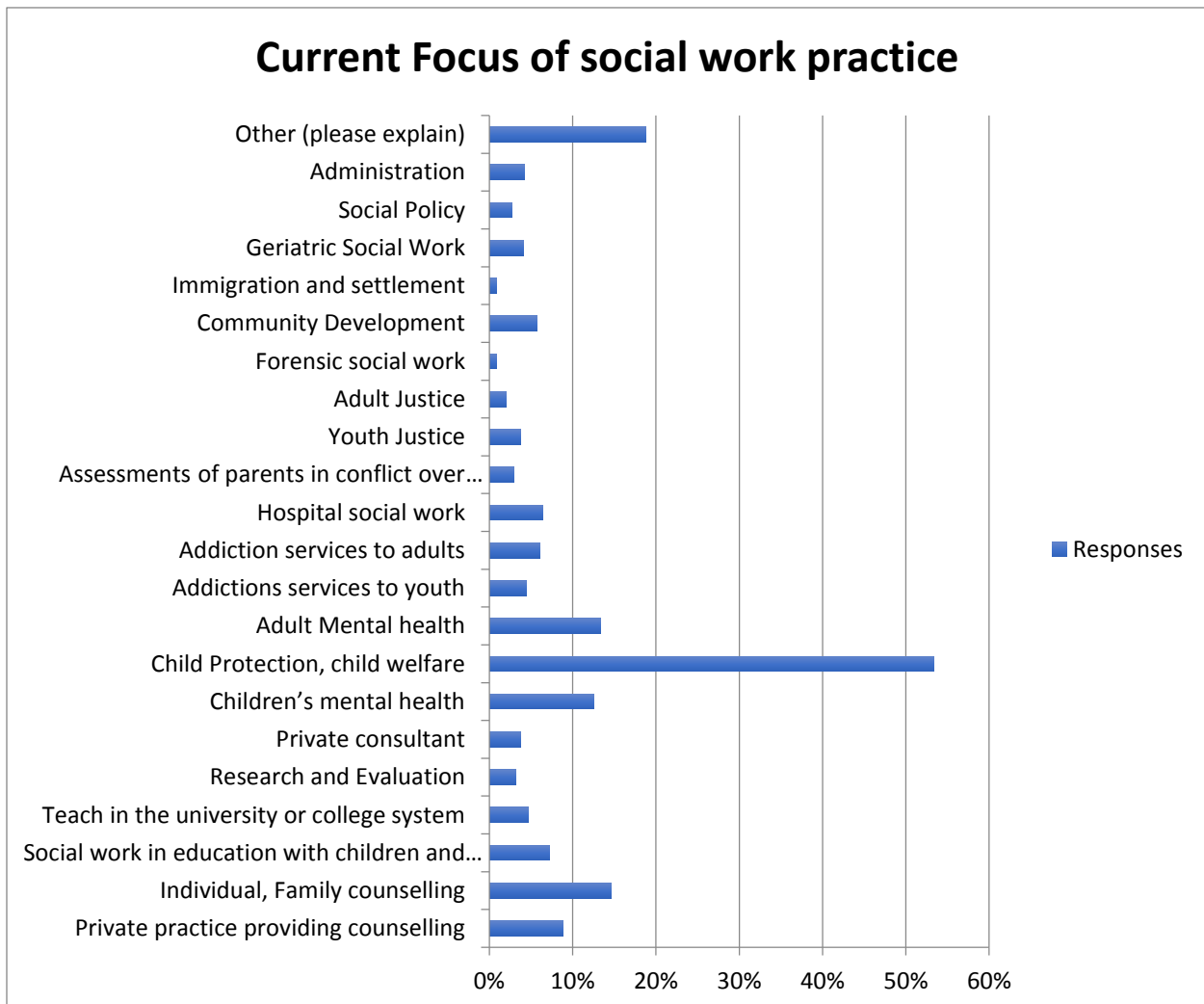
**Chart 3**



Respondents were asked to identify their current area of employment. More than half (53%, N=1702)) of the respondents identified they were employed in child protection at the time of the survey. Fifteen percent (15%) reported they were employed in positions that provided individual and family counselling services, 13 percent provided mental health services to children and the same number, (13%) provided mental health services to adults. Ten percent of the respondents identified that they provided addiction services to adults and/or youth and 4% reported they worked in geriatric services. (see Chart 4)

Respondents were asked to report if they were registered with their provincial or territorial professional college or licensing body. Eighty-one percent reported they were registered social workers. There was different reporting from the Francophone and English respondents. Over three quarters (76%) of the English language survey respondents compared with almost all of the French Language respondents (98 percent) were registered with their professional regulatory body.

Chart 4



Respondents were also asked to identify previous social work employment using the same list of social work practice areas. The majority (59%, N=1575) reported that they had previously worked in child protection. Respondents were able to provide additional comments and 33 (1.2%) identified that they worked in adoption services and the same number, 33 (1.2%), reported they worked with children or youth in foster care or residential care.

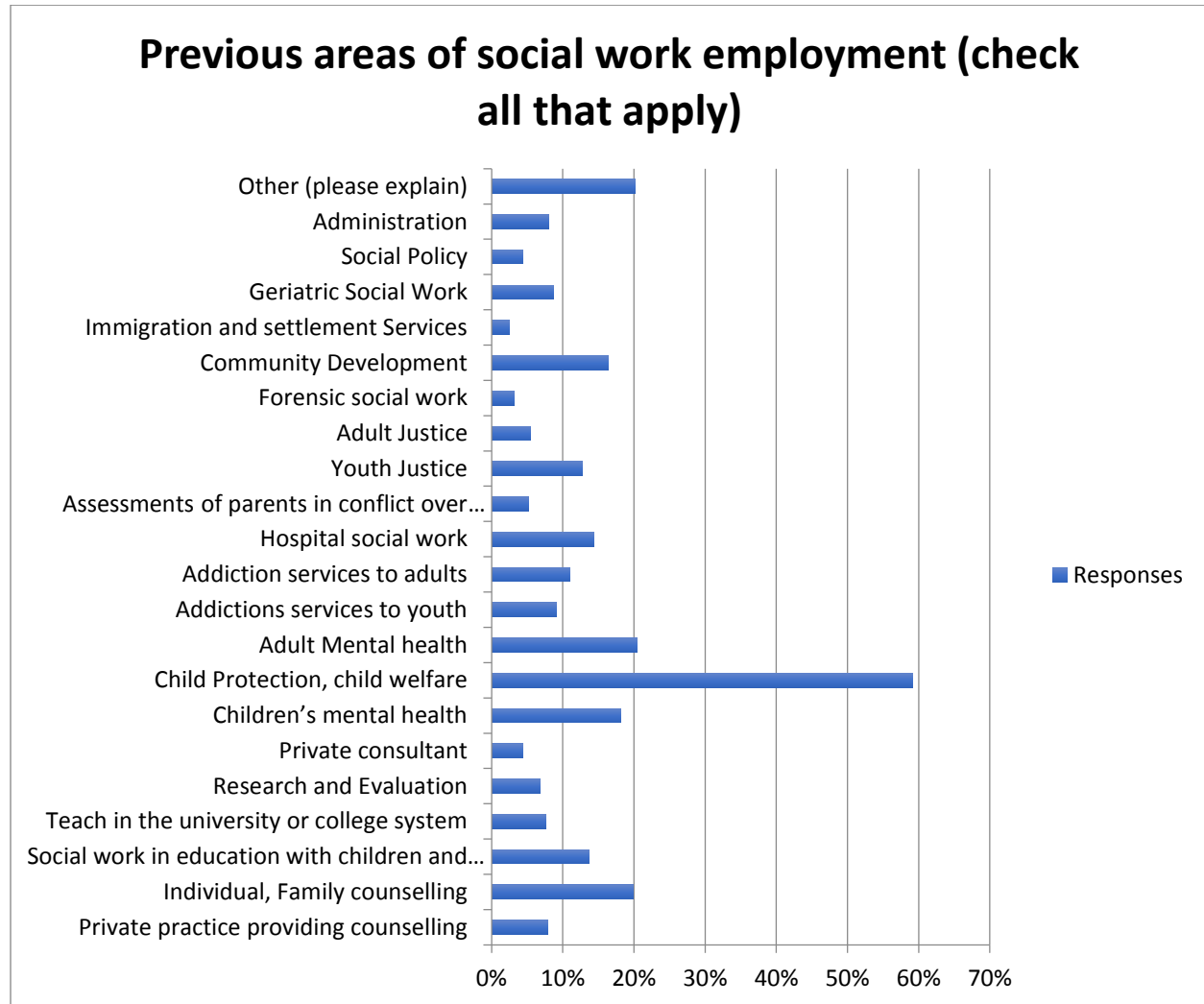
One-fifth of the respondents (20%), reported that previously they worked in individual and family counselling services, the same number (20%) provided mental health services to adults and 18 percent provided mental health services to children. Fourteen percent (14%) reported they were social workers in education and similarly, 14 percent reported they had worked in the medical field. Fifty-five respondents (2%) self identified that they had provided domestic violence services. Forty-eight



PEDIATRIC REHABILITATION, DOMESTIC VIOLENCE, CLINICAL SUPERVISION, PUBLIC TRUSTEE, SUPPORTING CHILDREN WITH CANCER-FRENCH LANGUAGE SURVEY RESPONDENTS

respondents (1.8%) reported that they had provided disability services and supports to adults or children. (See Chart 5)

**Chart 5**



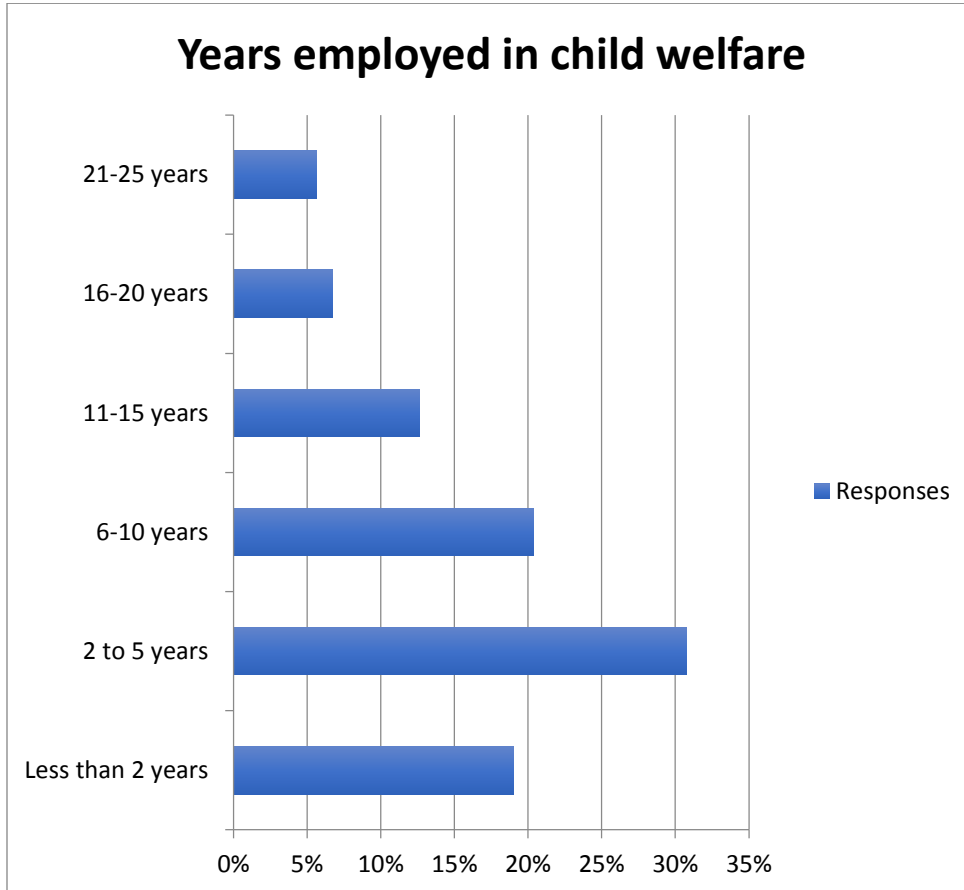
### Response to the Survey: PART 2

The next section of the survey was answered by social workers who had worked in child welfare in the past and were employed in another field of social work. There was a total of 1,389 respondents who self identified as having worked in child welfare in the past and answered the three additional questions in this Part.

This large group of respondents were highly experienced child welfare social workers with nearly half (48%) reporting they were employed in child welfare for six years or more. The largest group of respondents (33%) worked in child welfare between two and five years before leaving child welfare. Twenty percent (20%) reported they worked less than two years, 18 percent worked between six and

ten years. Forty-seven respondents (3.75%) reported they had previously worked in child welfare for more than 26 years and 2.5% were employed in child welfare for more than 31 years. The respondents many years experience gives considerable legitimacy to their opinions. (See Chart 6)

**Chart 6**



The respondents to this part were asked to identify the factors that influenced their decision to leave child welfare. It is important to keep in mind that one-quarter (24.9%) of the respondents were employed in child welfare for more than 10 years and, according to the research literature, are likely to be social workers who have a strong personal and professional identity with child welfare practice. It is likely that their departure was due to “unpreventable” reasons such as retirement or family obligations.

It is also important to note that almost 20 percent (19%) remained in child welfare less than two years. That percentage of those who left before two years is different than what is portrayed in the literature where the tenure for a high majority of social workers is suggested to be less than two years. Most of the respondents worked in child welfare between two and five years (31%) followed by those who remained between six and ten years (20%). This suggests that their departure was less about their personal fit with the professional role and more likely reflected the fit between the social worker and the organization.

The heavy work demands, emotional toll and complexities of child protection practice were the most frequently reported factors that influenced the respondents' decision to leave child welfare. Nearly half



**THE WORKLOAD WAS MORE THAN I COULD TOLERATE-I WAS EXHAUSTED FROM ADDRESSING THE NEEDS OF A SYSTEM THAT DID NOT PUT CHILDREN FIRST. -ENGLISH LANGUAGE SURVEY RESPONDENT**

(46%) reported that an unmanageable workload influenced their decision to leave. Almost as many respondents (45%) reported that stress, compassion fatigue or vicarious trauma from the work influenced their decision.

