

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, January 9, 2018**

**Committee Room**

**Department of Community Services  
Children in Care**

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## **COMMUNITY SERVICES COMMITTEE**

Mr. Chuck Porter, Chairman  
Ms. Rafah DiCostanzo, Vice-Chairman  
Mr. Keith Irving  
Mr. Bill Horne  
Mr. Gordon Wilson  
Mr. Eddie Orrell  
Ms. Barbara Adams  
Ms. Susan Leblanc  
Ms. Tammy Martin

In Attendance:

Mrs. Darlene Henry  
Legislative Committee Clerk

Ms. Nicole Arsenault  
Assistant Clerk, Office of the Speaker

## **WITNESSES**

### **Department of Community Services**

Ms. Lynn Hartwell, Deputy Minister  
Ms. Nancy MacLellan, Associate Deputy Minister  
Mr. Leonard Doiron, Executive Director, Child, Youth & Family Supports



House of Assembly  
*Nova Scotia*

**HALIFAX, TUESDAY, JANUARY 9, 2018**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

**10:00 A.M.**

**CHAIRMAN**

Mr. Chuck Porter

MR. CHAIRMAN: Order, please. Good morning everyone, welcome to the Community Services Committee this morning.

Before we get started, we'll begin with just a couple of quick points. Cellphones, if you've got a cellphone on you, please turn it to the off or quiet position, I'd appreciate that very much. Secondly, you're familiar with the emergency exits. I think everyone has probably been here before so you'll know what to do in case of an emergency.

We will go to introductions.

[The committee members introduced themselves.]

MR. CHAIRMAN: Just before we go to our guests this morning, we will take care of a small bit of committee business that we have. I believe a motion is required - you'll see in your agenda the response from the Department of Community Services, correspondence from Mr. Worth, annual review for the ESIA recipients. There has been discussion in the past and I think we decided, if I'm not mistaken, but I'll call on Mr. Irving.

MR. KEITH IRVING: Mr. Chairman, I had a look at the letter here this morning. I'd like to move that the letter from the Minister of Community Services serves as a reasonable response to Mr. Worth and that no further action by the committee on this matter is required.

MR. CHAIRMAN: Thank you. A seconder? Are there any further questions? Mr. Gordon Wilson.

MR. GORDON WILSON: Did you say seconder?

MR. CHAIRMAN: Oh thank you - seconder for the motion. Is there any discussion?

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

We will get right on to - I'm just looking at my agenda here, there's a couple of things I want to talk about. We'll go right on to our witnesses this morning from the Department of Community Services and I will invite Ms. Hartwell to introduce herself, as well as staff with her this morning, and then to move on with your presentation.

MS. LYNN HARTWELL: I'm Lynn Hartwell and I'm the Deputy Minister of the Department of Community Services. To my right is Nancy MacLellan, who is associate deputy minister of our department, and to my left is Leonard Doiron, who is the Executive Director of our Child, Youth and Family Supports Division.

We are delighted to be here today. Personally, I always like to take every opportunity to talk about the work of the Department of Community Services, the significant pieces of work we have under way and the changes that we're hoping to make. We have, as you know, a lengthy deck. My apologies to those who don't have a hard copy. I have a couple of extra hard copies, so if anyone wanted one, I will certainly make sure you have it. But the slides are here for those who are watching.

I'm going to provide a very quick overview of the department, to provide a little bit of context, and then I'm going to ask Leonard to provide you with an overview of our transformation. Nancy will talk about some of the particular concerns that we're facing right now and some of the things we're doing about them.

If we could go on to the next slide, please. Here's the outline. We'll move relatively quickly so we can have lots of time for discussion. Our department is the largest service delivery department within government, direct service delivery. We currently have an annual budget you'll see of \$930 million and a significant staffing complement.

Our mandate is broad. We are often seen as the department of last resort. We are moving conscientiously to try to become the department of lasting support. You'll see that the outcomes on the right are outcomes that we've been working with for the last couple of years and they are the outcomes that are driving all of the decisions that are made in the department.

We have offices across the province, just over 1,700 staff in the Department of Community Services proper. Of course, we also have Housing Nova Scotia which is affiliated with our department, which has around 500 staff, so a significant staff complement working on social policy and social services in the province.

Our child welfare offices are across the province, and we have approximately 800 employees in our child welfare or our Child, Youth and Family Supports Division. We'll talk a little bit more about them specifically.

Here's what we call the essentials of our department, our three big program areas. This is just a snapshot to remind you of the budget associated with each area and the number of staff. You will see that the budget numbers, when you start to add them up, roughly start to equal our overall department budget. Overall, about 85 per cent of our budget goes out the door. It goes either directly to clients, or it goes to service providers who provide services to our clients. We have about 15 per cent of our budget that remains for administration, including staff salaries. You'll see we are a large system with well over several hundred service providers, including in the child welfare area, and we'll talk a little bit about those.

Again, here's just a little bit more information on our division. Today we're going to focus on the Child, Youth and Family Supports Division, which is comprised of three areas. The first is our prevention and early intervention area, an area that we're looking to grow. Leonard will talk a little bit about that. We also then have our child protection area which responds to allegations of child abuse and neglect. Then our third area is our placement area. When children come into the care of the minister, we act as parent, and we provide them with supports. We can talk about all three of those areas.

As people know, we are continuing our transformation agenda. I get lots of questions - when will this be over? The reality is we had a large sort of three-step, three-gate, process. We're at the beginning of our last gate, where we are starting to implement some of the things we have been working on and doing some more detailed design. We're very happy with some of the things that we have been able to do to date, and there's lots more to come in the coming year. I'm happy to answer any questions about this as well.

I'm going to turn it over to Leonard to focus on Child, Youth, and Family Supports.

MR. LEONARD DOIRON: Thank you very much, Lynn. I'm delighted to be here as well and to share what I can on Child, Youth, and Family Supports. I also would like to apologize for the length of the deck, but child welfare by its very nature is incredibly complex, and we wanted to give you as comprehensive an overview as we possibly could. That being said, there are areas where I can tighten it up if need be, so if we're running short of time or anything, please let me know, and I would be happy to try to do that.

Child, Youth and Family Supports is one of the primary divisions within the Department of Community Services. The Minister of Community Services has the

legislative oversight for the Children and Family Services Act, most often referred to as the CFSA. The Child, Youth and Family Supports Division has the responsibility for the programs and policies required to implement that Act and its regulations. The Child, Youth and Family Supports Division manages this responsibility under those three umbrella program areas that the deputy just mentioned. That's prevention and early intervention, child protection, and placement services. I am known to refer to these as the three big Ps because they really are the focus of all of our attention.

Those three program areas, as the deputy already referred to, are prevention and early intervention, which helps address early the issues that are affecting the healthy development and well-being of children and youth. They address ways to keep children and youth safe, hopefully, and free from harm and to prevent the family from breaking down. Hopefully these early intervention and prevention services will mitigate the need for child protection involvement at all.

Child protection services actually protects children from harm, abuse, and neglect, while making every effort to keep the families together. I'm sorry, I just noticed something on the screen there.

MR. CHAIRMAN: Somebody is looking after that. There we go.

MR. DOIRON: Thank you very much. That reminds me of a principle that I would like to make sure everybody is aware of. The Act is predicated on a principle of what's called the least intrusive measure. Whenever Child Welfare is involved, we always have to take that into account in every decision that we make that it has to be the least intrusive measure possible under the circumstances, while always acting in the best interests of the child.

Families often work very co-operatively with child protection social workers and actually are voluntarily participating in parenting skills, anger management, addictions treatment or other kinds of counselling programs that alleviate the risks to the children. I think that's really important to emphasize that very often it's a collaborative, co-operative relationship. It's not always adversarial. In fact, you're going to see some information later on to give you a sense of that.

The last big P is the placement services. This is our attempts to help match children with resources when children are unable to remain in their own homes. This could be on a temporary or a long-term basis. This includes some of those program areas that you're probably quite familiar with: foster care, residential services and adoption programs.

It might interest you to know that in 2017-18, \$11.5 million was spent on funding for 95 prevention and early intervention programs located within 66 communities across the province. These include programs such as family resource programs, parenting journey programs, youth outreach programs, men's domestic violence intervention programs, Boys and Girls Clubs, and Big Brothers Big Sisters. Also, for the first time this year, a pilot

which we're very happy about called Families Plus, which was located in Sydney, which is an incredibly intensive wrap-around service for the family whose children at risk are coming into care.

These intensive services are actually provided over a short period of time to prevent the need for the children coming into care. These services help to address mental health issues, parenting, anger management, sexualized behaviour, housing, food security issues. So we're very pleased with that recalibration and fusion of services and resources in the prevention side.

