

Nova Scotia Child Welfare in Crisis: A Shared Perspective

JACQUELINE BARKLEY, MSW, RSW & ROBERT S. WRIGHT, MSW, RSW

It is our shared perception that the child welfare system in Nova Scotia is currently in crisis. This is consistent with a Canadian Association of Social Workers report published in the summer of 2018, which expressed similar concerns regarding child welfare practices nationally. As clinicians with a long history of involvement with families in the child welfare system we believe we are seeing things getting worse for families, not better, despite recent changes to the Children and Family Services Act intended to improve services. Some quantifiable evidence of this has been compiled by the Nova Scotia College of Social Workers (NSCSW):

- NSCSW has received more complaints against members in 2018 than any other year since 1993. Although only 17 per cent of total NSCSW membership are employed in this field, 56 per cent of these complaints are related to child welfare. We believe that this trend of clients complaining to the College is an indication that client access to internal mechanisms to resolve complaints is failing.
- There has been an increase in the number of child welfare applications to courts under the Children and Family Services Act. Applications had been decreasing prior to the changes we mention above, but after the changes, applications have increased by eight per cent.
- There was a striking rise of social worker short-term illness hours in child welfare. In the fiscal year 2013-2014 social workers logged 16,513 hours of sick leave. In 2016-2017 that number had increased to 26,105 hours, an increase of 58 per cent. This corresponds with the increase of child protection referrals during that time from 10,078 to 11,028 per year, an increase of 10 per cent.

Lest any readers misunderstand the intent of our writing, let us assert that we are aware of the necessity and complexity of delivering child welfare service:

1. There is absolutely a need for a department committed to the protection of children from all forms of abuse: physical, sexual, emotional and neglect. Even if we lived in a just society (which we assert we do not - but even if) with equality of living standards, income and social respect, and an absence of structural racism and colonialism, there would still be those individuals who, for many complex reasons, abuse and neglect their children.
2. The front-line social workers who deal with responses to allegations of abuse, who intervene to engage resources, who case manage the application of law to the circumstances of bringing children into care, or returning them to a healthier family, are not deserving of public contempt, but rather should receive tremendous support for carrying out, on our collective behalf, incredibly difficult work for the most vulnerable persons.

3. The current situation reflects the intersection of many complex issues in the administration of our public child protection services. Some of these issues include: neo-liberal policies to cut resources or not add them when needed; cultures of “obedience” in civil service work places; housing crises regarding affordability, transportation, and access to food for low income persons; inadequate mental health services for parents and children in trauma; and shifts in social norms, creating alienation among a generation of children/youth and exacerbating behavioural and social problems which reflect dramatic changes on the ground in our culture overall. These complex circumstances were well articulated in the Nunn Commission report, *Spiralling Out of Control: Lessons Learned from a Boy in Trouble* (Dec. 2006).¹
4. The histories of colonialism and racism, the institutional abuse in residential schools, the Nova Scotia Home for Coloured Children, the Shelbourne School for Boys, etc. have created a climate of fear in government in the delivery of services to vulnerable children. This climate is reflected in an attitude of risk aversion, rather than a promotion of courage in the application of bold and competent interventions, centred in the cultural needs and lives of children and families, to address risks.
5. While some of what we wish to address are home-grown Nova Scotian issues, we acknowledge that the delivery of child protection services across Canada, and even around the world, is under critique, and constitutes national and international crises.²

Before we look to solutions, we need to look at the conceptual framework under which current child protection is administered. What are the erroneous ideas that are leading to our ineffective or misdirected interventions?

