# HANSARD

### NOVA SCOTIA HOUSE OF ASSEMBLY

### COMMITTEE

### ON

## **COMMUNITY SERVICES**

Tuesday, March 8, 2016

Legislative Committees Office

Department of Community Services Re: Child Welfare Services

Printed and Published by Nova Scotia Hansard Reporting Services

#### **COMMUNITY SERVICES COMMITTEE**

Ms. Patricia Arab (Chairman) Mr. Brendan Maguire (Vice-Chairman) Ms. Pam Eyking Mr. Bill Horne Ms. Joyce Treen Mr. Eddie Orrell Mr. Larry Harrison Hon. Denise Peterson-Rafuse Ms. Marian Mancini

[Mr. Brendan Maguire was replaced by Mr. Joachim Stroink.][Ms. Pam Eyking was replaced by Mr. Ben Jessome.][Mr. Eddie Orrell was replaced by Hon. Chris d'Entremont.]

In Attendance:

Ms. Kim Langille Legislative Committee Clerk

> Ms. Nicole Arsenault Legislative Counsel

#### WITNESSES

Department of Community Services

Ms. Lynn Hartwell, Deputy Minister

Ms. Janet Nearing, Director - Placement Services

Mr. Leonard Doiron, Executive Director - Child, Youth, and Family Supports



#### HALIFAX, TUESDAY, MARCH 8, 2016

#### STANDING COMMITTEE ON COMMUNITY SERVICES

#### 1:00 P.M.

#### CHAIRMAN Ms. Patricia Arab

MADAM CHAIRMAN: I'd like to call the meeting to order. I'd like to welcome everyone here today. This is the Standing Committee on Community Services. My name is Patricia Arab and I am the MLA for Fairview-Clayton Park and the Chair of this committee.

I'd like to start off by asking the members of our committee to introduce themselves.

[The committee members introduced themselves.]

MADAM CHAIRMAN: Today we're going to be receiving a presentation from the Department of Community Services - Child Welfare Services and the Children and Family Services Act. I'd like to welcome Ms. Hartwell, Mr. Doiron, and Ms. Nearing for being here with us.

Maybe before you start your presentation I'll ask you to introduce yourself for the purpose of Hansard.

[The committee witnesses introduced themselves.]

MADAM CHAIRMAN: Before we start I'd just like to remind everyone in the committee and those who are watching from the public that I ask that your cellphones be put on silent or vibrate.

Also, when we get to the question-and-answer portion of your presentation - this is for committee members as well - to be recognized by the Chair before speaking. It's very easy to get into a back-and-forth dialogue but again, for the purposes of Hansard, if we could just have some pause so that an individual can be recognized easily, that would be great.

Thank you. You can begin.

MS. LYNN HARTWELL: Thank you very much to the committee for the invitation to come and speak about the important work that we're doing at the Department of Community Services. I am very lucky to have a team of dedicated staff, and two of those wonderful folks are with me today. I look forward to hearing some of your questions and being able to present to you on some of the work we're doing.

We do have many slides, I'll say that up front. There's lots of great information in here. I'll try to be as speedy as I possibly can without glossing over the importance of some of the information. It's a very complex and important system so I want to make sure that we set a good context for you.

The purpose of today's presentation is to provide an overview of the services offered through our Child, Youth and Family Supports Division, to understand what we talk about when we talk about transformation of our child welfare program, to provide an overview of the amendments to the Children and Family Services Act which was recently passed by the Legislature, and also to update you on progress and the next steps.

First I'm going to take you through a little bit of Department of Community Services 101. You may recognize some of these slides, we try to put them at the front of our presentations, again to provide some context for the complex department that we're talking about. You'll see that we have, in rough terms, four divisions; we have an overall budget that's just under \$1 billion; and we have at any given time around 1,800 staff that are delivering this work - so we're a big, complicated system.

The conversation we're having today is about the third circle - the Child, Youth and Family Supports. You'll see the overall budget of \$142.2 million. We have over 800 staff delivering services, we currently have about 1,100 children who are in the permanent or temporary care of the minister, and we have 92 service providers - really key community partners that we work with to deliver this program.

The whole department, as you know, has quite a strong transformation agenda. We know that the Department of Community Services needs to change and we have

transformation underway in all our program areas. When we talk about transformation, I use this slide to describe it because we really are talking about three different things - the most important is the bottom of our triangle which is the "Why", focusing on the outcomes that we're looking for. We want to be achieving better outcomes for clients. We want to have strong outcomes.

Based on that, we're looking at both what we're doing which is on the left-hand side, so what services and interventions we should be providing, and also how we do it - what's the best way to deliver. So in our child welfare system we're also asking ourselves these questions.

Then the "why" - this is a very busy slide, which really makes the point: we know why the department has to transform. We know that we're not getting the results that we want. We know that Nova Scotians are asking for a system that's more responsive to their needs, is one that they can understand and navigate, and is focused on prevention and early intervention rather than crisis response. We know that all Nova Scotians are looking for a social services system that is sustainable and one that people can count on.

So really the case for transformation is one that I think is quite easily made, but it's one that we always need to remind ourselves of why we're doing this. It's not just change for change's sake.

I've talked a bit about outcomes. These outcome statements are truly the drivers of what we're doing and where we're going. You'll see on the left-hand side there are five outcomes that talk about client outcomes. These are important and we apply them to each of our program areas: clients have control over their own lives, clients are able to meet basic needs, safe from abuse and violence, included in the community, and attached to the labour market.

These will look different, obviously depending on which program we're talking about. On the right-hand side, we have the outcomes for the system. You'll see supports and services are affordable and sustainable, that we are delivering them efficiently, that we have a mix of prevention and intervention - and we'll talk more about that - and our supports and services are accessible.

This is a really big, important statement: our staff and partners are empowered to make a positive difference in people's lives. On the left-hand side there's a conversation about how we can be better at empowering clients over their own lives; on the right hand is that we also need a set-up so that our own system is one that's empowered.

We have in each program area gone down a level - and in some cases two - so we'll actually be able to measure and present a report card on how we're moving forward to meet these outcomes.

Some of our accomplishments to date - and it's just a "some" list, we didn't list all of the things. The first one seems like a very bureaucratic accomplishment: that we change the operating model of the department. But I can tell you that having now been into this for a year, the changed management structure is one that's actually allowing us to have a little bit more ability to influence some of the outcomes all across the province.

We're looking for consistency when consistency makes sense; we're looking for recognition of regional diversity, when that makes sense; and we want to have a system that overall is accountable - that we can not only describe what the system looks like and how we're delivering services, but can actually say - and because we're delivering this service, this is the outcome, this is how someone's life is different as a result of this. That reorganization is really helping us get there.

There's a mention of the CFSA - the Children and Family Services Act - which will be the focus of the presentation.

I won't go through all of the others, but we certainly have been - even while we have our transformation underway, we've been committed to what we call "quick wins". Quick things like if we can amend a policy, if we can change something that's in line with the outcomes we're looking for, we should do that because we really shouldn't be holding up to have everything lined up before we start making the changes that make a difference in people's lives. So happy to answer questions on any of these pieces.

So focusing on Child, Youth and Family Supports - we have three areas in the area that we call child welfare. The first is the prevention and early intervention. The main idea behind this, of course, is to address issues, provide support, and be there to intervene as early as possible. That is really to diminish the need for children to have further involvement with the child protection system and ultimately it really is about family and child/youth stabilization.

Child protection services, which are the services that are required to protect children from harm, abuse or neglect. Even that - it's important to say - has a lens of children need their families, and so we in that context should be taking every step to keep families together and support them to be together. We have a legislative responsibility to protect the safety and well-being of children.

Then we have placement services. When there are children who are unable to remain in their own home or with a family member and they are in the care of the minister on a temporary or a long-term basis, they enter the care of the minister and then we move our focus very much to permanency - having a permanent placement for that child so they can thrive and they can have a path forward, the same as we would wish for any Nova Scotian child. You'll see there are some numbers on the left, we have 92 service providers across the province, we have 114 prevention and early intervention services, so a significant community partnership is required to reach deep into communities where families and children are.

I have a great chart that I'll show you about the investigations in a moment. But on the placement, I'll just draw your attention to the very last bullet because it's something that we always want to talk about which is we have 591 foster homes that provide care for about 760 children. The number of foster homes is on the decline, it's something that as a province we really want to spend some time talking about and how we can build up that support because there's no replacement for a child other than being with a family.

Prevention/early intervention - as we talked about, we have a significant number of programs, some of which will be very familiar to people in the room, and some of which are quite targeted and specialized and might be new to you. We have family resource centres across the province which really are, in many ways, the front line for families that are starting to need some support.

