

HANSARD

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COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, March 4, 2008

Committee Room 1

**Department of Community Services
Adoption and Foster Care**

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COMMUNITY SERVICES COMMITTEE

Ms. Marilyn More (Chairman)
Hon. Ronald Chisholm
Hon. Leonard Goucher
Mr. Patrick Dunn
Mr. Gordon Gosse
Mr. Trevor Zinck
Mr. Keith Colwell
Mr. Leo Glavine
Mr. Manning MacDonald

[Hon. Ronald Chisholm was replaced by Mr. Keith Bain]
[Mr. Manning MacDonald was replaced by Mr. Harold Theriault]

In Attendance:
Ms. Charlene Rice
Legislative Committee Clerk

WITNESSES

Department of Community Services

Ms. Judith Ferguson
Deputy Minister

Mr. George Savoury
Executive Director, Family & Community Supports

Ms. Vicki Wood
Director, Child Welfare & Residential Services

Ms. Janet Nearing
Manager of Adoption Services

HALIFAX, TUESDAY, MARCH 4, 2008

STANDING COMMITTEE ON COMMUNITY SERVICES

1:00 P.M.

CHAIRMAN
Ms. Marilyn More

MR. KEITH COLWELL (Chairman): Okay, I'd like to bring the meeting to order. Our chairman is unfortunately away today so I'm going to be filling in as vice-chairman. I'm going to start by going around the room and we'll start with introductions.

[The committee members introduced themselves.]

MR. CHAIRMAN: I'd like our guests to introduce themselves, and welcome here today.

MS. JUDITH FERGUSON: Thank you very much, Mr. Chairman. I have a few opening comments that include introductions, if that's how you'd like to proceed.

MR. CHAIRMAN: Sure.

MS. FERGUSON: First of all I'd like to say good afternoon and on behalf of the department, thank you very much for the opportunity to come this afternoon and talk about foster care and adoption. We've been doing some very exciting things in the department so we're actually very much looking forward to the opportunity to share that information with everybody this afternoon.

I'm Judith Ferguson and I have the privilege of being the Deputy Minister of the Department of Community Services. I've brought with me several experts from the department who I'll introduce, who will be able to answer your questions.

I'd just like to say that in my position I'm extremely fortunate to work with an exceptional team of people and you'll have an opportunity to hear from some of them today. As most of you would know, child welfare can sometimes be a very difficult and complex area and we are very fortunate in the Department of Community Services to have a large number of committed, dedicated and very resourceful Child Welfare staff who do an exceptional job on a daily basis for the children and families of Nova Scotia.

I have to tell you that since taking this job, I am continually impressed by the level of dedication and commitment that we certainly see on a daily basis to the children who we serve.

So I'll start with my introductions. To my left is George Savoury. Most of you probably already know George. George is the Executive Director of Family and Community Supports. He has held this position since 2003 and has extensive experience as both a social worker and an administrator. He has held a number of management positions in the Province of Newfoundland and Labrador - not Cape Breton but it's close, so he should get some points for that. George chaired the implementation committee of the Children and Family Services Act and was Director of Child Welfare and Residential Services for 10 years and Director of Policy and Evaluation for two years in the department.

Immediately to my right is Vicki Wood and Vicki is the Director of Child Welfare. Vicki was previously the Executive Director of the Children's Aid Society of Halifax so she has experience both from a head office perspective and from an operational basis. She held the post of Acting Director of Children's Health at the Department of Health prior to joining the Department of Community Services in 2000. Vicki expertly manages the programs and services offered through the province to protect Nova Scotia's children and these programs include foster care, adoption, child protection, children and youth in permanent care of the province, and our Wood Street Centre in Truro.

Next to Vicki is Janet Nearing and Janet is the Manager of Adoption Services. She is responsible for the province-wide leadership in the development, monitoring, support and evaluation of effective policies, procedures and standards in the areas of domestic adoption, international adoption, the expectant and single parent program, and the adoption disclosure program. Janet has been the lead on implementing a number of the enhancements that we've made to the adoption program over the past couple of years. She also provides casework supervision to the staff of the adoption disclosure program and has direct involvement in the delivery of international adoption services.

Mr. Chairman, if there's the opportunity, I have some brief opening comments, if that's okay.

MR. CHAIRMAN: That's fine.

MS. FERGUSON: I'd just like to put some context around some of the things that we're going to talk about this afternoon very briefly. Again, as most of you are aware, Child Welfare Services offers programs and residential options that support families, children and youth, to foster safe and healthy child development in accordance with the Nova Scotia Children and Family Services Act and Regulations.

At any given time in Nova Scotia there are approximately 2,000 children in the care of the province. This includes temporary care, temporary care and custody, and permanent care and custody. Approximately 70 per cent of the children in the permanent care and custody are under the age of 10. We all recognize that a good family life and a caring environment is essential to a child's healthy development. Foster families are exceptional people who provide that kind of life, that kind of care, for Nova Scotia's most vulnerable children. Foster families work as part of a team of professionals who ensure that children receive the love and support they need to grow into healthy, strong and proud adults.

There are currently approximately 630 foster families in our province that care for 1,200 infants, children and youth. Our foster parents are provided with comprehensive training to ensure that those children and youth are placed with qualified and skilled families who can offer a loving and caring home while being prepared to help the child or youth in their care. Some of the training they are provided with includes non-violent crisis intervention training, sensitivity training, St. John Ambulance first-aid training, and a comprehensive parenting skills training program that was developed by the Child Welfare League of America.

The budget for the foster care program has steadily increased since 2000 and this is a reflection of both the province's commitment to foster care and the recognition of the vital and important role that foster parents play in our child welfare system. The department provides financial support to foster families to help them care and provide for children. This includes a daily per diem, as well as reimbursements for school supplies and activities, Christmas and birthday gifts, prescriptions, eye glasses, dental and medical expenses, counselling, recreational activities, and child care. Also, the province recently increased foster families mileage rates to match that of provincial civil servants.

Now I'd just like to speak briefly on adoption. In 2004 the department began the adoption redesign initiative to review adoption services in Nova Scotia. This was really the impetus of my predecessor, Marian Tyson, who really had a vision that in the department we really needed to do everything we could to ensure that as many children as possible were adopted into families. We had targeted consultations with stakeholders and sought input on solutions for improving adoption services and ensuring that stakeholders received timely information.

As I said earlier, the goals of this initiative were to provide children in permanent care with a family of their own to support them and to help them grow into healthy adults,

to raise Nova Scotia families' awareness that there are children in Nova Scotia waiting for a family, and to enhance the adoption process.

Recommendations based on the research and consultations were prepared and some highlights of the project included: nine new social work positions to provide pre-assessment and assessment services; a standardized assessment tool for adoptive families, and in 2006-07, 234 assessments were completed; standardized training for both adoptive families and foster families was introduced in 2006-07 and 426 individuals were trained; a toll-free adoption information line was established for all adoption-related inquiries; a new adoption manual of standards and procedures was created for staff across the province; and we amended the Children and Family Services Act to make it easier for adopted persons and birth relatives to maintain contact.

In addition to the adoption redesign project, the province wanted to assist Nova Scotians wishing to adopt internationally and last year rescinded the processing and administrative fees previously required for the international adoptive applicants to pay, saving them over \$700.

In 2006-07, 99 children were adopted by Nova Scotia families. The majority of children waiting to be adopted now are older children with special placement needs. Single parents, common-law partners or married people may qualify and are encouraged to become adoptive parents.

We very much look forward to continuing to work with our partners in the sector, including the Federation of Foster Families, foster parents, adoptive parents, staff, advocates and families, to provide safe and caring homes for the children and youth of Nova Scotia and thereby protecting our most precious resource, our children.

In closing, I would very much like to thank you for the opportunity to discuss our foster care and adoption services. I would also like to express my most sincere thanks to all of the foster families who are completely giving of themselves and help to make these children's lives healthier and happier. We are always looking for ways to improve our programs and services in the department and look forward to both hearing your suggestions today and speaking with you to provide you with more specific information on these topics. Thank you very much.

MR. CHAIRMAN: Thank you very much. I think we'll start off with a 10-minute-per-person round. Mr. Dunn.

MR. PATRICK DUNN: Thank you, Mr. Chairman. Maybe just a couple of quick questions dealing with foster care. I'm just interested in what type of pre-screening occurs prior to anyone being placed in a situation like that.

MS. JANET NEARING: Are you talking about the preparation for foster parents, is that what you're referring to?

MR. DUNN: Yes.

MS. NEARING: Certainly. When foster parents call, we have a 1-800 number, which you may have seen advertised, and their calls are answered, we hope very quickly. They're invited within a couple of months, if they're outside, to a meeting which is just for a couple of hours in an evening, to give them a sense of what the foster care system is all about and what we would expect of them.

