Finding Forever Families:
A Review of the Provincial Adoption System

June 2014

June 19, 2014

The Honourable Linda Reid
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C. V8V 1X4

Dear Ms. Speaker,

I have the honour of submitting the report *Finding Forever Families: A Review of the Provincial Adoption System* to the Legislative Assembly of British Columbia. This report is prepared in accordance with Section 6(b) of the *Representative for Children and Youth Act*.

Sincerely,

Mary Ellen Turpel-Lafond
Representative for Children and Youth

pc: Ms. Jane Thornthwaite
    Chair, Select Standing Committee on Children and Youth

    Mr. Craig James, QC
    Clerk of the Legislative Assembly

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Executive Summary

At any given point in time, more than 1,000 British Columbia children and youth in the care of the Ministry of Children and Family Development (MCFD) are waiting to be adopted – waiting for the "forever family" that is so vital to their optimal development and well-being.

This is a troubling number, yet the provincial government has not moved adequately to address it. In fact, in each of the past five years for which statistics are available, the number of adoptions of children in the continuing care of MCFD has actually declined. In 2012/13, only 205 of the more than 1,300 eligible children in ministry care were adopted.

This report represents the first extensive external review ever undertaken of the province's adoption program. In addition to an examination of ministry organization, policy and procedures around adoption and permanency planning, it includes a two-part study, which followed 450 children waiting for adoption and 457 prospective adoptive homes, beginning in 2005/06 and continuing through to 2012/13.

The results of that study are eye-opening. Only 260 of the 450 children in the study group were adopted and, while 166 were placed within one year of being registered, 56 were still waiting to be adopted at the end of the six-year span. Seven of those children still hadn't even been registered for the MCFD adoption program by study's end. For the children who were adopted, it took an average of 31 months from when they were first brought into continuing care by the ministry until their adoption was finalized.

Of the 457 prospective adoptive homes who were part of the study, 197 successfully completed adoptions during the six-year period. However, 240 withdrew from the program at some point along the way. While the average time from application to receiving MCFD's approval to adopt was 11 months, 23 families waited more than two years for approval and two families waited more than four years. The average time, from application to actually having the adoption finalized, was 26 months. But at the end of the six-year study, 13 "approved" homes continued to wait for a child and had been waiting, on average, for five years since receiving approval.

Clearly, there are problems, especially when one considers that permanency is a key positive factor in the life of any child. The problem was borne out by anecdotal evidence even before the Representative began this review of the B.C. adoption system.

What the review sought to determine was the root cause of the delays that plague the system. Why are kids waiting too long to be placed with adoptive families? Why do some children never find a permanent home? Why do many prospective parents have to wait years for MCFD approval or to receive a placement? Does government put enough emphasis and resources into eliminating the bottlenecks that ultimately result in precious months and years of nurturing and development for these waiting children being squandered?

The last question is simplest to answer. It is evident that MCFD has not placed nearly enough focus on adoption planning in recent years. In fact, during the years 2010/11 and 2011/12, permanency planning and adoption were not even considered important enough to be listed as commitments in the ministry's service plan. They reappeared in the annual document in 2012/13. Prior to that, for several years the ministry's "target" for achieving adoptions remained stagnant at a mere 18 per cent of children with adoption plans. That, quite simply, should never have been considered good enough, by anybody's measure.

Clearly, a sense of urgency must be attached to permanency planning and adoption if some of B.C.'s most vulnerable children are to be given a better chance in life. Adoptions and permanency planning must be seen as high priority, admittedly easier said than done in a ministry that is subject to dealing with the "tyranny of the urgent" that comes with the child protection side of its mandate. Or, as one ministry adoption worker told the Representative's Office: *"We are told to deal with the crisis first, then do adoptions. Adoptions is seen as low priority."*

That is why the Representative is recommending in this report that MCFD re-align itself to administer the important services of adoptions and permanency planning as a centrally controlled, provincial program rather than the current regionally based decision-making process that has resulted in uneven services and planning and a lack of focus across the province. Permanency and adoptions planning, support and services must be considered a priority and fully resourced as such by the ministry.

In addition, the Representative recommends that MCFD make legislative changes to create external oversight of its adoptions and permanency planning. The Representative is calling for an annual review of progress for each child before the Provincial Court of B.C. to keep a focus on the ministry's work in finding permanency for every eligible child in its continuing care as well as a requirement for MCFD to publicly report on progress in this area on an annual basis.

Among the most glaring findings of the Representative's review of the provincial adoption system is the lack of adequate permanency planning for Aboriginal children in care. This is a huge problem, given the vast over-representation of Aboriginal children among the overall children in care population. The numbers tell the story: Although Aboriginal children comprised more than 63 per cent of the children in MCFD's continuing care in 2012/13, they accounted for less than 40 per cent of the total children registered for adoption and only 35 per cent of the children placed in adoptive homes that year. Of the 205 children placed for adoption during that year, only 71 were Aboriginal.

Part of this can be attributed to the historical tension between government and First Nations created by colonialism and fuelled by residential schools and the 60s scoop. As one MCFD social worker put it: *"Workers are reluctant to register Aboriginal children in adoptions because of the history and Aboriginal communities are reluctant to plan with [MCFD]."* Regardless of the reasons, the fact is the proportion of Aboriginal children in care has continued to grow in recent years while the proportion of Aboriginal children with adoption plans has decreased. Since 2005/06, an average of 86 Aboriginal children have been placed each year and only one First Nation – the Cowichan Tribes on Vancouver Island – has ever been delegated authority to conduct adoptions of its children in continuing care and it does not currently have a delegated worker.

Therefore, the Representative is calling for MCFD, in partnership with First Nations and Aboriginal communities, to take specific measures to improve rates of adoption and other permanency planning for children in care, including reporting annually to First Nations Chiefs and Aboriginal communities on the status of children from their communities who are eligible for adoption and ensuring that equitable financial assistance is available for Aboriginal families who pursue custom adoption through a transfer of custody. The ministry has not adequately supported custom adoption using tribal laws and customs, even though the legislation has been strong in calling for this for many years.

Finding Aboriginal families who are willing and able to adopt a child has also been a roadblock to seeing more Aboriginal children be adopted. Fewer than 20 per cent of the applications to adopt in the Representative's study group were from Aboriginal homes. Recruiting more Aboriginal adoptive homes from the nations and communities of origin of the children should be one of the major goals of an on-going provincial adoption awareness and recruitment strategy that the Representative is recommending in this report. That strategy should consider the use of recruitment techniques such as child-specific and targeted recruitment and photo listing. Considering the ministry has not staged a public adoption awareness campaign in 10 years, it is time for another initiative. And once government successfully recruits these families, it should ensure that they are given timely service by the system.

MCFD adoption workers identified a number of areas where they felt the system could be improved, including a better data management system or better training on the current system, adequate staffing for adoptions in all regions of the province and adoption education for all workers at MCFD and not just those who specialize in adoptions.

The report also recommends that MCFD develop and implement a quality assurance program for adoptions – a glaring omission at the present time. The program would improve data collection and adoptions training and address the current reporting gaps which keep the ministry from being able to properly analyze its performance. For example, the ministry does not currently collect data on how long it takes from when a family first applies to adopt to when it begins the mandatory Adoption Education Program training. Nor does it have a means to flag when a child has been waiting an inordinate amount of time to be matched with a family. Without this information, the ministry cannot properly evaluate how it is performing and determine where it must make improvements.

A proper quality assurance program for adoptions and permanency planning would go a long way toward solving what appears to be a significant bottleneck in the system – the simple registration of a child in the MCFD adoption program. Despite ministry standards calling for registration within three months of a child coming into continuing care, just over 50 per cent of the children in the Representative's study were registered within that timeframe and some were never registered during the six years. There is an historic and prevailing gap in the ministry of between 200 and 300 children – those who are in continuing care with a permanency plan for adoption but not actually registered.

Finally, the Representative recommends that MCFD develop key performance measures and targets to track timely permanency planning, including adoption placements, for children in care as well as timely approvals for prospective adoptive families. Without goals and targets for which to strive, it is no wonder that MCFD has lost its way when it comes to improving adoption outcomes.

The Representative would like to acknowledge and thank both the youth and the social workers who took the time to be interviewed for this report. Their help and insight, as well as that of the Adoptive Families Association of B.C. (AFABC), was instrumental in examining the adoption system with the goal of finding ways for more kids to find families and more families to find kids.

Introduction

Every child deserves a forever family. In B.C., more than 8,000 children and youth are in care because of abuse, neglect or the loss of their parents. Nearly half of those children are in the continuing custody[1] of the government. For these children, returning to their birth family is almost never an option. This means that these children and youth will live in foster care until the government can find a permanent family for them.

Children are best raised in a family environment that can provide them with the stability needed to develop into healthy adults. Research shows positive outcomes for adopted children. Finding parents who are willing and able to adopt and meet the needs of these children is the goal of B.C.'s adoption program, administered by MCFD.

The number of children adopted out of MCFD continuing care has decreased in recent years. Since 2007/08, this number dropped by more than one-third, from 323 to 205 in 2012/13.[2] Similarly, the number of approved adoptive homes per year dropped by one-third during that same period, from 336 to 220 homes. This despite the fact that more than 1,000 children and youth in permanent care of the B.C. government are waiting to be adopted at any given time. These are B.C.'s waiting children.

If a family is never found for a waiting child, he or she will often linger in the foster care system until turning 19 and aging out of care. The Representative has repeatedly described the negative outcomes for young people who age out of the system without ties to family or other significant adults, most recently in the special report *On Their Own: Examining the Needs of B.C. Youth as They Leave Government Care* (2014). The Representative is deeply concerned about the number of children in care waiting to be adopted. Too often children are living in foster care for extended periods of time. In fact, a review[3] by MCFD found that the average length of time a child spends in foster care has increased from 5½ years in 2001/02 to nearly eight years in 2011/12.

B.C.'s adoption program has not been reviewed since 2002 and a specific examination of the program's timeliness has never been undertaken. With fewer B.C. children in care being adopted and fewer adoptive families being approved, the Representative believed it was critical to examine how the system works, in order to better understand the barriers and challenges to adoption and to make recommendations to overcome those obstacles.

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[1] The ministry's relationship with children under a Continuing Custody Order (CCO) is longer-term in nature. A CCO means that the Director of Child Welfare is the sole guardian of the child and the Public Guardian and Trustee manages the child's estate.

[2] Figures as of May 16, 2013.

[3] *Residential Review Project: Final Report*, June 2012. MCFD, Federation of Community Social Services of BC.

The mandate of the Representative is to improve services and outcomes for children in B.C. through advocacy, accountability and review. Section 6(b) of the *Representative for Children and Youth Act (RCY Act)* makes the Representative responsible for monitoring, reviewing, auditing and conducting research on the provision of designated services, making recommendations to improve the effectiveness and responsiveness of these services, and commenting publicly on any of these functions.

This review is the first in Canada to examine the issue of timeliness in achieving adoption placements. MCFD has never examined its own adoption data in this way. This review includes an extensive two-part study that followed 450 children who were in permanent care in 2005/06 for a six-year period, tracking MCFD's success in moving these children to adoption. The second part of the study examined the ministry's performance in recruiting, assessing and approving adoptive parents.

The Representative also reviewed the literature on adoption, ministry policies, standards, service delivery and legislation. The Representative heard from a number of MCFD guardianship and adoption social workers and adoption consultants, and staff from AFABC. Most importantly, the Representative heard from young people in and out of care, including youth who had been adopted, through interviews and an on-line survey.

The Representative also met with two delegated Aboriginal Agencies (DAAs) to gain their views on Aboriginal adoptions and explore what their agencies are doing to support better permanency planning for their communities.