One of these is the current disproportionate attention to, and narrow conceptualization of “risk” - the fetishization of risk. We know that domestic violence, sexual exploitation, physical/psychological abuse, and neglect all have a significant traumatic, negative and long-term impact on individual children, and that these create a risk to their victims. We also know that the spectrum of abuse is from low to high, and that all risk must be located on that spectrum. We know as well that the risks of inappropriate or excessive intervention to address risk carry different but significant *inherent* risks in disrupted attachment, fear, anxiety and mistrust at important developmental stages. We have learned that the intended solution to problems of risk can have unintended long-term consequences (as an example see the Truth and Reconciliation Commission report on residential schools, the NSHCC abuse settlements,

¹ See the unpublished submission made by Jacqueline Barkley to the commission: Important Questions: Complicated Struggles for Answers, available at: <http://www.culturalclinicalconsultants.ca/NunnSubmission%20-%20Jackie.pdf>

² The work of pioneering social worker and educator Cindy Blackstock has outlined this crisis in the context of Indigenous child welfare in Canada. The problem is also more broadly outlined in a new CASW report on child welfare (Understanding Social Work and Child Welfare: Canadian Survey and Interviews with Child Welfare Experts, https://www.casw-acts.ca/sites/default/files/attachements/CASW_Child_Welfare_Report_-_2018.pdf). The Executive Director of the Nova Scotia College of Social Workers, Alec Stratford, also regularly discusses it in the College’s blog: <http://nscsw.org/category/blog>

and the statistics on the prevalence of long-term suffering as adults by children in care). In other words, what has become increasingly prevalent, is recognition of the risks of individual behaviour by perpetrators, but not the risks associated with structural issues such as the racism, poverty and colonialism which have rendered some solutions worse than the problems they were intended to resolve. It seems that “risk” has shifted from concern about the children in question to concerns about the “liability risk” to the institution. The definition of risk is “the possibility of loss or injury.” It seems that in current practice every “possibility” is treated as a “likelihood” resulting in an over-reaction to the daily challenges encountered by families living on the margins.

With this mis-conceptualization and disproportionate attention to risks caused by parents, comes a disruption of balance in the three pillars of child protection: policing, protection, and intervention. With the way risk is currently seen and de-contextualized, the emphasis in service delivery becomes protection in the form of removal from the care of parents and policing in the form of home visits and other surveillance that have little intervention value – leaving intervention pushed to the margins of child welfare practice and contracted out to external service providers.

Excessive policing includes practices such as:

- Substance use testing that is intrusive and which results in gathering evidence against parents. Though not inherently abusive, overreliance on testing and a lack of social work practice by front line workers to educate, motivate and support clients to address their substance abuse issues divorces this service from intervention and relegates it to a policing function only.³
- “Supervising” parent/child access by para-professional rather than “facilitating” parent/child access by parent educators. The latter would provide valuable learning opportunities for parents and nurturing and bonding experiences for children. Supervising alone relegates this practice to a policing function only as well.

Misdirected protection responses include:

- The primary ways we have used to “protect” children from the harm that they receive at the hands of their parents is to remove them from parental care. However, it is not clear that the locations to which we remove them (group homes, foster care and secure care) are able to provide children with the care that is an adequate antidote to the suffering and trauma from which they are being “rescued.” And though children removed from their parents are protected from harm caused by parents, they are

³ During Robert Wright’s tenure as Executive Director of Children and Family Services of Cumberland County, the use of such tests were eliminated without having any ill effect on case outcomes. The practices of drug testing by the corporation Mother Risk in Ontario were subject to an independent review (<https://www.attorneygeneral.jus.gov.on.ca/english/about/pubs/lang>). Minister Kelly Regan’s response in media has consistently shown indifference to the issue of drug testing, despite public cases of improper testing leading to removal of children from the care of their parents (<https://www.cbc.ca/news/canada/nova-scotia/child-protective-services-drug-text-mistake-1.4740710>).

subsequently exposed to other harms that are not part of our equation of measuring risks.

- The alternative care settings provided to children removed from their homes are not provided with the tools necessary to appropriately give children the boundaries and the parental limits, correction, and discipline necessary to keep them safe or properly direct their development in those settings.