Subsequent to that, if they're interested and want to proceed further, they participate in a nine-week, three hours a week - so 27 hours - training. It is called PRIDE - Parent Resources for Information, Development and Education - which was developed by the Child Welfare League of Canada. It's in one of the handouts that will be given. They participate in that training, which is extensive and which involved role-playing, small group work, video clips of situations, and so on and so forth. Again, all of this is to help foster parents get an appreciation of the kinds of expectations that will become theirs, if they decide to become foster parents, and in many situations helps them decide if this is really right for their family at this point in time.

For those who are still interested after that training, they then undergo an assessment process where a social worker would visit them in their home, would meet with them on several occasions, review their family background, their interest in fostering, their current situation, et cetera, and again come to a mutual decision about whether or not this family at this time has the skills and strengths to offer the children in our province who are needing temporary care.

MR. DUNN: Okay, thank you. Perhaps a second question. If you were to pick out one issue with regard to finding the type of foster homes that you desire, what would that issue be? One or two issues.

MS. NEARING: It would be very hard to pick out one particular issue. The reason is that what we are trying to find are families who can meet the needs of our children. The children who come into care have wide and varied needs, so we need a wide and varied range of families who have the particular strengths to meet the needs of those children, so we have an ability when children come into care, to say this is what this child needs or what this sibling group needs, where is the best family to meet the needs of that child?

MR. DUNN: Thank you. Thank you, Mr. Chairman.

MS. FERGUSON: Sorry, I neglected at the end of my comments - we actually have some handouts that we brought that people may find helpful, just some background information that we'd be happy to circulate if the members of the committee would find that helpful. Thank you.

[1:15 p.m.]

MR. CHAIRMAN: Great, thank you. Mr. Gosse.

MR. GORDON GOSSE: Thank you very much for coming today. My question, we had a standing committee a couple of years back and I think the title of that - I remember there had been some discussion, the foster care crisis I think was in that two years ago. I just wanted to know, since that time a couple of years ago - and there were deep concerns about the levels of funding for the children in care - I wonder if you could tell me what has happened since that last committee meeting to the present?

MS. NEARING: Certainly, I'd be happy to do that. Since that time there has been an increase of 5 per cent in the daily per diem rate that is provided to foster parents to care for children, so that has been an increase. That increase now, just so you're familiar with what it is, is \$14.64 a day if the child is under nine years of age, up to nine and including, and \$21.02 if they're 10 years of age or older.

In addition to that, and it is important to know, we provide the funds so that foster parents are reimbursed for any costs related to education - so school supplies and school activities are covered; Christmas gifts; birthday gifts; spending allowance; non-prescription kinds of items that might be required; recreational activities, mileage to transport children to and from any of those sorts of activities; and certainly any medical, dental - so eyeglasses, dental work, any of those sorts of things.

In addition to that, in recognition of the fact that many of these children have very particular special needs and require extra care, we have a special-needs board rate, which is also an additional amount of money, and that varies between \$1.50 and \$14.50 a day. That would be determined by the social worker, in concert with the foster parents. There's a questionnaire that has been developed that we've used for a number of years, to determine the level of special care that particular child requires, and then the rate is applied to - you know, some compensation for that. Child care is also covered so that we often - these days, in many Nova Scotia families, both parents are working and we want those parents to be able to be foster parents as well, because they often have much to offer. So we're able to provide for child care and that can happen as well.

MR. GOSSE: And the number of children in foster care in the province at this present time?

MS. NEARING: Just over 1,200.

MR. GOSSE: Just over 1,200 - is that a high number compared to years past?

MS. NEARING: No, it wouldn't be. The numbers have been relatively stable for a number of years.

MR. GOSSE: Okay, then the other question I had - I think it was answered earlier - how many children are in the custody of the minister? I think Judith answered that in her presentation.

When they made the changes to the adoption rules in 2004, which would enable children who were in the care of the minister to be put up for adoption, how has this impacted the rates of adoptions in Nova Scotia?

MS. NEARING: We're beginning to see some change. We made a lot of changes through that adoption project and Judith listed them off. Some of those have more immediate results than others, as you can appreciate. One of the dramatic increases has been in the number of families that we currently have approved as adoptive families. As of the very first of March, the number had gone up again. There are 146 families in this province that are approved and waiting to adopt. That's a huge increase from what we would have had before.

The placements of children are beginning to climb. Again, that takes time. We also appreciate very much that the children we're placing for adoption are not, for the most part, healthy newborns. Almost all of these children have come from very difficult circumstances, have been before a court hearing, the parental rights have been terminated and they have a whole number of special needs. So we make sure, and our adoption workers are extremely conscientious in making sure that they get to know the children as well as they can, to get to know what their needs are, so then they're in a position to take from that pool of 146 or so families and try to select the families that are going to be best able again to meet their needs.

MR. GOSSE: As an adoptee myself, I'm quite pleased to hear that. There are so many families waiting and I'm just at this time concerned about the length of time it takes to adopt, from I guess when I was adopted until the present day. And you're saying that these children who are coming into care now are older and a lot have special needs and special . . .

MS. NEARING: For the most part, yes. The process, from the time a family calls us, goes through the introductory session and then the training session that I mentioned, that has been very much condensed as a result of the adoption project. We have the people in place who can do that.

We tell people all the time that we're not able to tell you when a child may be placed with who because we're child focused and we're concerned that we get the best family we have for a particular child. So it's possible that the family that was just approved last month may have a child placed with them much sooner than the family who was approved perhaps a year ago. We try to be very clear with parents, that's not a discredit to them in any way but that's where we're based. We're focused on children and their needs and that's how we must operate.

MR. GOSSE: Thank you.

MS. VICKI WOOD: I will just add one point to that as well, if I could, which is that you're going to be seeing a new recruitment process where we're going to be doing targeted recruiting. In addition to special needs, we often deal with children in sibling groups, large sibling groups or they may have other characteristics, so we're going to begin to focus for specific kinds of families rather than just the sort of general population that's interested in adopting. We hope that will address some of the groups of children that we have which are currently a little harder to find adoptive homes for them.

MR. GOSSE: So there are some families out there looking, they have siblings, like two or three or a set of twins or something, so you're trying to match them up, and that may cause somebody who is waiting who is more selected for that type of adoption, rather than somebody else who's on the list ahead of them.

MS. WOOD: Yes, so if we were to say really specifically we have groups of children who are 5, 8 and 10, often when people think about adopting they may be thinking infants and yet there may be families that would be very interested in taking and bringing into their home and raising a group of siblings who may not have thought of adopting before. So we're wanting to start to target the kind of recruitment campaign that focuses in on the kids that we have waiting.

MR. GOSSE: Well good, I might have been able to meet my brother when I was younger. Instead, I had to wait 30 years to meet him, so that's a good thing, I think that's a positive thing. In my case he was a year and a half old and put in one family and I was five days old. I got to meet him when I was 29 and I do know the emotional aspect of coming with that aspect of it. That's good, I'm glad to hear that, thank you.

MR. CHAIRMAN: Mr. Glavine.

MR. LEO GLAVINE: Thank you very much, Mr. Chairman and thank you, Judith, for not only pointing out the staff you work with but also kudos to the parents and to the foster parents. I know my experience over the years, as an educator, is that I found in our community between the Berwick and Kingston area, four or five families who had taken foster children for a considerable period of time, an enormous commitment, and parents who were just doing a phenomenal job and sometimes with very difficult children.

I don't know all the reasons and perhaps you can explain a little bit as to, is it primarily with family breakup, movement of one parent to work in another province and things go bad, or grandparents get saddled with children and then they find they're not able to keep the children and care for them? What kind of a profile do you have of the child who goes into the need for adoption.

MS. FERGUSON: I'll speak generally to this and then I'll hand it over to Vicki. The mandate of Child Welfare under the legislation is children who have been abused or

neglected. So those would be the children who would, after a court process in that case, end up in the care of the minister. Obviously there are different pieces to that, but I can get Vicki to talk a little bit more to the specifics.

MS. WOOD: I think as time goes on and more research comes forward, I think we have a better understanding of the impact of child abuse and neglect on children. Certainly our first attempt is always to try and provide services and enable children to stay at home with their families. So if they come into care, in permanent care, and we're seeking adoptive homes for them, very few of those children would have been children relinquished at birth which might have been the case decades ago. Most of these children would have gone through a fairly lengthy process at home, with the agencies trying to provide services on a voluntary basis and then perhaps under a supervision order.

What we know, in terms of child development, would be that there are critical years for children and as that process unfolds, some of the effects, for instance of chronic neglect, can be devastating. It can influence your lifelong path. We know you can blunt children's IQs and intelligence, you affect often their brain development when you're talking young children. We would also have some children that we would have been concerned about prior to birth because the parent may have been intending to give birth but, you know, would have drug additions. Family violence is a very large area in terms of a lot of referrals, and we have a better understanding of the impact for children if they grow up in a climate of violence, constant stress in the family home, crisis after crisis.

We also know that there's a lot of correlation between women being battered and children being battered. The research is coming forward to talk about that being much higher incidence than one might have thought.

