

## **Sounding the Alarm: A Perspective of the Problems in the Child Welfare System**

What is going on in Child Welfare?

The Children in Limbo Task Force (CLTF) is a group of individuals who work to improve the lives of children and youth in contact with, receiving services from, or in the care of the child welfare system. CLTF functions as a think tank which engages in inclusive and respectful professional and public discourse in the form of written publications, conference papers and workshops, submissions regarding social policy, and meetings with other offices and individuals sharing the same goals. Since inception, as part of the Sparrow Lake Alliance formed by Dr. Paul Steinhauer in 1989, the Task Force has been made up of child welfare staff, social workers, lawyers, psychologists, psychiatrists, advocates and government members with many years of experience in the field.

In our peripheral perspective, we have come to understand the presence of some significant struggles in the Child Welfare Sector. Hearing stories of workers at the brink, feeling immobilized by a system focused on a business model, struggling to do good work within the policies holding them back. Stories of programs known previously to provide great benefits to families closed due to lack of funding. Media reports of children displaced, failed by the system, families left behind. This is not the child welfare system we had known and loved. We felt compelled to act and take a closer look at what is happening, what is working, what is not working, and what can be done.

### **Workers in Moral Distress**

When one meets with a child welfare worker in today's climate, it can quickly become clear that, while workers feel gratification in helping families when they can, there is a toll they pay that can have great impact on the worker themselves.

While numerous studies have explored moral distress among nursing and healthcare professionals, the experiences of child welfare workers have received considerably less attention. Moral distress, generally defined, refers to the painful feelings and psychological difficulties that arise when an individual is aware of the morally appropriate course of action but is unable to take it due to internal or external constraints. It is the perceived violation of one's core values and professional duties. Child welfare workers are particularly susceptible to moral injury and navigate complex ethical challenges on a daily basis. These situations can lead to guilt, anxiety, and self-blame.

In Ontario, child welfare workers operate within a framework of numerous legislative expectations, including the overarching United Nations Convention on the Rights of the Child to which Canada is a signatory, and the Child, Youth and Family Services Act of Ontario, 2017. This legislation, ratified in 2024 through Bill 188, the "Supporting Children's Futures Act," emphasizes that all children and youth in Ontario deserve safety, stability, quality care, and support to succeed and thrive. This Act encompasses both child protection laws and expectations for child welfare.

Alongside these legislative obligations, child welfare workers must adhere to extensive Ministry Standards. The required paperwork is often excessive and time-consuming, significantly reducing the time workers have to engage directly with their clients.

We must examine the root of the moral distress. When a child or youth is taken into care, it is a difficult and often traumatic experience. A key support for the worker during this intervention is the expectation that the child's needs will be better protected "in care" than they were at home. However, what happens when a worker knows that the system as it is won't actually be a better place? When one has no option but to place a teen in a hotel room with little to no supervision?

Child welfare workers spend their days engaging in a variety of demanding tasks. They make home visits to families grappling with domestic violence, food insecurity, poverty, and mental and physical health problems. They also regularly deal with highly traumatizing events, such as a child recounting details of sexual abuse, consoling a child whose parent was murdered, or supporting newcomer families as they describe their war trauma and navigate starting over. The list is extensive, and the lack of available supports often leaves workers feeling drained. Cheryl Regehr has written and researched the subject of the on-the-job stressors that child welfare workers are exposed to including client trauma which can lead to Secondary Trauma Stress or PTSD (Regehr.C, Hemsworth.D, Leslie.B, Howe.P. and Chau, 2000).

Child welfare workers are typically highly educated professionals with expertise in counseling, trauma-informed intervention, grief, child development, and behavioral advice. Yet, currently, they have limited time and support to effectively utilize these skills. This situation is demoralizing, as workers are forced to witness their clients' needs go unmet, despite their own capabilities.

What can be done to address this?

A 2022 study in the *British Journal of Social Work* entitled "A Dynamic Theory of Moral Distressed (?) Child Welfare Workers" effectively describes the frequent discrepancies between the services participants wanted to provide and the services they were actually able to deliver. While the study suggests staff training and building moral resilience, these solutions are inadequate without more significant changes.

Ultimately, without a strong social infrastructure and robust internal agency support, child welfare work, and the clients it serves, will continue to be undervalued. Moreover, workers will continue to experience significant and ongoing moral distress. What currently appears to exist is leadership without connection to front line work – supervisors in departments they have never worked in, hired for their perspective on diversity but with less than five years experience and limited ability to lead.

In July 2024, a report entitled *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth*, was presented to the Legislative Assembly of British Columbia. This report highlighted that the normalization of fear, secrecy and seclusion were contributing factors that led to the unfortunate death of an Indigenous boy known to child welfare. Their review suggested that making workers more relatable and more able to engage with families would remove that fear. This would also help workers to feel safer as they navigate such emotionally unsafe work, likely leading to less errors and more healthy communities.

### **What is Missing that Worked in the Past, and Ideas that Might Fill Gaps**

As child welfare has evolved with the world around it, decisions have been made about what programming is necessary at any given time. These decisions have often appeared reactive instead

of responsive. Money often appears to be the driving factor in these decisions, instead of service effectiveness or impact.