We have been increasing our number of parenting journey programs around the province and we know that is a tried and tested model for supportive interventions for families. We have a youth outreach program, we know some of the challenges that are facing vulnerable youth so it's important for us to be where youth are. A Place to Belong is another program we offer about offering kids a place to go after school - some place where they can not only be safe, but we can help them towards positive outcomes.

The Boys and Girls Clubs known to many people around the province, as well as Big Brothers Big Sisters - two long-standing community-based organizations that really have been incredible with us on the journey as we've been looking at some new approaches and how we can maybe work a bit more collaboratively, some wonderful leadership from these two sectors. Men's intervention programs which have a focus on men who are/have been abusive in their relationships - I know that some of the men's intervention programs have also been changing their mandate to look at counselling and supports for families involved in domestic violence as well, so lots of growth.

SHYFT Youth Services, which is in the Yarmouth area, is shelter services for youth and one that we're learning a lot from how we reach out to youth who are experiencing homelessness in rural areas, it's very different than an urban experience. We have a sexual violence strategy that I know the committee had a presentation on about a month ago and it is incredibly exciting. Even this morning we received some updates on some of the pieces. It's an area where in trying to reach out with a real focus on youth, there's nothing that makes you feel older than hearing how youth want to receive messages. We know that as we raise awareness and we work with youth to talk about how they want to be supported in this work, it really is some out-of-the-box thinking - so some very exciting work for us. This is the slide I mentioned when I talk about protection. It is really a slide that tells a story that I'm not sure has always been understood in some of the discourse around the Children and Family Services Act. On the far left you see that last year, 2014-15, we had just over 14,000 referrals, so 14,000 times when someone felt there was a need to have a referral. Then as a result of that, there were 9,530 investigations. Of those, only 3,431 were substantiated cases of child abuse and neglect. I don't even really mean to say "only" because those numbers are obviously too much. However, it does give you a scope of the investigative work that's required to go through and make sure that we're acting when there are children at risk and that we're not necessarily over-responding when there are families and children who simply need supports of a different kind.

We have the substantiated cases, 2,000, we have families receiving services. Then you'll see the new cases that were opened in 2014-15, 878; 1,200 kids in supervision orders but those kids under supervision orders can be with a family member; 460 children taken into temporary care; and then only 114 children who came into the permanent care of the minister during this time. So if you compare the far right of 114 to the far left, we have some quite detailed standards and processes in place to make sure that we are safely assessing all to the left and really focused on getting the supports where people need them, always with the goal of having the number at the right - the number of children who have to come into the permanent care and custody of the minister - as small as possible.

If a child is unsafe, if a child is at risk of abuse and neglect, then we have to act. The safety of children is paramount. So I don't envision a world where that will be zero. I wish there was a world where that right number could be zero, but we will certainly continue to work to make that number as small as it can reasonably be while keeping children safe.

Here are the numbers in a slightly different context. The number of children in care has been decreasing, in the same range you see over the past few years, but the number of children in permanent care has also been decreasing, probably at a little bit faster rate. There are a couple of reasons for that. The first one is that we do believe that if we can have earlier interventions and supportive families and children, then they won't need to come into permanent care. So if we can have supports while the child is in temporary care or while the child is under supervision order, then we can prevent that. So that's good news.

The not-so-great news is that we have a significant number of children in our care who are over the age of 14. Those kids, there's less likelihood that they will have a permanent situation for them at this point in their lives. It's very challenging. We have incredible stories of kids over 14 that find a permanent home and it is life changing for everyone. So I would never dissuade anyone or think it's not a good thing. There are some incredible stories. We also have a group of children who are aging out of our system and so that's why you see some of the decline in number as well. The 49 youth who signed post care and custody agreements - I'm really pleased to remind people that Nova Scotia is a jurisdiction that if there is a young person who wants to pursue post-secondary education, we support that for that young person. We do have children who are pursuing post-secondary and moving on like any child starting to build their own future.

Talk about placement - I've mentioned the declining number of foster homes. You can see that. The average age - I won't give the exact number, I might get it wrong and my colleagues may provide it later. Our foster parents themselves are aging, like all of us, but the average age at this point is in the late 50s, early 60s. So we have people who are coming close to a time when they might be looking to retire and this may not be something that they want to continue. So it is an area of grave concern.

The number of adoptions is something that we've had a huge focus on and we remain to have among the highest number of adoptions compared to other jurisdictions in Canada. Again, the adoption trend is very much influenced by the age of the children that we have in care. So if the age of the child in permanent care who is available for adoption is older, the likelihood of a successful match and a placement for that child taking place diminishes. The number is very much linked to that.

We also put a number that we have 144 residential beds, including 20 at our secure treatment facility and 18 at our residential treatment facility - both of which are located in Truro. It's not an overstatement to say that having children in residential - and by that, we would mean a facility-based care rather than a family placement - would never be the preference. It would be because we do not have an appropriate family available and many times the behavioural needs of the child may require a kind of intensive intervention that we can't provide in a family setting.

So we have more foster parents who have more supports available to them. Our hope is that we could reduce the number of children in residential beds, but as you can see, the numbers aren't on our side in this and so we do have the residential beds.

I am going to talk a little bit about what we are doing about all this. The pie chart you'll see talks about where the system has been spending its time and its resources. The big red, overwhelming majority, which I think is 88 per cent, is the child protection and incare supports. That is the reactive system - when families are in crisis, children are in crisis, we've intervened and we are now providing supports. That's where the majority of the resourcing and attention is. The 7 per cent you'll see there in green is administration. As I said, we have over 800 staff around the province. The 5 per cent of that pie is on prevention and early intervention activities.

One thing that was really important to us as we brought forward amendments to the CFSA and as we brought forward the whole transformation agenda is we want to explore opportunities to change that in a way that we can do so safely and in a way that we can do

so effectively. How can we focus more on prevention and early intervention with the end goal that we're preventing the crisis? This is a shift that every jurisdiction in Canada, and possibly world-wide, but certainly with my colleagues around the deputies' table in Canada that we grapple with, how do we change the system and how do we swing so that we're intervening earlier, more effectively and reducing the amount of crises. That focus on prevention and early intervention is really the momentum behind our transformation.

How we're going to do that is we're looking at how we can integrate, get our house in order, make sure that we are being as effective as we possibly can be, how we can work with our partners. We have, as I mentioned, 114 programs - is there an opportunity to look at those programs and have them act differently together?

I have to say, because I know it's often the assumption when we're talking about anything changing, that there's a cost imperative. We want a sustainable system but this is not about a cheaper system, this is about a more effective system so the sustainability of that system is part of its effectiveness, we have to have a range of options that we can provide. In all of the transformation here it is really about how we can leverage what we have to work better together and to shift resources when we can, in a way to deal with some of the challenges.

The third bullet which focuses on accessible to diverse populations in cross-cultural situations is a really important one, one that I think we've really just started diving into what that could mean. Diversity takes many forms and often we are educated on that by the children we work with on a regular basis, whether in care. They come from diverse worlds and they are expecting to be supported and they want to thrive in those worlds.

I've already mentioned the last, which is the province's sexual violence strategy. There is definitely a link to the children in care who can be very vulnerable to sexual violence, so again, another tie.

These are very teeny words or letters but I'll try to summarize some of the highlights for those who are looking at it on the screen. On the left are some accomplishments to date and then on the right is some more of the work that's underway. On the left there is a large focus on the consultation around and the building of supports for amendments to the Children and Family Services Act.

That was a really necessary precursor for us. We have worked with the association for foster parents and they've made some recommendations - this was a year previous they've made some recommendations about improving our foster care system. Given what I've told you about the demographic need there and our reliance on them in our system, we want to continue to work with them and to explore ways that we can have a foster parent system, that we are attracting people who can make a difference, who want to make that difference.

Our most recent foster care ad campaign has the tag line, "Who you are is what we need". I'll reiterate that here, - we are looking for a wide variety of people, as wide as we can possibly imagine to become foster parents. Single parents, couples, age, sexual orientation, diverse backgrounds - that is also another big focus area for us.

Then there are some more specific things you might be aware of, the fact that we provided trauma informed training for all 811 and 211 providers, so they would understand what trauma informed care looks like for victims of sexual violence. All those things we've worked on and then some things that you probably haven't heard about yet or that are underway - we have 12 new parenting journey sites, so again at that preventive, early intervention stage, very exciting.

The 10 module parenting programming for African Nova Scotian parents, that was just announced in East Preston about a week or so ago, and two intensive family preservation pilots; we have one in Sydney and one that's going to be starting on the mainland. Those pilots are really aimed at families that are really close to the child being taken into care where supports don't seem to be working, what else could we do - a really intensive support of that family. So really excited to be doing everything we can on that early intervention end.