In child protection, as the deputy pointed out, there are 21 offices throughout the province - and that's covered by approximately 800 different social workers. As part of the placement options continuum, children are best matched based on their needs wherever possible. Their placements are matched on their needs. We've noticed that over time - I've been in the department now a very long time - that the needs of the children coming into care are actually intensifying. The needs of the children are much greater today than they were, say, 20 years ago. Currently we have 144 beds within the residential continuum that offer beds for children requiring services at what we call our Levels 2, 3 and 4. I'm going to discuss that in some detail a little later what those levels actually mean and where those facilities are.

As of April 1, 2017, within the foster care system, there were 582 foster homes providing placement for 674 children. This includes a Level 3 contracted care facility beds, which I'll talk to you about as well.

This is our transformation in a slide. I'm very excited when I see this slide because I've been in the department 30 years now and this is exactly what needs to happen, and I'm proud and very excited to be a part of this. You'll see the blue shaded area, which is where we'd like to go. You'll see a red elongated triangle that is actually demonstrating where we are today. Really what this is saying is that while we'll always need that full range of interventions from prevention to the more intrusive protection type services, we've under-utilized and under-resourced our prevention and early intervention side.

Why is that important? The thing that you have to keep in mind is, if we wait to the very last moment to become involved, which up until recently was what the Children and Family Services Act allowed was that someone had to have been abused, someone had to have suffered harm. These were very extreme.

[10:15 a.m.]

As you can imagine, after the harm is done it's very hard to achieve positive outcomes. We can be very effective, we can prevent continuous harm, that sort of thing. We can do what we can to mitigate the trauma that was imposed on these children and youth but the outcomes are much less likely to be positive, waiting that long time to intervene. But if you intervene early and prevent the abuse and neglect from happening in

the first place, you actually have much more positive outcomes and a better trajectory for their future. That's what the transformation is all about: it's actually trying to put a great deal more of our resources and our energy in building the prevention and early intervention component so that more and more children, youth, and families will be less reliant on the more intrusive protection interventions that are required when the harm has occurred.

These intensive protection and placement services are more expensive to boot so if you think about my right-hand side of that continuum, the interventions are very costly - that means placing children out of home and placing them in specialized residential facilities and very specialized treatment programs, those kinds of things. Those are very costly interventions. Whereas if we can intervene earlier, Parenting Journey, family resource centres, those sorts of things, those are much more cost-effective as well and they have better outcomes. The intent is to rebalance that system and have a heavier focus.

In addition to that, child protection efforts as well, there in the middle, we will continue obviously to have a need to enforce the Act, but the Act itself has been amended so that's part of the transformation as well. It has been amended in a very precise way, and essentially that's to increase the clarity around the safety provisions that are in the Act for children but it also recalibrates that balance and actually allows earlier intervention and a full range of preventive, early intervention services. Again, we're trying to move all these pieces in the same direction.

Under the placement services, when children are unable to stay in their own homes on a temporary, long-term basis, we actually try to match them up as best we can. A lot of the work - and we'll discuss this a little later - around the placement continuum is about aligning our placement resources with the current needs of our children in care. As you can imagine, that placement continuum has sort of grown over the years and wasn't necessarily purpose-built. We're looking at our system and basing it from a client perspective and what the needs are of the children and how we can revise the system to meet their needs. A little more on that later too.

A couple of times I have mentioned that the CFSA has been amended. That hadn't been done for 25 years and we're delighted to be able to have the new Act and all of the revisions.

This is the point at which I have to make a determination about how much detail we can go into. As you can see from this slide, the bill was passed in December and it was implemented in March of the previous year. It included over 90 amendments and essentially those amendments addressed improving the child safety, removing provisions that impair us getting to permanency. I can't stress enough that the child's sense of time is very different than an adult's sense of time, so all of our legislation and regulations are built on the research that informs us around a child's sense of time, and achieving permanency is imperative for the healthy development of a child. While we try to balance the rights and responsibilities of children and parent, we also have to do that in the best



interests of the child. That's paramount and the Act requires us to move quickly but carefully, trying to balance those rights and responsibilities.

The courts have streamlined some processes there to make sure that happens. We've also addressed our secure care provisions in the Act. I'll talk about those just so that that service is available to more and more youth with very intense needs.

We've also hopefully done a lot of administrative clean-up in the Act. There is a lot of outdated language and offensive terminology in there that, at this stage in our understanding of the issues, had to be removed. We've made the Act and the provisions under the Act a whole lot more culturally sensitive.

I can give you some specific examples of those. There are many in the deck, but we wanted to make sure you had a good understanding. The age of the child, for instance, is an important one. The amendments addressed the gap that was in the previous Act for services for children and youth who are 16 to 18 years old. Now we have the provision to provide services to 16- to 18-year-olds on a voluntary basis.

Prior to these amendments, these are the youth who may not have been staying at home and may have availed themselves to income assistance, and depending on their particular circumstances, they may or may not have received services. Now Child Welfare Services and ESIA - Employment Support and Income Assistance - we work collaboratively to assess the situation and provide whatever services we can based on the voluntary nature of that agreement with the youth.

The child safety provisions - again, the definition of child in need of protection. As you can imagine, child protection aims to intervene early and work toward the best outcomes for children with the hope of keeping that family intact. The principal objective of Child Welfare is to keep the family together, not to remove the child. Sometimes we do have to for the safety of the child, but even when we remove the children, the primary objective is to keep them out of home for as short a time period as we possibly can and reunify that family as quickly as we can - only, however, when we're assured that the child is safe in that home.

So the definition of a child in need of protection has been broadened to enable that earlier intervention that I've been speaking about. No longer is there a burden to prove that a child has suffered emotional harm. The new definition that we have actually refers to emotional abuse. There is a clear definition about when a child is abused and where there is no "risk of" category required anymore, is how we talk about it.

To give you an example of that, it may well be that if, say in a domestic violence situation, a child was in a closet and didn't actually see the domestic violence episode occur in the home, but may have heard it and may actually open that closet door when it's all finished and witnessed that their mom or their sister or whomever has been physically harmed - that wasn't grounds for us to become involved. Just hearing it through a closed

door or actually seeing the ramifications of it was not enough. Now the Act says when those kinds of things happen, we can actually intervene. That's the difference when I say "risk of" versus "has been". So the amendments allow Child Protection to intervene when a child has been neglected or is at risk of being neglected.

The definition of a child in need of protection - again not to belabour that, but the Act is much clearer now on what that means. It also allows for us to do things which we weren't able to do before, which is enable a short-term placement with a relative as opposed to taking the child into care. That's a big difference. Before we would have literally had to take the child into care to provide a placement. Now we can do that by agreement with the family if we have a suitable place.

Our investigative powers of an agency - this is just a point of clarification. In our previous regulations, an agent - no longer called an agent, but a representative - a representative could actually interview the child without a parent's consent. That used to cause a great deal of angst for people because it wasn't particularly clearly laid out in the Act. Now it is. Because we're worried about a child being coerced or encouraged to give a false statement, we can actually interview without a parent's consent.

I'm just going to flip through some of these child safety ones and go right through to the streamlined court process. Again, with the child's sense of time, the court is now allowed to order treatment services much earlier in the process. The court conferencing has been formalized within our Act so we can actually have a stay of proceedings and have a case conference which is legal and binding. The time frames have been decreased and simplified. The maximum cumulative time of a child in care has been defined. All that is to say that that child's sense of time has been truly recognized and has been collapsed so that we can actually achieve permanency, whether that's back home with the parents or permanency in care much sooner for the child.

We've also done a number of administrative cleanups just to reduce any orders or any applications that can be made to the court that would disrupt that time frame. I won't belabour those.

Secure treatment required - before, if we had a child who needed intensive stabilization and therapeutic intervention, they actually had to agree to the services before we could get the court order to place them in secure treatment. Often, that was very hard to obtain from a child who is out of control, to get their agreement. Now, they don't have to refuse the services. We actually can get the court order if we can prove that the services are warranted. We've also extended the time frame in secure care by an additional 15 days, if need be, to help stabilize and assess the situation.

We've also modernized the language. We have taken out words like "legitimate" and "in wedlock." We've made changes to the definition of "parent" so that it was as fair to fathers as it was to mothers. We have replaced the term "agent," which is offensive to

First Nations, with “representative” for those with the power and authority to exercise the apprehension orders under the Act.

Administratively, we have again done as much cleanup as we can to make sure that common law relationship couples are given equal status under the Act and that we can release information under more broadened categories. We have included an indemnity clause for social workers. There’s also a mandatory review of the legislation every four years.