Adoption as Permanency for Children in Care

In B.C., the *Child, Family and Community Service Act (CFCS Act)* requires that every child in care have a goal-directed permanency plan based on his or her needs. The goal of the plan is to identify the most appropriate permanency option for a child or youth in care – such as family reunification, transfer of custody or adoption – so that he or she can move into a safe, secure and long-term home.[4]

All children require a stable and continuous relationship with a nurturing person to help promote their physical, social, emotional and intellectual development. For children and youth in government care, these relationships are especially important because their early traumatic experiences often place them at greater risk for negative life outcomes, including homelessness, failure to finish high school, unemployment and engaging in risky behaviours such as drug and alcohol abuse.[5]

For a child under a Continuing Custody Order (CCO) in B.C., the ministry views adoption as the preferred permanency option, if it meets the best interests of the child. However, there is no policy stating how long a child should wait for a permanency plan to be implemented once he or she is in care. This policy gap can result in delays that can be damaging. Too often, children become stuck in the foster care system and become the "hard to place" cases, experiencing more placement moves and displaying increased emotional and behavioural issues as the continuing instability takes its toll.

> ### Permanency Options
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> Permanency options available for B.C. children in care:
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> - Family reunification
> - Transfer of custody
> - Adoption

> ### Dimensions of Permanency
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> - **Legal permanency** is when the court determines the relationship between the child and primary caregiver(s) (i.e. adoption and guardianship)
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> - **Relational permanency** consists of enduring, loving and trusting relationships with biological family members/siblings, foster parents, community members, etc.
>
> - **Physical permanency** involves creating a safe, stable, healthy and lasting living arrangement.
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> - **Cultural permanency** means the child is connected to his or her culture, regardless of what else is changing in their life.
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> **Source:**
> Residential Review Project – Final Report, MCFD and Federation of Community Services of BC, June 2012.

Adoption should be considered as the first alternative for all children who are permanently deprived of care by their parents.

Standards of Excellence for Adoption Services
(Child Welfare League of America, 2000, p. 11)

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[4] British Columbia. MCFD, 2003.
[5] Burley and Halpern, 2001; Guinn, 2000, Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. 2001, Courtney et al. 2011.

The Adoption Process

The Adoption Process for Children

Identification of Adoption as the Child's Permanency Plan

For a child under a CCO, the adoption process begins when a guardianship worker identifies adoption as his or her permanency plan. Adoption must be in the child's best interests and, for children younger than 12 on a CCO, adoption is considered the default permanency plan.[6] Consent is required for adoption to proceed for children 12 and older (providing they have the capacity to consent).

Implementation of the Adoption Plan

Once adoption is identified as the permanency plan for the child, the guardianship worker is responsible for preparing the child for adoption and preparing all the required documentation for the child's adoption file. Tasks include reviewing and updating the child's plan of care and reviewing the child's file to determine his or her current and future needs, Aboriginal status, whether access order(s) exist and whether the child has any siblings.

Registering in the Adoption Program

Once all the required documentation is complete, a ministry social worker registers the child in the adoption program. The social worker then discusses with the child or youth what he or she is hoping their adoptive parents(s) will be like.

Finding an Adoption Placement

Once the child or youth has been registered with MCFD's Adoption Branch, the worker begins to match the child with adoptive parent(s). This involves reviewing the written family assessments that prospective families have completed to determine the best match between the child's needs and aspirations and the skills, interests and experiences of prospective families. To find a match, the worker may use the ministry's electronic Adoption Management System (AMS), MCFD's monthly adoption bulletin, or informal methods such as personal contacts within the child's community.[7]

> **Adoption Management System**
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> AMS is the ministry's central system for the collection of information about children and families in the adoption program. AMS is also a web-based tool that allows workers to register, search for and match children in care eligible for adoption to approved adoptive parent(s).

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[6] If a social worker determines that adoption is not in the best interests of a child under the age of 12, a decision to pursue another placement type for the child must be approved by a deputy director of adoption (*Practice Standards and Guidelines for Adoption,* Standard 16).

[7] In finding a family for the child, the worker should first explore placing the child with families to which the child already has some attachment, including a placement with the child's siblings (if already placed), a placement with adult members of the child's extended family or a placement with other relatives or approved adoptive homes *(MCFD Practice Standards and Guidelines for Adoption,* Standard 17).

Placement and Finalization

Once a family and child have been matched, and the child has been prepared for placement, the workers and family involved use an individualized plan to move the child into the adoptive family's home. This plan is based on the specific needs and age of the child. The child and family participate in a series of pre-placement visits to help establish a relationship between them.

After the pre-placement visits, an adoption placement agreement signed by the adoptive parent(s) transfers the care and custody of the child to them.[8] A child typically lives with the adoptive family for six to 12 months before the adoption is finalized by the court. During this period, a ministry adoption worker maintains regular contact and visits with the family to assist in the transition.[9]

Finalizing an Adoption

The decision to finalize the adoption through the courts is initiated by the ministry adoption worker overseeing the placement. The worker prepares a report for the court that documents how the proposed adoption is in the child's best interests, and the readiness of both child and family to complete the adoption.[10] A judge reviews this report and makes a decision based on that information. When an adoption order is granted by a judge, the child becomes the child of the adoptive parent(s) and the child's birth parents cease to have any rights or obligations regarding the child.[11]

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[8] The ministry, however, retains guardianship responsibilities, with these responsibilities carried out by the adoption worker for the prospective parent(s).

[9] *Practice Standards and Guidelines for Adoption,* Standard 57.

[10] This court package includes, for children ages seven to 12, a Report on A Younger Child's Views and, for youth ages 12 and older, written consent. *Practice Standards and Guidelines for Adoption*, Standard 59.

[11] *Adoption Act 37(1).*

The Adoption Process for Prospective Adoptive Parents

Contacting MCFD and Attending an Information Session

The adoption process for prospective adoptive parents begins when they contact the ministry and express interest in adopting a child in MCFD care. A ministry adoption worker contacts the prospective parents to arrange an interview. If the prospective parent(s) remain interested in adopting, an Application to Adopt is submitted.

Submitting an Application to Adopt

The Application to Adopt signals the prospective parents' willingness to go through MCFD's adoption assessment process. Applicants are approved on the basis of a home study consisting of two components:

- An Adoption Education Program (AEP) to help prepare the prospective adoptive parent(s), and
- A structured family assessment to determine the prospective adoptive parent(s)' ability to provide for the needs of a child.

The Adoption Education Program

The AEP has 12 modules delivered on-line or in a class setting. The modules cover a range of adoption-related issues including attachment, characteristics and potential special needs of children in care, and openness. Once the prospective parents successfully complete the AEP, MCFD begins the structured family assessment.

Adoption Education Program

The AEP is provided to help prospective adoptive parent(s) become more knowledgeable about adoption, the children waiting for adoption, and the issues faced by birth families and adoptive families.

There are 12 modules that cover the following issues:

- separation and loss issues related to birth parent(s) and prospective adoptive parent(s) and the child to be adopted
- differences between biological and adoptive parenting
- adoption as a life-long experience
- the impact of the child's experiences on his or her development
- inter-racial or cross-cultural issues
- issues related to special service and or placement needs of specific children.

The AEP is designed so that it can be delivered either through face-to-face programs that are run throughout the province or through self-directed programs, including on-line. The AEP on-line is a new service (as of September 2013) delivered by AFABC on behalf of MCFD to make the process of becoming approved for adoption easier and more flexible.

The Structured Family Assessment

The structured family assessment is a series of interviews with a ministry adoption worker. The interviews are used to assess the relationships and dynamics of the prospective adoptive family or parent, as well as their capacity to understand and meet the special needs of a child at the time of placement and in the future. The interviews also provide a valuable opportunity for families or prospective parents to self-assess their overall strengths and abilities, and to establish a relationship with the worker.

Approving an Application

The adoption worker completes a written family assessment, outlining the ministry's decision on whether or not to approve the prospective parent(s). The written assessment contains supporting documentation such as the family's Application to Adopt, criminal record checks, prior contact checks, medical checks and personal references. Once approved by the ministry, the prospective parent(s) are registered in the adoption program and actively considered for a placement.

Matching, Placement and Finalizing an Adoption

When a potential match has been identified and accepted by the prospective parent(s), pre-placement visits take place to support relationship-building and the forming of attachments between the child and the prospective parent(s).

When these visits have been completed, the child moves into the new home and an adoption placement agreement is signed, transferring care and custody of the child from MCFD to the adoptive parent(s).

Finalizing the Adoption

After the placement period, the adoption worker applies to the court for an adoption order that is legally finalized when the court grants the order.

The Adoption Program Review

The MCFD Adoption Program

In B.C., the adoption program is governed by the *CFCS Act* and the *Adoption Act*. The Director of Child Welfare, under the *CFCS Act*, has responsibility as the legal guardian for all children in care, including children in continuing care with adoption plans. The Director of Child Welfare is also responsible for the development of services and programs to support children in care and their families.

MCFD's Adoption Services Branch, through its Director of Adoption, is responsible for adoptions of children and youth in care and offers a range of services to birth parents and adoptive parents. The Director is responsible for the provision of services under the *Adoption Act*, delegating adoption responsibilities to ministry staff, adoption policy and practice, licensing adoption agencies, operating and maintaining adoption registries and providing post-adoption services. The Director is also the central authority for B.C. on the *Hague Convention*, which governs international adoption.

Despite these significant responsibilities, the provincial Director of Adoption has no authority over regional budget allocations or staffing for adoption services, nor any authority to set regional targets and practice under the *Adoption Act*.

In B.C., the *CFCS Act* and the *Adoption Act* provide the legislative framework for adoption planning for children in care. Within the *Adoption Act,* there are three sets of regulations:

- **Adoption Regulations:** prescribe adoptive home study requirements, birth father's registry, court proceedings, openness and disclosure guidelines and post-adoption assistance eligibility.

- **Adoption Agency Regulations:** detail the licensing process and standards of operation for licensing agencies.

- **Adoption Fees Regulations:** outline allowable fees for service under the *Adoption Act*.

Source:
MCFD.

Both provincial directors have a responsibility to ensure that children are adopted in a timely manner, but it is not clear how these responsibilities are shared with respect to policy, funding and operational requirements.

MCFD social workers are guided by two practice standards for adoption planning: *Children in Care Service Standards* and *Practice Standards and Guidelines for Adoption*, which outline practice expectations and required levels of performance. Social workers are required to consider the best interests of a child in adoption planning and decisions.

Guiding Values For Adoption

The following values guide MCFD adoption practice for children eligible for adoption:

- Children require permanence, and the earlier this occurs, the more beneficial it is for them.

- Every child needs a permanent legal family; therefore adoption must be thoroughly considered for every child as a permanency option.

- All types of families and parent compositions should be actively explored as potential adoptive placements.

- Children, birth parents, prospective adoptive parents and caregivers should be provided with an understanding of the life-long implications of adoption and with complete information to assist them in making informed decisions.

- Openness in adoption enables members of the adoption circle to maintain family and cultural connections and relationships and assists the child in developing a strong, healthy identity.

Source:
Practice Standards and Guidelines for Adoption, MCFD, 2001.

Regional Operations and Program Delivery

Adoption service delivery in B.C. is operated regionally across 13 service delivery areas, reporting to one Executive Director of Service (EDS) in each area. The EDS is accountable for the delivery of ministry programs and services in each area. However, only five EDSs are delegated by the Director of Adoption as regional Deputy Directors of Adoption, who have responsibility for services under the *Adoption Act*. Each EDS maintains oversight of services, including how staffing and budget decisions are made – paying particular attention to regional issues – but may not fully incorporate provincial priorities with respect to province-wide programs such as adoption. This has led to inconsistencies in how services are delivered to adoptive families, how adoption workers engage and work with guardianship workers and how adoption practice standards are interpreted and applied.

Each region has delegated guardianship and adoption workers who provide direct services including adoption planning for children in care, recruiting and approving prospective adoptive families and finalizing placements. Each region has an Adoption Consultant who provides policy and practice advice, and case consultation.

AFABC – a non-profit organization with some funding from MCFD – supports the ministry's adoption program by providing support, education and information sessions for adoptive families about ministry children waiting for adoption placement.