I've talked about the parents' programs, the foster parent program. Other jurisdictions are also looking at that so we're shamelessly borrowing ideas from other jurisdictions that have been trying to recruit more foster parents.

A big focus on youth at risk and working with our departmental partners across government - Justice, Health and Wellness, and Education and Early Childhood Development - to specifically focus on youth at risk. Our access and transportation services, I'm going to talk a little bit about that. We have a model that currently we want to take a look at. It's not meeting our needs and it's not a sustainable model.

On sexual violence prevention, you can see we have the Prevention Innovation Grants. Those are some of the things that I got to look at today, very exciting, and a public awareness campaign again aimed at young people. It would not be the public awareness campaign of old, you know you put a bunch of papers on poles. It's actually something quite exciting so looking forward to that and we are doing it with our partners, as I said.

I'm going to specifically get into the amendments to the Act. It's a bit of a refresher for those who went through the process. From an overview level, we did extensive consultations. The CFSA as put forward, was made public over several months so there's a chance for people to provide their opinions. We certainly received lots of feedback, lots of incredibly thoughtful analyses of what was the way to go. That was, as you know, passed in the Legislature. Now our focus is on the regulations, policies and procedures to make all that come to life and to also look at any operational issues. ICM is our Integrated Case Management system. It's something as simple as we have to change forms, we have to change the computer system, all of those things, all the pieces of work that come after a big legislative change.

On the consultations, just a reminder - we had 14 sessions for our front-line staff, so a really robust staff engagement. These are the folks who for many years have been telling us that the Act needed to be amended, based on their experience, so it was an opportunity to speak with them directly. We had 184 individuals through a focus group approach really provide us with great information.

We had three sessions with the 60 staff on the Mi'kmaw Family and Children's Services. Again, incredibly robust conversations with the staff who were able to really inform us and educate us about some of the unique experiences and needs of those communities.

We had 25 separate consultation sessions with 250 individuals. We did engage formally with the Assembly of Nova Scotia Mi'kmaq Chiefs and we were able to support them in hiring a lawyer to provide a written submission. You'll see later, but really quite pleased that a significant number of the amendments and suggestions brought forward through the Assembly were incorporated in the final version.

The CFSA, as you know, hadn't really had any significant amendments for 25 years. Although not everyone necessarily agreed with every amendment, I think there was consensus that the Act itself needed to be updated. The amendments were under six themes. The first was child safety - so specifically to look at the gap for kids aged 16 to 19. We wanted the ability to be able to investigate reports for kids up to 19, and most importantly, then to be able to offer services and supports.

Obviously, when you're over 16 and you may be part of this, you want to have some say and so youth will definitely have an opportunity to be provided with these supports on a voluntary basis. As I mentioned, we did clarify the definitions of emotional abuse, sexual abuse and neglect to clarify them and bring some of the language up to date.

There were modifications to Section 22. Section 22(2) is the section that deals with family violence. The changes were made there to really recognize that children who are exposed to domestic violence and where no action is being taken to prevent them from harm, that can fall into the definition of harm to a child.

Also, the second bullet - short-term placements with relatives as opposed to formalized care - again, we know that as much normalcy as can be safely and appropriately provided to a child makes sense so if they're able to be placed with a relative in the short term, all the better.

There was also a clarification around the powers of an agency to investigate and in ar one of the issues that comes up is our ability to access and interview a child who

particular one of the issues that comes up is our ability to access and interview a child who we believe or there has been a report that they may be at risk of abuse or neglect, we may need to do so without the parents' knowledge or without the parent present because it may in fact involve the parent, so just some clarification around that.

I will say - and I do think that this was lost in the discourse in the Fall - that none of these things broadened or changed the test for when a child is brought into care. There was some concern that somehow we would be making changes that would mean a huge a number of children were all of a sudden going to be brought into care and that certainly wasn't the intent. The language really is that we have not changed the determination of when a child is brought into care, but we have provided some clarification of what some of the terms mean, but our intent is to prevent as many children from coming into care as possible - as many children to be safe with their families as possible. That's the outcome we're looking for. But I do know that there was some conversation that maybe we were going the other way and really that's just not so.

The court involvement also changes, so there was some streamlining of court processes. One of the things that was happening was a matter that was brought to court, until there was a further hearing - a disposition hearing - a judge wasn't able to order services and so you would have a delay before we could actually start providing services and interventions. So we changed the Act so that the judge can now order that early.

We also added a case conferencing process and some of the language that has been used around that is family conferencing, which has been defined and specifically mentioned that that can be the form. So that is something that we know the legal community has an interest in. Again, if it's in aid of having a more collaborative, restorative approach to conversations with families to actually help them get the services and supports they need and make sure that children are safe, we're all for it.

The time frame for the duration of court proceedings decreased for kids over the age of six years, the time frame for the duration for kids under six was 12 months and that stayed. We've now moved it so that kids who are older than that is 18 months. Again, that's all in aid of the conversation or the disposition not going on in a way that we're affecting the child's ability to have permanency. That means a time frame for families and parents to be able to get the supports they need to be able to address some of the issues and have that child returned to them or that child placed in permanent custody.

The maximum cumulative time which you'll recall was also to prevent the situation where a child was spending the majority of their life going in and out of the care of the minister. Now there's a maximum that if in a five-year period they spend more than three years of those five years in the care of the minister then that will be something that we can move towards permanent care.

You've heard me talk about permanency. We certainly are looking for permanency whether that permanency is returned to the family and returned to a safe, stable family environment or whether permanency is the permanent coming into care of a child with the minister. That really is based on the literature, based on our own experience, based on best practices. Across the world, children need permanency, so that's really what we're moving towards.

The two middle bullets are really about doing everything we can to make sure the processes are moving along at a regular pace. The first bullet was that, after there has been an order of permanent care and custody, a parent could immediately have another court application. So it could be seen as an unnecessary delay, and we actually want to have children be able to have their care plan put in place and be on the road to permanency. In that 90-day period a parent can still apply but it would be within the 90 days - 90 days would be the time that a parent would have to show that the situation has changed and they're able to have the child returned to their care.

The last bullet, the cultural connection plan, is something that came as a result of the consultation and engagement with the First Nations community who felt very strongly and were very helpful in describing the connection that they would want a Mi'kmaq child to feel with their community. So we took that idea and we've also started to work on what a cultural connection plan would look like for other communities. We have, as you know, diverse communities across Nova Scotia so there's an opportunity for us to make sure that a child is truly connected with their cultural identity, and that would be in place right from the get-go.

Again, some of these are a little bit of housekeeping but we want children who are coming from another jurisdiction - we want to be able to recognize and have that proceed quickly. Currently they have to wait for 24 months. It doesn't seem to make sense - if they have a permanent situation, we want that to happen.

Then again last, a bit of housekeeping. Unfortunately we've had the situation that if a family is in receipt of an adoption subsidy and the adoptive parent dies or is unable to care for the child, whoever steps in as guardian would want to have that same kind of subsidy to support the child. Subsidies often are in place because the child may have special needs and special accommodations that are required.

The last few areas - secure treatment. In the old legislation, it said that a child would have to refuse services before they could be admitted to secure care. Now we're saying that doesn't need to happen. A child can still be trying to get better, can be trying to access services and move forward, and that doesn't mean that secure care is denied if that's the appropriate piece. The staff to detain and return a child to the facility means that if a child is on an outing and decides to run away, we don't necessarily have to call the police, we can actually have a staff person go and speak with them.

The secure treatment order, 30 days is not a long time to stabilize, so 45 was a good compromise number that we would have a period for people to be stabilized in secure care and that will reduce the need for applications to court to increase the time.

The modernized language is a little self-explanatory. I'm glad we don't use "in wedlock" anymore so that language obviously needed to be updated. The language of 25 years ago is not necessarily the appropriate language of today. Then there's also some deeper cultural changes, I guess, that we wanted to reflect. For example, we wanted to make sure that fathers were adequately represented in the definition of parent. There was some implication that mothers were in mind. We need to be clear we're talking about fathers too.

Then more administrative things along here. I won't go through them all, but I'd say the most important - the bottom - was that the current minister's advisory committee had been set up and very engaged, smart people had been meeting on a regular basis over many years and filing reports and nothing was happening as a result of those reports. So incredible frustration from that group and so what we've done instead is have a robust mandatory review of legislation every four years, so enough time to actually see what has happened and learn from that, and then that would be a formal report received by the minister.

Our next steps - we are still on track to have implementation this Fall. We are continuing to engage with communities and - I didn't touch on it here - I will say that we know that like the other jurisdictions in our country we have an over-representation of Mi'kmaq and Aboriginal children in our care and so we know it's absolutely crucial to engage with that community and so we will be doing so as we move forward with regulations and policy.