I don’t want to pass over this one too quickly. I can’t stress enough how much attention was paid to the cultural sensitivity of the new legislation. We include in the Act the definition for a cultural connection plan, which is a requirement. We are also required to complete all the cultural connection plans. Again, we have replaced the term “agent” with “representative.” We have to ensure that the legislation throughout recognizes the importance of the child’s culture. The inclusion of the definition of “customary care” in the Act and the recognition of that family group counselling model as relevant is more than encouraged at every stage of the interventions between a family and child welfare services.

That’s a pretty rushed overview of the Act. I’m sorry, and I would be happy to answer any questions about it. But in the interests of time, I’m going to move into the children in care placement continuum.

The purpose of child protection, again, as you know, is to provide services to protect children under the age of 19 from abuse and neglect while making every effort to keep that family together. Social workers in child protection, as you know, are required to assess reports of alleged abuse and neglect. When it has been determined through a very specific process that there are grounds to investigate, those investigations occur. They investigate those reports of alleged abuse or neglect, and then based on that assessment, they provide for the intervention of services to families and children. They have to develop a plan that reduces the level of risk and mediates that concern so that children can remain safely in that home.

[10:30 a.m.]

Just to give you an idea, that intake process involves gathering information in response to that referral. The referral is received, assessed and a decision is made as to whether or not we can actually substantiate that concern. During 2016-17, for example, we received approximately 11,000 referrals that related to 5,664 different families. The point I am trying to make there is that sometimes we receive multiple referrals on the same family.

Of those 11,000 referrals, because we went through the process and assessed whether we had reasonable and probable grounds to investigate, only roughly 7,000 of those 11,000 were investigated; we had grounds to do that. Of those 7,000, roughly 2,500

or 2,400 were substantiated - we actually verified and validated the risk and entered into a plan with the family.

The types of intervention that can take place when this occurs are things like life skills development, advocacy, parenting skills, counselling, other types of services might be provided in a number of ways. As I said at the beginning and I want to restate here, this is not always an adversarial situation. Sometimes families are very co-operative and quite willing for us to be there and see us as able to provide them with services they otherwise couldn't access on their own.

There are a number of other ways, either through voluntary services - the child remains in the home while they receive those services. We can actually end up going to court and get a supervision order where the child remains in the home, under the supervision of the agency, while receiving court-ordered services, or what we call a non-party supervision order. The child is at risk in the home so the child lives with a third party, under a supervision order of the agency, while receiving those court-ordered services.

It's no surprise to any of you, I'm sure, that most children who come into our care have been exposed to or have directly experienced physical abuse, sexual abuse, emotional abuse, neglect, abandonment and/or violence. Many of the children in our care may be struggling with their very own emotional, behavioural and mental health issues because of those experiences.

One of the reasons we were invited here was to talk about children in care - that's a very technical term for us within the legislation. I'm going to be talking to you about various levels of care and the statuses of care. Voluntary care may be entered into under very specific circumstances. The circumstances have to be temporary, to prevent the parent from caring for the child. The parent recognizes the need for the service and is engaged in the provision of those services. A placement option is available and termination of the agreement will not place the child in need of protection.

These kinds of voluntary care arrangements are agreements that can be signed up for one year in duration and they can actually be terminated by either party, with notice. As you can understand, that's a very - it means exactly what it says, it's voluntary. If the parent doesn't want to do it, if the parent terminates that agreement, that child by default will not be in need of protective services, we won't have to apprehend. This is a very voluntary arrangement, and we're glad to enter into those agreements.

A temporary care and custody agreement is a child that is taken into temporary custody when the department is under the understanding that the child is at imminent risk of harm and the child's safety and well-being cannot be assured by any other means. We only remove the child from their home, from their parents, when we have exhausted our attempts to find a way to alleviate that risk and leave the child in the home.

The identified risk may be mitigated by the engagement of the parent and the service provision and support by agency. We have to be able to remove the child and offer a service that's going to hopefully reduce the risk over time sufficiently that the child can be returned.

Mandatory obligation is to bring the matter before a judge within five business days and the overall objective, of course, is to return the child.

When a decision is made by a representative through a very specific process and in a risk management conference with supervisory expertise, a decision is made to apprehend or take a child into temporary care, that decision and all the evidence we have to have made that decision, we have to be in court within five days. So we make the decision - five days no later, we have to be in court. The parents and their counsel and the agency and their counsel are there, and the matter is discussed about whether or not the agency actually had reasonable probable ground to believe that child was in need of protection and took them into care.

Permanent care in custody is when a child is placed in the care of the minister and the rights of the parent are permanently terminated. That's a big one, that's very serious, and that decision is never made lightly. That is severing the rights of a parent on a permanent basis. This often follows a long - in the child's sense of time - process of unsuccessful periods of supervision, of temporary care and custody which is fully utilized and many services provided, to try to resolve the situation to the point where the children can go home.

There may be times, however, when that's not the case. There may be times when we can immediately apprehend and go straight to an application for permanent care and custody when the grounds are so specific and clear that this child will never be returning home. Those are few and far between, but there is that potential.

You might also be interested in knowing that post care and custody agreements are also available, so when appropriate for a child that's transitioning from permanent care and the custody of the minister, they may be eligible for support of financial services to support their post-secondary education and we have preparation for that. Usually it occurs just before the child is about to graduate from high school. We make sure they're well aware of the educational bursary program that is there for them. It's part of their plan of care and what they plan on doing, and an assessment is made around the suitability and eligibility and costs, et cetera, of what kinds of continuing education program they would like to partake in. If so, we can sign an agreement with them post care to support them through that process.

In terms of children in care, as of April 1<sup>st</sup>, there were about 1,048 children in care - 650 of them were in permanent care and custody; 343 were in temporary care and custody; and 26 were placed under the voluntary care arrangement that I spoke about earlier. Currently there are about 40 former children in care receiving that post-secondary support

for their educational support. In addition to those 1,048 children, there are about 527 children who are receiving services under a supervision order.

A little bit more about the makeup of those children in care. From this graph you can see that essentially they're pretty evenly distributed across age range - zero to four, five to 11, 12 to 15 and so on. They're pretty evenly distributed.

The point I'd really like you to sort of resonate on in this slide is that a five-year-old who has been in care is usually there for about two years. In a child's sense of time, that's incredibly long. It seems like an eternity. A nine-year-old has been in care on average about three years, and a 15-year-old has been in care for about six years. That just gives you a sense of the duration and how long that must seem to be separated from your family, your community, people that you are close to and love.

What kinds of supports and services are available? Needless to say case planning is ongoing to ensure the needs of the child are met while they are in care. Every child has a social worker who is responsible for them; in fact, sometimes multiple social workers are responsible for their needs. There's a plan of care that is developed immediately. Their educational goals must be developed and any additional supports that are identified and as needed for them.

Preparation for the post-secondary begins right away, and as I have already explained, there are lots of opportunities to help them along while they're with us and also as they leave our care.

What are the kinds of placement options that occur when we do take children into care? All children placed in the care of the minister or agency must be in an approved placement, that's paramount. The best alternative for children who cannot safely remain with their parent is with another family member, whenever possible. Someone who is known to them is always the best option. When it does have to occur outside the family, we have a variety of different options available: foster care, which is what we consider a Level 1; there's residential care, Level 2 to 4; there's adoption services; and there's youth transitioning to independent living.

Currently, we have a placement continuum, which is one of the focuses of the transformation, which has organically sort of developed over a long period of time. There are 19 child welfare caring facilities which equate to about 144 beds. Six of those facilities are government-owned, 12 are non-profit, and one is for-profit. Some of the children, as we say, are in independent living sort of circumstances. Most facilities serve youth 12 and over.

The foster care provides temporary, stable, nurturing family care to children who are unable to remain in their families. They provide day-to-day care for the large majority of the children in the care of the minister, around 65 per cent. We know that it's meant to

be the most therapeutic and has the best outcomes for children and they can make the most positive difference in a child's life.

Kinship foster care provides for the full-time, temporary care of children in the minister's care and custody. These are surrogate families who are known to the child and they had an established relationship with the child before they actually came into care.

You've probably heard that the number of approved foster homes had been on the decline and we were quite alarmed by it. We worked very hard with the foster parents to figure out what was driving those things. I'm happy to say that we've made a lot of improvements, administratively and otherwise, to bolster those and we've actually turned the corner, and the number of our foster homes is actually on the increase as opposed to decreasing.

The other significant factor that's going on with our foster care system is that many of our foster parents are actually reaching retirement age. They are just getting older and they've served us well and are looking at a different phase of their life. As of April 1<sup>st</sup>, there were approximately 582 foster homes providing for 674 children in care. (Interruption) Sorry, 608.

MS. HARTWELL: I'm interrupting because I'm happy that we now have 608 foster homes.

MR. DOIRON: Yes, it goes up almost every day so we're really delighted to see this happening.