MCFD Adoption Budget

The ministry's annual adoption program budget has remained relatively static at about $25 million over the past five years. In fiscal 2012/13, the adoption budget was $26.5 million, with $19.5 million allocated to Post Adoption Assistance (PAA), $5.4 million for salaries and benefits for adoption social workers, and $1.5 million for contracted services.[12] These costs do not include the costs of guardianship social workers, who also participate in providing adoption services.

Figure 1: MCFD Adoption Program Budget, Fiscal Year 2007/08 to FY 2012/13 (in millions)
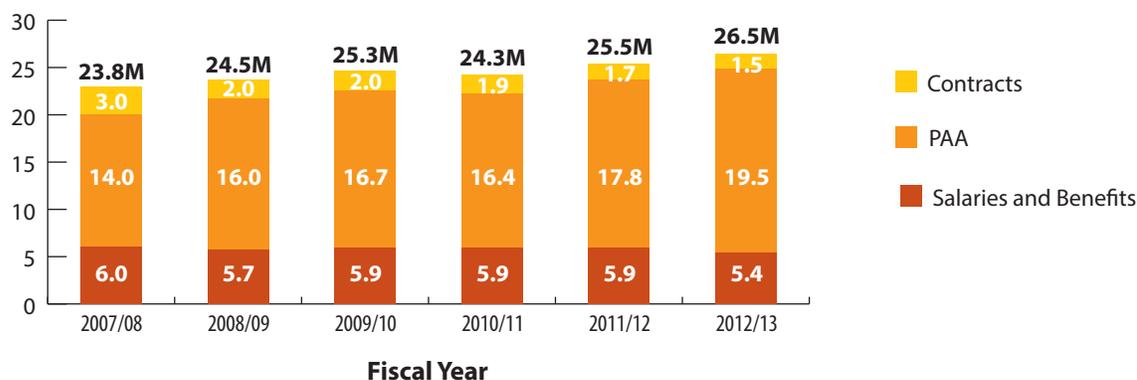
Source:
MCFD, 2014.
Note:
Figures may not add up to total due to rounding.

Post Adoption Assistance

The Post Adoption Assistance (PAA) program, administered by MCFD, provides financial assistance to families who adopt children designated with special service needs or special placement needs.

The program provides two methods of financial support – a basic maintenance payment to cover the child's daily care and coverage for specific services such as respite, therapy or equipment.

Families are subject to an income and asset test to determine whether a financial need exists. Eligible families can apply for assistance to cover costs related to the child's special need such as counselling, special equipment, therapy, orthodontic and corrective dental treatment or medical expenses.

Maintenance payments are available in specific situations in which the family is adopting a sibling group, has a significant relationship with the child or has a culturally compatible placement.

Internal Audit Review of PAA

A review of the ministry's PAA program conducted by internal audit in June 2006 found potential gaps in service that represented significant barriers to adoption, as well as regional variations in how the program was being administered. Service gaps included the lack of funding for single-child adoptions that did not meet criteria for special placement needs, costs associated with cultural planning and openness agreements, as well as significant differences between Level 2 and Level 3 foster care rates and PAA basic maintenance rates, with the foster care rates being significantly higher.

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[12] Includes third-party contracts to provide support services to adoptive families and private licensed adoption agencies to conduct home studies.

The review also recommended MCFD develop a new income test to provide more consistency across the province.

In 2010, MCFD revised the guidelines to address how PAA is applied regionally and revised the income test for eligibility. The revised policy did not address single-child adoptions that did not meet special placement criteria or cover the costs associated with cultural planning and openness agreements.

> ## Social Workers' Voices
>
> *"It [PAA] is a barrier if you have Level 2 and 3 children in your [foster] home. There is a difference. I know families who would like to adopt but are living on the Level 2 and 3 rates."*
>
> *"If there is a Level 3 foster family, it is difficult for them [to adopt] because that is their income."*

PAA Budget

The ministry's allocated budget for PAA increased from $14 million in 2007/08 to $19.5 million by 2012/13. Between 2007/08 and 2012/13, the number of children and families in receipt of PAA increased by nearly 40 per cent. However, the amount spent has not kept pace – in fact, the average annual amount spent per child has dropped about $500.

Comparisons to Foster Care Rates

Currently, PAA maintenance payments are at a minimum $102.27 a month lower than regular foster care rates if the adopted child is under 12 and a minimum of $104.27 a month lower if the adopted child is 12 years of age or older.

The Representative is concerned that PAA is a barrier to adoption for some foster families because of the significant financial gap between PAA and foster care rates. It is concerning that single-child adoptions also pose a barrier to adoption, especially when it is becoming more difficult to find an adoptive family for single, older children.

Table 1: Comparison between Post Adoption Assistance and Foster Care Basic Monthly Payments (per child)

Child Age	Post Adoption Assistance (per child)	Basic Monthly Foster Care Rate (per child)	Restricted/ Regular Foster Care (per child)	Level 1 Foster Care (per child)	Level 2 Foster Care (per child)	Level 3 Foster Care (per child)
Age 11 and Under	$701.55	$803.82	Basic Rate	Basic rate + $458.02 = $1,261.84	Basic rate + $1,140.40 = $1,944.22	Basic rate + $1,816.66 = $2,620.48
Age 12–19	$805.68	$909.95	Basic Rate	Basic rate + $458.02 = $1,367.97	Basic rate + $1,140.40 = $2,050.35	Basic rate + $1,816.66 = $2,726.61

Source:
MCFD.
Notes:
1. PAA maintenances rates are based on 2010 policy guidelines. Foster care rates are 2009 rates.

2. The payment for a second or third child placed in Level 2 and 3 home is based on a declining payment structure to reflect the decrease in service received with each additional child in the home.

In April 2014, the ministry announced $2 million in funding to help place more children and youth in care through adoption and permanency initiatives.[13] This funding is intended to reduce the backlog of home studies so that more families can be approved to adopt.

The funding will support 10 organizations and agencies to focus on permanency for children and youth in care. Additionally, the ministry has committed to placing 300 children and youth with adoptive families and 150 in permanent guardianship arrangements by March 31, 2015.

The announcement was one-time only funding for fiscal year 2014/15. The Representative is concerned about the potential future backlogs that will develop once this funding has been spent.

Provincial and Regional Adoption Staffing

The Representative's Office requested information on staffing levels from the ministry. Staffing shortages, unfilled positions and high staff turnover can all have negative repercussions on the timeliness and quality of services provided by an organization.

MCFD was unable to provide historical staffing information, but it did provide information on the "average full-time equivalent utilization" in the adoption program for each region. The Representative found this information unhelpful as it did not provide a full picture of the actual number of positions available and the number of workers employed full-time and part-time in adoptions work. Vacant positions or positions that shift to other program areas are also not captured in the full-time equivalent utilization information.
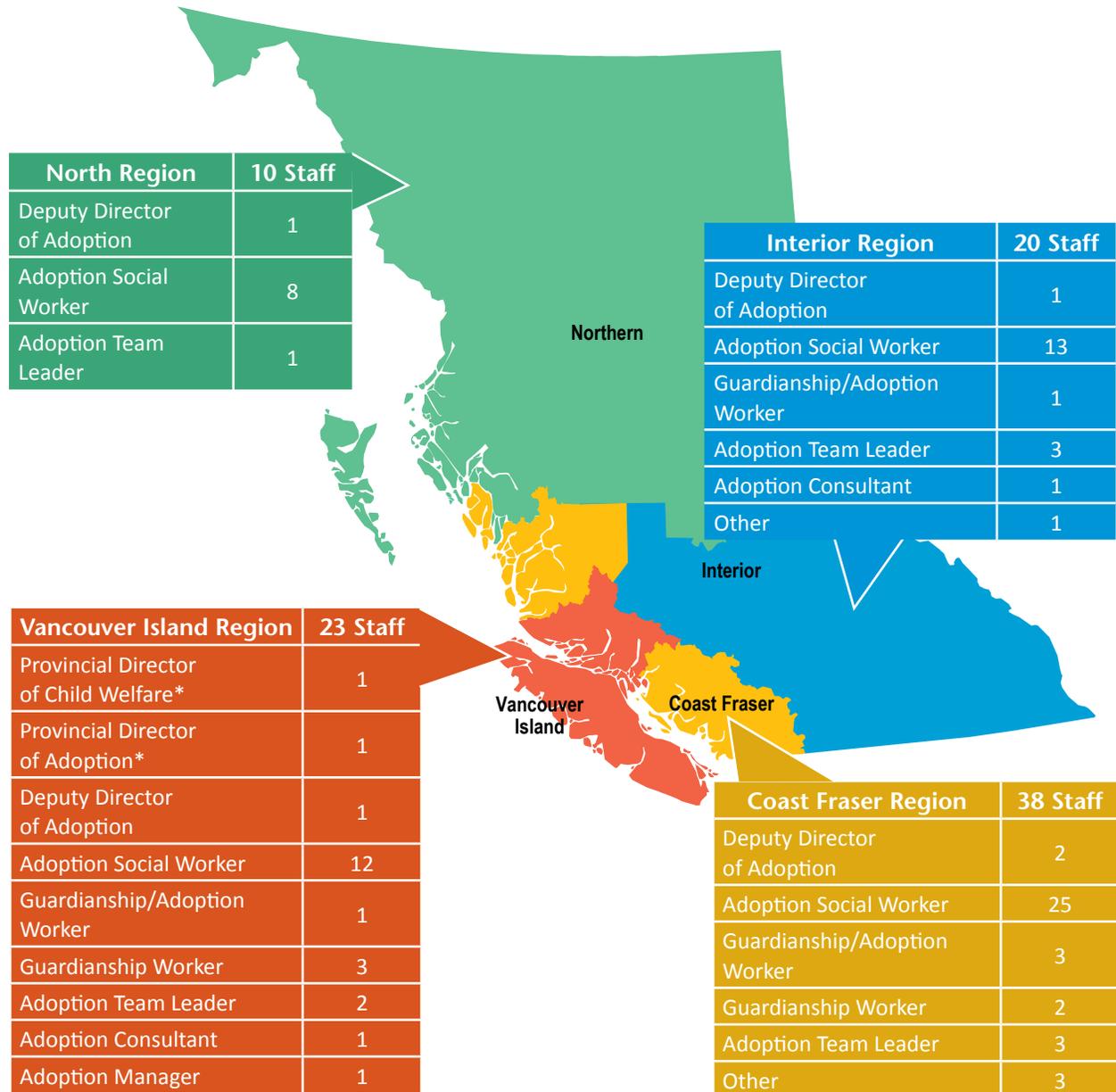
Based on a subsequent, more detailed request made by the Representative, MCFD was able to provide the number of positions, both full- and part-time, as of January 2013 that were allocated to the adoptions program – 84 staff in total.[14] Many of these staff are part-time or have dual responsibilities in guardianship and adoption. These figures do not include MCFD guardianship staff, who provide adoption planning services as part of their work. No further information was available from MCFD.

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[13] MCFD. (April 15, 2014), $2 million improves access and accelerates adoption services [news release].
[14] Includes only MCFD and Cowichan Tribes front-line workers, excludes provincial Director of Child Welfare, Director of Adoption and EDSs.

Figure 2: MCFD Staffing Information by Region as of January 2013

North Region	10 Staff
Deputy Director of Adoption	1
Adoption Social Worker	8
Adoption Team Leader	1

Interior Region	20 Staff
Deputy Director of Adoption	1
Adoption Social Worker	13
Guardianship/Adoption Worker	1
Adoption Team Leader	3
Adoption Consultant	1
Other	1

Vancouver Island Region	23 Staff
Provincial Director of Child Welfare*	1
Provincial Director of Adoption*	1
Deputy Director of Adoption	1
Adoption Social Worker	12
Guardianship/Adoption Worker	1
Guardianship Worker	3
Adoption Team Leader	2
Adoption Consultant	1
Adoption Manager	1

Coast Fraser Region	38 Staff
Deputy Director of Adoption	2
Adoption Social Worker	25
Guardianship/Adoption Worker	3
Guardianship Worker	2
Adoption Team Leader	3
Other	3

Source:
MCFD, Cowichan Tribes.
Note:
'Other' includes Adoption Recruitment Social Worker, Multi-Disciplinary Social Worker and Resource Worker.
* Provincial Office positions.