One-third, (34%), reported that it was the emotional toll of working

with victimized children and youth and families with complex needs that influenced their decision. One out of five respondents (19%) reported that their experience of violence or threat of violence from a client was what that shaped their decision to leave child welfare. (See Chart 7)

When asked to identify areas of job satisfaction the most frequently reported areas were those that related to their belief that they made a difference by providing support to (33%) and helping relationships (21%) with children, youth and families. Very few respondents reported that they gained job satisfaction from areas tied to the personal gain such as career advancement. (See Chart 8)



**I EXPERIENCED PHYSICAL ASSAULT, KIDNAPPING AND HARASSMENT FROM A CLIENT, AS WELL AS DEATH THREATS- FRENCH LANGUAGE SURVEY RESPONDENT**

The research literature suggests that retention in child welfare is influenced by individual factors of personal and professional identity with the role, a desire to make a difference, the perception that they are supported by colleagues and the organization, and they have a manageable caseload. Organizational



**THE EMPLOYER'S LACK OF RECOGNITION AND UNDERSTANDING OF THE COMPLEXITIES OF WORKING WITH FAMILIES FINALLY MADE ME LEAVE- FRENCH LANGUAGE SURVEY RESPONDENT**

factors also play a part in retention including a climate of support and professionalism where employees feel valued and workloads are reasonable. The research into job satisfaction found that individual factors such as the belief that one is making a difference in the lives of children, the ability to have peer and supervisor

support, and effective personal coping strategies are factors that strongly influence job satisfaction even when social workers are emotionally exhausted. It appears that the respondents to this part of the survey have similar characteristics as sighted in the literature and worked in comparable organizations as those described in child welfare studies.



Chart 7

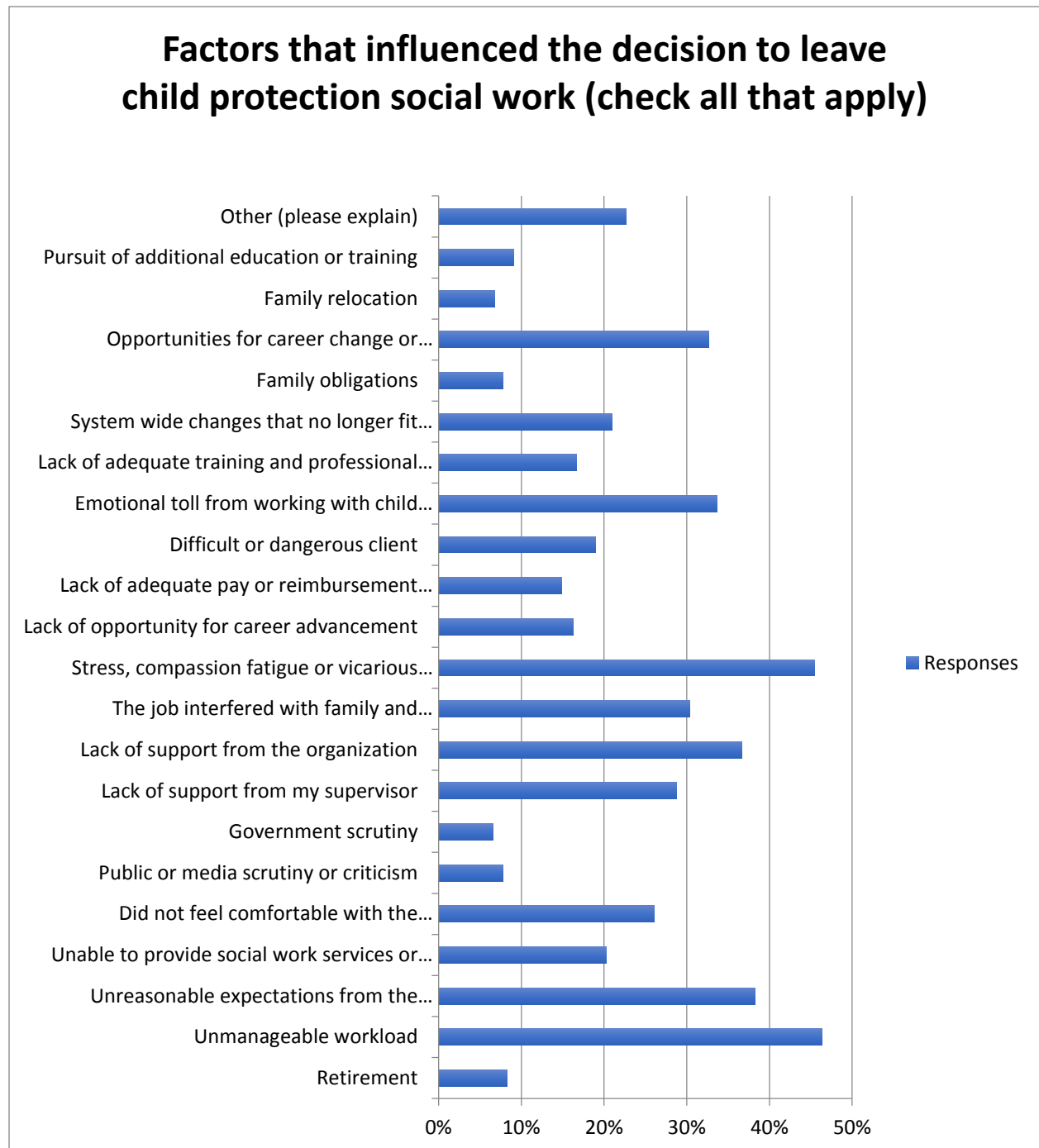
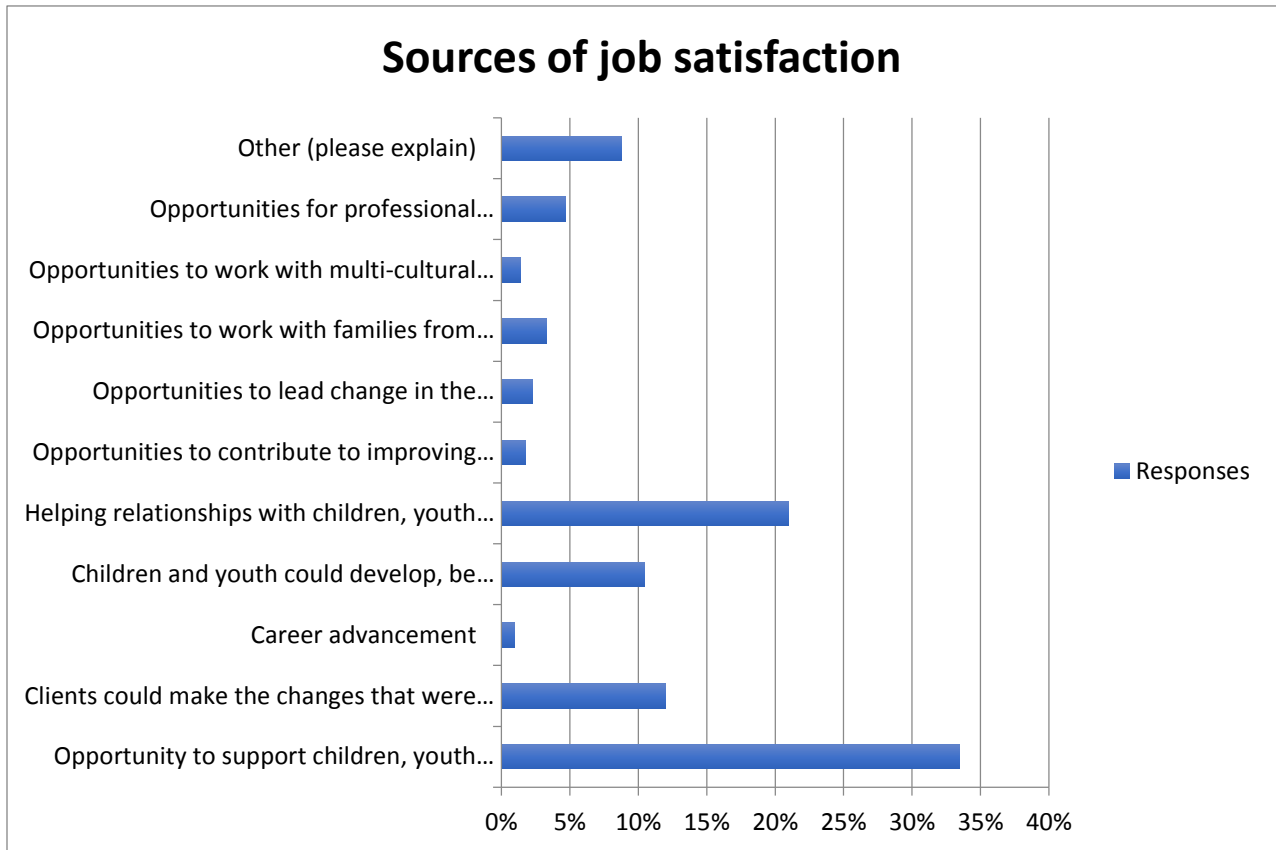


Chart 8



### Response to the Survey: PART 3

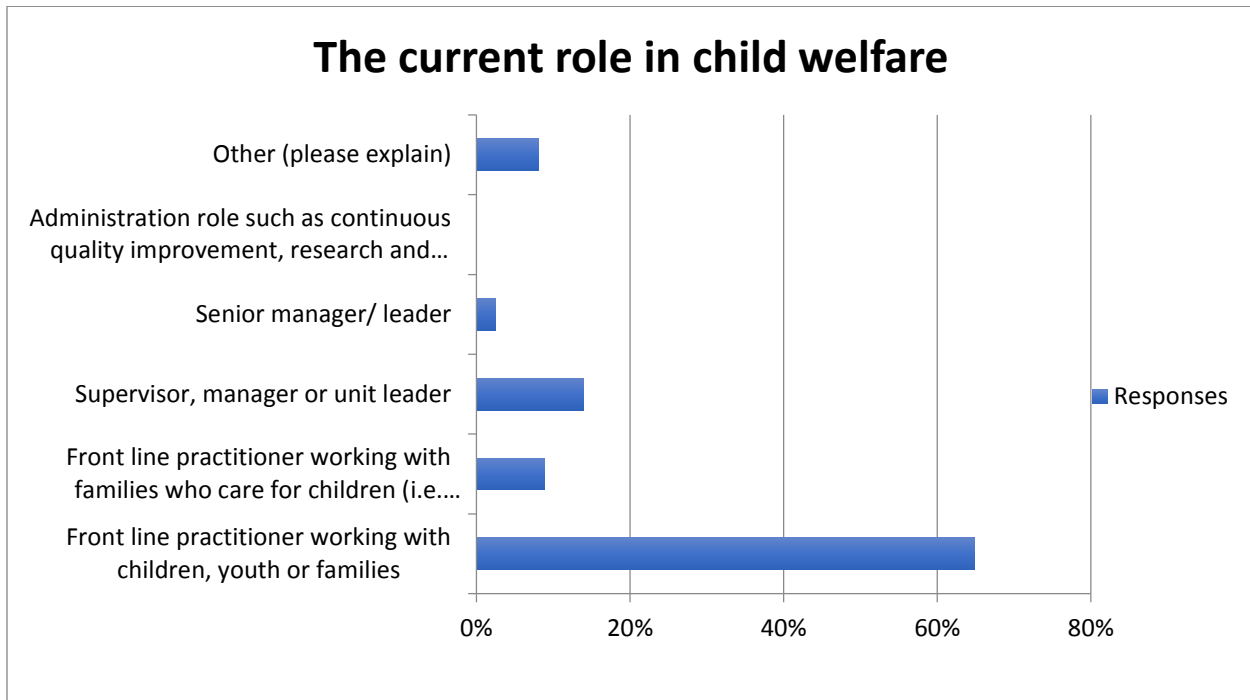
Part 3 of the survey gathered information from 1,438 social workers currently working in child welfare. Over half of the respondents (63%) identified that they worked with children, youth, and families, and 9 percent reported they provided services to alternate caregiver such as foster parents, kin families or residential care providers. Supervisors and managers made up 14 percent of the respondents to the survey and senior managers made up three percent. (See Chart 9)