Intervention

Intervention is perhaps the most significant pillar in child welfare structures. We believe intervention is to be understood as those processes put in place to support family reunification, the prevention of children entering temporary care, or permanent placement of children in the least intrusive manner. Interventions can include, but not be limited to: counselling from professionals through the public mental health system; private contracted counselling; family support workers assigned by child protection workers; access to groups providing parenting programmes; addiction services; or services dealing with issues of domestic violence. Operationally, intervention is often secondary to policing in child protection practice.

Intervention needs to be problem-solving, not problem-avoidance or problem-punishment. Successful intervention is weakened or hampered when it is not coherent, not coordinated, not culturally competent, or when the delivery of service is token or bureaucratic – that is, a completion of a checklist of requirements to satisfy the word of the law rather than the intent of the law, or to only satisfy court orders.

Efforts to address the issues of coordination and cohesion may be assisted by the current more frequent utilization of case conferencing. The latter constitutes the only recent response of DCS to growing critique of both child protection policy and implementation.

Currently front-line social workers are unable to contribute to either coordinated or culturally competent interventions in large part due to excessive case loads and due to repressive supervisory and administrative practices. Parenting is clearly a core issue in child welfare intervention. The current practice is that the parenting models that are designed for the normative population do not address the very specific theoretical and practical parenting guidance needed by parents in the child protection system. Parents in the child protection system are frequently intimidated at providing the leadership and guidance their children need. They often resort to permissive models believing that is the antidote to authoritarian models, neither of which are effective in the efforts needed to help children deal with trauma and behavioural problems.

Legal aid constitutes the intervention strategy needed to check and balance the disproportionate power of the Department of Community Services in court proceedings. When legal aid lawyers are unable to provide the time, reflection, and detailed examination necessary, due to inadequate funding, child protection clients are effectively deprived of the legal representation to which they entitled.

Towards Solutions

With regard to the clients of the child protection system, intervention needs to be refocussed to prioritize the needs of the children's families, addressing issues of substandard housing, access to culturally competent mental health services, increases to both the minimum wage and income assistance, and improvements and increases in access to subsidized day care, just to name a few. Dealing with these issues in depth is not the purpose of this paper. These issues require profound discussion about what kind of society we wish to be. With regard to the current specific delivery of child protection services, what follows is an outline of possible changes in our current system.

The CASW report on child welfare referenced earlier outlined 5 core recommendations made by social workers to address child protection services:

1. Address the disproportionality of indigenous families and other racialized groups such as Black Canadian families involved with the child welfare system.
2. Improve working conditions for social workers by addressing workload.
3. Support organizations to improve staff retention and reduce turnover.
4. Support organizations to develop strategies to promote mental health and wellness and address post-traumatic stress experienced by social workers.
5. Raise the value organizations place on social work knowledge and methods and the importance that social workers have adequate time to spend with clients.⁴

We would agree generally with these national recommendations but offer our own as they apply to the delivery of child welfare in Nova Scotia:

We need to develop local models of practice. Refocusing on social work practice in child welfare is the theme of our recommendations towards finding solutions to these problems. Recent efforts to reform child welfare practice have resulted in updates to the Children and Family Service Act and its corresponding regulations and policies. Real change will come when our attention is placed on supporting and improving social work practice.

This is not just about improving the skills of individual practitioners, though this is also important. Nor is it about shopping for, manualizing, and implementing a "best practice" model for child welfare. Rather it is about empowering social workers to be creative and courageous in developing interventions that are tailor made for their clients using available resources. The tendency to look to already established models of practice is wrongheaded. We forget that successful models were born out of a particular set of needs, collection of local resources, and locally developed values and expertise. To purchase a model off the shelf is almost

⁴NSCSW discussed this on the NSCSW blog, connecting the national report with conditions in Nova Scotia: "CASW Report Highlights Social Worker Challenges Within Canada's Troubled Child Welfare System" (<http://nscsw.org/challengeschildwelfare>).

always less effective.