Child welfare agencies receive funding from the Ministry based on a dated model. Accounting is done based on the cost of a child being in care, and the services required to support that, including the funding required for community-based services. This funding model is outdated and conflicts with the known evidence that suggests that child welfare work is best done IN communities and that children do best if kept in their families of origin, though at times separation is unavoidable. Kinship and community circle plans are more likely to be considered than placing a child in care, and as such the numbers of children in care are less, resulting in less funding across the board. This has led to agencies being severely in debt, despite the currently advertised idea that there is misspending occurring at the agency level.

Over time many agencies, and governments, have put in great effort to develop services and programming targeted at reducing risks to children and supporting families. Many have been highly useful but undervalued. Many have missed the mark. For example, we set out to learn better about the culture of diverse families involved in child welfare and developed policies accordingly, to not step on toes and not disrespect these families. Instead, we have blurred the lines between respect and perpetuated abuse by not involving these same families in the decision-making process and worrying more about appearances. We used to provide child and youth workers who could support families in their homes with hands-on strategies and education to prevent abuse and separation, yet decisions were made to reallocate these workers. We had programs to support families by providing extended support and education during their visitation times, which also allowed workers to connect to families on a unique level, but failed in supporting the money, time and resources this would require to implement. A vital program that provided therapeutic intervention to kids in foster care also ran out of funding.

Many of the programs used in the past have faced only quantitative review to inform these decisions, which doesn't actually capture the effectiveness experienced by families. When asked, youth who have been placed in the Society's care for their own protection have said: "If my parents got the money that the agency was giving my foster parents, I wouldn't have had to be in care". Why didn't we think of that?

### **Siloed Systems, The Social Determinants of Health and the Impact on Child Welfare**

In May 2024, CUPE held a press conference at Queen's Park to warn that children in care were being placed in unlicensed facilities, including hotels, Airbnb's, trailers and agency offices. Premier Ford's response was to initiate an audit of the child welfare system. (Trillium News). An audit of the child welfare system is insufficient and does not address the multiple and complex needs of families. Many parents are so desperate for support that they surrender their children to the province, not because the children are abused or neglected, but because the parents cannot find the services needed to keep them at home safely (Trillium News). The educational system is also struggling with the lack of special need services and, as a consequence, may only offer children with complex needs a few days' instruction a week, if at all.

It may be wise to look at how societal problems are handled elsewhere, as for example in Denmark. In order to address the situation of socially exposed families and families with complex needs, the Danish Social Minister established an independent agency (Raadet for Socialt Udsatte). The mission and purpose of the agency is to advise the minister and the government of ways to prevent problems and to deal with existing issues. The mandate is all encompassing: financial assistance, housing, education, institutional services, health and so on.

In Ontario, siloed systems mean that at-risk families have a hard time accessing the many needed resources. And appropriate services might not even exist or have lengthy wait times. Ontario currently faces a shocking lack of resources. Social welfare, affordable housing, child welfare, education, and mental health services are underfunded and stretched to their limits. For example, the waiting list for a mental health assessment can often be two years. Private assessments, while sometimes available, can cost between \$2,000 and \$5,000. Emergency mental health intervention is frequently inadequate or unavailable in both urban and rural communities. The Ontario Association of Children's Aid Societies has acknowledged this gap, stating in response to Bill 188, "There is a woeful lack of social infrastructure to support Bill 188."

### **The Importance of Involving the Child's Voice**

As a group, the CLTF has always learned and promoted the value and importance of keeping children visible in Child Welfare. One of our core visions is that "every child is provided with accurate information, so that they know their own story, understand what is happening to them and are able to participate in the decisions that impact them".

In November 2018, a newly elected Premier Ford announced that the Provincial Advocate for Children and Youth Act, 2007 would be repealed, and that the Ontario Child Advocate's Office would be closed, and its duties transferred to the Ombudsman. This closure has meant a serious erosion of the human rights of children and youth in the province. The Child, Youth and Family Services Act, 2017, building upon the principles expressed in the United Nations Convention on the Rights of the Child, clearly states that children and young people receiving services from the state have rights. Those rights include the right to be informed about matters that affect them and to participate in decisions concerning their lives. They also have the right to "raise concerns or recommend changes with respect to the services provided". The Child Advocate Office was a guarantor that these rights were met.

In the last six years there has been enough evidence of abuse, neglect and deaths in various kinds of placements to make the services and investigative powers of the Child Advocate's Office indispensable. In order to safeguard children and youth from physical and emotional harm, and to ensure that their voices are heard, and their rights respected, the provincial government should reconsider its position and reinstate a Provincial Advocate for Children and Youth.

### **Where Do We Go From Here?**

When we sat down to write this report, the purpose was to support those who are currently taking a more formal look at the challenges in the system, never to offer criticism to the agencies involved. This brief examination of the issues has suggested to us that a few things could be done to better

capture the challenges and work toward a more effective and safer system. The first is to listen to the voices that know. The front line has valuable input that is largely going unheard. They are too scared to speak up, and those in the lead are too busy to listen. A focused, anonymous, survey of front-line staff might be a valuable investment, and potentially less costly than the current evaluation efforts.

Secondly, the funding model for Child Welfare needs to be scrutinized as well as be made transparent to the public. Yearly cutbacks, that were supposed to be limited to five years, are still in place five years hence. Children are paying the cost.

Lastly, there is value in reconsidering the structuring of the various systems that influence the Child Welfare sector. With some small changes, couldn't there be a world where families are served by ONE stop, a system that attends to their health, mental health, housing, wellness and safety without silos? We think it possible, with a little effort.