We have to collaborate with other partners, including other government departments. The children who are in our care, the children who are at risk, the children who we're serving through family resource centres, they are children and families that have robust needs that aren't just needs of the Department of Community Services - that often have interactions with the Department of Health and Wellness, the Department of Education and Early Childhood Development, and the Department of Justice and so we need to get our act together to make sure that we're talking about the holistic family.

The regulatory and policy development is the piece that we're now living through, and Janet and Leonard will be able to speak about or answer questions about some of the pieces that we're working on to make sure that we're gearing up to go. As I say, we have over 800 staff so training of those 800 staff - making sure they understand the changes, are

ready to go out and apply them, also communication with all of our community partners - will be crucial. We want to make sure that we're getting it right and so that we're good to go.

The other piece is the baseline data and workloads. We're committed to making sure and monitoring that there have been no adverse impacts as a result of the legislation. So we know what it is we want to achieve, and back to my determination that we're going to be focused on the outcomes. We're going to see what the difference is that we're making and measure it so we know if we need to adjust or course-correct, and having baseline data is important. It sounds like a very policy-driven thing, but we need to know where we're starting so we can talk about whether we're getting where we need to go.

That's it. Thank you very much for your interest and I look forward to your questions.

MADAM CHAIRMAN: Thank you. We'll start our questions with Mr. Harrison.

MR. LARRY HARRISON: Talking about care plans - in my former life I was involved with a number of families going through the system. I'm involved now with families going through the system as well. There seems to be a disconnect between family and the care plan. I don't know whether there is a care plan in place or whether they just don't understand it.

I know the Auditor General back in 2013 said that about a quarter of the clients did not have care plans. To me, a care plan would be absolutely essential for the mental and emotional welfare of the parents because the ones I dealt with, they have no idea what the next step is going to be. They get frustrated. Sometimes they get angry just because they don't know. Has there been a lot of work done on care plans? How many children would be without them at this point?

MADAM CHAIRMAN: Ms. Nearing.

MS. JANET NEARING: I'm assuming you're talking about comprehensive plans of care for children - is that the question?

MR. HARRISON: The family I'm thinking of right now has eight children scattered, and the parents are trying to get the access. They don't seem to know that if they follow this step, they don't know what the next step is going to be - and the next step and the next step. So it's hard for them to settle into one particular step before moving into the other because they don't know what the other is.

MS. NEARING: Thanks for the clarification. A care plan, you're very right to say, is essential to help a family know what they need to do next so they can take those proper steps. This matter must be before the court, I'm assuming, if these children are in care?

MR. HARRISON: It is.

MS. NEARING: The family would be represented by counsel as well. They ought to have a care plan that they can work through, check in with their social worker so they know they are making progress against that plan. That certainly would be our expectation.

MR. HARRISON: First of all I want to thank you for the presentation. Second, it's an enormous task and it's not going to get better. All I'm saying is you just keep moving and if we can be of any assistance, please let us know because it's going to be a huge problem.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

HON. DENISE PETERSON-RAFUSE: Thank you for the presentation. I also want to thank you for your dedication and your hard work. I know it's very challenging.

As you know, I was always very supportive of the changes that needed to be made to the Children and Family Services Act. However, I was very hesitant to support it because I was concerned with the resources available to the department to initiate the necessary changes. I understand from the presentation today that you face that situation, we've got an Act that has changed now but not all the t's were crossed or i's were dotted in order to make those changes. Those were my personal concerns because you're talking about now having to train 800 staff and so forth.

My concern is with the resources for the caseworkers and the casework load. I know there's a standard for the province. My question is with respect to the math on those standards because the math that I saw was done on a provincial basis, not a geographic basis nor by a caseworker's load. Do you have that information that you can provide this committee to be able to show throughout Nova Scotia the different geographical areas and each of the caseworkers, whether it is caseworker A, B and C, what casework load they are carrying?

MS. HARTWELL: Thank you for that question. We do have a breakdown by geography. I don't have it with me but I can certainly commit to making sure the committee has it.

As you say, we do have standards so we measure against those standards. I believe we have a breakdown to the caseworker level so we have standards that we measure against. We can undertake to provide that to you as well. There may be some explanation required because sometimes the nature of the case is someone may have a very small number of cases but those cases are quite complex and require a significant amount of work, then others may have a caseload where the cases are going fine and they seem to have a little bit of a higher one. At a local level they can monitor that and that's why they monitor it but we certainly can provide the overall. On the question of resources, though, what I will say is that we have received additional funding to support the transformation of the department, including the transformation of our Child, Youth and Family Supports. That resourcing is made available so that we can hold the training and the other things with staff.

I feel like we've been set up to certainly implement the CFSA and to make sure that as we go forward to help that we have the time and the resources to do the consultations, et cetera.

We have, as you know, some staff trainers who will be very busy over the next year training those staff and we may actually be calling in other staff to make sure we're getting the front-line expertise shared across the province. So you are right, the devil is in the details of planning all that out and that's what we'll be doing until the Fall.

MS. PETERSON-RAFUSE: Can you give me the exact budget amount and are they specifically focused on retraining? What about additional staffing for a casework load that may increase because of the changes in the legislation and also increased dollars to be able to take care of those youth that are now in the system that may not have been beforehand?

MS. HARTWELL: I don't have exact numbers, but I can certainly provide the budget numbers. At this point, based on our focus on prevention and early intervention, we are not anticipating a significant shift or increased caseload so we will obviously monitor that. Should that change we would go back and make another request, but at this point we're feeling like we have sufficient resources in that regard.

On the early intervention piece, some of the announcements to the family resource centres' parenting journey - a lot of that will be providing resources to community-based organizations to help broaden the early intervention prevention continuum. That would be less about our own staff doing it, more about community.

We have added some additional staff though - service provider, relationship manager staff - around the province who are really making sure those organizations are doing okay and if they have any issues they can come forward. As part of our operational model, we had shifted some management resources around and we have just recently made the call to add in more on the children and family services area to add some resources in there because we want to make sure that the front-line casework staff have appropriate management to make sure they can escalate issues and someone who can problem solve and there's not a delay.

MS. PETERSON-RAFUSE: Do you mind if I ask for clarification that you'll be able to provide us with a budget amount and where that is coming from. Is that coming from outside of the Department of Community Services through the Treasury Board, or is it within the department being taken from somewhere else? MS. HARTWELL: When we started this, we went forward with what we call a gated approach to transformation. So we've had the additional money placed in our Department of Community Services budget, but there was an additional ask from Treasury Board. So it was placed in the Department of Community Services budget and then there was some funding that government held to make sure that we were doing what we said we were going to do, and then we've gone back to Treasury Board and reported out and said we've accomplished X, Y and Z, and so then they've released that funding.

So the numbers as you would see them in the Public Accounts, that's the money that we have for last year in our budget and then, as you can imagine, we're knee-deep in trying to forecast what we might require next year. So if the approach continues, it would be that Treasury Board would make the case and that the money would be provided in our budget. So far, it hasn't been held outside of us that we've had to access - other than that overall we've had to demonstrate progress so - so far so good.

#### MADAM CHAIRMAN: Mr. Horne.

MR. BILL HORNE: Thank you for the presentation. It's a very intricate and very difficult area to be working in, I'm sure. It's certainly not easy. With the new changes - and it seems like change is needed, from what you've been telling us about the numbers - the possibility that this discussion was going into the area of more children coming into the area and then you talk about prevention to try to get that early, before the children do have to be taken away from their parents. We all know that they should be with their parents. I'm just wondering if you can tune into that area and give us a little bit more information or at least discussion points.

MS. HARTWELL: It's not just a semantics-focused early intervention and prevention. It is us as a system trying to swing slightly. The bottom line is, as I said, we have a responsibility with the legislation - and I think morally we all have a responsibility as Nova Scotians - to make sure that children are safe. That will always be the number one imperative - our children safe.

Then there are times when there are concerns that children may not be safe from abuse and neglect and an intervention is required, and so that intervention needs to be meaningful and it needs to be at the right time and right place. Government isn't always the one that is at the right time and right place. There are very few people who answer the door, when we knock on the door and say we're here to help, who don't have a little bit of skepticism about what we're doing there. That's where the relationship with community partners is so crucial because they are often there in a much different environment.

I would love that we get to the place where when people hear about the Department of Community Services that they think about us as being a place of support rather than a place of last resort. We're not there yet, not by a long shot. In this area in particular our ability to be able to identify and work when there are early issues and prevent them from getting any worse and hopefully try to make them better, that really is the focus.