I ENJOY THE MULTI-FACETED LEARNING GAINED FROM WORKING IN INDIGENOUS COMMUNITIES- ENGLISH LANGUAGE SURVEY RESPONDENT

TO KNOW THAT I HAVE MADE A DIFFERENCE IS THE MOST REWARDING- FRENCH LANGUAGE SURVEY RESPONDENT

Chart 9

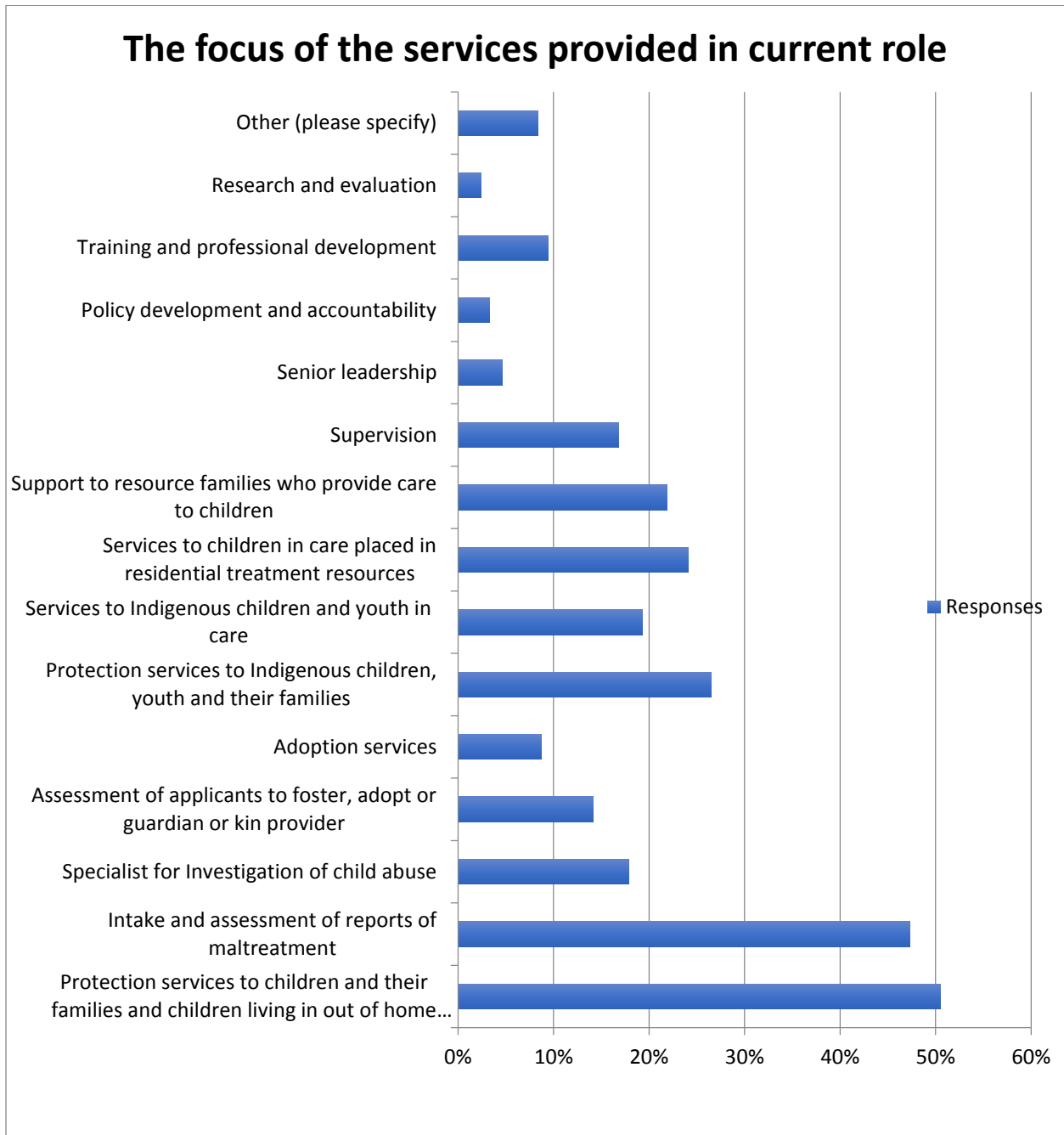


The respondents to the survey were employed in roles that cover the full spectrum of child welfare services. The next question asked respondents to identify the focus of their role in child welfare and respondents were able to identify more than one area on the list. This was done in recognition that child welfare services are structured differently in jurisdictions across the county and to allow respondents to more accurately report the range of services that may be in their role. Almost half of the respondents, (47%) reported they completed intake investigations and assessments and half (51%) reported that they provided child protection services beyond the intake/assessment stage and. Although it is not clear, the high frequency reporting of the two child protection areas suggests that most of the respondents carried both investigation responsibilities and on-going protection services beyond the intake phase to children living with families and those placed out of home. The roles identified by respondents reflect the traditional structures used by child welfare organizations since the highest demands for service at felt by intake and on-going child protection services and the lower volume demands for services to children in care and alternate care providers.

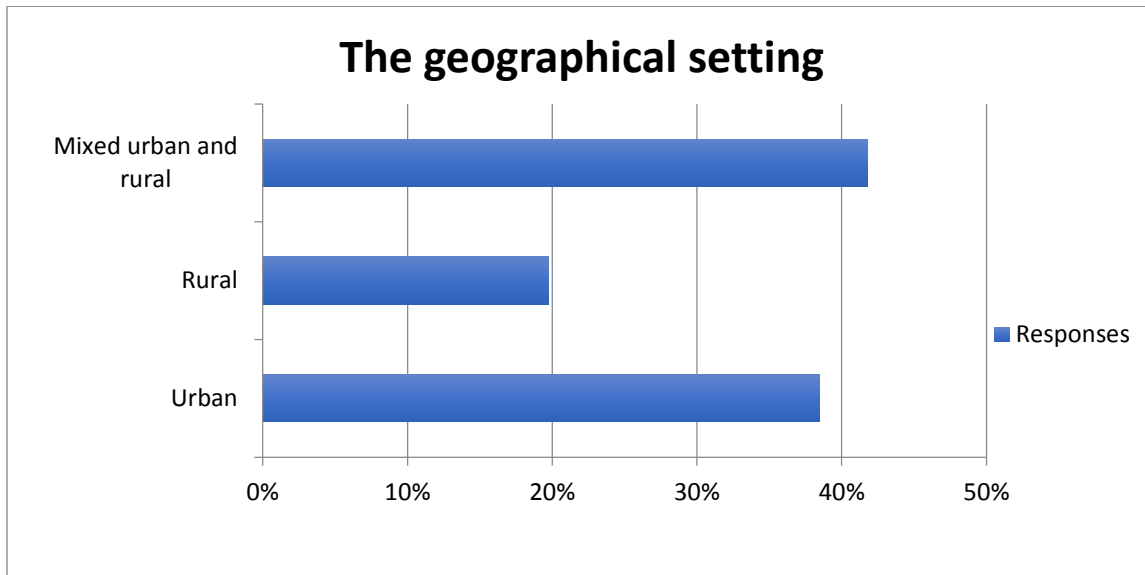
More than a quarter of the respondents (27%) reported they provided child protection services to only to Indigenous children, youth, and families. Almost a quarter (24%) provided services to children in care residing in residential treatment. Seventeen percent (17%) were supervisors. (See Chart 10)

Respondents were asked to identify the geographical area that they provided services to. Almost half (42%) reported they worked in a mixed urban and rural area, 38 percent worked in urban areas and 20 percent worked in rural areas. (see Chart 11)

Chart 10



**Chart 11**



The survey asked respondents to report about services to Indigenous families. Almost two thirds (65%) of the respondents identified that they provided services to Indigenous children, youth and/or families. Thirty- one percent of the respondents reported that their caseload involved less than 10% Indigenous families. Twenty-two percent reported that more than half their caseload involved Indigenous families and 18 percent had caseloads fully dedicated to services to Indigenous families. (see Chart 12) One-third (36%) of the respondents to the French survey and three-quarters (76%) respondents to the English survey reported that they provided services to Indigenous families.

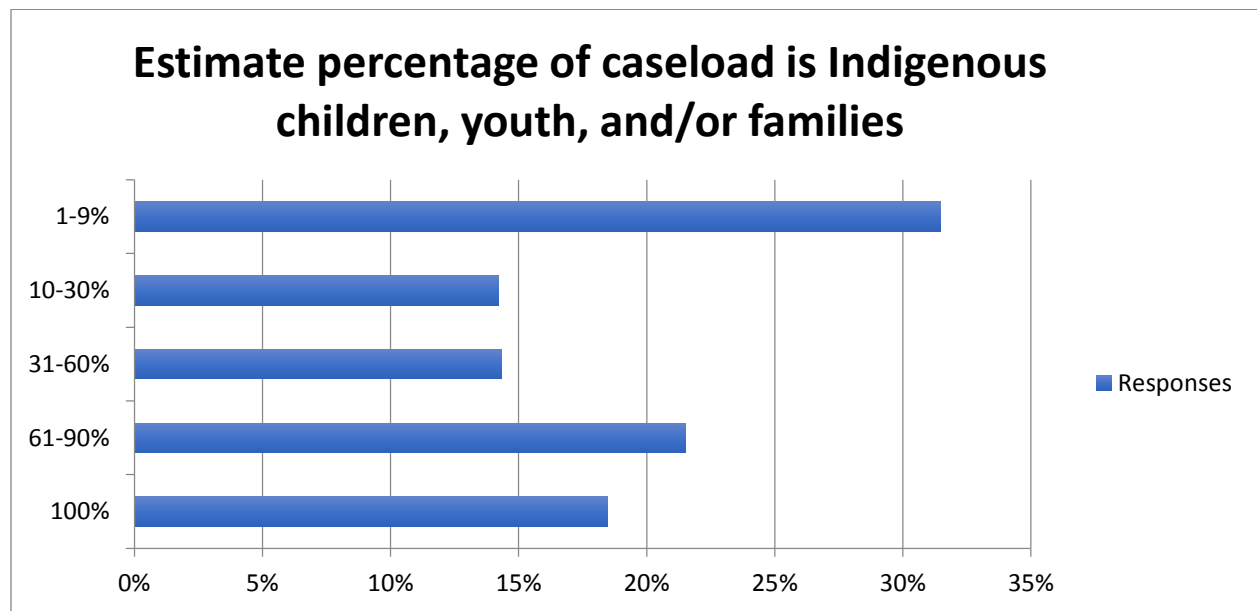
The respondents who answered that they had Indigenous families on their caseload were further asked to indicate the percentage of their caseload that was Indigenous families. There were differences between the responses to the French survey and to the English survey for this question. More than one-quarter (27%) of the Francophone respondents and 17 percent of the English respondents reported that Indigenous families was 100% of their caseload. Almost one-quarter (24%) of the English survey respondents and five percent of the French survey respondents reported that their caseload was almost totally focused on Indigenous families (61-90% of their caseload).

All respondents to Part 3, were asked to report if, to their knowledge, their child welfare organizations had acted on the Action Plan of the Truth and Reconciliation Commission. Almost half (47%) reported that their organizations had acted and slightly more than half (53%) reported that to their knowledge, no action had been taken.

Four hundred respondents provided specific information on what action their agency had taken to address the TRC Action Plan. The most frequently reported action was training for child welfare staff and alternative care providers such as foster parents. The most frequently reported form of training was Touchstone of Hope and experienced based curriculums such as The Blanket Exercise, Joining the Circle, and Elder Circle. Many reported that provincial training had been revised to include history of child

welfare services with Indigenous communities, residential schools, 60's Scoop and the rights of Indigenous communities to plan for children. Many respondents indicated that strategies had been developed to support Indigenous children's placement with extended family and community members such increased resources for the caregiving families, targeted recruitment in communities, and concrete supports to kin families. Many respondents reported that organizations had dedicated resources and time to developing and nurturing relationships with First Nation leaders. Many respondents reported that expectations to consult with Indigenous communities had increased, and procedures strengthened to better ensure adequate participation with Band Representatives and Elders when working with Indigenous families. Some organizations partnered with First Nation service providers to develop culturally appropriate parenting programs and support services to Indigenous families. Some organizations developed formal service agreements with First Nations communities to deliver culturally appropriate programs and services.

**Chart 12**




All the respondents to Part 3 were asked to provide information about the challenges they faced working in child welfare, the supports they received that aided them in fulfilling their job responsibilities and the sources of job satisfaction.

Part 3 asked respondents to identify the challenges they faced in the child welfare practice and they could identify any number of the issues from a list. The most frequently reported issue (78%) was the challenges of providing services to clients with complex needs. The next most frequently identified issues were ones similar to those indicated in the literature as being linked to the organization. Three quarters of the respondents identified unmanageable workload (75%) to be an issue, 68 percent identified that system wide changes and increased expectations and procedures, unrealistic expectations by the organization was reported by 65 percent, and work demands interfered with personal and family life was reported by slightly more than half of the respondents (53%).

Factors tied to burnout, compassion fatigue and post traumatic stress were reported by respondents as significant challenges they faced. Almost two thirds (63%) reported that the emotional toll felt by the work was an issue they faced in their work and over half (56%) of the respondents reported their organization lacked resources to address the compassion fatigue they experienced and was not able to support employee wellness.


Firsthand experiences of violence and aggression or threats of violence from a client were reported by 44 percent of the respondents. This rate is significant and raises concerns about the well-being of social workers in child welfare today. (see Chart 13)



THE INCREASE IN CASELOADS, LACK OF APPROPRIATE RESOURCES TO RESPOND TO NEW PROBLEMS, ADMINISTRATIVE DEMANDS PREVENTING US FROM EXERCISING OUR WORK IN THE FIELD- FRENCH LANGUAGE SURVEY RESPONDENT

From the list of concerns respondents were asked to identify the one that was the most challenging for them and the most frequently reported concerns were unmanageable workload (36%) and unrealistic expectations set by the organization (14%).

In attempt to better understand the work environment in child welfare respondents were also asked to identify the organizational supports available to assist them in carrying out their responsibilities. They were also asked to identify the sources of their job satisfaction. Over eight out of ten respondents (88%) reported that workplace peers and team members were their greatest source of support. Slightly more than half of the respondents (54%) reported that their supervisor provided support. Over one-third of



LACK OF RESOURCES AVAILABLE TO SOCIAL WORKERS AND THEIR CLIENTS TO ADDRESS IDENTIFIED RISKS AND KEEP FAMILIES HEALTHY AND TOGETHER- ENGLISH LANGUAGE SURVEY RESPONDENT

respondents (38%) identified that their working relationships with community partners was a source of support. The least frequently noted supports available were; opportunities to have volunteers help with casework (3%), organizational supports to address compassion fatigue (7%), opportunities to pursue further

education (7%), and adequate resources in the community (7%). Adequate salary and compensation was reported by one-quarter (25%) of the respondents to be a support in their work. (see Chart 14)

Respondents were asked to identify from the list of supports, those that they wished were more available. More than half (54%) of the respondents reported that their organizations lacked supports and services to address compassion fatigue, and 53 percent reported that their communities lacked adequate programs and services to address the needs of their clients. (see Chart 15)