So when you think about the lack of stability, the kind of prenatal assault that might have happened for children or what they may have undergone in their early development, and then add to the complexities that you were talking about in terms of moving, transience - all those kinds of things. Just something that we take for granted would be having stability when you're growing up and having the same family next door to you, being connected to your community, having friends, having teachers who know you, participating in activities - those are all protective factors for kids, in terms of self-esteem and how they develop and think about themselves. When you interrupt those and move a child from place to place, you're influencing their pathway as well. Kids have generally gone through a significant trauma by the time we're working with them.

MR. GLAVINE: I'm sure the economic instability that families experience annually with seasonal employment, and also areas where our economy is not doing very well, an alarming statistic is that about 70 per cent of Nova Scotians' family income is \$30,000 or less. I'm just wondering if there are any geographic areas where there seems to be a greater need for children to go into foster care.

MS. WOOD: Being poor doesn't lead to child abuse and neglect, however, there is a correlation. It's not causal, but there is a correlation between families who receive protection services and socio-economic status. If you looked around the province you would see that in some of the areas where the economy is more depressed, you do have higher rates of children in care in those areas. But it's complicated and one doesn't lead to the other and I would be remiss to say so.

MR. GLAVINE: So it's a multi-factor thing then you would say?

MS. WOOD: Yes, multi-factor.

MR. GLAVINE: Just to go back to my colleague and speaking about monies to look after children, the \$21 per day for the care of a foster child which you outlined there, if we take a look at Statistics Canada reports, they talk about it costing about \$45 a day to give the child the kind of care in a modern society that they should be getting. I know you talked about a few of the little supplementary areas that are helped out, so I'm just wondering if this is under review, has there been a budget request this year that the dollar figure rise in conjunction with the kind of standard that Statistics Canada sets out?

MS. NEARING: I think it's a little bit difficult to compare the Statistics Canada figure with our figure because they're saying this is what it would cost, that's sort of the sum total if you will, and the \$21.02 is part of what is the compensation for foster parents. Those several other items that I mentioned actually can account for a considerable dollar value. Clothing is also something that's provided for in addition to that and any of you who have raised children know how much it costs to clothe them today, so that's a huge expense that's covered by the department but isn't portioned out in that per diem rate, because it's additional monies as well.

[1:30 p.m.]

The other thing that we are able to do, and we are very happy to be able to do so, is provide for post-secondary education, all costs for children who have been in permanent care up until they reach their 24th birthday. So that would be, for a typical family, again, with the high cost of post-secondary education, a tremendous advantage for those young people who require that, because they haven't assistance from their own families who most of us would rely on. Although the per diem, I understand, sounds much less than the \$45, when you include all of the other expenditures that can be compensated, I think you would be very close to that \$45.

MS. WOOD: You may want to refer to the handouts on the second page, Slide 4. You'll see the rates in comparison with the other Atlantic Provinces.

MR. GEORGE SAVOURY: I should add as well on the post-secondary support, we probably have the most generous post-secondary support. It would be uncommon, actually, to see a province go up to 24; if there is a province providing support it would be

up to 21, generally. We've gone to 24 because we know that children in care may take longer to finish high school and therefore longer to graduate but I don't think you'd find, even in the more well-to-do western provinces, that the level of support would match ours in Nova Scotia, where we provide all of the costs for tuition, accommodations and their school supplies.

It's a very good program and very deserving, because these are youth who have probably not had the benefits that others have had in life. We know that if we can help them complete their post-secondary education, they will go on to become independent. The research on children in care becoming independent and able to care for themselves has not generally been very great, so we're hoping to change that in our province.

MR. CHAIRMAN: Mr. Goucher.

HON. LEONARD GOUCHER: Thank you for being here. I was just going through this and before we get going here, could you give me an example of temporary care and custody? I guess permanent care is where the minister has total responsibility for the child. Could you give me some examples of what those might be?

MS. WOOD: Temporary care, as I said, if you think about it as a progression, we try to work with families initially, if we receive a report, we investigate. If we determine that there is child abuse or neglect our first attempt is to provide supports to the family, some kind of service that would address the risk to the child. If that is not successful, then we may apply for temporary care of the child which would mean that a court becomes satisfied that for the time being, the child should be in the care of the minister.

Our plan most often with children in temporary care is to resolve whatever the difficulties are and to have them return home. There are some children where that's not going to be possible, in which case they would come into the permanent care of the minister. Whenever we give figures, on an annual basis, they're a little bit confusing to try to explain because you may have many children coming into temporary care during the year, resolving the difficulty and returning home again.

MR. GOUCHER: Is there any correlation, I was just looking at the permanent care numbers there and there are probably 60 per cent that are between the ages of 10 and 21, is that a norm? It's your third slide.

MS. WOOD: Yes. Again, that's where I was referring to when it says, at March 31, 2007, it's a snapshot of the children who come in and out of - is that the one you're looking at - children in foster care, yes.

MR. GOUCHER: The third slide there.

MS. WOOD: I'm sorry, yes and your question - I'm trying to relate that to the temporary care.

MR. GOUCHER: Just the number of kids who are between 10 and 21 - it's a pretty significant number when you're looking at the total.

MS. WOOD: Yes and over time we have certainly had more success placing children under 10 in adoptive homes than we have children who are older. The other thing you have to consider is, what are the child's wishes? There are some older youth who don't wish to be adopted - they may feel quite attached to the foster family or situation that they're in and our plan for them may be to help them prepare for independence; they may not be returning home. You may have older children in care for those reasons.

MR. GOUCHER: Just for clarification, Mr. Chairman, a child that is under permanent care and custody can opt to be adopted by the family? That's under permanent care.

MS. WOOD: Any child in permanent care and custody can be placed for adoption, yes.

MR. GOUCHER: Just to come back to the screening, how do you screen out families for foster care? It must be very difficult.

MS. WOOD: Not necessarily. Some of them would be pretty basic, as Mr. Savoury was saying, with child abuse register check, police - you'd want to make sure that if there had been any prior criminal activity, and that doesn't necessarily exclude you, but you'd want to know what the nature of that was and if it was relevant to the situation at hand. Then you would begin to look at the foster family's ability to parent a child.

If the minister becomes the parent of the child, you have an obligation to err on the side of caution. At the same time, we try to take a developmental approach with foster families - in other words, if we find that families have the basics but they may require some education on parenting. If you think about parenting our children versus your own, there would be a difference. We are parenting kids who have been abused and neglected - they may be acting out in ways that are difficult for a family to cope with. You are not starting off as an infant with that child, you are meeting a child at a particular developmental stage. All of those things make it challenging to foster and in addition, the plan for the child may still be to return home to their parents so you have the upset that goes with having to manage contact with the biological family. All of those things are sorted through the training program with foster parents - how to work in partnership with the child's biological family, what it's like to parent an 18-month-old that has been severely neglected, or a 13-year-old that may be really troubled and acting out. You walk through those processes through training and once they have a really good assessment of what that might mean for them and their family, that then enables you to conduct a home study.

MR. GOUCHER: Are placements easier for younger children?

MS. WOOD: Yes.

MR. GOUCHER: One last question, if I may; a real quick one.

MR. CHAIRMAN: You have lots of time.

MR. GOUCHER: Something that has often interested me, especially in the community where I live, is international adoption. When I see a lot of the young, beautiful children who come out of China and some of these places like Russia, where people go to a great extent, does that impact heavily or at all on our ability as far as placements go locally? Do you find it to be much of an issue?

MS. WOOD: Well, it reduces, I guess you would say, that group of families. I think we had approximately 100 international adoptions last year.

MS. NEARING: One of the things that we've done in the department and try to do very diligently is to ensure that the children who are in the minister's care receive our first and foremost attention - they must, they're in the minister's care. So for international adoption, to contrast the process that I had described for foster and adoptive parents in terms of assessment, most of that is done by private practitioners in the field. For instance, the international applicant is paying a private practitioner to have their home study done. It still needs provincial approval by my office but that relieves our agency social workers from that responsibility, if you see what I mean. So that's what we've tried to do, we have tried to make a separation so that the minister's resources, staff resources and otherwise, can be dedicated to the children in the minister's care as much as possible.

MR. GOUCHER: That was part of the question and I guess the other one was - and I think you've answered it - it basically takes away that family out of the pool of people who may be willing to adopt.

MS. NEARING: Yes and no, because we actually have had some families who have adopted both locally and internationally and vice versa. The situation has changed internationally, those numbers are coming down and you'll see that in your handouts. The changes that China made this past May have had a dramatic decrease in the numbers of families who are adopting from China, so that will play out in time.

MR. GOUCHER: Thank you very much.

MR. CHAIRMAN: Mr. Zinck.

MR. TREVOR ZINCK: Than you, Mr. Chairman. It's always nice to see you folks again.