Folks at this table would know from the calls that you receive from constituents and people here in the audience would know that from their own lives the complexity of every family's arrangement and how different everyone is and how much people need and the things that people grapple with on a day-to-day basis never ceases to overwhelm. Our system is really trying to move so we can be responsive to whatever it is that family needs, when they need it, and to prevent things from getting worse, as I say, and hopefully making a difference in getting them better.

It will mean a shift in culture - I think that's required for us to make sure that we're focusing on as early as possible. For staff who walk that line every day - I'm thinking of the front-line child protection workers - they walk that line every day of not wanting to disrupt a family and take a child from their family. They'll be criticized if they do and people will be upset. And God forbid, if something happens, they'll be criticized for not doing anything. They walk that line every day, I don't envy them that call. We recruit them and they hit the front line and they have to make that call. The more resources we can put into place that helps them make that decision helps them - if they can put more resources and they don't have to make that call, the better, because they will make that call. We want it to be as right as possible, as much as possible.

MADAM CHAIRMAN: Mr. Horne, a follow-up?

MR. HORNE: Just to change it a little bit, I see you're going to extend the secure treatment from 30 to 45 days?

MS. HARTWELL: Yes.

MR. HORNE: Now I'm wondering if you can explain that more so it's not showing that we're taking more time from the parents, going to stay with the government.

MS. HARTWELL: Secure care is our highest level of care. As I said, we have one location in the province, in Truro. We have very strict legislative requirements that a child's needs - and I say a child. We've had children probably as young as nine there but the majority of children are over 12 - adolescents - who are there because there is fear of harm to themselves or to others. It's important to remind everyone when we have the conversation, these children are in the care of the minister because they have suffered or are at risk of suffering abuse and neglect. That's why they're there, they're not criminals, so depriving them of their freedom is not something you would ever do lightly, ever. They are in secure treatment because they need to be safe or someone else needs to be safe.

It's more than reasonable that we are required to make an application to show a judge - so we have to make an application - that they need to be there, so there's already one level of someone saying you don't do this lightly. Then there are periodic reviews, we have to go back and say this child needs to remain there. In those cases, I can tell you that judges want to see what the care plan is and what the plan is forward because again, this is a child that we have put in a secure place and they do not have the freedom to leave.

The 30 days to 45 days was because what we were seeing is, not surprisingly, if a young person is in enough crisis to meet the criteria to be in there, it's not likely that 30 days is going to be enough.

You might say, what's the difference between 30 and 45? It's two weeks; sometimes two weeks can be a big difference. So based on our own experience, we were often going back and asking for that amount of more time. Rather than have to go back and use the judicial resources to do that, we thought that was a more reasonable time, based on the clinical experience of staff there. We have incredibly talented clinical staff, as well as youth workers. Again, we have to be held to a strong standard to make sure those kids need to be there. But having done that, we owe them the best chance at putting them on the right path.

There are a lot of times when kids only get to Wood Street once and then things stabilize. We have kids who leave Wood Street and go right into a foster home and thrive. We have some kids who go to Wood Street a couple of times and we keep trying for whatever that successful intervention is, whatever it is that's going to help them out.

It isn't something we take lightly, nor should we. Again, I think people always say you should be locking up the kids in care, or whatever. They are teenagers like all the teenagers in Nova Scotia and they need to develop and live their lives so these kids would just be where they can't safely do that - very few but it's incredibly challenging when it is.

#### MADAM CHAIRMAN: Mr. d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: Folks, thanks for the presentation, it's wonderful to see you here. You have a lot of work ahead of you to implement this piece of legislation.

I want to pick on one little spot, one that of course has been in the news over the last couple of days and is probably difficult for the department to talk about: the 16-yearold who was in the province's care and was discovered dead a few Sundays ago. I bring this one up for two reasons: (1) is because I have kids about that age; and (2) it goes back to 1992 when we had a child pass away in our area when I was a volunteer firefighter, one of my first calls, it was a five-year-old in care who had passed. This is why when I see it that it aggravates me and makes me mad in a way and I think that's why we need to talk about it today. Neither police nor the department has really talked about it. We did get the confirmation from the Ombudsman's Office that this was indeed a child in care. We know there are some conversations going on but I thought maybe it would be good to talk about it. It seems the department doesn't want to say anything really until autopsy or toxicology reports are actually done. We know this continues to happen. I think this has happened 10 times since 2004, for varying reasons, from motor vehicle accidents to others.

My question revolves around Policy 78, which is the one that has been referenced in this, been triggered. Who is investigating the death and will the findings be made public?

MS. HARTWELL: Thank you for that. I'm going to try very hard to walk the line here. We cannot talk about individual cases. It's not because we don't want to sometimes set the record straight or provide information, but we have a responsibility to protect the privacy and confidentiality, particularly of children in care.

I can tell you what would happen in a situation where a child dies when they are in the care and custody of the minister. If there is any indication that a child who is in our care dies as a result of abuse or neglect, then we immediately convene a child death review committee. That is quite a formal process.

That being said, any time a child dies, or if a child was significantly hurt, we would do the same. Certainly any time a child dies we immediately instigate an internal review and based on recent experiences, including the report of the Ombudsman from several years ago, we reach out to the Ombudsman's Office and ask that they be part of that. Depending on the nature of the child's life, if there was involvement with the health system or the IWK or whomever, we would also reach out to them, so it's very much dependent on who.

That review would be top priority and would take place with the participation of the police. The police - our timing would often be in concert with the police if they're doing their own investigation, so we would also never want to say anything that would jeopardize a police investigation. Those two things would go ahead and I can't stress enough, it is among the worst things that can happen. It is the worst thing that can happen.

You referenced the child deaths since 2004 and it's one of the things that - no one wants to talk about a child dying. Certainly as a parent, I don't even really know what to say. There's no world in which that wouldn't be a calamity and something that we should be mourning. We should be mourning the loss of every one of those children. It is concerning that the explanation of the circumstances of some of those deaths was immediately lost.

Children die of illnesses that they have before they came into care. Children die as a result of motor vehicle accidents. There were a range of reasons. Not one of them died in a residential facility. Not one of them died as a result of abuse or neglect while in our care. Certainly no hint of a perpetration by our system. Those are things that people are familiar with because they've happened in other jurisdictions. So it was incredibly - frustrating is one word - upsetting to think that the public could have been left with the perception that any government - and this isn't a partisan thing. In the past time period all of the Parties were in power at some point. There's not one person who would have allowed us to have a system where the deaths of 10 children would have gone unchecked and that we all wouldn't have done everything. I know that to be true.

So it was a really unfortunate kind of story that took on a life of its own. The details were included, but that wasn't the headline. I don't in any way want to diminish that. There is never a time when the loss of a child isn't felt, and certainly a child in our system because we know how vulnerable these kids are already and so we have an additional duty on us to do everything we can. We would take it very seriously and I know that everyone would have.

Again, we're still - on one hand I'm glad that we don't have this happen so much that we all knew the protocol off by heart. That was actually good that we all kind of go back and ask, when do we talk to people, how do we talk to people - it's okay that we do that. Certainly I know on a go-forward - again, we can't talk about any individual cases, but we do know that it will be important for the agencies involved to really work together to make sure that everyone who needs to be notified is notified and that we're able to rally and explore the reason why. We want to understand if there's anything anyone could have done differently, and that's always the important question.

MR. D'ENTREMONT: Thank you for the answer. I know in my very short time as Minister of Community Services, it was one of those things that kept you awake at night, and I'm sure Denise can probably say the same thing because there are so many children that are there.

We're one of the only provinces that doesn't have a child advocate, and knowing the stress of resource that you're going to have in trying to implement the new Act, maybe it's time that we look at a child advocate that can sort of take on some of these roles that might know the protocol, God forbid that they ever have to use it, but to be able to interact with those other departments that are impacted. Has the department looked at the issue of having a child advocate, as I think the Ombudsman actually suggested in their report?

MS. HARTWELL: We have and we are certainly open to exploring that. What we have been investing a fair bit of time in is building a strong relationship - I would say this has probably been over the last eight years - with the Ombudsman's Office.

The Ombudsman's Office actually has a role currently as youth Ombudsman. As youth Ombudsman, they do some of the things that a child advocate does in other jurisdictions. One of the things that they do is they travel around the province to our residential facilities and they travel to youth correctional facilities, and they meet with youth one on one in a private setting. So they create as safe an environment as possible for youth to really say anything - raise any concerns. In that sense, I think their role as youth ombudsman has been part of the reason for the conversation about a child advocate, we felt that we kind of have the guts of that already.