Chart 13

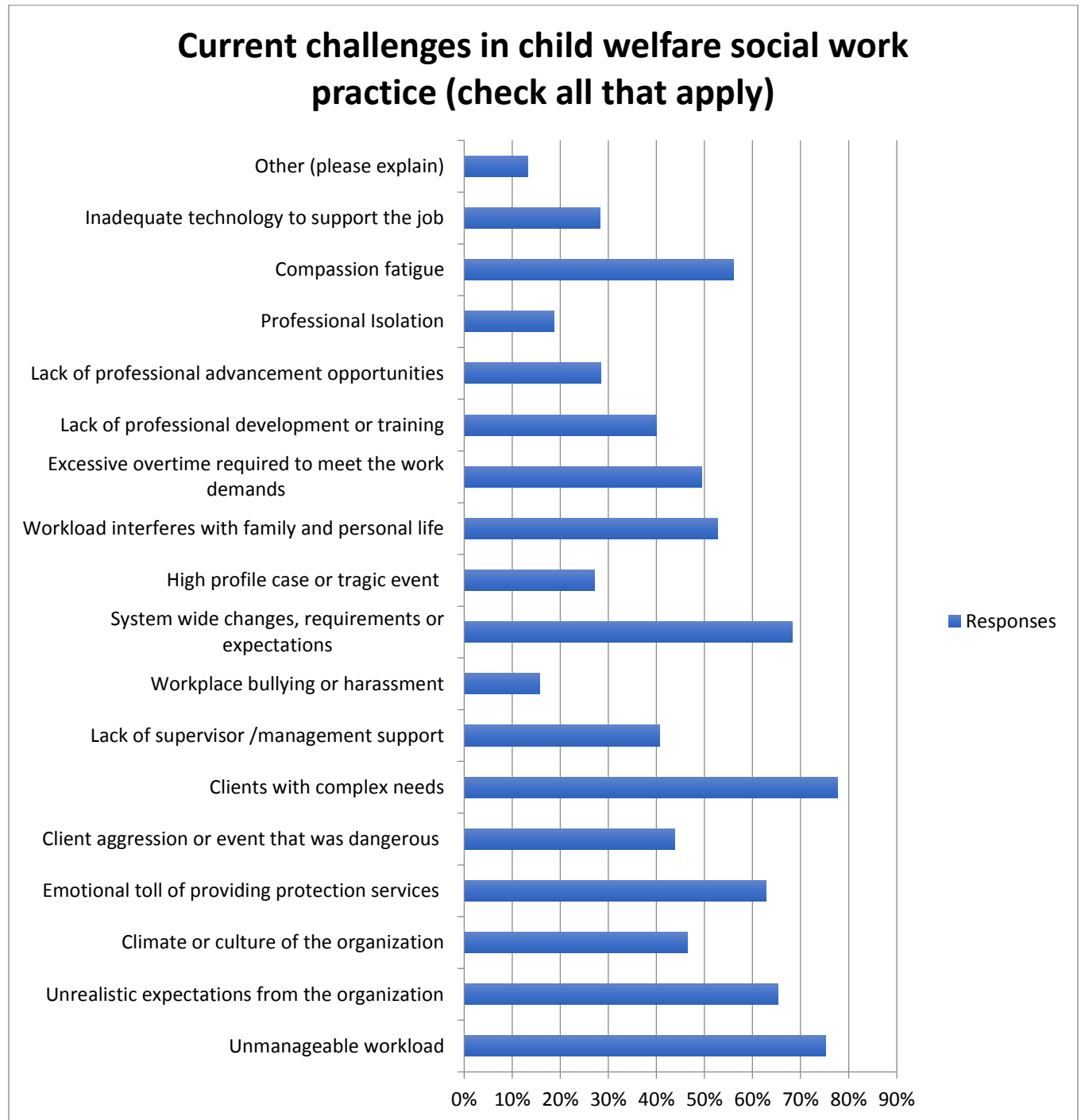




Chart 14

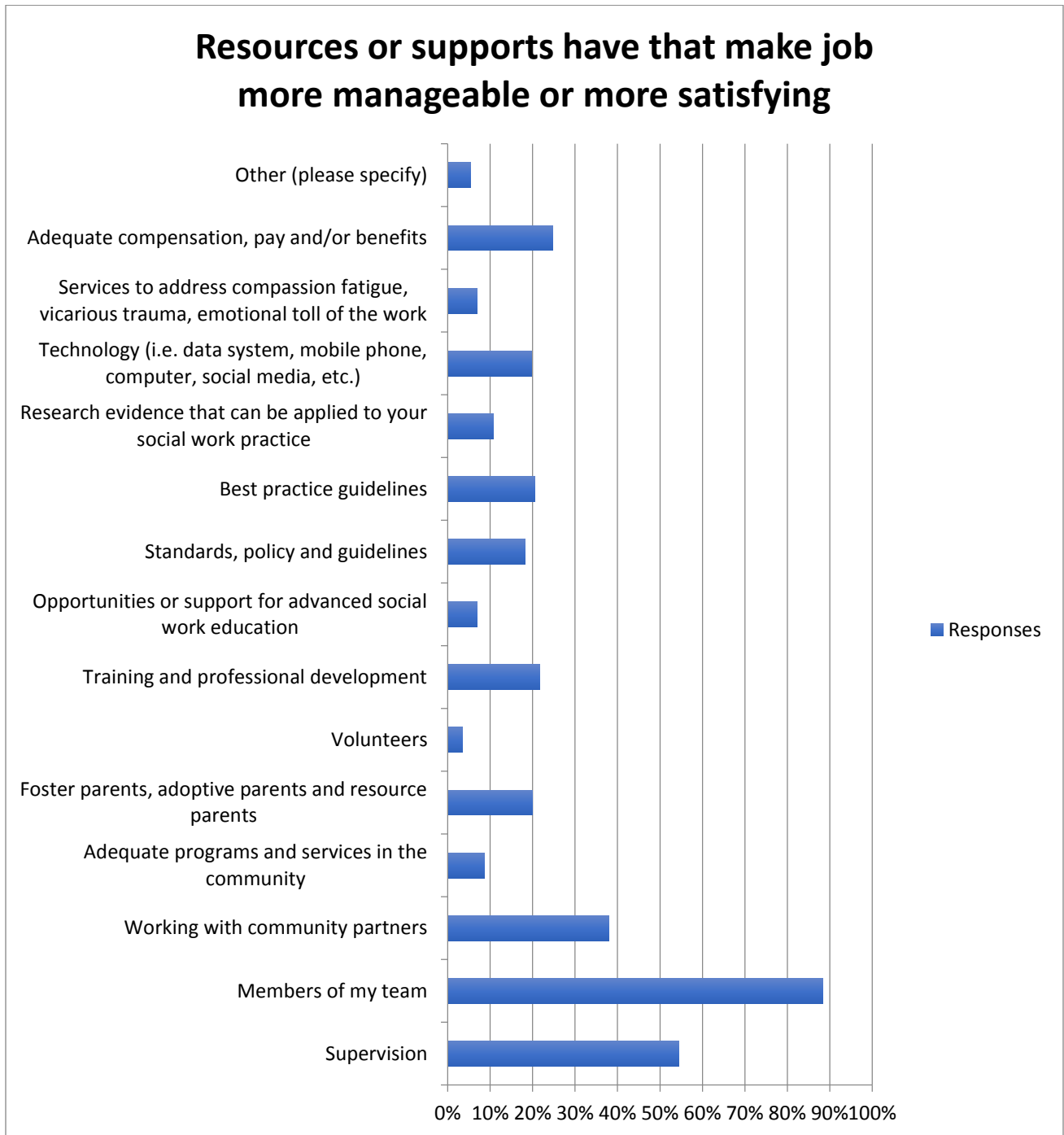
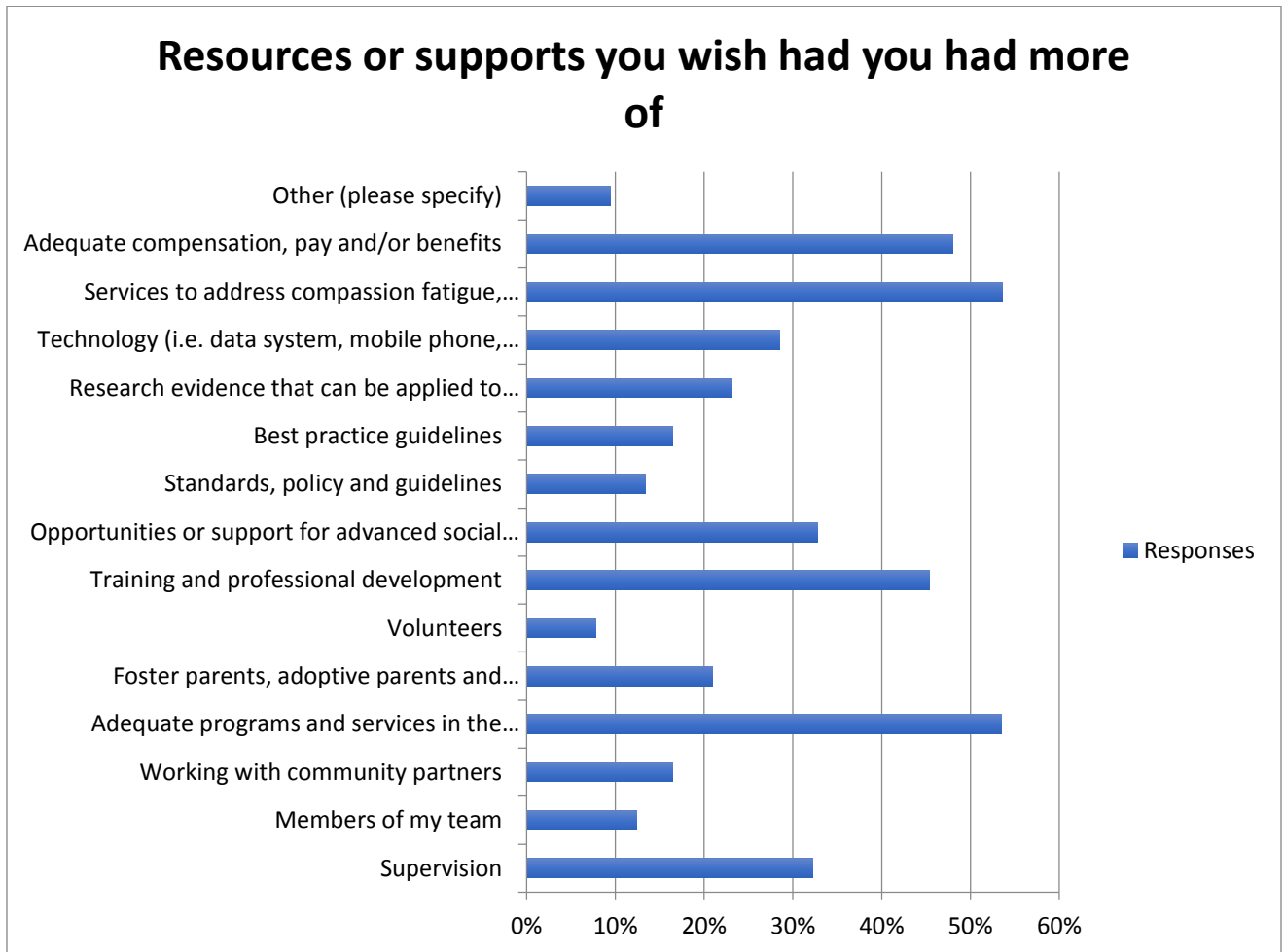


Chart 15



Respondents were asked their opinion about indications of de-professionalism in their work places and, if there was a trend, what were the contributing factors. Factors tied to organization operations were the issues most frequently reported by respondents. Almost two-thirds of respondents (63%) reported they believed there was a trend toward de-professionalism and more than eight out of ten (88%) reported that an increase in documentation and administrative tasks contributed to a sense of de-professionalism. Nearly as many respondents identified that unmanageable workload (85%) was the strongest driver toward de-professionalism. System wide changes that have a negative impact on social worker’s time to dedicate to clients was the third most frequently identified issue with nearly three-quarters (72%) of respondents identifying it as part of their experience. Other frequently noted contributing factors were organizational policies such as; service priorities set by leadership that were not in line with the best interests of a child (52%), the fear of being blamed or punished contributed to de-professionalism (43%), working in organizations with a climate that did not value the social work profession (42%), organizations that set regulations that decrease the decision-making authority of front-line social workers (42%) and lack of adequate social work supervision (40%). (See Chart 16)

To better understand the drives for success and job satisfaction, respondents were asked to identify the influences that contributed to success in their practice. More than half of the respondents identified the opportunities they had to work with families having a wide range of problems (55%), the time to develop positive relationships with clients (52%), and opportunities to participate in relevant training (52%) were sources of success. Supervision (42%) and opportunities to change roles (44%) were also reported to influence success. (See Chart 17)

Out of the list of success factors, respondents were asked to identify the one factor that had the greatest contribution to their job satisfaction. The three most frequently reported factors were related to providing social work services to clients; opportunities to provide services to clients (31%), to see clients make changes and improve their circumstances, (22%) and building helping relationships with children, youth and families. One of the least frequently reported factors was career advancement (2%). (See Chart 18)



MY CURRENT FANTASTIC SUPERVISOR, VERSUS  
MY PREVIOUS UNORGANISED, UNSKILLED  
SUPERVISOR- ENGLISH LANGUAGE SURVEY RESPONDENT

THE ABILITY TO BE PART OF A RELATIONSHIP  
WITH A FAMILY WHERE ONE CAN REUNITE A  
FAMILY AND CLOSE A FILE- ENGLISH LANGUAGE SURVEY  
RESPONDENT

The final question of the survey to respondents currently employed in child welfare sought their suggestions for the CASW to consider in developing advocacy strategies. The respondents identified the top priority should be focused on improving working conditions for social workers in child welfare (58%). More than half (54%) of the respondents recommended; focusing on strategies to address community issues such as poverty, addiction, mental health and systemic racism, development of community services to meet the needs of clients (52%) and improving the public's perception and understanding of child welfare (53%). (See Chart 19)