I want to stay on the topic of international adoptions. We know with China pretty much clamping down on how many babies are being sent out is of a concern. I know I brought it to the deputy minister's attention, I put forward some legislation about the assessments and the costs back in the Fall session. Is the department doing anything to go

back to the parents who perhaps are waiting or have been waiting for a number of years for the international adoptions, to encourage them to adopt children that we have in care today? Is there something actively that the department is doing?

MS. NEARING: There isn't an active program as such but I will tell you, I get lots of calls from people who are waiting to adopt from China who are now discouraged by the long wait. At every opportunity I have with any individual parent, family, whomever, I'm going to talk about domestic adoption and that we have children in this province who are needing families. You do that as much as you possibly can do.

The truth of it is, some people are willing and able to hear that and begin to look at things a little differently and there are some folks who really have a pretty fixed idea in their mind about the kind of child that they feel they could parent, so they're not likely to be so terribly swayed by my arguments. I hope I'm persuasive but at the same time I understand and appreciate that parents have to do what's comfortable for them. Not every parent in this room could be a successful parent to some of the children we are needing to place in this province. I'm not sure that I could parent successfully all of the children that we are looking for placements for in this province. It takes special folks to do that.

MR. ZINCK: For somebody adopting internationally, what percentage would you say are infants?

MS. NEARING: All of the children from China, for instance, are under the age of one and statistically about 98 per cent of the families from Nova Scotia adopted from China. Almost all of the children coming in internationally are infants. There are exceptions when you look at countries like Russia, the Ukraine, Ethiopia - sometimes there will be children who are a little bit older there. But if you are talking about China, which still represents the great bulk of children who come in from another country, they are all under the age of one when they come to Nova Scotia.

MR. ZINCK: So would you say that you've been successful? Is there a percentage of parents who have gone forward and said oh, adopt someone from Nova Scotia?

MS. NEARING: Yes, there are, and we don't make them choose. We say to them, if you want to remain on the wait list for China, you're absolutely welcome to do that. If you want to come and participate in a domestic program, we welcome you with open arms. What we ask, though, is when either you receive a proposal from us or from the foreign jurisdiction, you bow out of the other program. That's simply and clearly to give the child that you're going to be adopting your undivided attention for a period of time.

So we're trying to do whatever we can to reduce any sorts of roadblocks or any red tape, if you will, and to try to be as open as we possibly can, bearing in mind that it is the children's needs that we've got to meet.

MR. ZINCK: Do you think that maybe those Nova Scotians who want to adopt internationally want to do so because they're not going to have a child coming into their home that is, or would be, considered special needs? We know a lot of the children who are in care usually are deemed as special needs, from the point that they are apprehended and put in foster care or are in temporary care or temporary-permanent.

MS. NEARING: Yes, and that would be part of their assessment process for international adoption and they are often very clear to say, I don't think that our family has the skills and strengths to parent a child with special needs, we think we're really well equipped to parent a child with reasonably average outcome expectations - that's an important self-assessment that people have to go through and I respect that, absolutely.

MR. ZINCK: Recently we've seen some ads in the paper for foster care. Is this normal practice?

MS. NEARING: Yes, becoming more so. That's specialized recruitment so in those situations there's a child, or a child very similar to that - there have probably been some details changed just to be sure that privacy is protected - where an agency is looking for a particular home for a particular child with particular special needs circumstances, et cetera.

MS. WOOD: We have three levels, actually, of foster care. The introductory or sort of average starting point for all new foster families, we provide an intensive training program for foster families and they begin to - as they walk through the program, they refer to that as the advanced level of foster care. Then we have child-specific level of care, which we call specialized. You may have a child with medical needs or other really complex needs and you're looking for a specific family for the specific child, and that's our specialized level of care.

We also have foster treatment programs where foster families are in clusters with professional staff, at the advanced level. There they're attempting to work with kids more with emotional behavioural disorders rather than specialized medical needs, but we do have to do that child-specific recruitment process and we have special rates that go along with that. You may be looking for a nurse or someone with . . .

[1:45 p.m.]

MR. ZINCK: So if you had somebody call the department and say, I'd like to be a foster parent for this particular child, how long of an assessment process would that be? What kind of assessment process would that individual . . .

MS. NEARING: They would have to go through the basic assessment process but then it would depend on the particulars of that child and the skills of that family. If we were looking for a specific family for a child with really significant medical needs, and that happens from time to time, and we were fortunate enough to have someone with a really strong health background come forward - a nurse, a LNA or some such thing - they've

obviously got some really good skills that we would want to be able to use and access. But they still need to have a good understanding of foster care and the roles and expectations of - because they're still foster parents. They're foster parents, plus they're taking on some specialized training and a child who has some specialized needs as well.

MR. ZINCK: One of the things that I hear a lot in my office, especially in my community, is parents who are on the social assistance system. Maybe they have one or two children, maybe they have some family history or the father is not around and whatnot. If there's an apprehension actually taking place - a lot of what comes back to us is that if the services were put forward for this family or the financial services were allocated to this family, that perhaps the child would have been able to receive the care. I'm talking about the monies that are allotted for foster parents. If you took some of that money - I'll give you an example - a single mom, four kids, needs help and calls the department. Time management problems, stressed out, the house is a mess - she needs help. A social worker comes in and says the children are at risk. they're not attending school, they're not eating properly, the house is a mess, there is something wrong.

People in the community would say that the lady called the department for help and this is what happened - somebody came in, did an evaluation and ramped things up and now the children are in temporary care. A risk assessment had been done and now the children are in temporary care. There's no risk assessment on that part of it but part of the community that is rallying around the individual is saying, well geez, if there was some money allotted here or some support for this person, to come in and work with this parent, the children would never have been able to be taken out of the home.

MS. WOOD: Under your scenario - and you and I have talked about cases like that - we would never apprehend a child for the circumstances you described. There are many families where we provide support. In fact, we have between 16,000 and 19,000 clients a year and when you talk about the 2,000 children in care, you can see that the bulk of our work is actually providing support services at home.

If there were no issues of abuse and neglect in the scenario that you described, the person would be eligible for - we have family support workers and we would have supports in the family setting to try and help that mother get her life back on track and cope with the four children and the situation she was in. Those wouldn't be good reasons to apprehend, though often that's how somebody described their circumstance, but generally if the children have come into care, you're talking about fairly significant child abuse and neglect. So the bulk of our work is actually support at home, while they're at home.

In addition, of course a person in the circumstances you describe would have access or would be eligible for other kinds of supports from the department, including Pharmacare, subsidized child care, many of those kinds of things, in addition to Child Welfare support.

Certainly our first goal, I agree with you, our first goal would always be try and support the children at home. You'd never want to break up the family situation, if you could at all prevent that.

MS. FERGUSON: Trevor, if I could just add to that for a minute. A lot of the work that we're focusing on through the Child and Youth Strategy and the pilots that we're starting to get going - and I know this committee heard from Robert - but a lot of that work is predicated on some of the things that you talked about and are actually working well from a system point of view. Child Welfare has a role in that system, as does the preventive piece and we do a lot of work in the prevention part of child welfare right now. I mean the goal in Child Welfare is to keep the family together but in addition, we'll be doing pilots and they're starting to be announced through the Family Resource Centres, doing outreach work. There's a number of them to hopefully help families in those early stages with services and support so that they can deal with some of the situations that you talked about.

So we're hoping, as we get these pilots rolling and as communities are aware of the services that are available and through the support of the revised division that we have in the department, that really is the focus. Justice Nunn talked a lot in his report about being able to get in there early and provide those kinds of services. So it really is our hope. We've still got a fair bit of work to do and it's early days but I think everybody is talking about the same goal, that the more we can do on the front end, early on, to prevent those situations from occurring, that that's really where we should be putting our time in resources.

I think we now have a number of departments that are all very committed to do that together, so I'm very hopeful that we're going to see some positive results as we go through these pilots. All of the pieces obviously have to work together in the system for us to be able to do that, but I'm optimistic that we're going to see some good things and that we have the focus in the right place.

MR. CHAIRMAN: Thank you. Mr. Theriault.

MR. HAROLD THERIAULT: Thank you, Mr. Chairman, and thank you panel. I appreciate the challenge that you have with Community Services in this province. There's probably only one greater and that would be the Department of Health. Community Services is a great challenge for you all.

I've heard quite a bit said here this afternoon but I haven't heard anything about grandparents who are playing the role of foster parents, and personally I know a few of them. There are approximately 870 children in this province being taken care of by grandparents that we know of. A lot of those grandparents probably can't afford to be doing what they're doing, but they felt they had to play this role because they felt obliged for being so close to that family.

I don't believe Community Services recognizes this too much. I can tell you an example. The other day I had a 70-year-old come to me, he and his wife live together and

they make \$20,000 a year on small pensions. A 12-year-old girl they had needed work done on her teeth and they have her because they felt obliged to bring her up. He was looking at borrowing on a long-term loan for \$2,000 to \$4,000, he wasn't even sure about the price yet to put braces on her teeth. He asked me if there was some way that I could help him find this money.