Resources for Adoption

The inability of MCFD to provide full and detailed staffing information meant that critical information could only be gathered in interviews conducted with front-line staff.

A number of the workers interviewed reported a reduction in adoption staffing and said they believed it was one of the reasons that fewer adoptive homes are being approved. Workers were also concerned that many experienced adoption workers were retiring, and there is no clear plan on how the ministry will manage the loss of institutional knowledge and experience that results from these retirements.

With nearly 4,000 children in continuing care who need permanency planning, the Representative finds it concerning that MCFD is not aware of the staffing resources allocated to do adoption planning and family finding, or the staffing required to do this work.

Workload and Caseload Management

Manageable workloads and caseloads make a significant difference when it comes to a worker's ability to provide services to children and families. Implementing a variety of strategies to manage workload and caseloads can help produce better outcomes.

MCFD needs to collect better information about staffing levels and also examine the workload and caseload aspects of adoption work. Are there qualified staff members available to handle adoption cases, both in adoption planning for children and assessing families? Are there aspects of adoption work that support staff could assist with? How many workers are needed to handle cases effectively? What is the average time spent on adoption cases? Or the average time spent on home-studying adoptive families?

Many of the workers interviewed by the Representative's Office said MCFD must ensure that its middle management understands adoption work. Workers stated that too few managers and supervisors had the necessary expertise to approve and sign off on adoption work. They identified this as another cause for delay in adoption decisions.

Workers also suggested that having more support staff available to assist in routine administrative tasks would provide more time for social workers to focus on adoption planning, matching and completing home studies.

General versus Specialized Social Work Models

The majority of adoption and guardianship workers who were interviewed by the Representative's Office stated that adoption work requires specialized knowledge and training and specific skills. A number of those interviewed expressed concerns about a perceived move toward a more generalized model of service that would see adoption workers taking on other responsibilities, rather than remaining focused in their area of specialization. AFABC was also concerned about the lack of ministry support for specialized adoption teams, which it believes has limited the number of placements of children in care each year.

According to staff interviewed, the generalized service model has social workers responsible for adoption planning being pulled away from their adoption work to support workload pressures in other areas, including child protection, with limited support from management to get coverage for adoption work.

Worker Training

Social workers interviewed by the Representative's Office reported that when adoption positions are filled by new workers there are often delays in accessing the required training. Until a worker receives adoption training, he or she is unable to meet the delegation requirements under the *Act*.

A number of workers reported an overall lack of awareness about permanency planning and adoptions generally on the part of staff in other program areas, especially in child protection and guardianship, and in management. Many adoption staff expressed a desire to see management commit to taking, at a minimum, Level 1 training in adoptions, in order to have a better understanding of adoption work and practice. AFABC shared these concerns about the ministry's adoption training and also advocated for adoption training being extended to workers in other areas. AFABC representatives told the Representative's Office that, despite the ministry's articulated vision that all children are adoptable, there is a perception among some MCFD workers and program areas that certain children are unadoptable and that efforts at finding permanence for them are futile.

Adoption Workers' Voices

"We hear from management that they want to disband our team and put us into intake/family service teams. This is stressful."

"They want a 'one-stop shopping' team. They want to change our team to this. The idea is to have adoption workers with family service teams, but I'm afraid we will just be pulled to do intake."

"We need dedicated adoption and guardianship teams, with managers who are trained in adoptions. We have team leaders who have no adoption experience."

"I think all management should take the Adoption Education Program."

Adoption Workers' Voices

"I am currently covering part-time family services and that takes up most of my time due to crisis. I am covering two empty positions."

"We are told to deal with the crisis first, then do adoptions. Adoptions is seen as low priority."

"Other ministry workers see adoptions as the retirement position. We get no respect. We get asked to share offices, downsize, but not child protection."

"When the office is struggling, they take workers off guardianship teams and put them on intake. Then no one covers for the guardianship worker."

Who are B.C.'s Waiting Children?

More than 8,000 children and youth are in care of the B.C. government at any one time. About 4,000 of them are in continuing care, including children who are eligible to be adopted. This means the government as guardian of these children has the parental responsibility to ensure that a stable, permanent adoptive home is found for them.

Figure 3: Percentage of Children in Continuing Care with Adoption Plans, March 2013
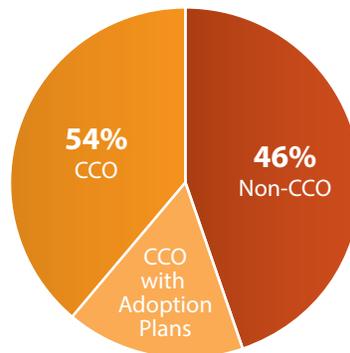
Source:
MCFD Data Warehouse.

Like many of the children in long-term care of the ministry, children registered for adoption often have special care needs as a result of their traumatic early experiences. According to MCFD's adoption statistics, about 57 per cent of children in the adoption program have identified medical or emotional special needs[15] which can include attention deficit hyperactive disorder, autism, mental or physical delays, premature or low birth weight, and/or having experienced abuse or neglect. Close to 48 per cent of children in the program have been exposed to drugs or alcohol.[16]

The number of B.C. children in permanent care with adoption plans[17] has dropped from 1,770 to 1,319 during the past six years. As well, the number of children in care who are registered in the adoption program has dropped. The decline in the adoption caseloads is consistent with the overall decline of the number of children in care in the province. In 2012/13, about 1,300 children or youth had a permanency plan of adoption. Of those, about 1,000 children were actually registered in the ministry's adoption program.

> **Registering Children in the Adoption Program**
>
> Every child or youth with an adoption plan is supposed to be registered with the ministry's adoption program within three months. However, typically between 200 and 300 children with adoption as a permanency plan are not actually registered in the adoption program. Without being registered in the program, a child or youth cannot be considered for adoption.

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[15] AMS Report – Children Registered for Adoption by Special Needs, MCFD.

[16] From medical information on file as reported by biological parent or by physician. For adoptions, any medical information that is collected or identified must be included.

[17] Children in permanent care with adoption plans includes children in continuing custody, children in the care of a director under the *Family Law Act* and children in the care of the Director of Adoption under the *Adoption Act.*

Figure 4: MCFD Adoption Statistics by Fiscal Year End
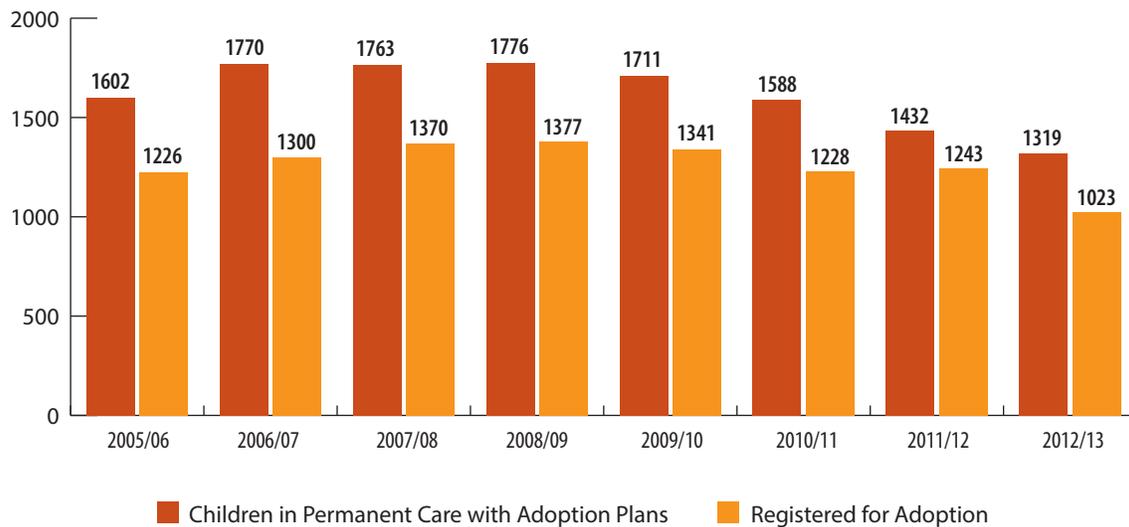
Source:
MCFD Data Warehouse and MCFD AMS Report – Children Registered for Adoption – By Age.
Note:
Figures are as of March 31 each year.

Consistent with the overall regional children in care caseload, the Coast Fraser region has the largest percentage of children registered for adoption while the North region has the smallest percentage.

Of the children registered for adoption in 2012/13, 39 per cent were Aboriginal and 61 per cent were non-Aboriginal.[18] Since 2005/06, Aboriginal children have made up about 30 per cent of the children placed for adoption annually.

Forty-six per cent of children in B.C. registered for adoption in 2012/13 were between five- and 11-years-old. Thirty-three per cent were 12 and older. Infants and toddlers under the age of five represented slightly more than 20 per cent. Slightly more boys (53 per cent) than girls (47 per cent) were registered for adoption.

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[18] AMS Report – Child Registration Summary – System and Actual Activity Report, MCFD.

Figure 5: Children Registered for Adoption by Age Group, 2012/13 (n=1,023)

Legend:
- 0-1
- 2-4
- 5-11
- 12+
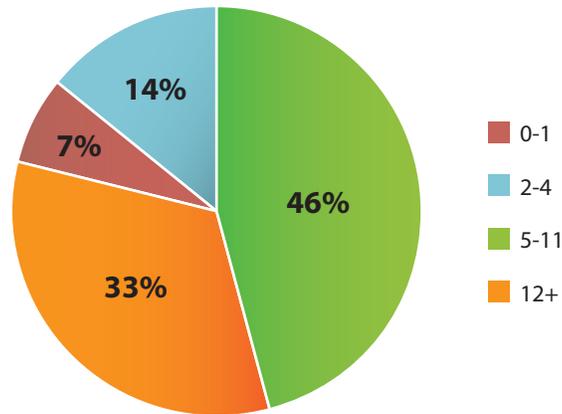
Source:
AMS Report – Children Registered for Adoption – By Age.

In 2012/13, there were 119 sibling groups registered for adoption.[19] The majority of these sibling groups consisted of two or three children; however, a few included five or six children.

Number of Children Placed for Adoption

The number of children placed for adoption each year in B.C. has declined during the past six years. In 2007/08, MCFD successfully found adoptive families for 323 children and youth, the highest number of children placed for adoption by the ministry in one fiscal year. This was largely due to one-time only funding of $900,000 provided to address home study backlogs to increase adoption placements. By 2012/13, the number of placements for adoption in B.C. had dropped to 205 children.[20]

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[19] About 287 children were part of 119 sibling groups. Sibling groups include biological and step-siblings.
[20] As of May 16, 2013.

Figure 6: Number of Children Placed for Adoption, Fiscal Year 2005/06 to 2012/13
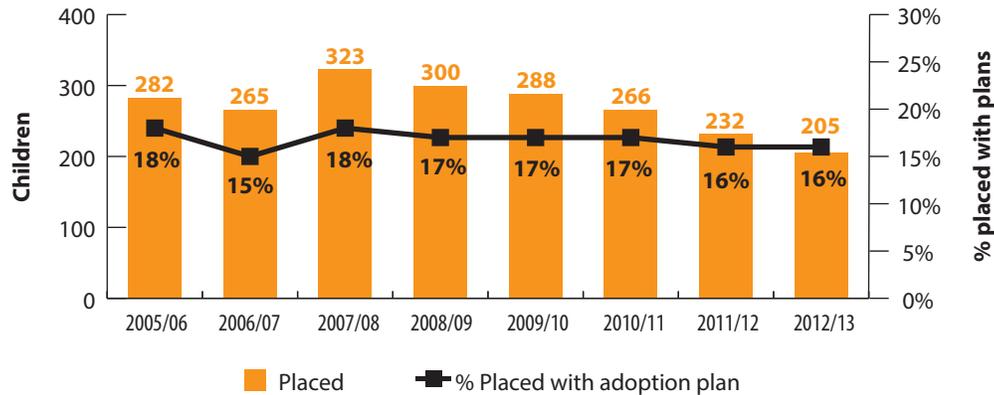
Source:
MCFD Data Warehouse and AMS Report: Child Placement by Fiscal Year – Actual Activity Report.
Note: Figures as of May 16, 2013.