Chart 16

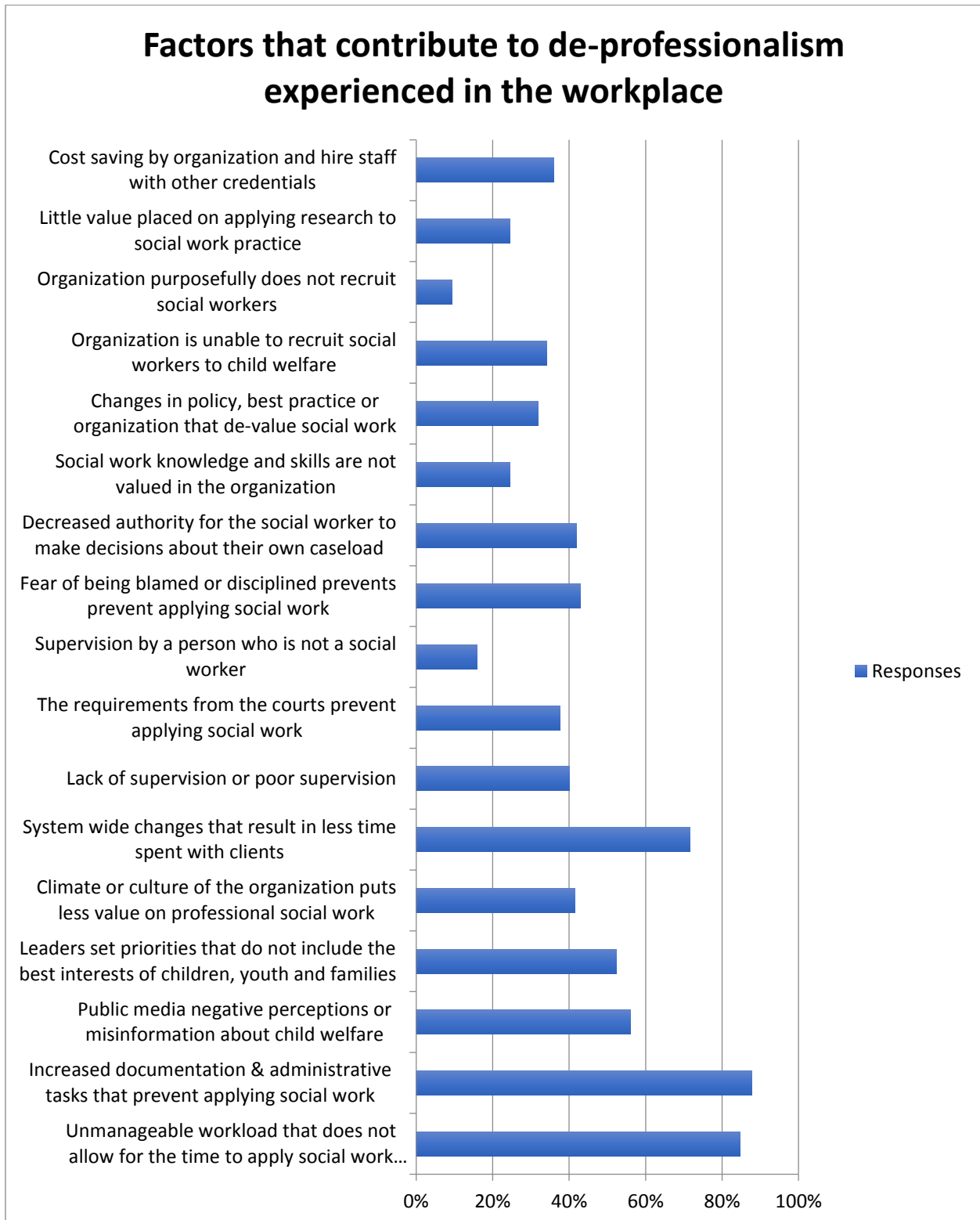


Chart 17

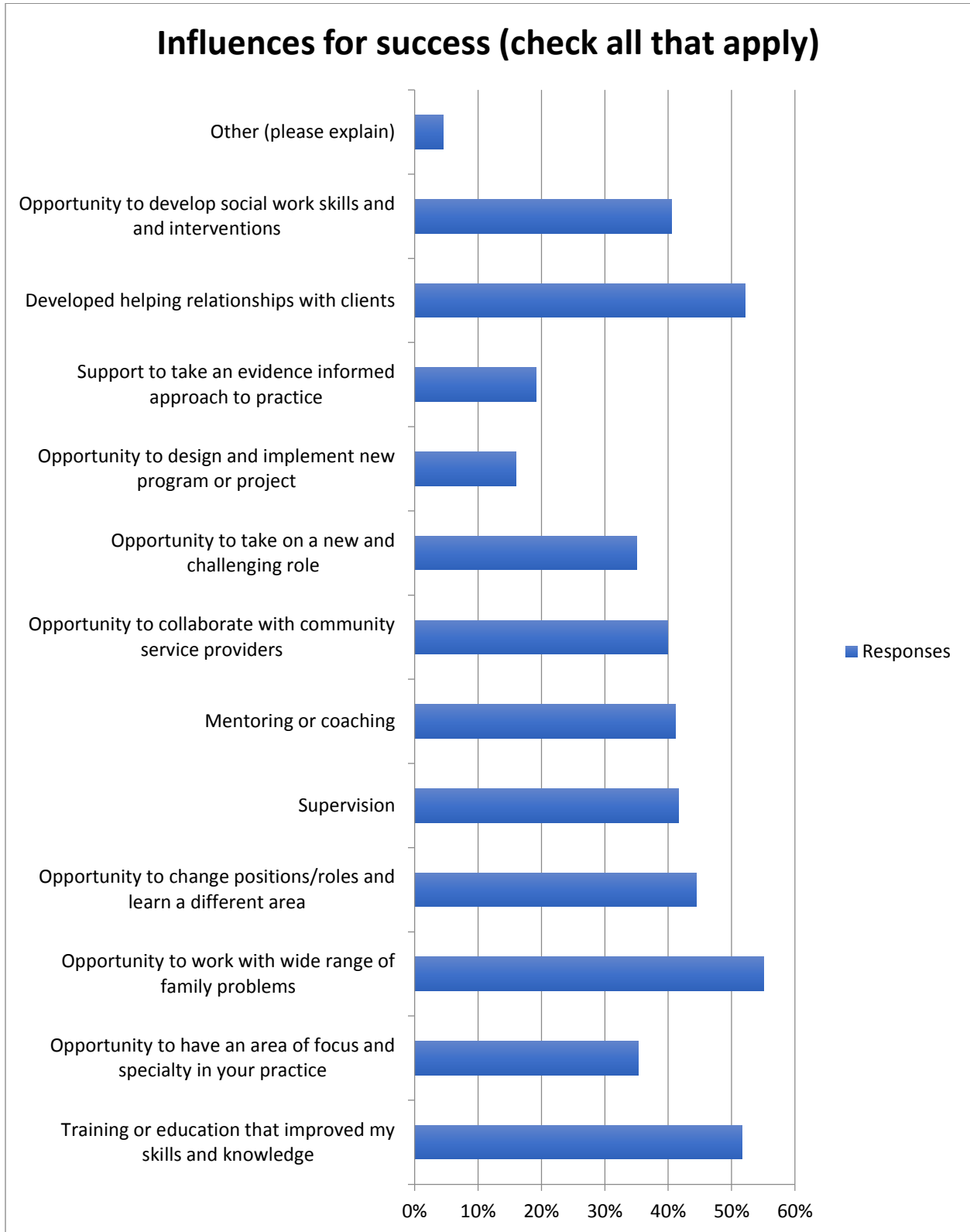


Chart 18

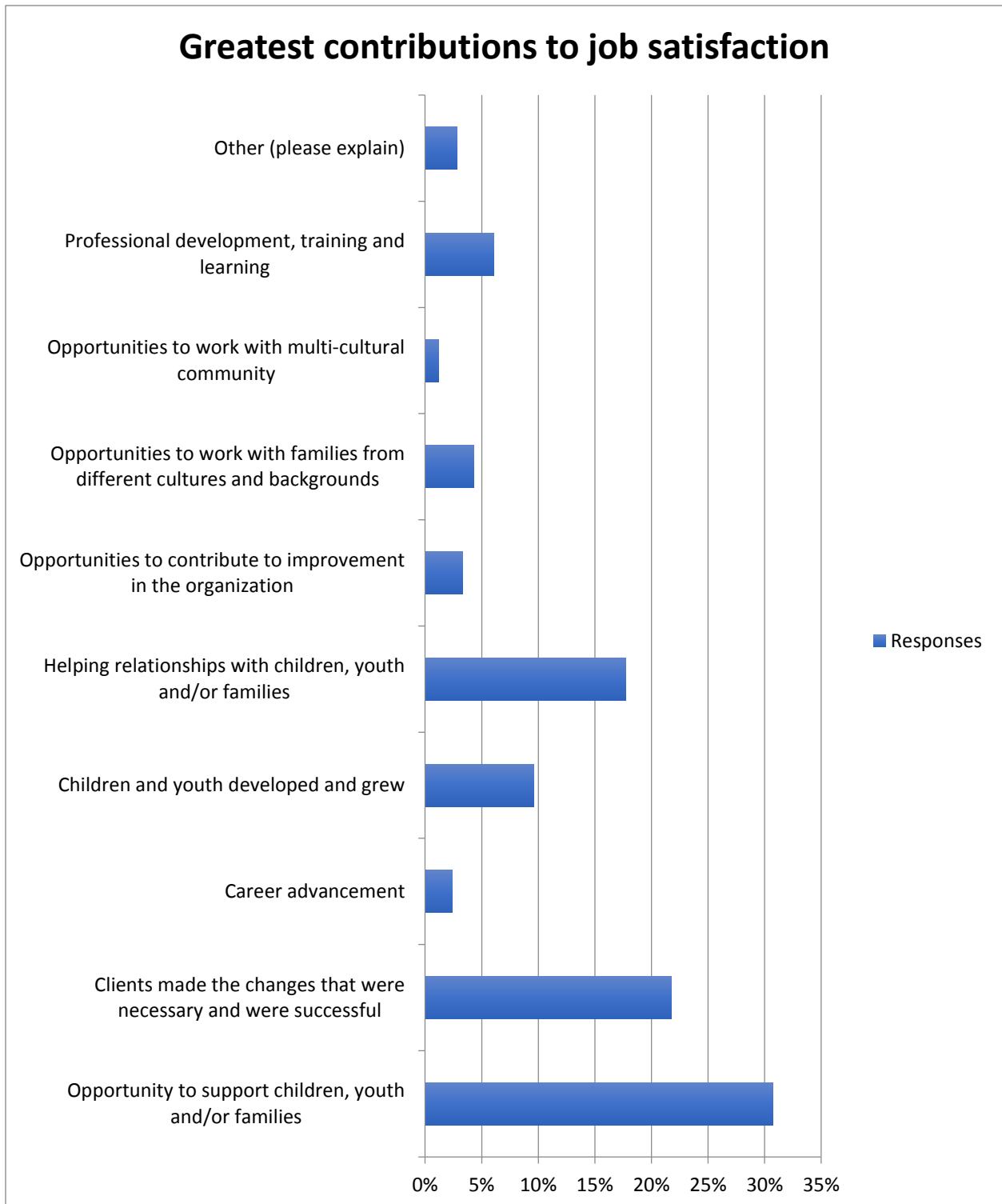
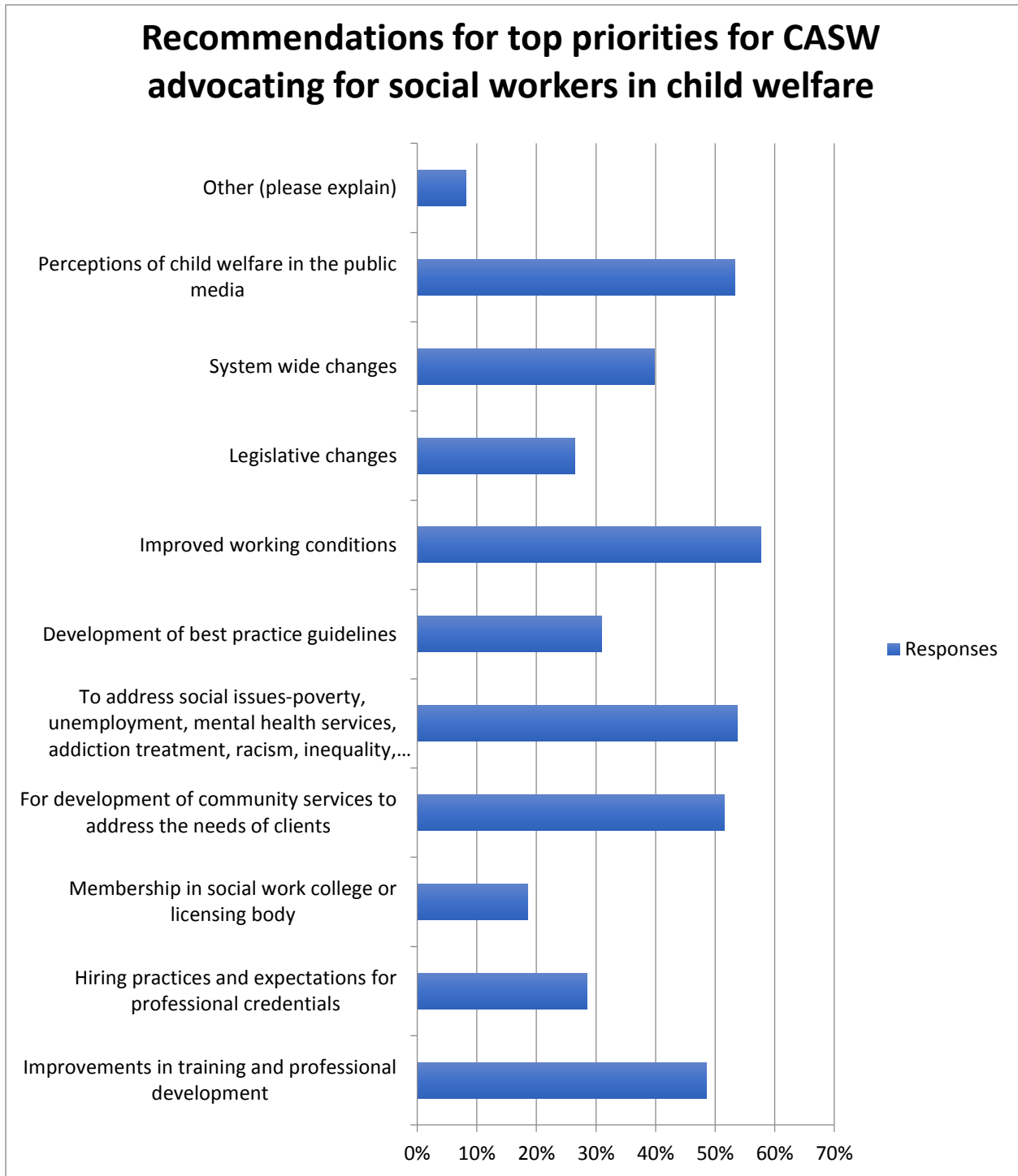


Chart 19



## Summary of the Findings

The survey was responded to by ten percent of the membership of CASW and an additional 1,339 social workers from Ontario and Quebec. Overall the respondents had many years of experience in social work and specifically in child welfare.