The levels of care, again you've heard that phrase, I just wanted you to know what that meant. Level 1 is really something like foster care or kinship care or an independent living situation where the placements are what you would think are very normal, regular home-like settings. Level 2 - and that may also include community-based child caring facilities for children - have moderate emotional and behavioural issues and they require a higher level of supervision than we can provide in foster care, they require 24-hour care. They can manage some unsupervised activities in the community so they can go to school sometimes, for instance, that sort of thing, but they require flexible programming to allow both the extended trials for independence and periods of corrective and sort of protective structure during any kind of relapse that they might have.

[10:45 a.m.]

A Level 3 care facility is something like contracted family care, where their needs are intensive and unique, and specialized needs require daily, intensive, 24-hour supervision and care. It also could be a residential treatment facility, which is structured and supportive with on-site therapeutic counselling for children who require stabilization, that high degree of supervision and intensive support that addresses those behavioural, social, or emotional difficulties that children may present with on a frequent and severe

basis. They require psychological and psychiatric services, which are integrated into those programs. They have to be monitored and be a part of the treatment planning.

Level 4 is what we refer to as our secure treatment. This is an involuntary treatment program. Children are there by court order - it's against their will. They may be absolutely refusing to be placed there, but the court has ordered them there as crisis stabilization and to provide them a secure environment. There's a high degree of supervision and intensive service, as you can imagine. They also are the most severe and have the highest need of all children who come into care. The Wood Street secure treatment facility is the only one in Nova Scotia that provides this level of treatment.

Again, Levels 2 to 4 of residential care provide that placement option for children in care with moderate to severe needs. Each facility offers a specialized level of care. They are regulated, and they receive an annual licence. They go through an annual licensing process and provincial audits and reviews which hold them accountable to ensure the quality of care. They operate on a 24-hour basis with professional child care employees who provide individual or group counselling.

This gives you just a quick breakdown of all the children in care and where they currently are. As you can see, the vast majority are in foster care or kinship care, that sort of arrangement. That is ideal. We would like to see many, many more. We would like to expand our foster care system, and you will hear a little bit more about that in the future.

Here is where we are in terms of some potential next steps. We would like to broaden our alternative out-of-care placement options so that any supporting private family member could look after children who are not in their care. We would be able to financially support and provide services to a family that was known to a child without taking the child into care.

We would like to make some additional improvements to our foster care model. We had the various types of foster care, so contracted foster care, but we would like to explore much more deeply the various ways we could configure the foster care model. You may not be aware, but right now foster care is a volunteer system. They're not paid anything other than a small stipend to take care of these children on our behalf. They receive \$24 a day as a per diem for every child who's in their home. I don't know about you, but \$24 a day as a babysit - if I can use that term very broadly - is not a lot of money to take care of a child 24/7. They do this on a voluntary basis, and of course the department meets all the child's needs. But there are other models of foster care that we want to look at and explore. I don't know what they would be yet because it is future oriented. But we think there's lots of room to grow and develop that program.

We're also looking at diversifying our residential system, expanding it and diversifying it in ways that increase our capacity and focus on that match. To put that in a sentence, if I was to say to you today, knowing what we know about the children who are currently in our care and are coming into our care, what would that system look like if we



built it from scratch today? How could we align those resources with the specific needs? Those needs change and flow and the facilities that we're utilizing today were not necessarily purpose-built.

Obviously, as part of that development, we would also like to really focus on how we deal with the emergency placement options, including ways that when children come into care, we need time to assess their urgent needs so we then make the right determination on where they need to be placed. That's some of the future direction of where we're going.

At this point I believe I am going to pass it over to Associate Deputy Minister Nancy MacLellan.

MR. CHAIRMAN: Just before we go to Ms. MacLellan, it's 10:50 a.m. I don't want to cut you off but I want to ask the committee members for their indulgence as we move through a few more minutes. How long would you, just on the presentation - normally, we're about 15 minutes or so and then we do questions, but there's a lot of information in this file and we certainly appreciate that.

MS. NANCY MACLELLAN: Five minutes, I'll be really quick.

MR. CHAIRMAN: Okay, that's fine, and then we'll move on to questions. Thank you very much.

MS. NANCY MACLELLAN: I would say, moving very quickly to get to your questions, one of our many engagement models with staff is to regularly get staff who work in the same program area together. We did that for all of our program areas this Fall, including our Child, Youth and Family Supports staff.

This Fall, for the CYFS folks, we had five sessions, really an "all hands on deck" attended by our most senior executive staff, in October and November. What I'm going to present to you is the direct feedback from our front-line staff about what we can do to sort of make their life easier, as has been stated and as I'm sure you know. They do probably the most difficult work in the province. They are a group of professional, well-trained staff and supervisors and leaders who take care of some of the most vulnerable children and some of the most sensitive situations that you can imagine.

One of our methods for engaging folks is to make sure we get them regularly in a room to talk about their work, so we know what's going well and what we can do to support them to make improvements. The bullet on the slide says "all staff" - I'd like to say that all staff attended, but unfortunately that's not possible in our world. We did have approximately 200 folks in attendance at the five sessions. It was a mix of us presenting a little bit more on this third phase of our transformation, and them feeding back to us what the impact is to them and what we can do to improve things as we go forward.

We grouped this into three - there's really four areas, the pre-30 days, 30 days, 60 days, 90 days, and beyond. If I go back to that awesome slide that Leonard presented that has the triangles, in terms of where we are and rebalancing the system, we're right in the middle, so folks are experiencing all of the things that are associated with the old system and preparing for a new system that has more prevention and early intervention. That has created a burden on our folks who do this work, as we make those changes and implement those changes. Change is difficult and challenging at the best of times and they are doing the work as we are changing the system.

We have expedited processes for hiring and reassignment of vacant positions to ensure that folks have the optimum number of folks and supports for this important work. We are working with the NSGEU and staff to streamline staff stability. You might have heard - I'm sure you probably have - that some of our hiring practices create a lot of turnover in the system and we're doing what we can to make sure that's a minimum for kids in care so that they have the most stable experience with us and so that staff have the most stable experience with us.

We have initiated what we call a float team, which is a mobile supervisory team that supports front-line social workers in their clinical practice and in making sure that our files that are closed, are closed, that the notes are appropriately documented and that we're able to monitor and measure caseload and workload, which are not always the same thing.

We are also working immediately on affirming a clinical and supportive supervision model that allows social workers who do this important work to have a level of clinical and supportive supervision so that as they carry out those responsibilities they are having the best work experience they can have. We have a full and current SWOT on our Access and Transportation Program. These are the folks who literally provide transportation and supervision for children in care to have family visits and doctor appointments and go to ball games. It has been an area of stress for us, as you can imagine. As Leonard eloquently talked about with placement options for kids - as we have fewer placement options, kids are moving further away from where their families might be. As a result of that, the access and transportation becomes that much more complex and challenging, and a lot of work to increase our placement options around the province.

I'm going to just stick with this slide instead of the other following slides that have a little bit more detail. This just really starts to capture the feedback from staff to say, what can we do immediately - 30 days for folks to make sure they have the tools to do the job, that the equipment that they're using is the most effective, that we're able to hire and have hiring pools provincially, that we're able to get feedback from them in a more immediate and present way.

With 90 days - obviously they are things that require a little bit more attention and work, involving the supervisor model where we have somebody mobile - laptops and tablets. Again, more tools to do the job. Some of the policy manual implementation and

some of the forms that folks are using are really cumbersome - some fixes in our electronic systems.

On the 90-day basis, a little more attention for us on escalating financial approvals. Front-line staff have told us loud and clear that we need to do some work to make sure that they're able to quickly act on behalf of kids in care. That includes youth who are transitioning into adulthood and making sure that folks are empowered to act on behalf of kids.

I'm going to leave it there because the other slides have a little bit more detail on the 30/60/90, but in the interest of time and your questions we'll be happy to defer.

MR. CHAIRMAN: Thank you for your very detailed presentation - we appreciate it. We'll go on to questions as we normally do. Please indicate to the Chair anyone who would like to ask a question. I'll do as I have done in the past, we'll start with one question and then we will have one supplementary - if we can do our best and keep it to that today, that would be great. We'll start with Mr. Orrell.

MR. EDDIE ORRELL: Thank you for your presentation. Imagine trying to limit a politician with questions - that's something. (Laughter)

The amendments to the Child Welfare Protection Act came into play in March 2017. I guess my biggest question is, have they been a success? Have they helped define success and has there been an increase in the amount of people taken into care because of the changes to the Act? Define success. Have the amendments helped? Has there been an increase in the number of people taken into care because of the amendments?

MS. HARTWELL: I'll take a first run at that and then if Nancy or Leonard want to add. Really the intent behind the Act - how we'll know if we're successful or not - is two-fold, and it represents a little bit of - back to the two triangles, the movement from prevention to protection and placement.