Every once in awhile something hits me like a brick and that was another one that did. How many grandparents are out there, maybe living next door to where these children came from, and don't even dare to think about taking them because they can hardly feed themselves? Why isn't Community Services looking at something like this to put those children in that close family environment and help? Do you know what that grandfather said to me? He said, if they would help me with her teeth I'd be happy. He doesn't want \$1,000 a month, he'd probably be happy with \$100 a month because I don't think he'll let that child go no matter what. He'll go out and collect pop bottles to get that money to fix those teeth, I know he will, but there they are on a \$20,000 pension. There are 870 that we know of. Do we know how many more there are out there where the grandparents are playing this foster role? Does this department have any statistics on this stuff?

MS. WOOD: Not exactly. I can tell you how many children are in foster care - I can't tell you the number today, I could tell you if I had brought it with me. If the children have been in care, in other words through abuse or neglect, then we often try to place the children with their relatives and they would then be set up as foster families.

We intend to start a formal kinship care program and some provinces do have that, but I would say a large percentage of our children are actually with relatives, family friends, somebody who is significant to the child, and would like to do that if they could do that. In those cases we would be providing financial support.

There would be many children in the province who are probably being raised by relatives where it has nothing to do with abuse or neglect and they wouldn't come to the attention of Child Welfare, so we wouldn't have those numbers. I could say that those grandparents would be eligible, as would any parent that has \$20,000 a year income and is trying to raise children, they would have access to the department's income tested programs such as Pharmacare or income assistance, housing, subsidized child care. They would be eligible if they're raising their grandchild to look at the general sort of financial assistance programs that are in the department. We would only have data on those children who were in that situation due to abuse or neglect, and I would say there are several hundred.

MR. THERIAULT: Did you say this is something the department is going to study and look at? I believe there are grandparents out there who may take children, but without any financial assistance of any kind they just can't afford it. So it may end up that the whole thing will cost the province a lot less money if this was studied more to see what is out there and what can be done.

MS. WOOD: Our first intention always, if we were placing children, we would attempt to place them with their families or relatives. That's why I said we have several hundred because you're wanting that for the child's sake. You're trying to help the child maintain their family ties and connectedness. In those cases, we do provide the support, so that's our first attempt. We still study the home and make sure it's an appropriate home, you have to do that because sometimes you have intergenerational concerns. It could be that the parents that we're apprehending from may have actually been abused in their home as well. So that's our goal and we do that now and we refer to those families as "child-specific homes". In other words, you're not approved as a foster family to take just any children, it's specific to those children who are your relatives. You might hear it referred to as "restricted foster home" but what we really want to say is those are child-specific homes.

What some provinces have done is started a formal program called the kinship care program. As part of our *Improving Services for Children and Families* report we began an initiative two years ago where we're gradually trying to make improvements in almost all of our Child Welfare programs. There was a recommendation which the minister accepted which was to have a formal kinship care program. So, yes, we are looking at what other provinces are doing there and studying that.

MR. THERIAULT: So you're telling me that these grandparents that are making \$20,000 a year can get some kind of assistance?

MS. WOOD: I don't know their circumstances because I don't know . . .

MR. THERIAULT: Well, that's their income.

MS. WOOD: . . . if the child came into care because of abuse or neglect. I was saying that any grandparent who is raising children, the same as any parent who is raising children, based on your income there are a number of financial supports that are available through the Department of Community Services: income assistance, Pharmacare, housing, supported child care. Those are all programs available to people raising children.

Child Welfare's entry in is child abuse and neglect. It's not a financial program, our first focus is child abuse and neglect.

MS. FERGUSON: So I guess there are two categories. Children who are in the care of the minister, who are under the jurisdiction of the Children and Family Services Act, if those children are being raised by their grandparents they would be eligible if they become, what Vicki described as a restricted foster home. Then they would be eligible under our current foster program, and we have a fair number of examples of that we can point to. For children who are not in care of the minister, so they would not fall under the jurisdiction of this group here today, I think what Vicki is saying is for those people, they should check with our office to see if there are any supports through the department more generally that they may be eligible for. So there are two categories.

[2:00 p.m.]

MR. THERIAULT: I think he did that.

MR. CHAIRMAN: Thank you, I'm going to cut you off there. Mr. Bain.

MR. KEITH BAIN: Thank you, Mr. Chairman, and thank you for being here this afternoon. I was going to bring up the relative adoption as well and whether or not there was a policy, but it seems - I'm correct in assuming, I hope - that's the first connection that's made, that if they can be placed with relatives that's where they go.

MS. WOOD: That's right

MR. BAIN: I have two sons who are adopted and the first one was 25 years ago and I'm sure the process and procedures for adoption have changed drastically in those 25 years and the circumstances, I believe, for children up for adoption have changed as well. The international adoption, does it affect the placement of local children in need of care? Does that discourage the adoption of local children?

MS. NEARING: I think you get an ebb and flow to that because when there were periods of time - and there were - where it was reasonably easy, if I can put it that way, certainly in terms of time frame to adopt a child internationally from China, specifically, there was a period a couple of years ago where if you applied to adopt a child and finished up your paperwork with your private practitioner, you might well have a child in your home in less than one year. Now that's a very different circumstance than today, where the wait list is now expected to be over five years. That's not something Nova Scotia, of course, has any control over at all, that happens outside of us. But that makes a difference, I believe, to the people who are applying and considering adoption.

Likewise our domestic program, before the redesign project got underway at all, there were many parents who were waiting eight to 10 years and still no guarantee of a placement and there's never a guarantee of an adoption placement, of course. So if you were a person who wasn't able to have children born to your family you could say, well, I could adopt from China and there will be a child in my home in less than a year, or I could apply to the domestic adoption program for an infant and they tell me that there might be a placement within eight to 10 years but there might not be, well, you would think, of course, many people would choose that.

But then the circumstances changed dramatically. We've made big improvements in our domestic program and without any input from us at all, the situation has changed internationally. I get more calls now from people who say, we were thinking about international but you know what? I've heard what's happening in Nova Scotia and can you tell me more about it, I'm interested, maybe that would work for our family. So we're getting that happening and that's great.

MR. BAIN: So instead of it hurting it's probably helping?

MS. NEARING: Sometimes those factors can help us as well, as well as the good work that we've done, but there's help from outside factors as well.

MR. BAIN: On the foster care side, being from a rural constituency, is there any research that supports a rural environment for children or youth with special needs over an urban one? Has that ever been done by the department?

MS. NEARING: I'm not aware of any research. Generally speaking, we try as much as possible to place children as close to their home communities as we can. If a child is from a rural environment, then we would like to be able to duplicate or come as close to that situation as possible.

MR. BAIN: That was going to be my next question. So they are placed as close to the home as possible?

MS. NEARING: As much as possible, yes.

MS. WOOD: There is research that says children and adolescents who are struggling with emotional behavioural disorders respond to a variety of different kinds of programming. Certainly active programming, adventure-based programs, those kinds of things are very positive for kids. There would be many social workers who would say, take our group homes and get them out of the city because there are distractions there for adolescents that perhaps aren't healthy. I don't know if anybody has actually addressed your specific question.

MR. BAIN: That's interesting. That's it for me, thank you.

MR. CHAIRMAN: Do you want to share the time?

MR. DUNN: I have a couple of questions. Just on foster care and some comments you've already made concerning the first question I have, which is dealing with attempts to find the proper homes and so on. Is there a great effort to keep the child in the same community because of friendships, because of sports, because of their little attachments and so on? I just wanted you to comment on that again.

MS. NEARING: Always and absolutely, that's the first preference. We can't always do that, and school is another huge factor in any young person's life. Anytime you can maintain the same school placement - and some agencies have gone to considerable lengths in that the child has had to be moved from one small community to another but they still maintain the school. So that means some very dedicated foster parent is driving the child back and forth to school every day so that they can maintain that or complete a school year, that kind of thing.

MR. DUNN: My colleague across the way mentioned the word “education” in one of his questions. I was sort of reflecting back over the last 30 years and we’ve had the occasion where a child has been placed in foster care and one of the main reasons was for behavioural reasons, but it wasn’t what I would deem as special needs or whatever. I guess my question would be, what type of support systems are engaged with a family willing to take a child experiencing some, maybe not severe behavioural problems but behavioural problems that they had to be placed?

MS. WOOD: Actually, we’re pleased about a new initiative that we’re just getting off the ground in that area. Going back to what Janet was talking about in terms of the PRIDE model of development, it’s really intensive parenting training. We’re increasing the modules over time where we’re trying to give foster parents the tools they need to work with kids who have behavioural difficulties. One of our new programs coming on-line is a foster outreach service where we’re hoping to have a youth care worker, a family therapist and a social worker in program groups located around the province where they’ll be doing outreach to the foster families in that area.