We need to cultivate and empower local experts. Within the child welfare system, the role of Child Welfare Specialist currently exists. Unfortunately, this role seems to have evolved more as head-office-reporting-policy-compliance-officer more than as in-the-field-experts who engage with child welfare teams to improve practice at the case intervention level. In addition to such specialists, it might also be useful to acknowledge and reward the disappearing class of senior child welfare front-line practitioners. Historically, these seasoned workers were the backbone of every child welfare agency and every child welfare team. They nurtured younger workers, were sought after to join risk conferences, took on higher risk cases, and were the engines of creativity that gave rise to local practices that improved outcomes through the creative use of local resources. Today it would seem that these workers are penalized for their resistance to more bureaucratic/policy driven responses, rather than rewarded for the application of old tools of client empowerment such as promoting self-advocacy.

In other fields like in education and in certain legal settings, senior practitioners who have demonstrated their commitment to the field are rewarded monetarily by increased license or appointment to roles as senior litigators. These practices keep such expertise in the front-line and encourage workers to remain there rather than seeking promotion to management or to other sectors that value the master's degree in social work (MSW). Currently, the exodus of MSW prepared child welfare workers to roles in health and mental health is a well-known phenomenon that we should be seeking to correct.

We need more attention to measures of child welfare outcomes and effect. We are currently fixated on risk, which this article has already critiqued. The system is also keenly aware of the costs associated with the services that are implemented. What is absent is a focus on measures that assess the improvement in the lives of children and families served. For example, do our practices of apprehending children from risk and placing them in substitute care actually result in better outcomes for families? Or does the practice of requiring costly blood tests to assess substance use result in speedier recovery? We argue that a child welfare system that is reformed in the manner we describe above would be measurably far more effective at protecting children.

Child welfare intervention is just one link in a long chain of systems and interventions that are designed to protect children and support families. We should be evaluating how child welfare works in cooperation with early childhood and public-school education settings, family resource centres, income supports, afterschool programming, and health and mental health services. The effectiveness of these combined services in promoting the wellness of children and families should be the focus of our evaluation efforts.

We also need to pay more attention to the wellness of social workers. In recent months the dramatic increase in the use of sick leave among child welfare workers was reported: 44 per cent of social workers have experienced threats or violence on the job; 75 per cent have unmanageable workloads as a critical issue in their practice; 45 per cent of social workers who left the field did so due to stress and/or vicarious trauma and; and 72 per cent say

administrative responsibilities prevent them from spending adequate time with clients.⁵

It does not seem that the response to this information was an outpouring of concern for the wellness of child welfare workers. Rather, it would seem that the response of the Department of Community Services was a focus on “what’s wrong with the social workers who are using sick leave.” We need to acknowledge that structural issues are more powerful effects on the wellness of employees than are individual characteristics.⁶ It seems that the structural circumstances affecting clients and social workers alike need to be analyzed as we seek a solution to the current child welfare crisis.

We have seen across Canada that the failures to address the care needs of vulnerable children in the past lead to large scandals resulting in pain and suffering, long legal battles, royal commissions, state apologies, and huge compensation packages. The current crisis in child welfare in Nova Scotia is ripe for such an outcome. We suggest preventing the problem now rather than engaging in disingenuous hand-wringing later. Protestations of “we did not know” can no longer be an excuse for inaction.

⁵ NSCSW blog post: “CASW Report Highlights Social Worker Challenges Within Canada’s Troubled Child Welfare System” (<http://nscsw.org/challengeschildwelfare>).

⁶ Leiter and Maslach, The Truth About Burnout

Jacqueline Barkley, MSW, RSW, has over 35 years as a social worker. She is a private practitioner and community organizer with significant experience in mental health and child welfare, and a strong professional interest in cultural competence and anti-racism work.

Robert S. Wright, MSW, RSW, is a social worker and sociologist. His 29 year career has spanned the fields of education, child welfare, forensic mental health, trauma, sexual violence, and cultural competence.

To contact the authors about this paper, email info@robertswright.ca.

The authors would like to thank James Dubé for his editorial and research assistance in the preparation of this paper.

An executive summary of this paper was published as an article in the Fall 2019 issue of *Connection* magazine.