Our first measure of success is, are we able in a longer term to prevent more children from experiencing abuse and neglect? I would say that it's early days. We're not necessarily able to measure that. We do know that we have not had a significant increase in the number of children coming into care, which we wondered about because we changed the age range. We have increased slightly services to children who are 16 to 19 because it's on a voluntary basis and so that's actually a good thing. If we have 16- to 19-year-olds who before weren't getting access to any services and now we're able to provide them, we're pleased with that.

Again it's early days, but I would say that one of the challenges around that is that's been an extra burden on service providers and staff who have a new level of people that they're looking at, but we're hoping that over time will be - factored against that will be the fact that we have an increasing number of prevention services that they can refer people

to. For example, the creation of new Parenting Journey sessions across the province, including some Parenting Journey ones that are specific for African Nova Scotians and other families.

[11:00 a.m.]

The other thing that we'll know we're successful for is really the effectiveness of the system in not just preventing more children from experiencing that, but once children have experienced that, how effective is our system in meeting the needs of that child. As Leonard said, we spend a lot of time balancing the best interests of the child in that children want to be with their family, even if their family is not perfect. That's where they want to be and that's where they should be, if they can be there safely. We spend a lot of time balancing that family reunification of children should be at home with, I guess, that urgency of when comes the moment when we think that that can no longer be safe for that child, so that balancing piece.

I would say that we have introduced some new tools that help staff make better plans for children. Leonard touched very broadly on the cultural connection plan but we've actually introduced some specific tools to help workers who may not themselves have the same background of familiarity with diverse communities as the child that they're trying to support but they can then connect with people in the community who do have that and they are actually wrapping that around the child. I would say that the introduction of those things have been very successful in terms of the content, but for me it still feels very early in that we had 800 staff, which we trained over a very compressed period of months. We are still working out a lot of the kinks on how the system works.

Nancy outlined some of the things we're doing to reflect the on-the-ground experience of staff who are trying to implement all these changes while they are still delivering urgent services and supports. So it's early days but I haven't seen anything that would make me think that we are not going in the right direction.

MR. ORRELL: So you've seen some service increase in the ages of 16 years and 19 years, you've put additional training into the existing people in the department's social workers. Have there been any additional hirings to try and ease the burden of some of that workload that's going to happen? If people are doing prevention they still have the people in care who need the services. It's hard for someone to do both so has your complement of social worker staff increased? If there is an influx, is that factored into the ability to take people on and care for the children?

MS. HARTWELL: Yes, we have repurposed some of their positions so that when a vacancy comes up, we've assessed whether we can - and we sign-off on all of them in head office. We've put some temporary additional resources in some offices where they have some of the higher caseloads.

I would say what we're engaging staff to find out more about is, in some cases additional staff will help because there's more bodies. In some cases they don't necessarily have the right tool. You saw a mention of laptops and things like that. We have staff who spend a significant amount of time waiting outside courtrooms to provide testimony so a couple of years ago we introduced laptops. I know it sounds like a 1990s solution, that's kind of where we are sometimes, to give them the tools so they continue to do work and manage sort of on their own terms and take advantage of their very limited but existing downtime when they're doing things like that.

We're trying to work with staff on how we can change how the work is being done, to make sure that we're creating the space for social workers to do social work and not do administrative tasks. I would say that the amount of administrative burden that has crept up is significant so as part of the transformation, we are introducing new case management tools and other things that right now, when they are brand new, they don't seem to add, they don't give a lot of time back in because everyone is learning them and working them out.

Over time, as we refine them and we have the right tools, the idea is that we will have administrative people doing administrative tasks, social workers being able to fully practice their social work and that we will have the ability to have other professionals and certainly other program areas in DCS being part of the solutions around a particular child, but we're still very much in the development of that.

We have, though, temporarily created some new positions. For example, in the western area of the province, we have created a bit of a float team. I think Nancy described it as a supervisor and some staff. If there happened to be a new vacancy or someone was off sick in a particular area, we could provide some additional resources there just to make sure that people weren't overwhelmed. We have done that recently, I think it just started a couple of days ago, with another one in central. We're really trying to stay on top of that.

The answer will be with the front-line staff. They will know what they need.

MR. CHAIRMAN: Mr. Wilson.

MR. GORDON WILSON: Thank you for your presentation. I have to say, on behalf of all of my colleagues, that I have sat through a lot of committee presentations, and that probably had to be one of the most engaging - and longest. But it really was extremely informative and a very complicated and emotional area. I thank you for that.

I know also that in respect to government, the people want us to be all for all. In this world of yours, it must be even harder. In one final comment, I just want to recognize the staff who do the work. I think all of us agree it is one of the most challenging jobs - you're right - in government. I just want to thank them for that.

I'm glad you're using the word "rebalancing" instead of transformation actually. I like that word better. That reflects on the question. To me the importance is - and I see it in my community, we have been studied for years under the Layton report. It's a very interesting one that goes back to 1948 on poverty and the effects of that - several different socioeconomic impacts.

The initiatives around that - I looked the number up. I believe prior to the Act, approximately 6 per cent of your efforts were put into early intervention. A very small amount of work was put into that. The shift, again, as we saw on that slide, goes in that direction.

Can you tell me how you're going to measure? There's four initiatives I know that are out there right now. I would just like to know how you're going to keep an eye on them. There is the building vibrant communities and the \$20 million to support that, the HRM pilot for bus passes, the \$1.8 million for supporting youth at risk, and doubling the asset levels.

Those are four initiatives - and there was actually a fifth that has come into my community, Inspiring Communities/Between the Bridges. How are those going to be measured on the impacts that they're going to have towards reducing what we're seeing as numbers of children in care?

MS. HARTWELL: That is actually the big question, I think. We know for certain that what happens to children operates on families within a context.

This department is also co-leading the government's work on poverty reduction. We know that poverty reduction is absolutely linked to health child and family outcomes. I would be remiss if I didn't say that of course not every family with children that lives in poverty has issues of child abuse and neglect. But I certainly know from talking to colleagues and my own experience in the department that when people are experiencing socioeconomic and other pressures, there is a connection. We're very mindful of that.

If you think back to one of the earlier slides, we absolutely are looking at our outcomes. One of our outcomes is that children and families are safe. Each program area has a responsibility for that. It's obvious - in the sense of the Child, Youth, and Family Supports - what responsibility we have to keep children safe in this program.

But in the Employment Support and Income Assistance program, we also have responsibility to make sure people are safe. So we need to make sure that our policies and our services understand the dynamics of abuse, understand the dynamics of trauma, and are delivered knowing that. Similarly, I would say, for housing and also for our Disability Support Program.

Back to the transformation work, when we aren't talking about that, we are talking about looking at how we work across all of those systems and trying to do so in a combined

way. So the measurement whether or not the bus pass pilot will ultimately lead to a reduction, I'm not sure I can draw you all the dots yet, but I do know that we will be able to measure its usage, and we will be able to determine whether or not the inclusion of the bus passes has allowed families to be more engaged in their community and has allowed them to access other services. From that, we'll be able to extrapolate and hopefully do some research in combination with other departments about what the benefit of increased community inclusion and access to other supports has meant for families, and then start to draw the connection.

Anecdotally, and I would say based on macro-level research across jurisdictions, we know that the social determinants of health, whether they're income or housing or community inclusion, all play a part and determine whether or not someone is a client of our department, a client of the Department of Health and Wellness, needs special supports in education, and is involved in the justice system.

The other thing I'll say is that my colleagues around our social policy deputy minister's table have been really exploring two levels, both integrated service delivery and how we can work together and collaborate, but we've also been exploring how we can use the data and the information in all of our systems to actually do a better job of determining what interventions are going to make a difference.

I would say that the Inspiring Communities initiative that you mentioned is a really good example of how we were able to take the data from the Department of Justice and the Department of Health and Wellness and the Department of Community Services and the Department of Education and Early Childhood Development, and lay it on top of one another and identify that there are groups of core need that all of those departments may be providing supports and services in silos and we need to find a way to do it in a collaborative, horizontal way.

We've had some great success - I say "we." It's actually the community success in the north end of Dartmouth that that group - the community was mobilized. I think of the Take Action Society. Some of the women there, they took that opportunity and they have really mobilized, and so I think the opportunity is also for Digby to say, knowing what we know and with the information, how best can government provide that supporting role - always keeping in mind the long-term outcomes.

Not to diminish the measurement issues, it will be a challenge, but we're certainly keeping an eye on all of those issues and how they work together.

MR. GORDON WILSON: You threw out the numbers, and in 2016-17 there were 11,000 referrals and 2,300 that were substantiated. Can you give us a general idea of what that trend is from two years past?