Social Workers' Voices

"Every child should have a forever family. Teens tell me, 'Don't stop looking for me, even when I age out'."

Since 2005/06, there has been a decline in the numbers of children in care being adopted. In each year since 2005/06, MCFD statistics show about 1,600 children with adoption plans. Yet every year, only about 1,300 children are registered in MCFD's adoption program. That means between 200 and 300 children who have adoption plans are not being registered.

Each year, approximately 1,000 children are waiting for permanent families. MCFD's service plans between 2005/06 and 2009/10 placed a focus on permanency planning for children in ministry care. MCFD measured performance in this area by tracking the percentage of children with adoption plans who were placed. However, the ministry's performance target consistently remained at 18 per cent, with no improvement during that time. During the years 2010/11 and 2011/12, permanency planning and adoptions were no longer a public commitment in MCFD service plans, but reappeared in the 2012/13 service plan. The statistics are clear either way – there are too few children being adopted, too many waiting and not enough attention by the ministry to examine these statistics more clearly and with a sense of urgency.

Who are B.C.'s Adoptive Families?

At any given time, between 250 and 300 B.C. prospective parents/families are waiting to adopt a child in care.[21] In 2012/13, there were 276 available adoptive homes.[22] The majority of adoptive homes in the province are non-Aboriginal. Since 2005/06, there have been about 50 Aboriginal homes available to adopt at any given time, representing 20 per cent of the available adoptive homes in the province.

Figure 7: Number of Available Homes by Aboriginal and Non-Aboriginal, Fiscal Year End, 2005/06 to 2012/13

Fiscal Year	Aboriginal Homes	Non-Aboriginal Homes	Total
2005/06	43	206	249
2006/07	43	209	252
2007/08	51	223	274
2008/09	44	238	282
2009/10	54	235	289
2010/11	51	235	286
2011/12	50	214	264
2012/13	39	237	276
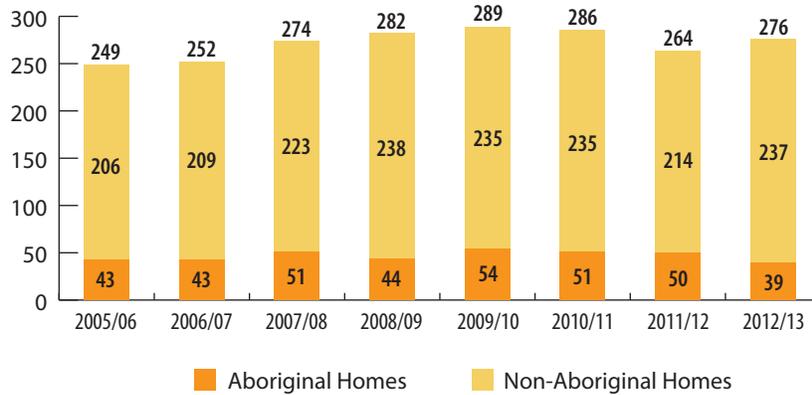
Source:
AMS Report - Homes Registered for Adoption Special Needs by Region.
Note:
Figures are as of March 31 each year.

MCFD practice standards stipulate that, wherever possible, social workers are to place siblings together in the same adoptive home. Social workers must obtain approval from the regional deputy director of adoption to place siblings separately.

It is often difficult to find adoptive parents willing to adopt sibling groups. However, 109 approved homes in 2012/13 were willing to adopt a sibling group of two children.[23] Seventeen of these homes were willing to adopt a sibling group of three children and five were willing to adopt a sibling group of four or more.

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[21] AMS Report – Homes Registered for Adoption Special Needs by Region, MCFD.
[22] AMS Report – Homes Registered for Adoption Special Needs by Region, MCFD.
[23] AMS Report – Homes Accepting Older Children and Sibling Groups.

Newly Approved Adoptive Parents

Each year, the ministry receives applications from prospective adoptive parents. Each application is assessed for suitability. Between 2007/08 and 2012/13, the number of newly approved adoptive homes dropped annually from 336 to 213. The Coast Fraser region accounts for close to 50 per cent of the newly approved homes in B.C., largely due to its population and size.

Table 2: Number of Newly Approved Homes by Region, Fiscal Year 2005/06 – 2012/13

Region	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Coast Fraser	167	142	135	152	149	136	99	97
Interior	63	59	56	64	64	65	54	40
North	70	35	48	41	30	28	26	22
Vancouver Island	85	69	97	67	51	62	41	54
Province	**386**	**307**	**336**	**324**	**294**	**291**	**220**	**213**

Source:
AMS Report – Number of New Approved Homes – System Activity Report.
Notes:
1. Includes homes where status has changed to Approved during this date range and are willing to accept healthy, special or high special needs children.
2. Provincial count includes adoptive homes coded to Provincial Office. The regional counts do not sum to the provincial total.
3. Figures reflect homes that are approved during the fiscal year.

Of the 276 available adoptive homes in 2012/13:

*   200 were willing to adopt a high special needs child, possibly affected by genetic risks, premature birth, prenatal alcohol and drug exposure or physical disabilities
*   39 were Aboriginal homes and 237 were non-Aboriginal homes
*   44 were willing to adopt children older than 12
*   203 were two-parent families and 62 were single-parent families.*

11 offered no information about family composition type

Figure 8: Number of Newly Approved Adoptive Homes by Fiscal Year, 2005/06 to 2012/13
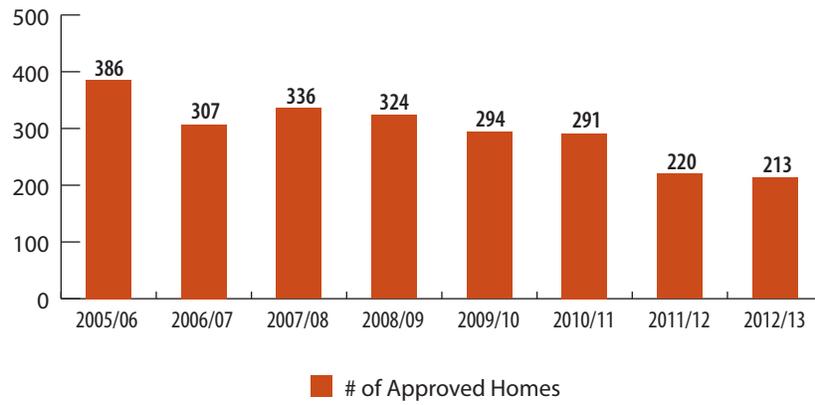
# of Approved Homes

Source:
AMS Report – Number of New Approved Homes – System Activity Report.
Note:
Includes homes where status has changed to "approved" during this date range and those willing to accept healthy, special or high special needs children.

MCFD Permanency Planning for Aboriginal Children in Care

There is a pressing need to find ways to reduce the barriers to adoption for Aboriginal children, who are vastly over-represented in the in-care population compared to non-Aboriginal children. This goal is clear but the appropriate way to achieve it requires careful consideration of the unique rights of Aboriginal children, their families and, where applicable, their "nations." There are also more Aboriginal children and youth with plans to remain in long-term foster care, rather than permanency planning options such as adoption or transfer of custody. So this work will need to be a prime focus to be effective.

Over time, the proportion of Aboriginal children in continuing care has grown. Meanwhile, the proportion of Aboriginal children with adoptions plans has decreased. The percentage of Aboriginal children in continuing care with adoption plans was less than 40 per cent in 2012/13, despite the fact Aboriginal children comprised nearly 64 per cent of the total population in continuing care.

Figure 9: Aboriginal Children in Continuing Care and % Eligible for Adoption, Fiscal Year 2005/06 to 2012/13
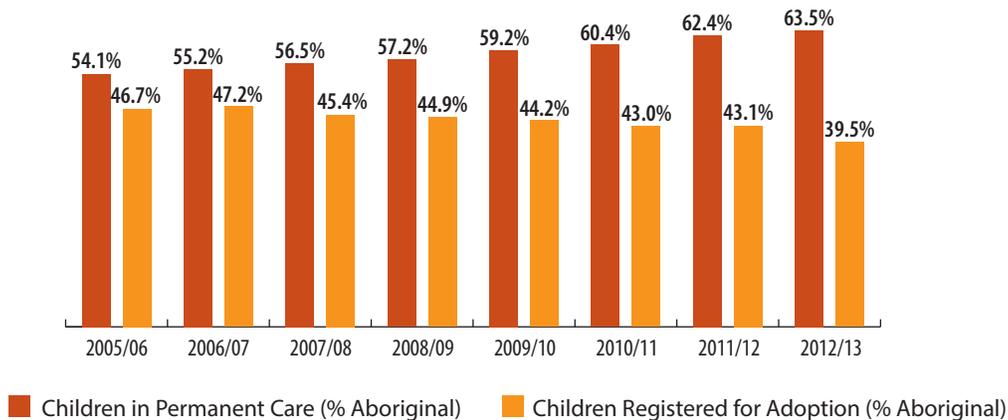
Source:
MCFD Data Warehouse and AMS Report – Child Registration Summary and Children Registered for Adoption by Age.
Figures as of March 31.
Note:
Children in continuing care with adoption plans includes children in continuing custody, children in the care of a director under the *Family Relations Act* and children in the care of the Director of Adoption under the *Adoption Act.*

Only a small number of Aboriginal children in continuing care are adopted. In 2012/13, 71 Aboriginal children were adopted – 52 of them by Aboriginal families. Since 2005/06, an average of 86 Aboriginal children have been placed with adoptive families each year.

Currently, MCFD is responsible for adoption planning for Aboriginal children in continuing care. According to legislation, the planning should be done collaboratively with First Nations and Aboriginal communities. As well, the United Nations Convention on the Rights of the Child (UNCRC), to which Canada is a signatory, gives all children who cannot be looked after by their own family the right to "special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language."[24] If children in care cannot be returned to their birth family, every effort must be made in the best interests of the child to find an alternative stable, permanent family and to ensure cultural connections are maintained.

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[24] United Nations Convention on the Rights of the Child (Article 20) http://www.unicef.org/crc/index_30177.html

Figure 10: Number of Aboriginal and Non-Aboriginal Children Placed for Adoption, Fiscal Year 2005/06 to 2012/13
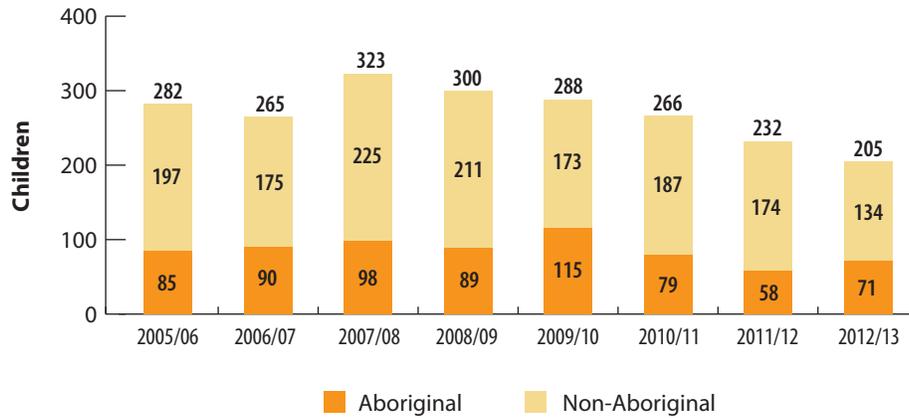
Source:
AMS Report – Child Placements by Fiscal Year – Actual Activity Report, and Aboriginal Placements by Adoptive Home.
Note:
Figures as of May 16, 2013.