That being said, we are certainly open to having a conversation and, as a result of all our transformative work, we may end up in a place where we're having that conversation anyway but certainly recent media attention and the revelation, some of the concerns that we've heard, we certainly are open to looking at it.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I'm going to ask a different question but before that, I want to say that I do know that each and every one of you care very deeply for what you do. I've had the privilege and honour to see that work in action and just how dedicated and committed you are. It is a tough go for anybody and I understand what Chris was saying, too, and I'm sure Minister Bernard is the same way, staying up during the nights worrying about her children. It's a tough go.

I just want to touch base on when you were talking about the transformation of the department. As you know, that was initiated before 2013 but it was in the very early days of initiating that process. Now we're looking at 2016.

I have a two- or three-part question. My question is, how long are you predicting the transformation process to take, due to the fact that what we've seen from the department is freezing certain needs and programs because of the transformation, that's what we're told? I don't think that is a necessary thing, you can make changes and transform and still increase supports, through special needs and through other programs, or increase IA.

How much longer are you predicting it? Is there any strategy in place to ensure that we're not freezing these programs that is detrimental to the very people we serve? I'm just wondering about the consultant firm, KPMG - how much are they costing and exactly what budget is that being taken out of - the budget line to pay for their services?

MS. HARTWELL: Our transformation agenda currently takes us into next year. We've basically roughed it out over a three- to four-year period. I'm sure there will be lots of things that will still be works in progress but the design of where we're going and the implementation of the legislative and policy changes should be complete by then. That's the time frame.

I would say it varies very much program by program. Our hope is that with the Child, Youth and Family Supports, we'll see the bulk of the transformative work over the next year, in part because the amendments to the legislation enabled that. That was kind of the skeleton of that and now we're making the other pieces fall into place although, as I

say, the shift from a reactive system to a preventive system is one that will probably take time but we can certainly build the bones of that.

On the Employment Support and Income Assistance side, again working with the same time frame, I would love to have everything complete there and I'd say 85 per cent complete by next year, in that same time frame, so that if there are regulatory or legislative changes that we would be bringing them forward to government sometime in that time frame. I don't know that there needs to be but I certainly know that we want to have a new vision for income assistance in Nova Scotia by next year.

We are this Spring - I'll call it my quick hits, it's probably not right - but things that we want to have quicker action on so I think there will be conversations about what we can do. We don't need to wait until it's all done, so I'm certainly mindful that the transformation has been - we want to get it right. We know that tweaking at the system and just picking at little pieces of it is not enough - we actually have to go back. That's why we have a quite aggressive consultation and transformation agenda. I think over the Spring and summer is when we'll see some significant announcements about where we think we're going based on what we've heard from clients.

This is just a side thing, but we are getting incredible reaction from our clients who are attending sessions around the province. I think now over 1,500 people have completed a survey online or by phone, which for a client group that isn't always engaged is a really good number and we have focus groups around the province that are largely very well attended. We're not hearing anything that would shock anyone around this table, but we're hearing the passion and the lived experience is incredible. So for me, it's a summer - this year kind of stay tuned on that.

Then on the Disability Support Program, again, hoping to have a whole bunch of work around setting up a new kind of way of supporting people with disabilities where they live over the next year and a half, but that is an area where we always talked about at least a decade of change. We are unbuilding a system that was created over decades and the building of something new is quite significant. So the time frame around them are a little different.

KPMG - they were the successful bidder on the work to support us on ESIA. Just to be clear in case there is any question of why, we have a lot of expertise in the Department of Community Services that I'm proud of, but managing projects is not one of them. I have been involved personally in other attempts to try to do some big pieces of work off the side of your desk and it wasn't successful, or as successful as it could have been.

So we did deliberately design in our ask - could we have some outside resources, in part because I want to harness the expertise of the staff. I don't want them having to do project management stuff. I don't want them having to learn how to build a Gantt chart.

That's not good use of an expert social worker. I'd rather them tell me about child outcomes. They can tell me about that.

So we brought in the outside expertise - time limited, because we don't need it forever. That didn't come from the base Department of Community Services budget so nothing else was affected. It was an additional ask to Treasury Board and they awarded us the additional money to pay for it because we couldn't just do it off the side of our desk with other people.

MS. PETERSON-RAFUSE: I have to say that we had those discussions when I was minister too - on the project management side. What I haven't heard, if you could answer for me, is the fact that during this process those people receiving services from the department and through disability or through income assistance still have to live each and every day and try to feed themselves and heat their homes and pay for rent. With the freezing of any dollars - that's what I'm a little baffled with. The transformation is critical and it will take a lot of time, there's no question, but those same clients that we're trying to transform a better system for, we're putting them behind in terms of their income. We're not keeping up at all.

It was even bad enough with what we tried to give, so I'm very concerned with that. What kind of dollars, now that you're going into budgets and so forth, are you looking at - how long do people have to wait? Will the announcements come with dollars to say, okay, IA has increased by \$50 per month? These people have waited for two years or special needs are going to be available at a higher level than it is. It's the dollar that my question surrounds.

MS. HARTWELL: I'm not able to share the conversations we've been having prebudget, as you know, or submissions or our dialogue with Treasury Board folks except to say that certainly inside the department - and I think the people that we've worked with across government are keenly aware that we've heard that and we know that to be true we want to get to that right balance of making enough of a change in our system so that it's impactful and not just a small tweak, which is why we have this transformation agenda and that we certainly don't want to take so much time that we're unduly putting too much strain on the people who we are really meant to serve.

I can't give you the answer today but I can assure you that it has been heard and this is all very much part of our conversation.

MADAM CHAIRMAN: I'm just going to remind the committee members that it's now 2:20 p.m. We do have committee business to go over before the end of our meeting so there will be 30 minutes left of questioning. So if we can keep our questions as concise as possible, that would be great, to allow a complete answer. Mr. Jessome. MR. BEN JESSOME: Thank you all for being here today and allowing the committee to ask some questions on this very important work that gets done at DCS. I've had a good experience dealing with the staff that I've connected with, mostly through the Sackville office, so I appreciate the work that gets done over there.

Two topics that I'd like to ask brief questions on. Firstly, you addressed concern around the population of foster parents in the province and the fact that many of them are reaching their point of retirement and finding new ones may become a struggle. I'm wondering, do you have any sort of projection on when that boiling point date would cause us grave concern, versus how are we managing that?

MS. HARTWELL: Janet, if you want to answer.

MS. NEARING: I think any time you see declining numbers as were shown in the slide, it's cause for concern and it continues to be. What we have to do, and we share this with jurisdictions right across North America, is to continue to find ways to recruit foster families to our system. Right now there's an online campaign that the deputy referenced earlier, to encourage people to consider fostering. We rely very heavily on our foster parents who are really and truly the best recruiters of anybody and can do more than any media campaign could ever do because if they've had a good experience with us they will tell their friends, they'll tell their cousins, they'll tell their neighbours. Then people are coming in with a realistic expectation about what fostering is about.

Fostering is a very challenging piece of work for families to undertake because you are raising and nurturing and caring for children who have come from difficult circumstances. You are also working as a partner with a big government department and you don't have the same freedom as a parent would have to make choices for the children with you; you've got to do that in concert with a social worker. You are helping children to move on so you love and care and nurture them but you are helping them to move away from you. It's not something that every family can do.

We try to do a really good job at preparing people in advance for what that experience is like. Folks undergo 27 hours of pre-service training and then the standardized assessment process. We offer continuous training throughout their time as foster parents so that people really have a good sense of what this is about and come into it with pretty good knowledge that this could be a good fit for my family.

We have more work to do and we'll always have more work to do but we won't stop. We will just keep on and try to be as creative and inventive as we can to encourage people to think about this long and hard and approach us.

MR. JESSOME: In response to that, two things. Again, I'm curious if there's any sort of projection on timeline about when that date may happen. Secondly, are there any sort of incentives that DCS offers for foster parents, as part of recruitment?

MS. NEARING: Not incentives - the joy of the work. If you talk to a foster parent they'll tell you really clearly that there's no incentive for them that makes more sense than the impact they know they've had on the life of a child so that's the real incentive.

There were two slides that are significant in terms of the number of foster parents declining; one is the number of foster parent decline, the other was the number of children in care is also declining. Both of those things are happening. Fifty-five per cent of children in care are over 14 years of age. Sadly, some of them will age out of our system without permanency. So to do some kind of calculation about when we would reach sort of a critical mass is really incredibly difficult to do, so we just continue to work to try to ensure that more and more families are coming forward and we can offer them support that they'll stay with us and continue to foster.