MR. CHAIRMAN: Sorry, I should have let you guys know - and you've probably been here before - I'll recognize you just for the purpose of Hansard, so they know who's speaking. Mr. Doiron.

MR. DOIRON: The trend is actually going down, so that fewer and fewer - and as the deputy was alluding to and it came up, I believe, in the introductory slides as well about the outcomes that have been established for the department. Those are tracked, and every division and every program within the department actually drills down a little bit further and further.

In response to your previous question and this one, Children and Family Services actually tracks things like how often did the same child or the same family become re-engaged with us after we were engaged the first time? How often did the family need placement services and those kinds of things? We actually start to track the various indicators - we have many of them - so we can tell whether or not these new policies, procedures, and initiatives that are taking place are actually having a positive impact on our clients. So, did they avail themselves to community type services as opposed to coming to us - those types of things.

What we've - very early indicators, but it looks like the trend is lowering. It could be for a number of different reasons. We can't yet say there's a causal effect and I wouldn't want to suggest that there is, but there are fewer children in care, there are fewer cases coming to our attention.

With the Act opening up, we expected actually sort of an insurgence, but we haven't experienced that yet.

MR. CHAIRMAN: Ms. Leblanc.

MS. SUSAN LEBLANC: I'm going to change course slightly, but obviously still talking about children in care. Over the last couple of days, we've been hearing in the news the case of Abdoul Abdi, who is a child who was in care in the Province of Nova Scotia, who came out of care and was in trouble with the law and is now facing deportation to the country where he came from to Canada as a refugee.

[11:15 a.m.]

We've also seen a similar case with a woman, an English citizen, Fliss Cramman, who didn't even realize she wasn't a Canadian citizen, while she was in the care of, I think it was the Province of Ontario. Since her case the Province of Ontario has created a guide book for social workers to make sure that children in care, their citizenship requirements are being taken care of. I'm wondering if the department has any information on how many individuals who have been in the care of Nova Scotia have later had problems with citizenship and what steps are being taken by the department to make sure that these children are not revictimized in this awful way.



MS. HARTWELL: I'll start and, Leonard, if you want to jump in - even when things are in the media we're not able to speak to particular cases but I can speak hypothetically to what would happen. If there is a child in our care who does not have citizenship status or while they're in our care, as they get older and they start to transition to adulthood, we would start to make, as you saw as part of a care plan, we have an obligation to refer them to legal counsel and provide them with legal support so they can attain their immigration status. We would do everything we could to assist with that status, particularly as part of their transitioning out of care and we are no longer the parent, we would make sure that is set up. We don't have the ability to provide that, if it was 10 years later, although to be honest, if someone came back who had been a former child in care and asked for support, I can tell you that at this point we would probably do everything we could to provide it. That generally is our practice. We do require our social workers to take into account the immigration status of the child and take steps to have that resolved with that child as they get older.

MS. LEBLANC: Okay, that's good to know. I'm just wondering, do you know if there have been other issues like Abdoul Abdi's, and I guess acknowledging that you can't speak about his specific case, what could go wrong in that system so that we find ourselves with children who - my understanding with his case is that his aunt, who he had been removed from, for reasons that are unclear from her, she wanted to work with the country to get him his citizenship while she was getting hers, but the province refused that because he was in the province's care. What could possibly go wrong in that system for this kind of thing to happen?

MS. HARTWELL: I should have said that I'm not aware of any other Nova Scotia case. That doesn't mean that there couldn't be a case that I'm just not aware of that hasn't come up recently. If so, it would be very small numbers. Again, certainly if we were made aware of and if we currently had that situation, we would require social workers to act, as I've said.

Hypothetically what could go wrong, it's any number of things. We can provide the legal support, we can provide funding, we can provide guidance, but ultimately people will have to follow through the steps on their own if that's where they are in their lifetime. We wouldn't expect a 12-year-old to go to the lawyer on their own but if it was an 18-year-old, that could be one thing.

Another thing that could happen is we could have family members have a more complicated immigration status themselves who may be providing different information that we don't necessarily have control of. I can think of 100 things that could go wrong if you have - we occasionally, perhaps more than occasionally, have young people who as they start to age out of our system, and they're having trouble with the law and other things, they are really non-compliant with our programs and services, they don't want anything to do with us. I can see hypothetically that there could be young people who just say thanks a lot, we're going in another direction. Any of those things could happen, and our ability -

as with, I would say, any parent - to tell older young people what to do and how to do it is probably limited.

I can't imagine those scenarios. They're unfortunate and it puts another burden on us and our social workers to absolutely make sure that everything is lined up for the young person and that everything we can possibly do to bring them to that level we have done. That's the burden on us. Are there things outside of our control that could intervene? Absolutely.

Again - not referring to this case - it is challenging when you have a person in our care, who is in temporary or permanent care, and there are family members who want to do things but may not have the status to do things, we would always encourage the family members to contact us. Our ultimate goal, as you've heard all morning, is what is in the best interests of that child, and that doesn't end just as they are starting to age out or once they've aged out. We would still have that concern.

MR. DOIRON: The only thing I would add to the deputy's comments is - I guess what I'd like to do is re-emphasize that the youth has standing before the court and with counsel, so it's the youth that actually gives direction. As the deputy was explaining, we can do everything we can, but at the end of the day it is the youth that has to give direction and has standing before the court.

MR. CHAIRMAN: Mr. Irving.

MR. IRVING: Just to reiterate my colleague's words, I do want to thank particularly the front-line workers that do such important work.

I want to come back to foster families. Clearly these are critical partners in our system, when you mention 65 per cent of children in care are with those volunteers. I reflect on constituents of mine, Roger and Suzanne Sevigny who I acknowledged in the House who had fostered over 100 kids over the years - many with disabilities. Those families are rare, I think, but so remarkable.

You talked about turning the corner in terms of finding foster families - these remarkable families out there in Nova Scotia - but you also indicated there are challenges ahead with respect to the demographics of those families. I was just wondering if you could expand on how you find these families and what particular strategies you have to perhaps face another demographic challenge that we have in this province.

MS. HARTWELL: Thank you for that question. I'm very happy to see the declining numbers of foster families reverse themselves slightly. I don't want to be over-excited about it because we're still down significantly from where we were and down significantly from what we need.

We have had some very modest advertising and recruitment efforts. We have a campaign right now, which is, "Who you are is who they need." That's reflecting the fact that we need people of all age groups. We welcome and need diversity. We are particularly interested in people who are able to welcome children who have special needs, but also people who are able to welcome young people who have different sexual orientations, different gender identities. We really need pretty much anyone who has that incredible caring ability.

Our greatest source of referral for foster parents, undoubtedly, is other foster parents. They are the ones who, if it's going well and they're able - and they share the gift that these young children, young people, bring into their lives and share the gifts that they bring them, and so that's why for us it has been very important to focus on what has been working with the foster families and what hasn't been working.

There's a very strong Federation of Foster Families who do wonderful work and who work with other organizations around the province. They came together a couple of years ago and identified some deficiencies and some gaps so, slowly but surely, we have been addressing some of the deficiencies and, I would say, moving to treat foster parents with the respect that they deserve.

We ask them to do a lot and they do a lot. They are standing in, in an intimate relationship, as a parent, and for some of these children they end up staying with them for quite some time. They are, by all accounts, the mom and dad.

We had various administrative processes where we were sort of nickel and diming every decision they were making. We want to do away with that. We haven't got it perfect yet, but the more we can keep foster families feeling appreciated and supported, they will recruit other foster families and that's what we need, so I would say any effort we can.

The other thing I'll say though is, some of this is reality in the sense that communities look different than they did 30 or 40 years ago. Most of us can remember growing up in a neighbourhood where there was someone who took in kids and it was sort of a natural thing. As communities evolve, as there's increased workforce participation by both parents, some of those things change. We're not likely to bend those trends so the reality is that we have to adjust.

There are people who think there has to be a stay-at-home parent - no, there doesn't. We have to really make it so that being a foster parent is something that fits what people can do now. There's lots of great work to be done there and we can't say enough to support foster parents, really.

MR. CHAIRMAN: Mr. Irving, a follow-up?

MR. IRVING: Just quickly, I mean is this a national trend? This isn't a specific challenge to Nova Scotia, presumably provinces across the country are exploring different strategies to find and support families - any comments on that?

MS. HARTWELL: Absolutely, so it is a topic of conversation. Our child welfare directors get together from across the country and deputy ministers get together as well and it is a topic of conversation. I would say that at this point in Nova Scotia we are doing as well as anyone is, in being able to reverse the trend.