The social workers who had worked in child welfare (46%) reported that unmanageable workloads influenced their decision to leave and, almost as many, (45%), reported that stress, compassion fatigue or vicarious trauma influenced their decision. The issues that influenced social workers' decision to leave child welfare closely resembled those identified by respondents currently working in child welfare.

The social workers currently working in child welfare also reported the following issues;

- unmanageable workload (75%),
- system wide changes, increased expectations and administrative procedures (68%),
- Unrealistic expectations by the organization (65%)
- work loads that interfered with personal and family life (53%),
- the emotional toll felt from the work (63%),
- Firsthand experiences of violence and aggression or threats of violence from a client (44%)
- Organizations lack adequate mental health resources and wellness initiatives to address staff post traumatic stress (53%), and
- Lack of adequate services and programs in the community to meet the complex needs of children youth and parents (53%).

Participants also reported that they believed that there is a trend toward de-professionalism in child welfare that is fueled by organization factors such as increased administrative requirements and high caseloads that negatively impact the time to meet with children and families and providing services.

Social workers identified several sources of support that helped them in their practice. Almost all respondents (88%) reported that support from their colleagues and team members and over half (54%) reported supervisor support was available to them. The most frequently reported source of job satisfaction was the experiences when they built positive working relationships, clients progressed and made changes, families were reunited, and children succeeded. Their responses in these areas was also in keeping with the research literature that found child welfare social workers experience high levels of emotional fatigue and emotional satisfaction fulfilling their role.



## Part 5: Expert Interviews

### Methodology

Semi-structured interviews were held with twenty child welfare experts and were recruited through a respondent-driven recruitment. The initial set of interview participants were identified by CASW Board members through their contacts and outreach efforts. The initial set of participants then recruited their peers to be involved in the interviews. Potential participants were contacted mostly through e-mail and a few were contacted by telephone. All potential participants were provided an description of the CASW environmental scan project and the four open-ended questions that would be discussed.

Invitations to participate in the interviews was sent to sixty-one (61) experts across Canada. Twenty individuals were able to participate, three individuals declined to be interviewed but provided studies and position papers to aid in the project, and two were interested in participating but ultimately were not able to commit the time.

The CASW project seeks interviews with child welfare experts to answer the following open-ended questions.

- What are the most critical issues facing child welfare in each province/ territory?
- What are the elements that support the profession of social work in child welfare and what, if any, are the elements in place that result in de-professionalism?
- What are the evidence informed programs, best practices and promising approaches being followed in child welfare in each province and territory?
- What initiatives are being developed by child welfare in each jurisdiction to address the recommendations from the Truth and Reconciliation Commission?

### Interview Participant Profile

Most interview participants (65%) were employed in child welfare organizations with slightly more than half (54%) of them in front line positions. Six (30%) were employed in academic settings and research at the time of the interview. One participant had recently moved to another social work role in the community after working several years in child welfare and one had recently retired from child welfare. Almost all the participants, (18, 90%) reported they worked front line child protection positions at some point in their career. Half of the participants provided expertise on their specific jurisdiction and the remaining half provided a Canada wide in addition to their jurisdictional perspective.

The following table 1 illustrates the roles and positions of the interview participants. Table 2 breaks down the roles of interview participants that currently work in child protection.

**Table 1** Employment Roles of Interview Participants

Child Welfare Role	Number of Participants	Percentage
Child Protection	13	65%
Previously employed in child protection	2	10%
Education and Research	6	30%
<b>TOTAL</b>	<b>20</b>	<b>100%</b>

**Table 2** Breakdown of the Roles of Participants Currently Employed in Child Welfare

Role	number	Percentage
Leadership/ policy role in government	3	23%
Senior leader of a child welfare organization	3	23%
Supervisor/ manager of front line services	3	23%
Front line worker	4	31%
<b>TOTAL</b>	<b>13</b>	<b>100%</b>

## Findings: Question 1

Interview participants provided rich and in-depth responses to the first question seeking information about what, from their perspective, are the most significant issues facing child welfare and all participants identified more than one issue. Analysis of their information revealed six key issues. Most importantly, interview participants emphasized the interconnectedness of the issues and the nature of the common experience across Canada. The issues are not the sole experience of one province or territory and issues identified to be critical in one jurisdiction was also identified to be present in other jurisdictions. It is important to note that social workers in child protection in each province and territory have much in common and face similar challenges.

### Indigenous Over-representation

Almost all the participants identified the disproportionate and over-representation of Indigenous children, youth and families in the system as a significant issue and a top priority to be addressed.

*The over representation of First Nations children calls into question the Eurocentric approach that prevails in child welfare, the Christian European paradigm. How best to serve cannot be within the same service philosophy that we have traditionally applied. There is not only one approach to parenting. – Expert Interview Participant*

Participants discussed several macro level and micro level issues that they identified as the root causes for the over representation. Social workers involved in the front line discussed the realities faced by families including extended families and communities. The inter-generational trauma of residential schools and the resulting generations lost to families and communities significantly contribute to

parents lacking the necessary skills, knowledge and supports required to meet the needs of their children and thus requiring child protection involvement. The lack of adequate treatment and culturally appropriate supports to address addictions, mental health and to strengthen parenting are insurmountable barriers for parents trying to make changes necessary for the child protection authorities to terminate involvement.

Many participants pointed to high rates of poverty, inadequate housing and multiple barriers to acceptable education, isolation, and excessive costs for essentials are factors that contribute to Indigenous families' involvement with child protection. Some participants pointed out that all provincial and territorial child protection legislation is founded on Eurocentric values and expectations that often are at odds with Indigenous culture, traditions and practices. Several interview participants discussed how the current funding formula to child protection serving Indigenous communities is complex and treats Indigenous children and families differently than other children. Participants drew attention to the imbalanced funding formula that is slanted toward funding children in care and discourages services to strengthen families and support children remaining safely with their family.

Many participants indicated that a complete overhaul of child welfare funding, legislation, service delivery and community programs are required to adequately address the over-representation of Indigenous children, youth and families in the system.

### **Organizational Issues**

All participants identified organizational issues to be the most critical factor impacting child welfare. They identified seven inter-related organizational issues that impact child welfare services;

- staff recruitment,
- staff turnover,
- staff training,
- excessive workload and caseloads,
- inadequate resources to respond to the emotional impact of child protection work,
- the tendency for child welfare organization to respond to critical incidents and public criticism with policies and organizational changes that often have unintended consequences that diminish the ability of front line workers to provide social work services, and
- inadequate funding.

The ability to recruit qualified and skilled social workers is a concern in all provinces and territories. This is especially true for jurisdictions that are rural or remote such as northern or fly-in communities. Participants reported that in many jurisdictions staff positions go unfilled, resulting in case re-assignments and high caseloads for social workers. Alternatively, some jurisdictions resort to hiring less qualified or trained staff. It was identified that child welfare is known to hire new social work graduates, and, for many, child protection is their first social work career experience.

Interview participants identified staff turnover and retention as significant issues faced by child welfare organizations and that turnover rates were influenced by many factors. It was pointed out by several participants that organizations must manage anticipated staff turnover due to parental and educational leaves that are a reality of the staff group profile in child protection however efforts are complicated by

recruitment difficulties and, as a result, have the same consequences on workloads and service delivery. The lack of adequate supervision and training and the emotional toll of the work were also identified as contributing factors to staff turnover. Interview participants discussed how high staff turnover rates disrupts helping relationships with families and contribute to delays in decision making and providing services.

*Child protection is a young stressed work force doing very complicated work to the best of their ability with limited supports. - Expert Interview Participant*

High caseloads and unmanageable workloads was also noted as a significant issue that is influenced by staff recruitment and turnover rates and high community needs. Unmanageable workloads for front line workers directly influence service delivery to families and for supervisors and managers unmanageable workloads

contribute to inadequate attention to and support of front line social workers. The importance of addressing workloads and that to do so requires collective efforts from child welfare, funders and community service.

Many participants saw that the need for adequate training and supervision, especially for less experienced social workers, is a significant issue. It was reported that the system does not adequately prepare new social workers for the challenges of working with families with high needs and complex situations. Interview participants reported that in many jurisdictions social workers enter the field well educated but with little understanding of their role. Typically, the training that is available focuses on the technical skills and contributes to a system that overly relies on the step by step standards manual at the sacrifice of social work practice skills. Social workers often lack understanding of neglect and emotional abuse and are unable to identify and address the root causes of child maltreatment. Several interview participants reported that lack of adequate training also applies to supervisors. Often front-line workers are appointed to the supervisor role because of they are good at their front-line jobs, but they receive very little training or support about how to manage people and supervise services.

Child welfare organizations' lack of adequate mental health strategies and programs to address compassion fatigue and vicarious trauma was identified to be another critical organizational issue facing child welfare across Canada. It was reported that in some jurisdictions, staff burnout and vicarious trauma are viewed as personality traits and not understood as a system issue originating from the nature of the work and must be addressed by the system. It was also noted that the leadership in organizations is stretched to the limit leaving little ability to pay attention to front line staff's mental health needs.

Interview participants discussed the risk adverse nature of child welfare organizations and provincial/ territorial authorities. When critical incidents and public scrutiny occur, the system deals with the situation by increasing requirements of front line services and often without review of existing requirements resulting in increased workload on an already stretched system. The reactionary approach to critical incidents is evident at every level of the system but, it was pointed out, that the liability burden is carried by front line social workers and not shared by provincial/ territorial governments. This in turn, contributes to compassion fatigue and staff turnover. Interview participants discussed that child welfare is laboured with multiple priorities and the reactionary approach to critical incidents shift attention on child safety at the exclusion of early intervention and child permanency. Social work values of supporting change through helping relationship are eroded.

Inadequate funding was identified to have a serious impact on child welfare services in all jurisdictions and especially on services to Indigenous child welfare. Across Canada, child welfare is expected to achieve child outcomes of permanency, child safety and well-being but funding does not adequately support the services and programs necessary to achieve those outcomes.

**Community Issues and Resources**

Nearly all the interview participants underlined the magnitude of the impact that community issues such as poverty, poor housing, and lack of community treatment services have on child protection services to all families. They identified three inter-connected issues;

- Poverty,
- Lack of community treatment programs and services, and
- Lack of foster families and kinship providers.

Although all jurisdictions strive to ensure that poverty does not result in children separated from their families several participants discussed their experiences found that poverty is the root cause of most families’ involvement in the child welfare system. Interview participants discussed the connections between poverty, food insecurity, poor housing and overwhelmed families.

*We must address the macro level society issues that impact child protection; the interconnection between childhood trauma, housing, poverty and immigration. - Expert Interview Participant*

Families may function well enough within less adverse environments but over crowding, poor or unhealthy housing conditions, and struggles to put food on the table tip the balance and families cannot manage.

Many participants discussed how the lack of adequate community programs and services directly influence service demands for child welfare. Many jurisdictions lack any programs and smaller communities have only one mental health service and no family or parent treatment programs. In the territories and norther jurisdictions the infrastructure issues can be overwhelming. Most communities only have police (RCMP) for emergency response and each office operates as a stand-alone entity unable to access resources at other offices. Child welfare is expected to work in the least intrusive manner but when communities lack the necessary resources to address the needs of parents and children then child welfare must intervene. When communities do have services and programs the waiting list. Wait times in communities, especially rural and northern communities, take a huge toll on parents’ capacity to meet their children’s needs, contribute to family break down and children coming into care.

*Lack of resources really mean that smaller communities are pretty much on their own- Expert Interview Participant*

Some participants identified that the lack of foster families is a prominent issue in many areas. The changes in community values and traditions have contributed to there being fewer families interested in fostering. Fewer foster families has resulted in child welfare systems relying on private organizations and institutions to provide care especially to children and youth struggling with mental health and behaviour problems. Some participants reported that now there is more emphasis on retention and developing strategies such as training and supports to foster parents with the aim to sustain those

resources. Even with the increase use of extended family to provide care, there are not enough well trained and skilled foster homes

Some interview participants reported that some communities have a high proportion of single parent families with few supports and extended family is unable to help for a range of reasons including health and financial resources. Economics and job displacement has also taken a toll on some communities where there is a high number of families with one parent is away from home for weeks and months at a time.

### **Complex Families with Complex Needs**

Most interview participants reported the complex needs of families involving concurrent issues of substance misuse, domestic violence, mental health and anxiety, criminal activities involving weapons, and suicide is a significant issue for child welfare. In many jurisdictions child welfare’s efforts to assist families is exacerbated by lack of adequate community resources. Child welfare depends of community service providers to deal with adult issues that have a damaging impact on parenting capacity. Participants identified four areas of complex need that influence child welfare.

- Adult issues such as addiction, mental health and domestic violence,
- Youth and children experiencing mental health issues,
- Youth transitioning out of care unprepared and without adequate support, and
- Refugees and new Canadians with pre-immigration trauma.

Parental addiction has always been a significant driver for child protection involvement with families, but the current opioid addiction crisis has a distinctively devastating impact. Countless number of families have been torn apart and hundreds of children are without parents due to opioid addictions. Fathers, mothers and young people are involved in drug addiction that incapacitates and the crisis has placed unprecedented demands on child welfare services. Even in the least populated provinces drug addiction is driving up the need for child protection services.

*Drug addiction is driving child protection- Expert Interview Participant*

Children and youth mental health issues and the role of child welfare to ensure children’s safety and support families are concerns in all jurisdictions. Many communities struggle to address the mental health needs of children and youth and the lack of resources has a direct impact on child protection. The rise in youth suicide, especially in northern First Nation communities and remote communities is unmatched. Children and youth in care have unique needs that stem from child maltreatment experiences and separation from family and are aggravated by lack of effective community services that are both accessible and culturally appropriate.

Interview participants noted concerns that a sizeable number of youth transitioning out of care are ill prepared to succeed in adulthood. They often have struggled with mental health and behaviour issues, have few supports they can rely on, have limited success in education and few employment prospects. Youth who have transitioned out of care are vulnerable to

*We are dealing with parents who struggle with it all; addiction, mental health issues, trauma, and experiences of violence, who are living in communities with few resources and supports. – Expert Interview Participant*

experience sexual exploitation, homelessness, drug addiction and involvement in criminal activities. Some interview participant discussed their concerns of child protection involvement with families across generations and that youth who have not successfully transitioned to adulthood often become parents at an early age and are involved with child protection services when they have children of their own.