Although there are 23 DAAs in B.C. delivering various levels of child welfare services, only one agency is currently delegated to conduct adoption planning for the First Nation and Aboriginal children in its care. The Cowichan Tribes, through the DAA Lalum'utul' Smun'eem Child and Family Services, was the first – and thus far only – First Nation in B.C. to sign an Adoption Enabling Agreement (2008) with the ministry. Since then, Cowichan Tribes reports holding two cultural adoption ceremonies and completing 14 adoptions for children and youth in the community.

The Representative is concerned that Cowichan Tribes' adoption program has appeared to lose some momentum in recent years. This may be due to some of the challenges the program has faced including changes in leadership, delays in training new adoption workers and the absence of an interface between Cowichan Tribes' information system and the ministry's AMS to record adoption information. It will be important for MCFD and DAAs to understand and respond more quickly to all the barriers Cowichan Tribes has faced developing its adoption program before moving forward with further adoption delegation planning.

The Lalum'utul' Smun'eem Child & Family Services Path to Adoption Delegation

For Lalum'utul' Smun'eem Child & Family Services (LS) of Cowichan Tribes, the decision to develop its own adoption program came from a desire to avoid leaving a legacy of children remaining in care and to move toward an inherent right to plan for Cowichan children's permanency.

In 2004, Cowichan Tribes, through LS, proceeded on a path to care and plan for Cowichan children. When the responsibility was transferred to LS, the agency was alarmed by the number of children with plans for adoption by families outside of the community – with no evidence of family-finding work within the Cowichan community. As such, LS wanted to ensure children maintained connections with their community and to have children be adopted by members of their community whenever possible. LS wanted to play a role in the adoption of these children and began a process of creating an adoption program for their community.

"We were not delegated (for adoptions), but felt we wanted to do adoptions. We felt obligated to have a role to support adoption planning."

To prepare for the challenges ahead, LS conducted research to gain an understanding about adoptions and how a local program could benefit Cowichan people. LS consulted with adoption experts and with Edmonton's Yellowhead Tribal Services Agency, the first agency in Canada to sign an adoption delegation agreement.

LS had to develop a plan to deliver its own adoption program, including policies, training staff and understanding the legal requirements and implications of obtaining adoption delegation. From there, the next step was to consult with the community.

"We had to do our own research for this to happen. We consulted with adoption experts. They advised us on the challenges and who to talk to."

Getting Community Support

LS knew it had to seek input and get the support from elders, the Chief and council and the community.

"The challenge was buy in from elders. We had to discuss with Chief and council, needed buy in and needed to raise the awareness and explain the legal implications."

LS began adoption discussions with community elders and the Chief and council by providing information on adoptions and explaining the benefits of establishing an adoption program. It was critical for LS to engage with community members by holding information sessions and focus groups. Initially, the response was mixed because some members of the community felt LS was simply another part of the ministry system. However, through continued consultations to address concerns, the community became more and more supportive of LS developing an adoption program.

continued

The Lalum'utul' Smun'eem Child & Family Services Path to Adoption Delegation

Cowichan Adoption Program

In 2008, Cowichan Tribes signed an adoption enabling agreement with MCFD. The ministry provided funding for delegation planning and adoption training. After careful planning, LS developed its own adoption program which featured:

- Cowichan Tribes Adoption Committee
- Cultural contract
- Family meetings
- Elders' teachings imbedded in the program
- Cowichan staff-run program
- Adoption cultural ceremony.

LS believes in having a family-centred adoption program, in which families meet and discuss permanency planning for their children and the development of "cultural contracts," that commit families to a plan that ensures adopted Cowichan children remain connected to their family and community.

"It was vitally important for Aboriginal kids to connect to their bio family. Family meetings need to happen right away to come up with a plan for the child."

LS also developed its own adoption committee (Cowichan Tribes Adoption Committee) to ensure that a process was in place to review adoptions for children, plans were being supported and Cowichan traditions were honoured. The committee can also make recommendations on non-Aboriginal family adoptions.

"We provide training for committee members. We have to train them on adoption practice, standards and board training. We are training them to understand the process so they are able to ask the right questions."

What does adoption success look like for Cowichan Tribes?

"Success is … finding families to adopt our children."

Overall, LS's experience with adoption delegation has been positive. Since its delegation in 2008, Cowichan Tribes has held two cultural adoption ceremonies and completed 14 adoptions (three adopted by non-Aboriginal families) for children and youth in the community. Cowichan children who are adopted through LS can receive a traditional name and learn about Cowichan's culture, nature, and genealogy. They are honoured in a cultural adoption ceremony; and are often placed with families that will involve them in important community events.

The Representative asked LS staff what advice they would give other DAAs considering adoption delegation. Their response was to ensure they get the support of their community and both the buy-in and commitment to openness in adoptions.

"If you say you are going to do it, you'd better do it. You are accountable to your community."

Aboriginal Children or Youth Placed with an Aboriginal Family

Although the proportion of Aboriginal children placed with Aboriginal families has increased during recent years, the number of available Aboriginal families may be skewed by ambiguity about how those families are defined. Because the legislation and practice rely solely on self-identification, the possibility exists that some families who characterize themselves as Aboriginal may not have the necessary connection to culture and community to justify preferential treatment. This also creates a risk that some families may self-identify as Aboriginal to bypass the existing barriers to non-Aboriginal adoption of Aboriginal children. In fact, the Representative is aware of cases in which prospective adoptive parents declared their Aboriginal identity only when it became apparent that not doing so would mean scrutiny by the Exceptions Committee (see Page 34) of the potential adoption. In these cases, there is no vetting or matching of the child with his or her tribe of origin because it isn't feasible for these families to maintain a cultural connection.

This gap in legislation and policy could contribute to more Aboriginal children remaining disconnected from their families, communities and culture.

The ministry continues to struggle with recruiting Aboriginal families as prospective adoptive parents. The barriers are real, however not insurmountable because only minimal efforts have been undertaken to date. Currently, there is no clear policy direction and no evidence of engagement with the Aboriginal community in the recruitment of Aboriginal families who would be interested in adoption.

The Representative also appreciates the tarnished historical and sometimes current struggle that many Aboriginal families have with a western concept of adoption. There is a damaging legacy of external, closed and culturally disconnected adoption.[25] However, approaching communities and leadership in a conversation about the recruitment of Aboriginal prospective adoptive families for the large number of Aboriginal children in continuing care is a respectful way forward. And anchoring this in the customs of the nations, using custom adoption, is a clear path – but oddly one that has been virtually ignored. Many Aboriginal communities strongly believe Aboriginal children should be adopted by Aboriginal families. A recruitment strategy that is jointly developed can support an increase in Aboriginal adoptive families for Aboriginal children and youth currently in continuing care.

Social Workers' Voices

"There continues to be a strain in the relationship between First Nation bands, Aboriginal communities and MCFD."

"Workers are reluctant to register Aboriginal children in adoptions because of the history and Aboriginal communities are reluctant to plan with us [MCFD]."

"Aboriginal communities are hesitant to work with MCFD on adoption planning. We have a long way to go to break down those barriers."

"We don't see many Aboriginal children in adoptions because if we don't get the support from the band and the biological parents, it's not going to be adoption. Guardianship workers are not registering the child, if there is no support. The other issue is that we don't have enough Aboriginal homes. That's holding up the kids."

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[25] Siem Smun'eem Indigenous Child Well-being Research Network, 2011.

Any strategy will have to address a number of barriers including:

- Housing issues in First Nations communities

- Financial barriers

- Historical relationship

- Jurisdictional issues

- Post adoption supports

- Application process.

There is a great deal of work to be done in this area. However, just because it is difficult, time-consuming and could initially be costly, doesn't mean that a recruitment strategy should not be a priority. It is difficult for the Representative to understand why, considering the over-representation of Aboriginal children in continuing care, such a strategy and policy direction have not been implemented in B.C. There have been substantial investments in other areas – such as self-governance initiatives examined by the Representative in *When Talk Trumped Service: A Decade of Lost Opportunity for Aboriginal Children and Youth in B.C.* (2013) – and yet little practical progress for this most vulnerable group.

Aboriginal Children and Youth Placed with a non-Aboriginal Family

Considering the number of Aboriginal children in continuing care, and the ministry's inability to recruit significant numbers of Aboriginal families, the placement of Aboriginal children with non-Aboriginal families may be a reality and a necessity. This raises the issue of respecting the rights of these children to be connected to their families, communities and nations. The policy, legislation and practice standards recognize the importance of keeping Aboriginal children connected to their culture. However, there is a significant gap between the policy, legislation and practice standards and the front-line practice. There is little practical understanding of how tribal identity and customs are respected and transmitted and the practical work for children has often been stalled.

Before an Aboriginal child or youth can be considered for placement in a non-Aboriginal home, policy and legislation states that the following options must be exhausted:

1. Placement with extended family

2. Placement with the child's community

3. Placement with another Aboriginal family.

Provincial Exceptions Committee

After all these options have been exhausted, a non-Aboriginal family can be considered. Because the placement of an Aboriginal child in a non-Aboriginal family is an exception to the policy, there is a Provincial Exceptions Committee that reviews all applications for this exception.

The Committee is chaired by the Director of Adoption and the Director of Aboriginal Services. Membership includes analysts from both the provincial adoption services and Aboriginal services teams and Aboriginal service providers. The EDSs from the corresponding service delivery area present a written submission to the committee for its consideration.

The committee is tasked with ensuring all options to place a child or youth with an Aboriginal family have been fully explored and documented. Once the committee is satisfied that an intensive search has been completed, it is tasked with ensuring that the non-Aboriginal family can meet the needs of the Aboriginal child. In addition to the written submission, the committee also reviews the Cultural Safety Agreement (CSA), which is mandatory for any Aboriginal child in care of the ministry.

The intent of the CSA is to facilitate a child's internalization of his or her culture. When an Aboriginal child in care is to be adopted by a non-Aboriginal family, that child must be provided with a plan to preserve his or her cultural identity and connectedness to his or her extended family and community. It is essential that the CSA serves as a guide and clearly describes how the adoptive parents and Aboriginal community will share in the responsibility of preserving the child's cultural identify and connection with his or her siblings, extended family and community.[26]

Social workers interviewed by the Representative cited barriers in working with the Exceptions Committee, which they said often did not make clear in advance what was expected in these submissions and consequently requested further work be done before granting the request. Workers felt that clearer guidelines would make the process more timely, rather than continually going back and forth to the committee. Other issues included the changing membership on the Exceptions Committee and the contention that some of the committee members were not knowledgeable about the adoptions process.

The issues of timeliness would be partially solved if a CSA was developed and implemented when an Aboriginal child first comes into care, and according to policy. If there is no CSA on file when the social worker is preparing a submission, then the worker must complete it. An adoption order cannot be granted until the CSA is complete. The development of a CSA can, and likely should, take a significant period of time, and can be seen by some prospective adoptive families and social workers as a barrier to timely adoption planning.

The Representative's previous report, *Much More Than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care* (2013) identified a widespread failure to complete meaningful cultural plans for Aboriginal children in care. Of the 60 plans of care for Aboriginal children examined in that report, only three included cultural plans and even those were out of date.

In the past, the ROOTS[27] program provided valuable support to social workers in completing cultural plans. However the provincial ROOTS program no longer exists with the exception of a handful of workers scattered across the regions.

Custom Adoption

There is no singular, concise definition of Indigenous custom adoption. Acknowledging this diversity is critical to understanding the complexity of custom adoption policy, practice and research and is therefore central to designing programs and services that support custom adoption.[28]

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[26] MCFD Guidelines to Assist in the Development of Cultural Safety Agreements, 2009.