Some other jurisdictions have - I'm thinking of Newfoundland and Labrador in particular - done some interesting things in terms of remuneration in that they basically are paying someone as if it was a full-time job and they've been able to attract, so we're looking at all of those as options because we want to be able to have a wide range and if there's any good idea. We've even been looking internationally. I would say that in England they've been doing some interesting things as well around recruitment of single people and how they support that. They've even recruited foster parents who have a particular expertise in dealing with sexually exploited youth and supporting them - an incredible opportunity if we can do so.

MR. CHAIRMAN: Ms. Adams.

MS. BARBARA ADAMS: I also want to echo all the other comments. I think of what you're all doing as first responders, like ambulance drivers, because looking after our vulnerable children, there's no greater calling than that. I also recognize that it is one of the only organizations which is really started based on a referral of a complaint of some sort, so that's where I want to go with my question.

You mentioned the six types of abuse, I would imagine that different people and professionals refer to you about the different types of abuse, so it may be a physician or a babysitter or a friend. I'm wondering about the referral sources. I know that there's a cost to every referral you get because there's an investigation as to whether there needs to be a bigger intervention. Given that there were over 11,000 referrals and there were 2,400 substantiated, my question is - I know a lot of people say the old way is that if I report something they are going to whip the kid out of the house and I'll destroy that family, so I think your movement from the placement to prevention is going to change that.

I'm thinking that most people, including me, would not know exactly when I should place that call. I'm wondering who the referral sources are, and what do you do if they don't have a family doctor because that may be where some of the referrals came from? Which cases could be unsubstantiated, that we could educate people so that you're not wasting time - not that it would ever be a waste, that's the wrong word, but is there a way for us to reduce your workload by helping to educate people on what would be an appropriate referral?

MR. DOIRON: Thank you for your question. The answer is going to be a little bit complicated, so bear with me. If I understood you correctly, most of the referrals we receive actually come from professionals. When I say "professionals," who am I referring to? I'm referring to doctors, teachers, police, guidance counsellors - those kinds of people. The category is largely represented by professionals.

[11:30 a.m.]

The second part of your question I believe was, how might you decide when to make that call? If I may, the Children and Family Services Act actually has an incredibly low threshold for the duty to report. What I mean by that is it's described as anyone who has even a suspicion that the child is in need of protective services or may be at risk of being abused, has a duty to report. That's done on purpose. That's done to remove the onus on the laypeople and professionals to make that determination.

If you get even a suspicion, make the call. We will then determine whether or not we have grounds to go out, and we will put you through, as you make that call, a fairly lengthy - it's not an investigative interview, but we're verifying and validating based on a number of criteria about, have you actually witnessed it - what's your motivation for calling today? What is your relationship with that client? How did you come to that determination? It goes on and on and on. We actually try to determine whether we have the grounds we need to go out and look a family in the eye and say, we've received information that would suggest - and this is the grounds upon which we're here, and here it is in the legislation that says we need to come and see you, and these are your rights and responsibilities and here are ours, so can we have a discussion about this?

On the other hand, there's a provision in the Act that also requires a special onus on professionals. Most professionals are held to even a higher level of accountability than the layperson because they know or ought to know of the indicators for child abuse and neglect, and whenever their suspicions are triggered, they have a duty to report that forthwith. There's a section of the Act that actually will hold them liable for not doing so. I hope that answers your question.

MS. ADAMS: Thank you very much for that. The other question I have is about grandparent rights and other family members of a child that has been taken into care. I have - not a constituent but the child has been taken into foster care by another grandparent, and the other set of grandparents want access to that child but it's being supervised by the other grandparent. I don't know if that gives away too much information.

My question in general is, when a child is taken into any of these levels of - well, I guess if they're still in the home then it doesn't apply, but once they've been taken out of the home, what rights do other family members - in particular the grandparents - have once that has happened?

MR. DOIRON: I don't want this to sound harsh, but all decisions are child-specific. As the deputy mentioned previously, a plan of care is developed immediately as the child comes into care. Every and all relationships that are important to the child have to be taken into account, so access is actually determined on the best interests of the child. It's not like grandparents have specific rights, it's whether or not access provisions are in the best interests of the child. For all kinds of reasons, as you can imagine, sometimes that's the perfectly appropriate thing to do and sometimes it isn't. It's really very specific and case by case. It will be determined on the basis of what's in the best interests of the child, not necessarily the parents or the grandparents, if you understand. I mean that with all due respect.

MR. CHAIRMAN: We will shift to one question, given we have about 20 minutes. I'm going to let us run later than we normally would. There's only one thing left on the agenda, and that's the next meeting date of February 6<sup>th</sup>. We'll allow you a few minutes at the end for closing comments. They will be short, compared to our opening.

Ms. DiCostanzo with one question. We will continue to try to move through and get in as many as we can in the next 20 minutes.

MS. RAFAH DICOSTANZO: As people were asking questions and things, I could give you a story for every question you had that I have experienced as an interpreter for 20 years. I truly cannot tell you how proud I am when I go into these sessions or get called by Community Services because you have some incredible systems to help families, especially newcomer families.

The majority of cases that I have witnessed are domestic violence because they come from countries that have standards of domestic violence very different to ours, and they're not aware of it. The first thing that happens is, the parents get separated. That becomes so hard on the family. But I thank you for it because you take the time in between to teach the mother. There is a lot of education and prevention that I interpret constantly.

I truly thank you because it helps those new families settle here. They do not understand that one-time violence and then tomorrow they get back together, and everything is fine. You also truly educate about how harmful that is to the children. I sit for hours with many families doing this educational thing and I can tell you, in 20 years - it is six weeks or eight weeks that they have to be separated, and you monitor them, and we show up unexpectedly with a policeman - I have never witnessed that there has been an incident. You bring in the policeman, but there has never been violence. The most we find is that the husband is trying to come back in as much as possible.

It always helps to reunite the family. It always helps the mother to understand her rights. You have worked very hard. You have brochures, you have things that I interpret constantly to help the mother know her rights in this country. I truly thank you on behalf of all the refugees who arrive, with how much I have done education and prevention. I have seen it with my own eyes.

The only question I had here was, what are the determining factors when you place them? In 20 years, I haven't had one child who actually ended up in foster care. What is the point where you reach that? How does it work for you?

MS. HARTWELL: I'm going to jump in and take a stab. Leonard can correct me. We have spent a lot of time talking about this recently. As our placement options feel like they're diminished a little bit, understanding what the criteria is for the best match for that child is really something that we are honing, I guess.

I mentioned just quickly in a comment that there are some other jurisdictions that are doing better things for sexually-exploited youth, for example. We have to start with the child, what they have experienced, the trauma that they have experienced, and what their needs are, and work out from that. We do focus on that child, their mental health, their developmental needs, and all of those things. We layer cultural considerations on that, if there are any. As best as possible, we want to keep children in their home communities where there's normalcy and where they have other connections, particularly as kids get older.

Sometimes there's this intangible fit. A child that's really active is going to do better in some families than in other families. There's one little kid in my head who really likes to play hockey - I'm fussing because he has been available for adoption for a while, and we haven't been able to find someone to adopt him. He's a real hockey player, and you think, that's a kid who should be in a family that has other kids who are hockey players. That would be a great fit.

I have been around the province. It's actually quite an emotional moment to walk in and see lists on the walls, a physical representation. Here are the kids, here are the families, and here are the places, and we're moving stickies. We're literally trying to find a place to put that child. So it's trying to put all of those things into account to come up with that fit. I would say most of the time we get it right. There are some times when it's not a good fit, or the child's needs change, or the family situation changes. Or sometimes the child's needs are so high that they can't be served in that family place; they need a more intensive therapeutic setting. Certainly the criteria is one that is evolving. We don't have just a checklist that we go through, although we love a good checklist and we have lots of them. Ultimately it goes to what is that child needing at this age right now. Then we look to see who we have.

In an ideal situation, we would be able to have the placement that would fit that child perfectly. We certainly aspire to that.

MR. DOIRON: The only thing I would add to that is that while every attempt is made to place a child in the most suitable placement, when we take a child into care we have to place a child in an approved placement. Sometimes it actually comes down to just having a place versus having a place that's ideally suited to the child. So sometimes we're forced, because of availability, to place a child outside of the community, for instance,

instead of within their community as we would like to. Or perhaps if it was the first time a child was in care, we would like to keep them close to their family, in a family-like setting, versus coming into a residential facility. Sometimes that's not possible. I just wanted to add that reality to the situation.

MR. CHAIRMAN: Ms. LeBlanc, one question.

MS. LEBLANC: So again, going back to the news, lately in the news we heard about this case where Justice Jollimore ruled on a case that a child should not be taken into custody. I found that quite disturbing to read the article. I know there was lots of parts of that that weren't covered in the paper, but being from Dartmouth North, reading the parts where the court documents included that the family had found housing but it was near where the methadone bust came and where there were high levels of crime and where there is a lower income area - I mean that's my neighbourhood, so it was particularly disturbing.