One of the pieces of research that we did when we were looking at placement redesign, we would see a period of stability for a child in a foster home and then suddenly you would see a move, move, move, so you know something happened there in that home. You might see the child move from foster care to residential and you prefer kids to be in foster homes and in families, if at all possible. We do have those teams of professionals working with what we now call parent counsellor programs, where it’s a cluster of foster families and they’re receiving those professional support services. We’re wanting to extend that out to all the foster parents in that area because if we can get to an issue quickly, rather than have the situation break down, that’s in everybody’s best interest. Those are just coming on-line and I expect the first two to come on-line, we think, in the Bridgewater area and Dartmouth-Halifax, but our intention is to do that all across the province.

MS. FERGUSON: So the goal would be to provide the resources to the foster family to be able to address the challenges that the child is facing in the home with the foster family, rather than removing the child, trying to address the situation and then integrate the child back into the home. So it’s really, hopefully, for the child and family a much better way to address the challenges and keep the child in the environment where they really want to be and should be, and provide the supports that the family needs to allow them to address the challenges.

MS. WOOD: That would be a mobile outreach service, so it would be quick and prompt. There’s another initiative too, I’ll just mention, in terms of Nunn - the deputy was talking about some of the pilots coming on and in the central region I know the IWK has been given two positions, specifically, to provide support to Child Welfare in the central region and they, we would hope, would be very responsive to the kinds of issues you’re talking about, children in foster care as well. We recognize it’s a need and we’re trying to respond to that.

MR. DUNN: Perhaps just one final comment. My memories of looking for some assistance from a school point of view, from an administrative point of view, have been very good over the years with regard to their quickness, their professionalism and so on. I was usually very pleased with the reception I received when I had to acquire the assistance to help someone in need over the years. Thank you.

MS. FERGUSON: That's good to hear, thank you.

MR. CHAIRMAN: Mr. Gosse.

MR. GOSSE: I have a few short snappers in this round. Has a new interim director been hired for the Children's Aid Society of Cape Breton and if so, when do they start?

MR. SAVOURY: Yes, the new executive director is David Tunney. He started on February 18th and he has roots in Cape Breton, both from his own side and in terms of his partner, and chose to return to Cape Breton.

MR. GOSSE: Very good. All Cape Bretoners seem to be like boomerang kids and come back home. My other one was to Vicki, the Wood Street Centre, is that named after you?

MS. WOOD: No. (Laughter)

MR. GOSSE: My other question would be, is a centre like that scheduled to open in Cape Breton in the near future, or anytime?

MS. WOOD: Not a secure program. What we're looking at is we currently have a mix of residential programs around the province and you'd describe them as group homes. Originally their background was that often they were not staffed with professional staff, usually a couple, but they would open a group home and we sort of evolved that to having youth workers and hired staff in those settings, so many of them go back many, many years.

Cape Breton recently opened a new group home in Sydney that replaced two of the older ones that I was talking about, but it would still be what we would describe as a group home. Then you make a leap into secure care, Wood Street Centre, where it is actually involuntary and the doors are locked. What we're wanting to create are programs that are in between those two levels so that you have residential treatment centres that are not locked, like Wood Street would be, but have the professionals on staff in addition to youth workers where you would be able to provide treatment on site.

Our estimate is that we would like convert about half of the current group homes and help them step up to be residential treatment centres - that's part of our placement redesign initiative. One of the things that we're quite pleased with, and thank the province for, is that we've recently been given a significant training budget to begin that training program for residential staff. We are beginning that training this month and hope to have

sort of intensive, sustained treatment over the next two years. We are certainly hoping to raise the quality of programming but we're not wanting to have another locked facility.

MR. GOSSE: Just one other quick one, if that's okay. The New Waterford Training Centre is closed and you're talking about the group home being the one at Cossitt Heights?

MS. WOOD: You used to have Bairncroft . . .

MR. GOSSE: The orphanage, yes.

MS. WOOD: Yes, and another one, the boys residential.

MR. GOSSE: In New Waterford, that's the Boys Residential Centre and then it all comes into the one at Cossitt Heights. Is that the group home you are talking about? You're calling it a group home.

MS. WOOD: Yes. So our goal would be for those kinds of group homes around the province to do intensive training with the youth care workers and to add other kinds of staff to the programs to help them become residential treatment centres. We would like to have on-site education for at least half of those programs, have clinical therapists present and a broader range of programs, have standardized programs. Right now every one of those group homes decides for themselves what kind of program they're going to offer the young people.

We've had a really great, wonderful, placement redesign initiative happening for two years and members of those group homes have been sitting on a program committee where we've looked at all the research that's out there, all the published results in terms of standardized programs for residential care and standardized treatment for residential treatment programs. We are soon to make recommendations to the department on what programs that we'd like to bring in to raise the level of service we are providing from those centres.

MR. GOSSE: The YRC did have an after school program as a Salvation Army YRC, which was an open custody facility and that has since shut down on the Esplanade. Some of the kids who were there were actually in this New Waterford Boys Centre and now they're out in the Cossitt Heights one. You are actually looking at the possibility of maybe having an education program within the facility itself or getting the kids involved in say, an outside agency?

[2:15 p.m.]

I know myself as a youth worker and executive director of a youth centre, I used to work with a lot of kids in care and take them out of foster care and give them employment for the summer through the Community Services Department, get them on a grant, help

them open a bank account and get those things done. Now you're saying there is a possibility they're going to work on the education aspect of it within the home setting?

MS. WOOD: Just to clarify, the open custody setting was one with the Department of Justice, it wasn't Community Services.

MR. GOSSE: Yes, I know. I worked at both of them actually, I'm quite familiar with it.

MS. WOOD: I wasn't suggesting there would be a blending of those two. We have group homes all around the province, Cape Breton now has the one.

MR. GOSSE: It's in my riding.

MS. WOOD: Is it in your riding? Yes, I was actually a youth worker as well; that's my background.

MR. GOSSE: Holland College?

MS. WOOD: No but it is very rewarding work. What we're wanting to do is convert half of those group homes into residential treatment centres. I don't know if that helps you.

We have approximately 160 beds in groups homes around the province. We are entering into a level of care system so that if you think about secure care, the Wood Street program which is locked, we would refer to that as Level 4. We would refer to the group homes as Level 2. We are wanting to create a Level 3 which is residential treatment and our goal would be for half of the group home beds that are out there, convert them to residential treatment centres.

MR. GOSSE: It sounds like an old Justice program, open custody, closed custody.

MS. WOOD: No, nothing to do with custody at all.

MR. GOSSE: I know but I'm just saying in the system model of an open custody-closed custody, that Level 4-Level 3 aspect, if you're in open custody you can participate in the school, go play hockey and all this stuff but you go back to the home and that's the way you're looking at that and looking at that aspect of it.

MS. WOOD: Exactly and so, if you're in a group home, you would attend the local school and you would receive services in the community. If you were in a residential treatment centre, the services would be on-site.

MR. GOSSE: Right on, thank you.

MR. CHAIRMAN: Mr. Glavine.

MR. GLAVINE: I guess we are having a little bit more time today which is very good. Just a comment in terms of when we look at education, training and the amount of time that young people spend in school from the time that they are three or four years old to when they are 18 or 19 and even post-secondary, when you think that in many cases our foster children are the product of family or extended family situations that have some dysfunction to them and therefore abuse and all of the other complications, do you think we do a good job in the education system in terms of trying to cultivate and foster that most important area of being parents? We had the old health courses, we now have CALM/PAL but do we really do some, what we call, proactive education and work to prepare people for perhaps the most important job in society and that is the next generation of children? I was just wondering about that in terms of a comment from any of you.

MS. WOOD: I don't feel like I could comment on what the education system is doing. I do know of some innovative programs but they're more likely to be examples as opposed for me to know across the board.

There are some joint projects, for example, in the northern region. There is the BEST program, which has brought together mental health, the education system, child welfare and they have various strategies. Some of them would be with children in the classroom and other parts of those strategies are actually with the parents, helping them in terms of their parenting capacity. I couldn't comment on it in general but I guess I probably make the assumption that most parents do well by their children and most of the children that we're working with in terms of child welfare really represent a very small minority of the general population.

MR. GLAVINE: Okay, thank you. In terms of the trends and patterns around the need for foster parents and permanent adoption, are we in decline or is there an increase? Is there some sense of urgency that we need more? How would you assess our current situation in Nova Scotia?

MS. WOOD: We began a whole new process of supporting foster families approximately in the year 2000 and that included several initiatives, including a new way of recruiting new foster families, and we are seeing some very positive results from that. We're getting modest growth on an annual basis but there are demographic reasons which cut into the number of people available to foster. For instance, we've had a lot of foster families age out of the system because they're older and that's part of the demographics of Nova Scotia. There are whole groups of foster families that would have raised two and three generations of children and they're just not able to do that anymore and that is common across North America, and every child welfare system is challenged to deal with it.