#### MADAM CHAIRMAN: Mr. Harrison.

MR. HARRISON: Going back to the same vein I had before because this has always been a concern of mine, I do understand the complexity of the families that will come before the department. Every family is different. Every child is different. I realize the necessity for policies - the necessity for timelines. What I am wondering is if there's room to move within the guidelines, within the policies, simply because every family is different.

I've dealt with families that I would never give their children back to the parents because I know what that situation is like, but I've also met families where they don't need as much time to get back on track again. So I guess I'm wondering what is in place, or is there something in place to allow that movement to happen?

MS. NEARING: I turn to some of the amendments that we have put in place recently and the work the deputy has referenced in terms of our investment in early intervention/prevention programs. Those are programs that have a fair bit of flexibility to them and allow us to be involved with families at earlier stages when problems are smaller and there's more chance of getting a successful resolution.

You're right - every single family is different, every situation is different - and our social workers are trained to understand that. They have to have policies and guidelines to guide their work, but an awful lot of their work is also guided by their professional judgment, and they're supported in that by their supervisors and by team meetings and so on, so that there can be consistency in those decisions because you don't want to treat one family radically different than another, but you still have to pay very close attention to the particular circumstances of the family.

So even with our guidelines and standards, I believe that there's still a fair degree of latitude that's there to enable a social worker to help a family get their needs met so that they can meet the needs of their children. MR. HARRISON: I appreciate that answer and I'm certainly glad that is in place, but another difficulty in that is that sometimes a family and a social worker will not click. If that happens, is there a way in which another team or that social worker be part of a team that assesses it rather than just that one person - that they have more people involved in making that assessment or recommendation?

MS. NEARING: I can't give you specific examples, but I believe that kind of thing has indeed happened where there could be a conflict of interest for some reason. Nova Scotia is a small province - a lot of small towns and there would be reasons from time to time where there would need to be made a switch with social workers, so it's certainly possible.

#### MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I want to ask about the new news story that a CBC investigation released yesterday that shows that as many as 2,300 people in Nova Scotia and New Brunswick had their hair tested for drugs and alcohol at a discredited Toronto lab. So the New Brunswick child and youth advocate has said that the damage in these cases could be very difficult to repair and called for their government to go back and check all the records. New Brunswick also have open child welfare cases - they're subject to an automatic review.

In Ontario and New Brunswick, you may be aware that they've been told not to utilize any of those types of labs because they're unreliable. So I'm just wondering, what is currently being done by your department to address it and what recourse is available to a person who feels that an incorrect decision, which of course is a major factor in their life, has been made based on perhaps unreliable information from that particular hair testing lab.

MS. HARTWELL: I'll start and then others can join in if I'm missing a point. As soon as we heard about that service provider and there being concerns about that service provider, we actually last year indicated that we would no longer be using that service provider and so we haven't since that time.

We have been reviewing on a case by case basis anyone who has raised a concern - we've gone back and reviewed. Normally in Nova Scotia we haven't used that testing as the single determining factor. I know that there has been one case where someone has come forward looking for a judicial review and all the evidence was reviewed and there were no changes as a result. We are absolutely open if there is someone who wants to bring that forward. They would contact the office and then we would go through that process.

We certainly, as soon as we heard there were concerns, stopped using that service provider. There are still cases in Nova Scotia where the courts may order specifically hair strand testing, and in that case we would obviously not use that service provider and we would not use that as the only source anymore. So we would put that in place because we do need to have that safeguard.

MS. PETERSON-RAFUSE: Is there a movement within the department to not use that type of testing altogether since you do use other factors and because now there is a big question mark around that kind of testing?

MS. HARTWELL: Yes, it was one thing when we knew that there was a particular service provider, but now that there is a broader concern with any hair testing then we've looked at that. We will have to have conversations with the judiciary in Nova Scotia because if they're ordering that we want to make sure we're complying with their order - always like to comply with the court's orders - and we need to make sure that we're fulfilling what it is that they're looking for and also using a methodology that we all have reliance on. So until that time we would not be using that as the only source. We would use other methods as well.

MADAM CHAIRMAN: Ms. Treen.

MS. JOYCE TREEN: Thank you for your presentation. Your job - I don't know - they're the hardest things that come through my office when we have to deal with children and stuff. So my heart goes out to you and good luck.

Mine is concerning the slide here. Actually when I was reviewing this last night I was very pleasantly surprised at the amount of referrals and then at the end the amount of children who actually end up in permanent care or temporary care. These numbers compared to previous years, we don't have them here but have you done those numbers before and how do they compare?

MS. HARTWELL: We look at this obviously on a regular basis, so we do have these numbers which show the large picture - not to the same detail, but there is definitely a small decline overall in children in care. You see that since 2011-12 between 200 and 300 less. Then similarly, less children in permanent care.

So we know that we're going in the right direction, but as we've alluded to, some of that we believe is because we are putting in place more proactive early intervention so we're able to prevent that, and some of that does have to do with the changing demographics. It's just the children are aging out. So there is a bit of mix.

Keeping track of these numbers is crucial because we at no point want to see that we're disproportionately bringing children into permanent care. That would tell us that we are being overzealous.

Also, there is no magic number because we also want to make sure that we're not leaving children in a risky situation when we should have brought them in. So we do often,

as we've all alluded to, compare ourselves to other jurisdictions across Canada and North America, worldwide to make sure that we are on side. Based on one of the questions from one of the members of the committee, as she stated, we do have standards and we measure ourselves against the standards on a regular basis because while there is a level of subjectivity, any one of these numbers going off in a different direction would tell us that something's not working so we're really mindful of it. Happy to say, as I've said, the past few years we've definitely been going in the right direction.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I want to ask about youth with behavioural issues. I know that we're very fortunate to have the facility in Nova Scotia, but we know that cannot fulfill all the needs that you have in the department - there are youth that are sent to Utah and other places in the U.S. and sometimes in Ontario. I'm just wondering if you can give us an update of how many youth in the last year have been sent out of province. What with the cost factor and the plans going forward, if there is any discussion around what we can do about that because we need additional resources to be able to meet that challenge.

Lastly, some of those behavioural issues, we have more skills in treating than others, and one in particular that seemed to come up a number of times that we don't have the appropriate services for support is those youth that have fetal alcohol syndrome - that there is a uniqueness to their cases. So I'm just wondering, has there been any movement in the last couple of years to address those challenges with those particular youth? Sorry for so many questions.

MS. HARTWELL: Thank you for the questions. Again, I'll start and my colleagues can jump in. I don't have the number, but we can certainly undertake to get to you how many youth are sent out of the province.

Some youth are sent out of the province because of the extreme behavioural needs, as you've mentioned. That may be the appropriate option because there are connections - for example, if there's a youth who is involved in significant criminal activity here, they might actually need a break from their environment and have a fresh start somewhere. That might be the appropriate piece. So that may be one of the reasons. Again, it's not a first resort. It's usually a last resort because usually those kids have tried different things. We certainly do keep an eye on that. We can certainly provide you with the numbers of kids and then an estimate of the costs.

I reviewed this a few months ago. I just wanted to get a sense of where some of the kids were outside the country and I made an assumption that the further away it is, the more expensive, and that actually isn't the case. Because of course it's so dependent on the nature of the intervention they require so the geography may not actually be the factor. In fact, we have some placements for youth in the province that are far more costly than those that are

outside the province. It always has to go back to what the right thing is for that child at that time. So that has to be the determination.

You're right, there are some behaviours or some syndromes that are more challenging to deal with. Fetal alcohol syndrome is certainly one that because it can manifest so differently from youth to youth, there's not one particular treatment avenue. Again, it has to be based on whatever else - you know, if that child happens to have a codiagnosis of autism or some other things, some of the interventions can be quite complicated.

I do know that from sitting on the provincial-territorial social services deputies group that we've had some conversations about fetal alcohol syndrome in particular and there's a small working group that has been convening to look at the particular response to that. While it exists in Nova Scotia and it's something that we have children in care in, and other kids who aren't in care who grapple with that, there are some jurisdictions where it's a bit more overwhelming numbers and so we're learning from them.

I would also say that we've had some conversations with colleagues at the Atlantic table because we're four relatively small jurisdictions and are there opportunities to look at how we support our Atlantic Canadian children together and not necessarily have to send them to other places. I think we're certainly open to that conversation and we've started it as well.

Everyone wants their kids safe and we also kind of want our kids to be at home so we're having those conversations.

MADAM CHAIRMAN: Mr. Stroink.

MR. JOACHIM STROINK: Thank you very much for coming in today. I guess I kind of want to touch on the Aboriginal piece and the amount of kids of the Aboriginal community that are in care; it is a large number. I guess for me what I'd like to understand is there's a lot going on provincially and federally within the Aboriginal communities in Canada, let alone in Nova Scotia.