Every day in my office, countless times a day, people come in and their main issue is that they cannot afford to pay their rent. Income assistance rates are way too low and rents are going too high. This issue is spinning off into all kinds of things, probably some child neglect, also huge mental health issues.

Does the department know what the average income is of a family who have children who are being taken into care, and what is the department doing to alleviate the pressures of housing, low-income situations, especially families who are connected with the ESIA program? How can the department marry those two giant issues; what can be done to fix it?

MS. HARTWELL: Yes, it is a giant issue, it's incredibly complex. When I spoke earlier about the interplay between the different social determinants of health, income being one of them, and the interplay on how income affects all of the other social services - we're aware of it and it is very complex. We do not have numbers. I don't think that we'd be able to tell income level - it's not something that we require people to tell us when we're providing them with service in this system. So we wouldn't necessarily know.

We might be able to cross-reference who is an income assistance client and who is also in child protection. To be honest, I wouldn't want to do that without having some safeguards in place because I don't want people's privacy to be impacted. So I'll think about that. That could be some information we would have in our system, but it's not something I would naturally want to report necessarily. Certainly there could be some good information.

In our experience the children who end up in our system are across all income levels. It is not specific to just low income, I wouldn't even go so far as to say a preponderance of. It is, unfortunately, something that seems to cross all income levels and while there may be families living in low income that have all sorts of pressures that may



not be faced by families in high income - certainly when it comes to violence and abuse, there's not much of a differentiation.

[11:45 a.m.]

I would say that things that we could do to try to address this - some of the steps that we're taking that we mentioned about pursuing placements with families - I'll back up. If the assessment is that a child is unsafe to be in the home, we have to act as we have to act for that child at that moment.

The plan to have that child return home - if one of the factors that is impacting the child's ability to return home safely is related to the family situation and there is housing instability or something else - if those are the factors - they on their own, of course, are not grounds for a child to come into care, but if they are contributing factors to violence or mental health or other stressors in the home, then it would be our responsibility to work with the family to try to address them in the child welfare situation as best we can.

Leonard mentioned the Families Plus pilot in Sydney, which is really an intensive pilot where essentially a family is provided with 24-hour wrap-around support often in the home for people who are helping. In that case, they are working with that person to go and secure the better housing. They're working with that person to go and address some income pieces - because if those are contributing factors, that's what they'll work on. It's really whatever it will take to stabilize that family situation so that child does not have to come into care. We're exploring that.

We're also exploring as best we can how to support the broader family. People shouldn't have to have their child come into care or even be part of a supervision order to receive services. So if there is an opportunity for a grandparent or an aunt and uncle to take on a child for a period of time to stabilize the family, what we're looking at is how we can extend income supports to that family. If income is the issue that's keeping them from being able to do that, we want to be able to provide income support to that family because it's the best thing for that child. So we're looking at exploring that.

I don't have an easy answer. I wish there was one thing, but I would say I'm very mindful that this is how income assistance, that system and child welfare, I would add our Disability Support Program - how those three programs work together. Right now we're making small steps, but we want to see them working as sort of one large continuum of supports that people can move through. I'd say right now the policies in one don't necessarily always support the policies in another, and that's part of what we're trying to do. We want it so that the two systems and three systems actually work together.

MR. CHAIRMAN: Mr. Horne.

MR. BILL HORNE: It has been very enlightening - your discussions this morning. I believe I'm seeing and hearing a change in the Department of Community Services in the

sense that there is a little more optimism in being able to control and help people in poverty and children in particular. Kudos for that.

I would like to ask a quick question - I think it's on the pre-Primary program that has been brought up through the Department of Education and Early Childhood Development. I know you work closely with the Department of Education and Early Childhood Development, as well as the Department of Health and Wellness, and so on - maybe even the Department of Justice.

I'm just wondering what you could add to what you think the pre-Primary is addressing with the needs of the children and families.

MS. HARTWELL: We are thrilled with the pre-Primary program for several reasons. You may or may not know that the Early Years programming used to be in the Department of Community Services, and for many years was actually part of this division and so the department has a bit of a history in understanding that improving early outcomes for children has a profound impact on that child's development.

In the child welfare system, unfortunately we often see children whose development has been hampered by lack of attachment to their parent by trauma they've experienced, and those kids then go on to track through the system, challenges in education and challenges really throughout their lives. We've seen the experience.

What the pre-Primary program does, it's one more tool, one more approach where families come early. The needs of a child are able to be identified. The family is able to be supported early if there are issues going on. One more way that we can start to wrap supports around a child and a family early.

The other thing that it does is it provides the school as a place where families and children gather. I think we have the beginnings of this in Nova Scotia with SchoolsPlus and I think there are still things we can do. Often there are families that won't go to a service provider or if we reached out - we could advertise all the parenting sessions we wanted, they are not likely to attend. But if it's at the child's school and it's part of a curriculum, there might be a chance that they'll come. So the more that we have young families in particular engaged in their school community, the better.

The other thing of course, from more of an economic side, is that if there is an ability for a person to attach to the labour market, pre-Primary also provides some ability for a parent to be able to work while the child is in school. So the more that we can do that in a way that makes sense for that family, that's great.

We've certainly heard anecdotally that a number of the families involved with us were among the first to put their hands up and sign up for pre-Primary because they could see the benefit it would be for their child. So far so good for us.

MR. CHAIRMAN: Thank you. We'll finish where we started. Mr. Orrell, we have about four minutes. If we could get a question and an answer in that, that would give our guests a few minutes to offer some closing comments.

MR. ORRELL: The pressure is on. I won't take that long.

When the new amendments to the Act were being proposed, there were some people around the table who were proposing a child advocate for the province. Just recently I heard of some people starting to organize now to go back at that. Nine of our provinces have a child advocate now, so a quick question - has the department examined the Offices of the Child Advocate in other provinces? Do they support the establishment of that independent office that will report directly to the Legislature, which would take a lot of the craziness out of your hands, I guess.

MS. HARTWELL: Thank you for that question. Yes, we actually met with some folks recently who were sharing the experience in other jurisdictions. It's something that I would say we have been aware of and were looking at on and off for the past few years.

Our Ombudsman's Office does have responsibility for child and youth issues and we have been working very closely with them. For example, the Ombudsman tours all of our children's residential facilities on a regular basis and meets with the staff but, more importantly, with the young people themselves and hears issues directly. I think that level of interaction has given us some comfort that there has been a child advocacy-type role.

What I've learned and what I'm understanding is that the role of child advocate in other jurisdictions goes beyond sort of an ombudsman-type role to someone who is really advocating for public policy that is child-focused, child-friendly and so on. We absolutely are looking at it. People will know here that with everything else we have going on, we're trying to determine, is this the best place for limited resources or is it somewhere else? I think the onus is on us to finalize that review and then bring it forward.

Certainly there are people I know in the province who speak very highly of how it has worked in other jurisdictions and there's no good idea that we're going to refuse so we're absolutely exploring it.

MR. CHAIRMAN: Just before we go to closing comments, there's one bit of committee business and I see agreement for the committee to agree to post the presentation on the website. I guess this is something we're doing each month, as opposed to just taking it for granted, I guess. Do we have agreement for that?

Thank you, we have agreement.

Ms. Hartwell, thank you ever so much and your guests for being with us today. I'll give you three or four minutes, if you can do it in that, to provide us with some closing comments.

MS. HARTWELL: I'll try to do it in less than that, Mr. Chairman, thank you very much. For those who offered kind words to our front-line staff, I will make sure those are passed on. They absolutely do hard work. The weighing they have to do with the information they have in front of them, they make incredibly challenging decisions and in circumstances that most of us never get to see. We certainly need to do everything we can to support them so I absolutely will pass those on.

Thank you so much for your attention today, it was a lot of information. Someone mentioned optimistic, I am incredibly optimistic. I don't think you could work in Community Services unless you were by nature optimistic, so that may not be a bit of a stretch.

I would say that there will always be voices that say we're not doing enough, not going fast enough, not going deep enough. I would say no one feels the weight of the system more than the people who are in it, who are really trying. I hear that from staff all the time that sometimes they are very discouraged by only ever hearing the negative. So we appreciate the opportunity to come and to share a bit of the positive - not to sugar-coat all things that need to be worked on, but to talk about the opportunity for really meaningful change and really meaningful improvements to the lives of Nova Scotians.

Thank you very much for that, and please feel free to invite us back any time.

MR. CHAIRMAN: Thank you, deputy and associate deputy, executive director. Thank you all very much for the information that was provided today.

We stand adjourned.

[The committee adjourned at 11:55 a.m.]