Several interview participants discussed the extraordinary needs of refugee families that is emerging as settlement services end and new Canadians must turn to community services and programs. Most of the refugee families experienced multiple traumatic experiences prior to coming to Canada that impact on their ability to parent. Many have physical health and mental health issues in addition to language and culture differences. Child welfare is not well equipped to provide trauma informed and culturally sensitive services to refugee families. In addition, new Canadian families' past experiences with authority figures may predispose them to fear child welfare.

### **Adequate Data**

Almost half of the interview participants identified the lack of data to be significant issue facing child welfare and impacting several areas of child welfare practice. Interview participants pointed out that

*We do not have rigorous science to show the effectiveness and necessity of relationship building. Child welfare has not measured our work -Expert Interview Participant*

there is little consistency across Canada as to what information is gathered from families or about the services provided by child welfare organizations. Helped by differences in legislation, provinces/ territories use different definitions and terminology to describe the child protection mandate and services to families and children in care and have different organizational structures to deliver services. Many provinces and territories have developed centralized

data structures and methods. Most have experienced multiple problems with implementation and data inputting as well as the ability to measure and report. Some interview participants reported that in some jurisdictions centralized data system has not brought the benefits first proposed.

Child welfare in Canada had limited knowledge about the needs of families, of youth and children living with their family, or of foster families and kinship caregivers. The Canadian Incident Studies have provided very valuable information about the factors that contribute to child protection involvement, but the studies have a limited ability to inform about the needs of those families involved over time, service outcomes, caseload demands and workload. In addition, child welfare has little information about how youth and children in care are doing in their placements, how they are progressing in school, what are their health needs or their talents, aspirations and accomplishments. Child welfare does not have the information to know what services and programs are effective and for whom those programs are most effective or what conditions are optimal to achieve effectiveness.

Interview participants pointed out that the current lack of data handicaps child welfare's ability to make decisions, allocate resources where most needed and effectively implement strategies that will promote client outcomes.

## Social Work in Child Welfare Not Understood and Not Valued

Nearly three quarters of the interview participants reported that the lack of understanding about the role and responsibilities of social workers in child welfare is a significant concern. Child welfare is heart wrenching and not well understood by communities. The public are not confident in child welfare organizations across Canada mostly because child protection is not understood by the communities it serves. Child protection work is cloaked in secrecy because of confidentiality requirements and therefore the public only learn about it after a critical incident and seldom know about its achievements.

The public desires to understand and to help but we do not know how to effectively engage the public. – Expert Interview Participant

Child welfare is not well understood among community professionals even though professionals are the most frequent referral sources. Community professionals are not aware of the multiple responsibilities or the complexities of the role and there is no longer time and resources to educate them. In some jurisdictions professionals such as child advocates, health, police and family lawyers are highly critical of child protection and seek to lay blame when there is a tragedy. Child protection deals with so much human frailty and is not a perfect science. There are many factors and influences out of control of child welfare and this adds to the challenges to explain to other community professionals who are not aware of the requirements of the job. Interview participants explained that many community professionals fulfill their duty to report but do not realize their role in sharing responsibility to protect children. Adding to the challenges is that for many child welfare organizations there is no longer time or the resources to educate the community about child welfare beyond their duty to report.

*Child protection faces the daily tension between a society that wants child protection to intervene but criticizes when intervention is viewed as too much or too soon, or too costly. This colours how child protection tells the story of how child protection helps families- Expert Interview Participant*

Interview participants also expressed concerns that child welfare is not valued or understood by the social work profession. The profession places higher value on non-mandatory areas of practice. Provincial associations and

regulatory bodies tend to not include child welfare in professional network and support strategies. Schools of Social Work have historically and continue to devalue child protection as a field of practice and understand it only as an entry level career path.

### Findings: Question 2

The second question posed requested that the experts consider the elements in child welfare that supported professionalism or could contribute to de-professionalism of social work. Analysis of the discussions of this question reveal three main themes.



## Provincial and Territorial Preferred Hiring Requirements and Impact of Recruitment Challenges and Staff Turnover

Provinces and territories across Canada prefer professional social work education for employment in child welfare however, in certain jurisdictions, many worker's education is in other helping fields. Interview participants discussed that although BSW and MSW education is preferred, child welfare organizations tend to resort to hiring other university or college education levels when unable to recruit social workers. Most interview participants highlighted the inter-connectedness of recruitment barriers and hiring social work professionals. Overloaded caseloads and unfilled positions influence hiring staff with non-social work education and less experience. This is especially true for positions in remote communities where recruitment and staff turnover rates are higher. Indigenous child welfare organizations face unique challenges hiring social worker who are Indigenous and have a smaller pool of possible candidates to recruit from.

Some interview participants discussed that the values and ethics of the social work profession such as positive regard for clients, strength-based approach and grass roots focus are well suited to child welfare. They pointed out that the work is harder for those with different education than BSW and that social work professional education is necessary to provide help within the context of the power and authority of child protection role.

A few interview participants argued that hiring outside the social work profession is less tied to recruitment challenges and is more tied to budget constraint and efforts to save money. In some cases, interview participants felt that child welfare organizations do not see the value in hiring social workers. Individuals with less education but experience and interest in doing the work are favoured because they have lower salaries.

Provinces and territories have developed system wide professional development curriculum and training. The courses tend to train the job requirements and attempt to educate on the fundamentals of social work practice in child welfare. Some interview participants cautioned that the system training tend to teach a practice that is prescriptive driven than driven by clinical framework and professional values.

Many jurisdictions have developed partnerships with Schools of Social Work to deliver the child welfare training. Schools of social work have also customized BSW and MSW programs to better meet the needs of child welfare employees looking to advance their formal education by offering part-time programs for those employed in the field, alternative class scheduling, long-distance learning methods and web-based course work.

### Increased Administrative Requirements Decrease Professional Practice

Many interview participants examined how the risk adverse tendencies of child welfare organizations have resulted in demands for documentation and caused social workers to have less time and resources to build helping relationships with clients, intervene and provide services. Participants reported that in their jurisdiction it has been estimated that nearly three-

*Social work is all about relationships and if there is not enough time we cannot establish relationship and, as a result, cannot adequately address risks to children- Expert Interview Participant*

quarters of front line workers' time is spent completing paperwork and other administrative requirements. It was pointed out by some interview participants that although there are many complaints about paperwork, increased regulations and administrative demands, the impact on child welfare practice is not really known because these have not been measured. In general, participants reported that social workers feel frustration that there is not enough time to do what is at the foundation of their role. Participants linked the lack of opportunity for relationship with inability to adequately address risks to children.

### **Promoting the Social Work Profession in Child Welfare**

As discussed in the previous interview question, many interview participants identified that there is a long history of tension between child welfare and the social work profession and that social work tends to place less value on child welfare than other areas of practice. Social work does not promote child welfare to be a preferred area of practice and there is pervasive thinking that child protection does not require social work education. Several interview participants pointed out that, in certain jurisdictions, child welfare identifies social work is the profession of choice but is reluctant to require professional education and registration with provincial regulatory college.

*The social work profession has an obligation to step up and say that social work is the profession of choice in child intervention and protection. - Expert Interview Participant*

Interview participants also discussed that other professionals in the community do not see social workers in child welfare having important standing and expertise. One participant pointed out that when the news wants to report on child maltreatment issues the press does not turn to child protection but calls on other professions such as psychology or medicine. Social work does not step forward and provide its expertise.

### **Findings Question 3:**

The third question focused on identifying the evidence informed programs, best practices and promising approaches in child welfare. In answering this question interview participants shared information about a wide range of approaches, programs and decision-making frameworks that in place or being implemented in their jurisdiction. Many interview participants discussed that child welfare has recognized the importance of taking an evidence informed approach and places greater emphasis on effective practice to achieve improved outcomes. Participants pointed out that child welfare has often borrowed from other fields to strengthen and enhance services and regularly collaborates with community partners to provide evidence-based programs. A few interview participants commented that child welfare is not tracking any of the data that informs what services are being provided, what is effective or the outcomes of interventions. Research of social work practice in child welfare has not been done.

The interviews revealed the following commonalities across Canada of the evidence informed programs and services provided by child welfare.

## Child Welfare Practice Approaches

### Structured Decision Making (SDM)

Most jurisdictions in Canada have implemented Structured Decision Making (SDM), an approach to risk decisions developed by the USA National Council on Crime and Delinquency (NCCD) Children's Research Center (CRC). This approach is more fully discussed in Part 3 of this report.

### Family Centred Practice, Strength Based Practice, Differential Response, and Signs of Safety

Across Canada, child welfare has implemented several approaches that focus on strengthening family engagement, family participation in decision-making, extended family involvement and community connection. Each of the approaches have some degree of research on implementation, impact of training and are promising practices. All the approaches are based on a set of values and service principles that aim to transform the child welfare system and achieve improved outcomes for children and families.

*Family Centred Practice* is an approach that focuses on family engagement across the service continuum and emphasizes child safety. The approach is based on a set of values and principles, incorporates a broad definition of family and promotes advocacy for families and shared responsibility with communities.

*Strength Based Practice in Child welfare* is an approach that emphasizes an individual and family's capabilities, skills and knowledge, support system, and motivation to meet challenges. The approach is based on values

*Differential Response or Alternate Approach or Alternate Track* is an approach that enables child protective to differentiate its response to reports of child abuse and neglect based on the level of perceived risk associated with the report.

The approach has child protection move toward engagement and community collaboration in family circumstances that are moderate to low-risk of future harm to children. Differential Response recognizes that most families do not require the forensic approach to investigations but are

*Indigenous communities say they have been doing family engagement type approach for decades while others say this is downloading to the community that is already over stretched and cash strapped. – Expert Interview Participant*

better served through an approach based on assessment and engagement. Differential Response is also known as Flexible Response, Alternative Response and Dual Response.

*Signs of Safety* is a family engagement approach first developed in Australia and is a marriage of strength based and solution focused approaches to child protection with the primary goal on safety of children. Signs of Safety approach was designed to give child protection a framework for engaging all persons involved in a child protection case; including professionals, family members and children.

*Family Group Decision Making (FGDM)* is an approach that is based on the New Zealand Indigenous community and includes several different approaches. It recognizes the importance of involving extended family and others meaningful to the family, in decision making about children who need protection or care. It is a process that is led by a trained coordinator who is independent of the case and

brings together the family group and the service providers to create and carry out a plan to safeguard children and other family members. It has been used across Canada as an alternative dispute resolution process and to promote extended family participation in planning.

### **Promoting Family Based Care, Foster Caregiver Assessments, Training and Support**

Several interview participants discussed the child welfare has renewed its commitment to family-based care that has come from a more evidence informed position that family connection is necessary for children's emotional and spiritual permanency as well as legal permanency. Strengthening Family Based Care strategies aim to have children and youth to safely and successfully settle into a stable family environment as apposed to group care.

*Family Finding* model offers methods and strategies to locate and engage relatives of children currently living in out-of-home care with the goal to connect each child with extended family, so that every child may benefit from the lifelong connections that only a family provides. The model is founded in service principles grounded in resiliency theory that the single factor most closely associated with positive outcomes for children is meaningful, lifelong connections to family.

*SAFE (Structured Analysis, Family Evaluation)* is a home study model for families seeking to foster, adopt or provide care of family member. The SAFE home study includes home safety assessment, family assessment, medical assessment and police record clearances.

Parenting Resources for Information, Development and Education (PRIDE). Most child welfare organizations in Canada have implemented the PRIDE framework to assess foster care applicants and provide foster parent training. The program was developed in the USA and in Canada, is supported by the Child Welfare League of Canada. PRIDE is designed to strengthen the quality of family foster care and adoption service by providing a standardized, consistent, structured framework for the competency-based recruitment, preparation, and selection of foster parents and adoptive parents, and for foster parent in-service training and ongoing professional development.

### **Evidence Based Programs through Community Partnerships**

Many interview participants described how their child welfare organization have collaborated with community agencies to provide evidence-based programs. Many jurisdictions have evidence-based parenting programs, home visiting programs to new parents, infants and preschool children and programs that focus on domestic violence. The programs identified by interview participants are noted below. These programs are discussed more fully in Part 3 of this report:

- The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs with ongoing research,
- Cognitive Behaviour Treatment youth and adults with mental health,
- Caring Dads program for fathers who have physically abused, emotionally abused, or neglected their children; exposed their children to domestic violence; or who are deemed to be at high-risk for these behaviors, and
- Trauma Informed Child Welfare Approach.
- Bent Arrow Traditional Healing Society (available at: <http://bentarrow.ca/>)

- The Saskatchewan First Nations Family and Community Institute Inc. (available at <http://www.sfnfci.ca/pages/about-SFNFCI.html>)
- The First Nations Child and Family Caring Society of Canada (the Caring Society) training resources and evidence informed literature available at <https://fncaringsociety.com/who-we-are>

### **Anti-oppressive practice and Child Welfare Services to African Canadian Community**

A few interview participants discussed concerns of the over representation of African Canadian and refugee children and families in child welfare services. Participants noted that an anti-oppressive practice is a social work value that child welfare has realized needs to be given specific attention. An interview participant highlighted recent initiative to enhance and improve child welfare services to African Canadian families titled “One Vision One Voice Changing the Child Welfare System for African Canadians” available at <http://www.oacas.org/what-we-do/government-and-stakeholder-relations/one-vision-one-voice/>

### Findings Question 4

Interview participants were asked to identify the efforts made by child welfare to address the Truth and Reconciliation Commission Calls to Action. They identified numerous initiatives undertaken by provincial and territorial child welfare organizations to collaborate with Indigenous communities to improve working relationships, enhance Indigenous traditional healing approaches and embed cultural approaches to child welfare services, parenting and family support programs. All participants discussed concerns of the over representation of Indigenous, First Nation, Metis, and Inuit children and families and identified that provincial and territorial child welfare authorities are working with Indigenous leaders to develop policy, programs and treatment services.