[27] ROOTS was a program designed to help ensure that Aboriginal children in care of MCFD have a plan to respect and preserve their identity with ties to their family, Aboriginal community and heritage.

[28] Siem Smun'eem Indigenous Child Well-being Research Network, 2011.

The ministry defines the term custom adoption as the raising of a child by a person other than a parent but in line with the traditional practices of the Aboriginal community to which the child belongs. Custom adoption supports the desire of Aboriginal communities and First Nations to ensure that Aboriginal children are raised with Aboriginal families, whenever possible, keeping them connected to extended family and community. The core concept is upholding tribal customs and practices and recognizing these in B.C.'s child welfare and adoptions laws and policies.

B.C. is one of a few jurisdictions that have legislation that explicitly invites the courts to recognize custom adoption. However, as there is a requirement for a formal court hearing, this requirement may make the custom adoption process more difficult for prospective First Nations parents.[29] There is no clear pathway or protocol and much of this has been left in abeyance.

> ## Financial Assistance
>
> Financial assistance may be available to eligible families who have had custody of a child transferred to them under s. 54.1 of the *CFCS Act*. This level of financial assistance is significantly less than that available under a PAA. Adoptive families who meet PAA eligibility criteria may receive supports such as counselling, child assessments, special needs daycare and early intervention therapy programs.

Nevertheless, custom adoption has the same effect as an adoption order under the *Adoption Act* when the court makes a declaration pursuant to an application under s. 46 of the *Act*.

Custom adoption of an Aboriginal child in continuing custody proceeds when custody of the child is transferred to a prospective adoptive family, under s. 54.1 of the *CFCS Act*. Custom adoption does not affect the rights a child may have as an Aboriginal person.

Custom adoption could be a priority for Aboriginal children, however most individuals involved with permanency planning for Aboriginal children are unaware of custom adoption or do not understand the legal nuances. The Provincial Director of Child Welfare and Director of Adoption require much greater expertise and outreach to respect and make real the laws, customs and practices of B.C. tribes in this regard. Custom adoption has a long history in Aboriginal communities, and does not share the negative connotation associated with western adoption practices. For this reason, it is highly attractive and opens a positive space for collaborative work for children.

Custom adoptions appear to be rarely used, although all the reasons for this aren't clear. Possible factors may include the ambiguity about the availability of PAA for families who use custom adoption with a transfer of custody, lack of consultation with First Nation and Aboriginal communities about the availability of this option, and the potential obstacles posed by the necessity of a formal court process.

There is no evidence that the ministry has any identified program or direction that supports custom adoption as a viable permanency plan for Aboriginal children. Furthermore, there is almost no expertise in tribal customs and practices in MCFD – a sad statement for a ministry dealing with a majority of Aboriginal children in care.

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[29] Saskatchewan First Nations Family and Community Institute Inc., 2013.

Other Permanency Options

Transfer of Custody (s. 54.1 and 54.01 of *CFCS Act*)

A transfer of custody (s. 54.1) should be considered as a permanency option when "*adoption is ruled out as the best option for a child/youth; and or, custom adoption is the plan for a child/youth.*"[30] A transfer of custody enables the director designated under the *CFCS Act* to transfer guardianship responsibilities and custody of a child in continuing custody to a person other than the child's parent.

A transfer of custody under s. 54.01 of the *CFCS Act* allows for the permanent transfer of custody of a child who is unable to return to his or her parent(s)' care to achieve legal permanent status without the need for the ministry to obtain a CCO. For an Aboriginal child, a representative from the child's Aboriginal community is invited to become involved in the planning process. An Aboriginal child or youth's rights of inheritance are not impacted, including the rights flowing from part of their Aboriginal heritage.

Even with specific policy and legislation and a number of permanency options, the number of Aboriginal children in care with no permanency plan remains unacceptably high. Social workers interviewed by the Representative have alluded to some of the reasons why there continues to be a lack of progress in permanency planning for Aboriginal children in care.

Social workers note "tensions" and "barriers" between the ministry and Aboriginal communities. Adoption of Aboriginal children was historically a traumatic experience for all involved when children were placed outside their tribal community. Past practices of adopting out high numbers of Aboriginal children still impact First Nations and Aboriginal communities today. It can be difficult for a social worker to come into a community and try to engage with the family and leadership and demonstrate how adoption may be in the best interest of their child or youth. Social workers need support in reaching out to Aboriginal communities, and developing a level of cultural competency that facilitates stronger working relationships. The damaging history and poor relationships cannot continue to contribute to Aboriginal children and youth remaining in care for longer durations than their non-Aboriginal peers. Custom adoption, adoption or in some cases another permanency option, need to be more actively explored together with Aboriginal communities and the policy and practice void here must be addressed.

The research is very clear, children who remain in care have poorer outcomes. This, coupled with research that First Nations and Aboriginal children already experience poorer outcomes than their non-Aboriginal peers, should leave everyone with a sense of priority and focus.

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[30] MCFD. (n.d.), *Custom Adoption Fact Sheet*.

Youth Voices on Adoption

The Representative partnered with AFABC to speak to youth in and out of care about their perspectives and experiences with MCFD's adoption program. We sought feedback and suggestions from young people about ways to improve supports and services for all children in care who are waiting for a family.

Permanence

The Representative asked youth: What does permanence mean to you? Many of the youth said that permanence meant stability, consistency, constant support, people you can trust, people who care about you, having a place that you can always go back to, having a place where you belong – having a permanent family.

Youth generally said there is a lack of discussion about permanency planning in their interactions with MCFD. They felt that social workers should emphasize the importance of permanency in their conversations with youth and discuss the positive aspects of adoption. The youth drew a sharp contrast between the idea of permanence and the common experience of being moved from foster placement to foster placement with no apparent long-term plan in place.

"Permanence means having a place to go home to during the holidays. A family to share milestones with, such as graduation and your wedding day. Permanence means forever."   – *Former youth in care*

"I don't have a social worker, I have a mother. I also have siblings and am part of a family even after I turn 19. This is for the rest of my life."   – *Adoptee*

"Let us know what our plan is. Let us see into what they have in store for us, so we can feel like we are a part of the process. And let us be part of it."   – *Youth in care*

Adoptions

Youth shared a number of ways that adoption could be positive, but they were also quick to point out that adoption might not be for every youth. Some youth commented about their fears of being adopted, such as losing ties with siblings and birth parents, having to change schools and leave friends behind, or being stuck with adoptive parents they don't like.

A number of positive themes were identified about how adoptions can affect a youth in care's life. Leaving foster care and moving into a family was viewed as the major benefit of adoption. Youth felt there is stigma attached to children in foster care that is not attached to adopted children. Being part of a family was something that youth acknowledged would give them a sense of belonging and the ability to build trust and sustaining relationships.

Youth also explained why some teens in care might not want to be adopted. One youth explained she didn't want to be adopted because adoption is too permanent. *"I'm too scared to be adopted because it's not really something you can back out of if it doesn't work."*

There was also a sense that some youth do not see the point in being adopted. Said one: *"Some teens are old and they think they might not want to be with a family when they can move out themselves, in a home, and they don't feel like they need parents anymore."*

"I think that teen adoption is a great thing for those teens who want it. It would give them stability and a sense of family." — Youth in care

"I just feel that MCFD doesn't want to go through the trouble of getting that [permanence] … if a child is not going back with their parents, that should be discussed instead of continuing to move from foster home to foster home … I think that every child and teen and youth deserves to have a solid family upbringing, you know?" — Youth in care

Youth adoptees interviewed by the Representative's Office felt it was important for social workers to ask teens multiple times if they want to be adopted and that workers need to try to convince teens to consider adoption. One adoptee stated that youth might be hesitant to trust a social worker or adult and that it might be easier to trust another youth who has been through the adoption process.

Youth felt very strongly about wanting to be informed about the adoption process and being involved in decisions affecting their own lives. They wanted a say in how fast the process goes and also the option to change their minds. Youth were clear that they did not want to feel rushed into adoption. However, youth also said that a long adoption process can be negative because it means spending more time in foster care.

Many of the youth were very passionate about raising the awareness of teen adoption. They felt this was not done enough in the system and their community.

Adoption Experience: One Teen's Words

One girl described her foster care experience as rough and upsetting. She had been diagnosed with fetal alcohol spectrum disorder (FASD) and was worried that her prospective adoptive family might not want to adopt her because of her disability and troubled past. Her fears were put to rest after meeting her prospective adoptive family for the first time and after her "sleepovers" before she was placed.

"They didn't abandon me at all. They knew about my stories and they knew what was going on with me, they knew what to watch for. But they never rejected me, so I was really happy and glad … I thought maybe they might be judging me because of my disability and if they thought, 'How am I going to be able to handle this?' But they didn't, they didn't reject me at all, they knew how to handle me. My Mom goes to sessions about FASD and other disability workshops, so now she knows how to help me. I'm really happy, very grateful to have them in my life and I'm very thankful."

Achieving Timely Adoptions: A Two-Part Study

As part of this review, the Representative undertook a two-part study to examine what happens to children who are eligible for adoption, how long it takes for MCFD to find an adoptive home and the effectiveness of MCFD's recruitment and application process for prospective adoptive parents.

Methodology

The Representative's study followed a cohort of 450 children who were in continuing care with adoption plans in 2005/06 over a six-year period, tracking MCFD's performance in moving these children to adoption. The second part of the study tracked adoption applications received from 457 families in 2005/06 and reviewed MCFD's performance in recruiting and assessing these families for the children in ministry care.

The Representative requested ministry adoption data from AMS of all children in care under a CCO with adoption plans between April 1, 2005 and March 31, 2006. The data extract included information about the child's characteristics and recorded dates of key events during the adoption process.

The data extract for the second part of the study included information from AMS on prospective parents who submitted an Application to Adopt during the same time period. The data extract included family characteristics and the traits of the child(ren) the parents wished to adopt, and recorded dates of key events during the adoption application process.

While the AMS data extracts provided valuable information, there were gaps. These gaps likely resulted from workers not regularly updating the information in a timely manner or data not being collected about some key events.

Part 1: How Timely are Adoptions for B.C.'s Waiting Children?

Children in the Study Group

In 2005/06, there were, on average, 5,289 children in continuing care of the province, of whom 1,547 had an adoption plan. This study follows the adoption outcomes for the 450 children in continuing care who first had a permanency plan of adoption identified during 2005/06.[31]

Figure 11: Children in the Study Group, 2005/06
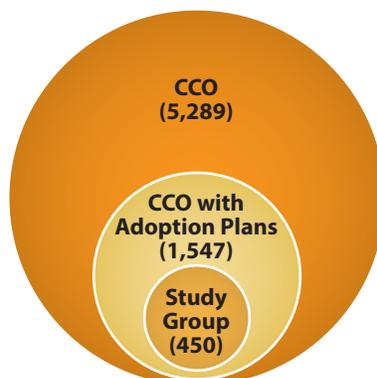
The study group included 271 non-Aboriginal children, 177 Aboriginal children and two children with no records regarding their heritage. In 2005/06, Aboriginal children and youth represented 54 per cent of all children in continuing care, and 39 per cent of those in the MCFD adoption program.

The study group included slightly more boys (53 per cent) than girls (47 per cent). At the time of their adoption plan, 40 per cent of the study group children were less than two-years-old, 29 per cent were between six- and 11-years-old, and about 12 per cent were 12 and older.

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[31] Children in continuing care are children under the guardianship of either the Director of Adoption or Director of Child Protection. This includes children under CCO, *Family Relations Act* (FRA) wards and *Adoption Act* wards (AAW). In the following sections, however, children in continuing care are referred to as CCOs, because less than 10 per cent of children in the study group were FRA or AAW.

Age at Time of Continuing Custody Order

About 37 per cent (166 of 450) of the children were under two years of age at the time they were placed under a CCO while 30 per cent (137 of 450) were between six- and 11-years-old. The average age of children placed under a CCO in the sample was five.