If you add the issue of aging with urbanization and what comes with that - two-parent families that are working, they live in the city, you don't have extra bedrooms, you have all the other pressures that are occurring - some of the traditional pool of people that we would have drawn from in the past you simply have less of them. That means we have

to focus very deliberately and consciously on retaining the people that we do recruit and retaining the people that we have now. We are trying to shift from making recruitment our answer to really making sure we retain the people we have now and provide them with good support.

MR. GLAVINE: So how would you classify in terms of severity of need for additional foster and adoptive parents?

MS. WOOD: Well, on the adoption side, I think Janet referred to the list of people. We're really pleased that we were able to recruit and have approved and waiting a number of adoptive families.

On the foster side, what happens is that foster care expands to meet the needs that we have. We have a certain number of children in care and they're in foster care by and large. We have many more children in foster care than we do in residential care. However, we would like to provide foster families with a greater break between children, or perhaps have fewer children in the home. So we would like to be able to recruit more families and lighten the load, I guess, and that would be common across North America.

MR. GLAVINE: Is it still about two or two-plus years that a child is in temporary custody before they would go on to a more permanent home? Is that still the pattern?

MS. WOOD: Most children who come into temporary care, we would actually resolve the difficulties and they would go home. For those children who end up coming into permanent care, that would be a reasonable estimate.

MR. GLAVINE: Okay. I'm concerned about that because if that's through those vulnerable years of two, three, four or five, and there's a certain bounce to the nature of the care for that child until they do go into permanent care, it's such a vulnerable time that my thinking would be, if that could be dramatically shortened the chances for perhaps a greater and earlier stabilization of the child's life could be achieved.

MS. WOOD: I agree with you and I think the current Act, when it was the new Act, certainly tried to recognize the vulnerability of children and the child's sense of time and put time limits on certain proceedings. As new legislation is brought in across the country, people are - we have that much more in terms of research and awareness and I think it's something one looks at every time you bring in the legislation. I think your point is well taken.

MR. GLAVINE: Thank you.

MR. CHAIRMAN: With the committee's permission, I'd like to ask a couple of questions, if it's all right. I want to talk about the adoption process for children from outside the country. It's my understanding that it's a long process and you use outside agencies to qualify parents, which I think is a great idea, but I also understand it takes a long time to

get that approval from the department in place so they can move forward. After two years it has to be all done over again, completely done over again. That just doesn't seem to make sense. I can see updating things, but why do you have to start from scratch and start all over again?

MS. NEARING: You don't have to start from scratch, certainly not. The approval process at the beginning involves those meetings with the private practitioner to complete the home study and then the material comes in to my office and it's approved within three weeks, a three-week turnaround and it's often much shorter than that. So compared to most provinces, far and away much quicker.

We have an obligation. The purpose of those home assessments or home studies, as they're referred to, is the protection of vulnerable children. You and I know that in a two-year period in a family a whole lot of changes can occur - sometimes not very many but sometimes some pretty significant changes like a change in someone's health status, a change in a marital relationship, death of a close relative, et cetera. So we have made a determination - this is true for domestic adoption as well, we're not discriminating in any way because someone has chosen to adopt internationally, but - we're saying that at a minimum, to ensure that we are current with the family and that we can be sure they're still ready, willing and able to parent a child, we need to have an update done if 24 months have passed without a child being placed in the family.

An update consists of updating your criminal record check, child abuse registry check, and medicals because we know those to be critical pieces, and your references are contacted again. They're not asked to do new references but they're contacted again just to reaffirm and indicate whether they know of any changes in the meantime, and generally speaking, one meeting with the social worker would be sufficient to do the update part from the social worker's point of view. So the update is a much less onerous process than the first time around.

There are individuals - and I have fielded calls from those who feel that if I've been approved the one time, that should be good forever. I just have to disagree. Changes occur in families and we have a responsibility to ensure that when we approve a family for international adoption, we're saying to the international community, to this other country, we've assessed and approved this family and we can assure you, the Country of China, that this family is ready to parent. So we take that obligation very, very seriously, so that's the reason for that two-year update.

Most provinces have a very similar procedure. Some have it as often as 12 months and, interestingly enough, the Country of the Ukraine requires it every six months. So there is quite a variation right across the board.

MR. CHAIRMAN: Do you have a written policy of how you do this on these updates?

MS. NEARING: Yes, it's part of the adoption manual, which is . . .

MR. CHAIRMAN: Could the committee get a copy of that, if you don't mind? It was my understanding, in talking to some parents, that indeed they had to go through the whole process all over again and where it takes so long now to adopt a child, as you've already said . . .

MS. NEARING: I'm not sure what they would be referring to as the whole process. They're still meeting with their social worker, but the first time they did their home study they probably met with that social worker four, five or six times - six interviews. When they're doing an update, most often it's only going to be one, perhaps two.

You get into unusual situations where, if the private practitioner who did your home study is no longer in the province, and unfortunately that can happen, then somebody brand new taking over your assessment is going to have a harder time doing an update than the person who spent those 20 or 30 hours with you two years ago. So that could add, for a few families, to the length of the process, but certainly they don't start from the beginning.

MR. CHAIRMAN: So you're telling me that if a private individual outside the department does the assessment, they have to do that again on the reassessment?

MS. NEARING: That makes the most sense. We certainly encourage that because if Private Practitioner A has visited me and my family and done the assessment and I've spent time with them and they've gotten to know me and I've gotten to know and trust them, when 24 months rolls around it's in my interest to go back to that very same person and say, could you just update my home study because you know me the best and that would be the quickest and most efficient way to do it.

We have recently had one of our private practitioners move to Ontario, so she's not going to be available to do the updates for the studies that she had done originally. She didn't do a great number but she did do some, so those families can't go back to her to have the update done, she's no longer here. They're going to have to go to someone new and it's going to take them a little bit longer than it would have taken her to do that update.

MR. CHAIRMAN: How much short of a full reassessment is this? I mean it sounds like it's almost the same thing all over again, which I don't disagree with.

MS. NEARING: Part of the home assessment looks at your family background, for instance. Well, your family background doesn't change, that is one of the things that's fairly constant. So all that part of the work is taken care of.

We use what's called the safe assessment model in both domestic and international adoption and it is an assessment model that has come out of the State of California, it's used by about 20 or 30 states in the U.S. and four or five provinces in Canada and gaining momentum. It evaluates people on a series of criteria, so you're looking at family

background, you're looking at marital relationship, others in the family, and so on and so forth. So when you do an update, you review those areas again - have there been changes in any of those areas? In some there will be change or very minimal change and in some there might be quite significant changes. If there are significant changes, then that's going to take longer.

[2:30 p.m.]

So an initial one might be 30 hours, 40 hours with the social worker, but an update is likely to be three or four hours. So there's a pretty significant difference.

MR. CHAIRMAN: Okay, that's all I wanted to know. I appreciate the thoroughness with which you go through this and I think that's very, very important.

MS. NEARING: We certainly agree and wouldn't ever want to do anything to do less than what we can.

MR. CHAIRMAN: Do any other members have some quick snappers? Mr. Goucher. (Interruption) Okay, I'll get to you next.

MR. GOUCHER: I probably shouldn't inject my personal life here but I'm going to. I'm a grampy, a friend of mine up the street is a grampy and raising his own grandchild. I don't raise mine, however, he lives with us so I can somewhat relate to Mr. Theriault's comments with regard to grandparents.

I would never, nor would any of the people I know, a couple who are raising their grandchildren, ever probably want to have them referred to, in any sense, as foster children. No disrespect, I understand where you're coming from with it, but that's just a comment. He is the most important thing in my life, as with any grandparent, and I'm sure even the people who you're speaking of, is probably the most important thing in their life.

I guess the question, to try to get some understanding of this because you know I think it's a good question. If somebody is a senior or a grandparent like me, and if I wasn't in my current circumstances and if I had a low income and I had a grandchild living with me and trying to raise him, would they not be eligible - and I'm just asking the question because I really do not know the answer to this - but would they not be eligible under the same parameters as anybody with low income?

MS. WOOD: Yes, I probably didn't express myself well but that's what we're trying to say. They would be as eligible for supports as would the parents.

MR. GOUCHER: Okay, and I'm sorry to go back to that, Mr. Chairman, but I just want some clarification because you can't help sometimes sitting here, you know when somebody brings an issue up, trying to put yourself in it because you've been there. It may not be quite the same but I think it's a very important point.

I wasn't sure, from the initial discussion that we had, whether or not your particular point with regard to the circumstances of this child, and their financial situation and them trying to receive some help, so they would be considered basically within the normal parameters of the Community Services program.

MS. WOOD: Yes.

MR GOUCHER: Thank you, Mr. Chairman.

MR. CHAIRMAN: Mr. Zinck, it's now your proper time.

MR. ZINCK: Thank you, Mr. Chairman. I want to touch on residential homes - not the Wood Street, Wood Street being the only secure centre. Those are children who are in permanent care who usually reside there?

MS. WOOD: Some in temporary or voluntary as well.