### **Jordan’s Principle**

Interview participants reported that provincial and territorial child welfare authorities have committed to following Jordan’s Principle, the child-first principle that applies equally to all First Nations children, whether resident on or off reserve to ensure that funding does not block children and families from receiving the services they require. In July 2016 the Government of Canada launched the Child-First Initiative. In July 2016, the Government established Jordan’s Principle contacts in each province and territory across Canada to help families and children by expediting the requests for funding for medical related services under Jordan’s Principle – A Child-First Initiative. The First Nations Health Authority (FNHA) is responsible for administering Jordan’s Principle resources in British Columbia.

### **Child Welfare Response to Truth and Reconciliation Commission Call to Action**

Many provincial and territorial child welfare authorities have committed to system wide training developed with Indigenous leaders to front line workers, supervisors and managers that focuses on the impact of residential schools, colonialism, intergenerational trauma and systemic discrimination.

Child welfare organizations have put a high priority on developing culturally relevant parenting programs and support services and linking families with traditional Indigenous healing programs, services and ceremonies.

Some jurisdictions have improved child welfare documentation and data collection regarding the number of Indigenous children in care and families involved with child welfare. However, it was noted by interview participants that inconsistencies and gaps in information continue to be a problem. It was noted that there is no central body established to hold child welfare authorities accountable or to record their initiatives and steps to fulfil the TRC recommendations. The information provided by the interview participants is provided in Part 3 of this report.

## Part 6: Findings Summary

This environmental scan has provided the Canadian Association of Social Workers with a comprehensive understanding of the environment and working conditions experienced by social workers in child welfare. Information from thousands of social workers across Canada revealed significant commonality amongst the provinces and territories and social workers face the same challenges regardless of the location of their child welfare practice.

### Findings of the Questions Pursued by this Project

The project sought to explore six broad questions through a focused literature review, search of government and child welfare authorities' websites, survey to social workers and structured interviews with experts. The following summarizes the findings of this project and illustrates the environmental scan.

#### **Question: The number of social workers in child welfare across Canada and percentage of the overall number of people employed in child welfare.**

A search of provincial and territorial professional association websites, literature and annual reports did not reveal the number of social workers working in child welfare or the percentage they are of the overall work force in child welfare in Canada. There is some suggestion that social workers in child welfare make up a significant and attention worthy portion of social workers in all areas of practice as the survey was completed by 10% of the membership of the CASW membership.

#### **Question: Evidence of trends that child welfare is becoming de-professionalized.**

The literature pertaining to social work professionalism discusses the dynamic amalgamation of the personal and professional identity. Social work beliefs, values and principles influence personal identity. Social workers, as members of a professional group, have status and power and this is especially true for social workers in child welfare in that services are provided within a legal context. Organizations must set parameters and rules to guide professional services and many of the rules in child welfare are built on social work knowledge and designed to support effective social work practice. However, social work is, by its nature, inexact and there are many circumstances child protection that do not neatly fall within organizational rules and requirements. This is especially true when organizations take a more bureaucratic and technical approach to service delivery.

The academic literature suggests that de-professionalism is an issue for the profession of social work and proposes there are elements in play that contribute to the trend. (Healy, Meagher; 2004) The element that is most evident in child welfare is the impact on social work practice when organisations establish rules and structures in the hopes of improving consistency in response and decision-making but result in the unintended consequence of routinized methods, lost creativity, and self-reflection and critical thinking are devalued.

The interviews with child welfare experts showed that all child welfare authorities across Canada have established education criteria for hiring that sets BSW as a requirement. However, the reality of the field makes it difficult for many jurisdictions to maintain the social work educational requirements. Many child welfare authorities struggle with high staff turnover rates and the workload and financial consequences that come with low retention. In addition, some child welfare authorities set preferred

employment criteria for staff who have the language skills and cultural knowledge necessary to serve a specific population and as a result, educational requirements may be given lower priority.

Social workers who participated in this project are concerned about de-professionalism in child welfare and, from their experiences, see that de-professionalism is driven by factors that take time away from building relationships and spending time with clients. They reported concerns about the consequences of increased regulations and documentation and high caseloads that leave little time to develop effective helping relationships with youth, children and parents. They also expressed concerns about lack of training and adequate supervision.

### **Question: What are the main challenges facing social workers in child welfare?**

The survey to child welfare social workers across Canada and interviews with child welfare experts identified the most significant challenges and issues to be (i) excessive and unmanageable workload, (ii) increased administrative requirements by the organization that negatively impacted case work practice, (iii) the complex needs of children, youth and parents, (iv) the lack of adequate services in communities to meet their needs, (v) social worker's exposure to traumatic situations that results in vicarious trauma and post-traumatic stress and lack of mental health wellness strategies in organizations to address staff trauma, (vi) experiences of client aggression and exposure to dangerous events, (vii) the impact of high turnover rates on services to clients, workload of those who remain and financial expenditures, (viii) the over-representation of Indigenous and visible minority children, youth and families involvement, and (ix) the system's limited knowledge about the needs of families, children and youth involved with child welfare.

Much of the experiences reported by survey respondents and by the interview participants echoes findings in the academic research, and especially reflect studies from Canada that looked at the root causes of staff turnover, impact of traumatic events on social workers and organizational factors that promote job satisfaction. Some of the findings of this scan of the child welfare environment legitimize many of the experiences that have only been speculated or assumed to be powerful influences on working conditions of Canadian social workers. Some of the findings are different than what is traditionally held as true about social workers in child welfare especially the years of experience in that participants in the project had years of experience high above the average reported in the literature.

The responses to the survey and interviews paint a profile of the child welfare social worker in Canada. The social workers who provided their voice are highly experienced and, on average, had more than six years of experience in child welfare. This is contrary to the view that child welfare is a field in which to launch a career and the field suffers from a lack of experienced social workers because most stay less than two years.

This environmental scan found that social workers have a strong professional identity with child welfare. They are dedicated to helping clients and believe that they are making a difference in the lives of vulnerable children and youth. Most social workers in child welfare serve a mix of both rural and urban communities, and, for three-quarters of the social workers, Indigenous families make up more than half of their caseloads.

Social workers are responsible for unmanageable workloads and high caseloads that are often the result of staff turnover. They are challenged by the high needs of clients that cannot be adequately supported



through community-based services. The current opioid crisis in Canada's cities and rural communities is especially concerning and has put many children in precarious situations requiring child welfare intervention.

Social workers identify that their exposure to client's trauma has consequences on their personal well-being. They work in stress-filled environments and often do not have the resources in their organizations to combat compassion fatigue and post-traumatic stress. It is most concerning that such a high number of respondents reported personal exposure to violence, danger and threats (44%).

Although many reported stress and monumental challenges, they also reported job satisfaction. Most often, social workers reported satisfaction that came from opportunities to practice the foundational elements of social work such as building relationships and helping clients along their journey to change. Social workers found their roles eased by the support from their team and work colleagues, and from community service providers. In many ways, child welfare social workers in Canada mirror the simultaneous and complex relationship between emotional exhaustion and job satisfaction discussed in the literature (Stalker, Mandell, Frensch, Harvey, and Wright (2007); Regehr, Hemsworth, Leslie, Howe, and Chau (2004)). The findings of this project also suggest that job satisfaction and perceived support may be key to counter-balancing vicarious trauma, burn out and post-traumatic stress.

**Question: What is the evidence that Registered Social Workers (RSW) in child welfare produce better outcomes than others?**

A review of the literature did not reveal any studies that looked at the influence that social work practice and methods may have on client outcomes and there are not studies that look specifically at social work in child welfare.

**Question: What are the highest standards and best practices in Canadian child welfare?**

A review of the literature, child welfare government websites and child welfare related organizations websites that promote evidence informed practice in child welfare revealed several service models, methods and programs that high standard and best practice. Part 3 of this report provides information about models, frameworks and programs in child protection, services to children and youth in care, and assessment and support of alternative caregivers that are founded on the highest standards and are evidence informed.

**Question: How are different provincial and territorial child welfare organizations seeking to address the recommendations of the Truth and Reconciliation Commission?**

Survey and interview participants provided rich information about their organization's response to the Truth and Reconciliation Commissions Call to Action. A search of federal and provincial/ territorial government and child welfare authority websites also provided information about strategic plans, research and data collection, development of culturally appropriate services, and reconciliation initiatives to build trusting partnerships. The information is found in Part 3 of this report.

## Summary

This multi-dimensional environmental scan found social workers eager to share their points of view and lived experiences. The environmental scan shows a host of issues and challenges faced by social workers, what contributes to their job satisfaction and what is perceived to contribute to de-professionalization of social work. Even with all the challenges experienced in child welfare, social workers identified many initiatives, interventions, programs, and services that are in place in their organizations that promise to improve services to clients and working conditions.

Across Canada, child welfare organizations have provided training to educate staff about the intergenerational impact of residential schools, 60's Scoop, and Indigenous culture and traditions. Provinces and territories have acted to improve relationships and partnerships, create culturally relevant programs and services, strengthen supports to Indigenous communities and families, and improve child protection decisions through strengthening consultation with Indigenous communities and following traditional practices.

The findings of this scan expand CASW's knowledge about the working conditions of social workers across the country and points out priority areas for CASW to consider when advocacy strategies. CASW, with the mandate to be the voice for social work can have considerable influence in recognizing that challenges, trends, and issues facing child welfare are not unique to province and territory but are shared across the nation. The national perspective that CASW provides can assist in developing collaborations and partnerships aimed at improving working conditions for social workers in child welfare and circumstances for vulnerable children, youth and their families.

Participants in the survey and interviews advise CASW to focus its child welfare advocacy priorities on the following critical issues;

- Supporting addressing the disproportionality of Indigenous children and families involved with the child welfare system,
- Improving working conditions for social workers by addressing workload
- Support the development of national strategies to improve staff retention and reduce turnover for child welfare/service organizations
- Supporting organizations and governments to develop strategies to promote mental health and wellness and address post-traumatic stress experienced by social workers,
- Raise the value organizations and all levels government place on social work knowledge and methods and the importance that social workers have adequate time to spend with clients.

## Appendix 1: Child Welfare Expert Interview Participants

Many of the expert interview participants consented to being identified in this report. We wish to formally pay tribute to the contributions of the individuals listed below in alphabetical order.

Participants were promised confidentiality, so they are not identified here but we remain forever thankful for their contributions.

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Child Welfare Policy Team  
Integrated Policy and Legislation  
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Societies  
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Joan Murray, MSW, RSW  
Focused Intervention Supervisor  
Family and Human Services  
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Lesley Bishop, MSW RSW  
Board Member at Large, NLASW  
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protection, Department of Family Services  
Cape Dorset, Nunavut

Alexandra Wright PhD, RSW  
Directrice General, Executive Director,  
CASWE-ACFTS

Darlene MacDonald, MSW  
Manitoba Children's Advocate (April 2011-  
2017)  
Former CEO Winnipeg Child and Family  
Services (2006-2011)

## Appendix 2: Resources Shared by Participants

Anti-oppressive Framework for Child Welfare available at <http://www.oacas.org/wp-content/uploads/2017/01/Framework.pdf>

Family to Family TOOLS FOR Rebuilding Foster Care. Annie E. Casey Foundation. Available at <http://www.aecf.org/m/resourcedoc/aecf-F2F-SafetyFirstDealingWithTheDailyChallengesOfChildWelfare-2002.pdf>

Family Finding. Available at: <http://www.familyfinding.org/> and Family Finding available in Canada can be located through Family and Children's Services Waterloo Ontario at <https://www.facswaterloo.org/helpingfamilies/family-finding>

Government of Canada First Nation Child and Family Services Interactive Map. Provides location of First Nation services across Canada and information about funding. Available at <http://geo.aadnc-aandc.gc.ca/FNCFS-SEFPN/>

The Jordan's Principle Working Group. (2015). Chapter 1: A call to action from the Jordan's Principle Working Group. In *Without denial, delay, or disruption: Ensuring First Nations children's access to equitable services through Jordan's Principle*. Ottawa, ON: Assembly of First Nations.

The Journey Together. Ontario's response to the Truth and Reconciliation Commission of Canada's Action Plan and One Year Report available at <https://www.ontario.ca/page/reconciliation> and report available at <https://www.ontario.ca/page/journey-together-ontarios-commitment-reconciliation-indigenous-peoples>

National Association of Social Workers Standards for Social Work Practice in Child Protection (1981, revised 2013) available at [https://www.socialworkers.org/LinkClick.aspx?fileticket=Flu\\_UDcEac%3d&portalid=0](https://www.socialworkers.org/LinkClick.aspx?fileticket=Flu_UDcEac%3d&portalid=0)

One Vision One Voice: Changing the Child Welfare System for African Canadians. available at <http://www.oacas.org/what-we-do/government-and-stakeholder-relations/one-vision-one-voice/>

Parenting Resources for Information, Development and Education (PRIDE) at Child Welfare League of Canada available at: <http://www.cwlc.ca/en/projects/pride>

The Standards for Cultural Competence in Social Work Practice are based on the policy statement "Cultural Competence in the Social Work Profession" published in Social Work Speaks: NASW Policy Statements and the NASW Code of Ethics, which charge social work professionals with the ethical responsibility to be culturally competent. Available online at: [www.socialworkers.org/practice/standards/NASWCulturalStandardsIndicators2006.pdf](http://www.socialworkers.org/practice/standards/NASWCulturalStandardsIndicators2006.pdf)

Structured Decision-Making Model (SDM) The model identifies the key points in the life of a child welfare case and uses structured assessments and tools to improve the consistency and validity of each decision. (available at <https://www.nccdglobal.org/assessment/sdm-structured-decision-making-systems/child-welfare>).

The Triple P – Positive Parenting Program: available at <http://www.triplep.net/glo-en/home/> with locations of programs across Canada. Available in Alberta: <http://www.humanservices.alberta.ca/disability-services/16620.html>,

Formal Customary Care: A practice guide to Principles, Procedures and Best Practices. In accordance with the Ontario Permanency Funding Policy Guidelines (2006) and the Child and Family Services Act. retrieved at <http://www.children.gov.on.ca/htdocs/English/documents/childrensaic/CustomaryCareGuide.pdf>

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Alberta Child Intervention Review Panel (2010) Closing the Gap Between Vision and Reality: Strengthening Accountability, Adaptability and Continuous Improvement in Alberta's Child Intervention System Final Report. Retrieved at <http://www.humanservices.alberta.ca/documents/child-intervention-system-review-report.pdf>

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