I kind of just want to get an update as sort of where the province, provincially and federally, are connecting their resources in order to do that and also understanding that you have worked very closely with them during the changes in the legislation. Just talking a little bit about that just so we can get a bit more of an understanding of this group would be greatly appreciated.

MS. HARTWELL: Thank you very much for the question. Yes, it is absolutely a great concern to us. There is a disproportionate number of children in care of Mi'kmaq or Aboriginal background. There are many positives in Nova Scotia, one is that we do have some strong relationships with First Nations communities and want to continue to

participate. We have some tripartite forums, for example, that we continue to sit on and make sure those partnerships are strong.

As I mentioned, in some of the consultations, we did consult with community and also provided some support so that they could have a lawyer of their own, to make sure that the appropriate lens was being placed on it, so we're really pleased with that.

We've just recently hired the first child welfare specialist specifically for First Nations, so there's someone who is from that community who is a child welfare specialist. Her name is Natalie Doucette. She is going to be working with communities and First Nations communities all around the province. She had been with the Mi'kmaw Family and Children's Services agency for 24 years so she has a strong connection. As far as we are aware, it's the first position of its kind in Canada, so we're really thrilled to have that connection.

We have just the Mi'kmaw Family and Children's Services in Nova Scotia. Some other jurisdictions have several agencies but we have one, so having a relationship with that organization and supporting them and working with the federal government to partner is key.

As I mentioned, we sit on various federal-provincial committees and I can say that at a recent ministerial meeting the issue of Aboriginal children in care was the number one topic and there was a commitment of ministers around the table to go forward on those issues, to collaborate with the federal government. The federal minister was at the table and committed to bringing his counterparts to a meeting to discuss aboriginal children in care. It feels like there's a momentum for people to work collaboratively around this issue so we're thrilled to be part of it.

I should mention, though, we have a Parenting Journey Program going forward that has been designed with and specifically for the Aboriginal communities, so lots and lots of work to do there but I think we're leveraging the real desire at both the federal and provincial level to have this conversation and connect the dots.

MR. STROINK: Just quickly, in the changes that were just made within Community Services, the Aboriginal community was heavily consulted during that process. Can you just kind of walk us through a bit of that because there was some misunderstanding, maybe some non-clarity on their role in those changes.

MS. HARTWELL: The first thing I'd say is any time anyone says they don't feel like they were consulted then we didn't do enough. The correct answer is we have to continue to consult with all the communities in Nova Scotia and if someone said they would like more, then we will absolutely do more. That's the definite answer - and I would say in this, I am very comfortable with the level of consultation. There was a slide - you didn't make it up. I'm just trying to think where it was so I can pull up the numbers to show. We met extensively with the staff. There were several meetings at a very high level and at a working level with a number of First Nations and Aboriginal organizations. We also, as I say, participate in the tripartite group where we raised these issues. We have continued to raise them at the tripartite and our hope is that we'll be able to address some of the conversations about the policy under the new CFSA through that session.

So in my mind we have had a fairly fruitful consultation and I think one of the key successes for me is that there were 80 amendments to the CFSA from the time it was first tabled to its final, and 25 of those directly came from consultations with the Mi'kmaq community. So they were incredibly impactful and we were very appreciative of all that.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: In Nova Scotia, African Nova Scotians make up 2.3 per cent of our total population, and the African Nova Scotian children make up 30 per cent of all the children and youth in care. So my question is, can you explain why the cultural competency training is not mandated for all of the CPS caseworkers?

MS. NEARING: Thank you for that question. The numbers that we would have in terms of children of African descent would be different than that. In the central region alone, that figure would be accurate, but that is much higher than in the rest of the province. In the rest of the province they represent children of - and I'm combining children of African Nova Scotian descent and children who would be described as biracial - so they have one Caucasian parent, most often, and one African Nova Scotian parent. That would total about 30 per cent in the central region - the Halifax area.

Excluding that, we would be looking more like a total of both of those groups of children at about 5 per cent or a little bit less. So it does vary very much, depending on where children live. The cultural competency training that you're speaking of - are you speaking in relation to parents who are fostering or adopting?

MS. PETERSON-RAFUSE: I'm just talking about the caseworkers and training in that particular program for the cultural competency - yes, for the department in terms of the caseworkers.

MS. NEARING: There is a program that the provincial government does offer in terms of diversity and our staff are expected to take that course. It is a requirement.

MADAM CHAIRMAN: I think that wraps up our questioning. Do you have any closing remarks, Ms. Hartwell?

MS. HARTWELL: Thank you so much for your kind attention and your questions. Mr. Harrison made the comment, "what can we do?" This is definitely a reminder that the children that we're talking about are Nova Scotia's children and I think we all have a responsibility to think of them that way and to work together, and so I'm really appreciative of any opportunity to talk about it and for you to continue to be interested in it. Thank you very much.

MADAM CHAIRMAN: We're going to take a short recess, until 2:50 p.m. I would like to have all committee members back here by then, please. Thank you.

[2:49 p.m. The committee recessed.]

[2:51 p.m. The committee reconvened.]

MADAM CHAIRMAN: We have just a little bit of business that I don't think should take us longer than the time we have. We received correspondence from the Department of Community Services in regard to information we requested at the January 19<sup>th</sup> meeting and correspondence from the Nova Scotia Advisory Council on the Status of Women, which was requested from our February meeting which Ms. Langille has circulated to everybody so all committee members should have had an opportunity to take a look at that.

We've actually had a number of requests to appear and since we are coming near the end of our approved witness list, I'd like to put forward to a vote, first off, that three groups come in to talk to us in regard to ESIA and special needs funding. We'll put it to a vote to have them appear before us - that's the Community Society to End Poverty in Nova Scotia, Dalhousie Legal Aid Service, and the Benefits Reform Action Group. Those three have requested to appear in regard to ESIA and special needs funding. Is there any - Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I support those, Madam Chairman, because we actually do have people here today, you probably know, from the Community Society to End Poverty. I just wanted to draw attention to the committee members that they've come in support of Kendall Worth who originally brought this forward. Good for Kendall, he did his job that our committee said to go out and get support and to find a group that would come and do the presentation within our guidelines. So I just want to throw out, congratulations to Kendall for his hard work and we look forward to their presentation. Thank you.

MADAM CHAIRMAN: That's great, no problem. So we will have Ms. Langille try to - is there agreement from members? Okay, that's wonderful.

The other request to appear was from the Community Homes Action Group. This organization advocates regarding housing for persons with developmental disabilities. They did appear in February 2014, along with the Nova Scotia Association for Community Living who are set to appear in April. They are our April group. I'm just wondering how the committee would like to proceed with this particular request.

As an individual committee member I have no problem with this group coming forward but where they did appear before, should we ask them to possibly appear with the witness for April, if that's possible? Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I was just wondering with the Community Society to End Poverty, where would they be on our listing in terms of - I don't want to drop anybody down in the list, but I'm just wondering if a group has already presented, is it possible to bring in the poverty group?

MADAM CHAIRMAN: Our April meeting has already been scheduled and we have another issue to discuss that might be able to bring some clarity. Our Community Homes Action Group - what is the general consensus from the committee? Is there any concern for them reappearing? Hearing no concern, we will ask Ms. Langille to put them on our witness list.

Our third issue - and this kind of addresses what Ms. Peterson-Rafuse was speaking to - is we've actually had an organization submitted by the Progressive Conservative caucus that, for personal reasons that are extremely acceptable, we've had to keep on bumping them and rescheduling them. We'd like to get some direction from the Progressive Conservative caucus to see how we should proceed - if we should continue to try to have them be our back-up. So again, if the answer is yes to that, if our group that's already scheduled for April is unable to attend, they would be our second choice or if we should look to have another group as our second choice. Mr. d'Entremont.

MR. D'ENTREMONT: There are some health concerns here so I think what we'd like to do is go back and see what we're capable of doing and what we're not capable of doing here. Maybe we can just put that group on hold for now and then we'll come back next meeting and make a decision at that point.

MADAM CHAIRMAN: So that being said, I think that it would be fair to say that since the Progressive Conservative caucus is in agreement that if our April witnesses should not be able to appear and the groups that we approved are able to come to our April meeting then they would be our back-up choice and if not then when we have our agenda setting, which will more than likely have to take place at our April meeting, but we'll discuss that as well - we'll see how we're going to move forward. Is there any discussion on any of that?

Again, to those members who are here from these groups, I have to apologize - it was due to my not being at our last meeting that this wasn't discussed as quickly as you brought it to our attention, so I do apologize for that, but we look forward to having you present to us.

Is there any further discussion? Hearing none, I will adjourn our meeting. Thank you.

[The committee adjourned at 2:58 p.m.]