MR. ZINCK: How active a role does the department play in those particular children's lives, as far as letting them know of opportunities that might exist for them, be it adoption or further education? When they're in the residential homes - I mean, a lot of what I hear is that there are not very many restrictions put on these children. At any particular time, a child at the age of 14 can walk out on their own accord and still be in care of the minister but be living on the street. If they don't make it back for curfew, as we've heard in the last number of years, the police go out, they apprehend the child.

How active a role, because the Youth Newsletter - and I've read the first one, I read the second one, talked to many of the children, talked to the gentleman who organized that. A lot of what we hear is that - and I'm not going to downplay the role of the social worker - but a lot of these kids say that they don't see their social worker enough. It is almost like somebody on Community Services or social assistance saying, I see my caseworker once a year, to do my review. So how active a role are we really playing in these children's lives?

MS. WOOD: I think that in a way you've asked several questions. In terms of the social worker, whether you are in residential care or foster care, you would have a social worker and those children all have an assigned social worker and we have standards around how frequently the contact needs to be in place.

I often think about our kids in residential care from the point of view of like a pyramid. The vast majority of the young people we work with, teenagers - and sometimes people think well children are in foster care and the teenagers are in residential care but really no, the vast majority of our teenagers who are in care are actually in foster care and they're doing well. So if you're thinking of it as a pyramid, residential care in and of itself is sort of a more structured intervention for kids and if they're in residential care, they already have presenting problems - emotional behaviour problems - which make it difficult

for just two foster parents to be able to manage them. You need 24-hour, wide-awake care in order to take care of them. That would be one of the deciding factors as to why they went to residential versus foster care. So you're talking about a much smaller group of young people.

We have approximately 160 beds in residential care. Within that group there's probably another smaller group who have the sort of chronic problems that you're talking about. They may have had those problems before they walked in the door and residential care has many of the - for many of those kids the structure of residential care, 24-hours a day staffing, planned programs in the evening, people to follow up with their teachers and make sure that they went to school that day; counselling - those kinds of things are enough to help them manage and they do well.

There is a smaller group who, as you say, can walk out the door. It doesn't mean they can walk out the door and there aren't consequences, there are consequences that one can put in place but they have the right to liberty. They can pose a real challenge if they chronically walk out the door and make bad decisions for themselves and you can demonstrate that they're putting themselves at risk by doing so and they're not willing to abide by the therapeutic programming that is in place. You can meet the test under the legislation for a period of time at Wood Street but you have to meet that criteria.

There are some kids who don't meet that criteria and we can't demonstrate in court, for instance, that they're refusing treatment and so for those kids it can be a challenge to give them what it is that they need. That is why we're wanting to convert half of our group home beds to residential treatment programs with even more highly specialized programs, more programming on site. For instance, kids who are struggling in school don't feel good about themselves and that might be one of the reasons why they are getting in trouble back at the group home, because they feel that they're laughed at at school, taunted, that they're seen as a problem - the kinds of things that make them feel like failures. When kids feel like failures and feel bad inside, they act it out on the outside.

We know for those kids we would like to have on-site schooling, for instance and other things which we think would help cut into the behaviours that you're talking about. But for a handful of kids, it can be indeed frustrating. We have the ability under the Act to get a police order to locate and detain them, we can have the police bring them back but we can't actually hold them there so they can run again, back and forth, back and forth. We do feel that secure care has made a big improvement in our ability to know how to respond helpfully for those kids. We have seen a decrease because of secure care.

There are kids who don't go as high as secure care but their needs exceed what the group home system can do for them.

MR. ZINCK: Do I have time for one more?

MR. CHAIRMAN: One quick one.

MR. ZINCK: Temporary care. You have just apprehended my child, you're taking him into temporary care. How many hoops and what goals are set for me, the parent, by the department that will say to me, this is what I have to do and this is when you can have your child back? Is there anything set out there to allow the parent to have that knowledge?

MS. WOOD: Absolutely.

MR. ZINCK: How long of a process would that be until I have my child back?

MS. WOOD: We have to have an initial plan within five days and satisfy the court that it is an acceptable plan within five days. Then we have to have a proper case plan within 30, like a full case plan that includes the family and, in that situation, we should be setting out what's posing a risk to that child and what it is we need to have happen in order for the child to return home - that is our goal. The vast majority of time, we're successful in returning the children home. There are some situations where it's not going to be quick and there may be some situations where it's clear from the beginning that it is inappropriate.

MR. ZINCK: So it just goes to the next level?

MS. WOOD: Yes. If you had a child that was severely assaulted, child sexual abuse with a predator, those kinds of things if the . . .

MR. ZINCK: Yes, worst case scenario, absolutely. But I'm saying for whatever reason, you've just taken my child, I'm completely confused and have no idea why. How long of a process would that be? Now you're saying the five days which we know, you go to court and try to get a lawyer and then the 30 days and if there's a plan in place, how long do I have to take to get my child back based on the goals that are set?

MS. WOOD: It's very hard to answer the question because it depends on the circumstances.

MR. ZINCK: Okay.

MR. CHAIRMAN: I have to cut you off there, thank you. I would like to thank our guests for coming today and if there are some wrap-up comments you would like to make it would be great.

MS. FERGUSON: Mr. Chairman, to be brief, we really appreciate the opportunity to come and talk today. This is an area that is difficult, it's complex, it's often misunderstood so we try in the department to take every opportunity we can to talk about the processes, to help explain. It is certainly helpful to hear the questions from the committee because it helps us understand maybe what some areas are that we should be focusing on in terms of ensuring that we're getting the correct information out to the public, so we really appreciate you taking the time and the work that you have today. Obviously,

it's a sometimes difficult area, but it has huge rewards in terms of the type of work the staff do every day.

I'd just like to say in closing, thank you very much to all of you. Thank you to the staff who have been here today. We'd be happy, if there are any additional questions people would have or any information people would require, we'd be happy to provide that to you. Thank you very much for your interest in this subject matter.

MR. CHAIRMAN: Thank you. Committee members, we have a couple more things. On the committee business we're scheduled to have a discussion on the mandate of our committee. Is it the wish of the committee to do that today or defer it, or what would you like to do with it?

MR. GOUCHER: Three aren't here. Could we schedule part of a meeting at least to do that?

MR. CHAIRMAN: Sure.

MR. GOUCHER: Because it probably deserves at least a good discussion.

MR. CHAIRMAN: I agree with that.

MR. GOUCHER: It might be a good idea maybe to either schedule a meeting or part of a meeting that we could actually sit down as a group and talk about it.

MR. CHAIRMAN: Do you want to make that a motion?

MR. GOUCHER: I will do so.

MR. CHAIRMAN: Do you want to make it a part meeting or a full meeting to do that?

MR. GOUCHER: I leave that open to the committee. I think a part meeting, as long as we had an hour to do it, that would be fine. There may be some other things that you could accomplish but if you wanted a full meeting, either way. It should be at least a designated meeting or a portion of a meeting to deal with it.

MR. CHAIRMAN: Okay. Would an hour portion of a meeting be satisfactory?

MR. GOUCHER: I think so.

MR. CHAIRMAN: Everybody? Do we have a seconder for that?

MR. DUNN: I second that.

MR. CHAIRMAN: Any discussion? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The next thing is there was a letter sent to the Minister of Health regarding some questions the committee had. We have the reply here from the minister. It doesn't appear to me that the minister has answered the questions, but what's the wish of the committee? Do you want to send another letter to the minister or are we just going to accept this letter? Mr. Glavine.

MR. GLAVINE: Well, I think this is an area that, first of all, government has made very good progress on but there now needs to be another level of work to be accomplished here. Working committees have proven to be very valuable to a number of the endeavours. I think there was one pointed out in this particular letter, or certainly in our discussions, when the Autism Society of Nova Scotia met here. I think we need to have a follow-up letter and I'm prepared to make a motion to that effect.

MR. CHAIRMAN: Do we have a seconder for that motion?

MR. THERIAULT: I second the motion.

MR. CHAIRMAN: Any discussion on the motion?

MR. GOUCHER: Can I ask a question?

MR. CHAIRMAN: Yes.

[2:45 p.m.]

MR. GOUCHER: What would you be looking for in a follow-up letter? It's just a question I have.

MR. CHAIRMAN: I would think we would just ask the minister again to review the questions and answer them more definitely, that's all. Would that be correct, Mr. Glavine?

MR. GLAVINE: Yes, the concept of a working group has proven to be very successful in the past. While the minister refers to some collaborative effort here, I think we need a little stronger rationalization as to why they couldn't have a working group. We're not talking here about economic impacts and so on, just a group that helps to bring all of the different professional groups together to try to achieve the next level of support for autism in the province, that's what it is.

MR. CHAIRMAN: Any other questions? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Our next meeting is going to be April 1st and it's with the Department of Community Services again, Child and Family Services Steering Committee, the United Way 211 system.

If there's no other business, we stand adjourned.

[The committee adjourned at 2:46 p.m.]