Table 3: Children in the Study Group by Age at CCO (n=450)

	All Children	Aboriginal Children	Non-Aboriginal Children
0-1	166	71	93
2-5	125	59	66
6-11	137	41	96
12+	22	6	16
All	**450**	**177**	**271**

Note:
Two study children did not have heritage status recorded.

What We Looked At

Examining adoption placements enabled the Representative to determine whether they are carried out by MCFD in a timely manner and also to better understand whether there are certain characteristics of children in care that result in timely placements.

By examining the length of time taken by each step of the process, the Representative could also identify bottlenecks that are contributing to delays.

The length of time for each stage of the adoption process is reported as follows:

1. Time from CCO to adoption plan
2. Time from adoption plan to adoption registration
3. Time from adoption registration to adoption placement
4. Time from adoption placement to adoption order.

Step 1: From CCO to Adoption Plan

For children in continuing custody, the adoption process begins when the guardianship worker identifies adoption as their permanency plan. Adoption must be in the child's best interests and, for children under 12, adoption is considered the default permanency plan.[32] This requires the worker to code the child's case plan goal as adoption in the electronic information system.

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[32] If a social worker determines that adoption is not in the best interests of a child under 12, a decision to pursue another placement type for the child must be approved by a regional manager (*Practice Standards and Guidelines for Adoption*, Standard 16).

Of the 450 children in the study group, 209 had a permanency plan of adoption coded in MCFD's information system within three months of his or her CCO. Of the remaining children, 68 had adoption coded in the system within three to six months, and 63 within six to 12 months. For 88 children and youth in the study, the process took longer than 12 months. The time period between CCO and adoption plan could not be calculated for 22 children because their adoption plan date was mistakenly recorded as being earlier than their CCO date.

Figure 12: Time from CCO to Adoption Plan (n=428 of 450)
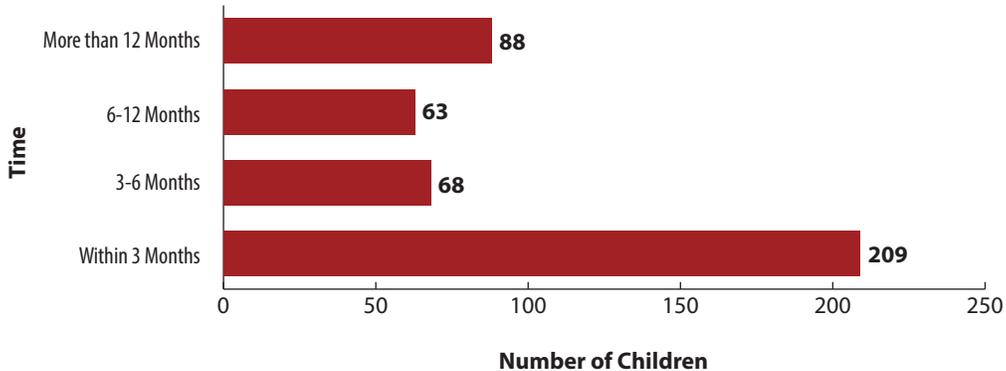
Note:
22 records were excluded because the adoption plan date was earlier than the CCO date.

On average, it took 11 months from the time the CCO was granted to the time the worker coded the case plan to adoption. For children younger than two, it took less than six months. For children between two- and five-years-old, it took an average of 1½ years.

Observations:

The study results demonstrate that timely decisions on adoptions planning were made for children younger than two-years-old, but those decisions took much longer for children older than two years.

Workers told the Representative that often delays in coding the child's permanency plan for adoption are due to delays in child family service teams transferring children's files to permanency planning/adoption teams. Often files sit because a worker cannot complete the documentation that is required to transfer a file to another team. Another stated reason was that workers may be pursuing other permanency plans, such as transfer of custody (s. 54.1), before deciding that adoption is the best option.

CFCS Act regulations[33] emphasize the need for clear permanency planning for children when seeking a CCO. At continuing custody hearings, regulations require the Director of Child Welfare to submit a plan of care that includes a "description of the arrangements being made to meet the child's need for permanent stable relationships." The Representative does not understand why for some children with a CCO it takes nearly a year to identify adoption as a permanency plan when regulations require an identified permanency goal. Are adoptions not the primary choice for these children? Are files not prepared properly, causing the coding to be delayed? Without better information, MCFD cannot know whether or not these delays are due to social workers requiring more supports in assessing and making permanency plan decisions.

> ### Social Workers' Voices
>
> *"We need checks and balances to review plans for kids, and which kids are not being referred for adoption planning. It must be on our radar."*
>
> *"We had a 15-year-old youth referred to our adoption team. We found a placement, but this youth had been a CCO since seven-years-old. At age 15, the youth asked: 'Why adoption now? I've been in care for so long'."*

> ### Registering a Child for Adoption
>
> AMS is a collection of web-based tools that allows social workers to register, search, match and place children in adoptive homes.
>
> AMS interfaces with the ministry's Social Worker Management Information System (MIS/SWS).
>
> To register a child, the worker changes the child's after care plan to "adoption" in MIS/SWS. This prompts the child's electronic file to automatically download onto AMS to the assigned guardianship worker responsible for adoption planning.
>
> The guardianship worker is responsible for updating the child's record with information from the child's Child Service (CS) file before the child is officially registered for adoption.
>
> **Source:**
> Adoption Management System User Guide (draft), September 2010.

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[33] *CFCS Act* Regulation s. 8(2)(m) and 8(2)(p).

Step 2: From Adoption Plan to Registration

MCFD's Adoption Practice Standard 17 states:

> *When adoption is the plan of care for a child, you must register the child for adoption with the Adoption Branch, as soon as possible and within 3 months of the child becoming legally available for adoption, if the child is in continuing custody.*

In addition, Practice Standard 16 states that, before the child can be registered, the worker must *"review the child's file to ensure it contains complete and current versions of all required documents and consult with those who know the child to develop an understanding of the child's family history and the child's current and future needs."*

Of the 450 children in the study group, more than 50 per cent (242) were registered within three months after the child's case plan goal of adoption was entered into the information system. However, 69 children waited more than 12 months to be registered, four times as long as the standard. The Representative found 32 children waited more than two years to be registered and 17 children waited more than three years. Two children were registered five years after their care plan was coded adoption.

Figure 13: Time from Adoption Plan Decision to Registration in Adoption Program (n=401 of 450)
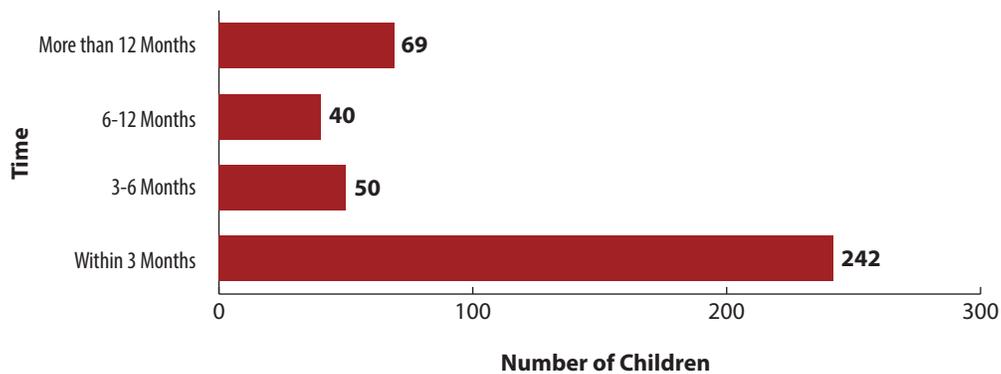
Note:
49 children in the study group had not been registered for adoption by the end of the study period.

Seven children were never registered and still had adoption as their case plan as of February 2012. Forty-two children had a change in their care plan and therefore were never registered.

Sixty-five per cent of children younger than two were registered within MCFD's adoption standard of three months.

Observations:

Delays in Registering Children in Adoptions

Although a child may not have a recorded adoption registration date in the system, a guardianship worker may still be planning for the child's adoption. However, without properly registering such children, the ministry may not be aware of the full caseload of children with adoption plans who are in need of an adoptive home.

The Representative's Office also heard from social workers that children with adoption plans are not referred to the adoption program in a timely manner due to the children's file documentation. Information contained in a child's case file was sometimes out of date or missing, such as the medical or social history of the child. More often, the issue was out-of-date or incomplete plans of care for a child.

Adoption social workers stated that the standard timeline for registering a child in the adoption program is reasonable (within three months of decision), but this timeline is not always met because of workload issues within family service teams, which gather all the required information and transfer the child's file to an adoption team.

> ### Social Workers' Voices
>
> *"We can only really meet it with our admin. She does all the paperwork. As soon as the file comes, we do the designation and get the paperwork and get the proposal package ready. We used to have someone contracted to do this work. But now … on top of the adoption CPOC and birth history and proposal package … it's slowing us down."*

It is important to note that MCFD does not track or monitor the performance of Adoption Practice Standard 17 to ensure that children with adoption plans are registered within three months. In the Representative's study group, just over 50 per cent of children were registered within three months.

Until a child is registered in the adoption program, he or she is missing opportunities to be matched with a prospective adoptive family.

Step 3: From Adoption Registration to Adoption Placement[34]

The ministry's Adoption Standard 17 also states that:

> *[Workers] must actively and in a timely manner make efforts to secure an adoption placement for a child consistent with the child's comprehensive plan of care and the child's best interests.*

The ministry has no specified timeframes for this standard. However, once a child is registered in the adoption program, the worker is expected to begin to search for a suitable adoption placement. For very young children, permanency planning teams (guardianship and adoption workers) often work together and may be aware in advance of an application by MCFD for a child to be placed in continuing care. In those cases, adoption planning can often happen prior to a child being registered in the adoption program, resulting in quicker placements.

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[34] The placement date is the beginning of the child's residency period with the prospective adoptive parent(s).

Of the 450 children in the study, 292 children (65 per cent) were adopted during the six-year study period. One hundred and sixty-six children (37 per cent) were placed within one year of their adoption registration. Another 52 children were placed between one and two years. Unfortunately, the Representative was not able to determine how timely the adoption placement was for 44 children because their registration date was mistakenly recorded after their placement date.

Figure 14: Time from Adoption Registration to Adoption Placement (n=248 of 292)
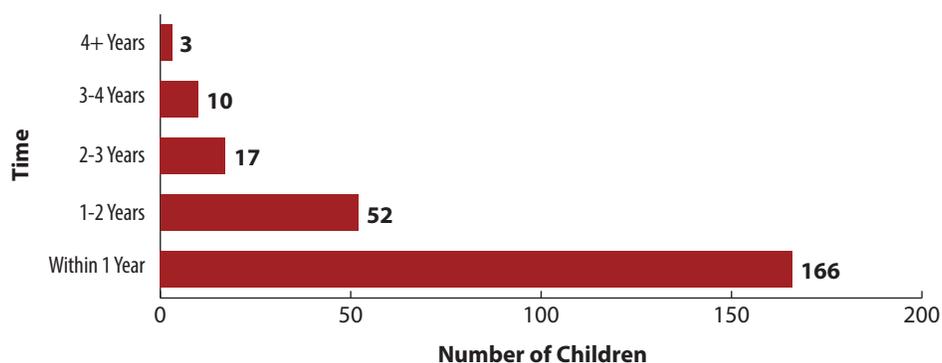
Note:
44 records were excluded because the placement date was recorded as being earlier than the registration date.

Observations:

While 65 per cent of children in the study group were placed, this placement rate is distributed over a six-year period. The majority of the placements occurred within 12 months. This means children in the study group who were not placed during the first year were left in a pool of prospective adoptees that also included children just coming into continuing care and other children who had been waiting since before 2005/06.

By the end of the six-year study period, 56 children in the group were still waiting to be adopted. Seven of these children still had no record of being registered in the ministry's adoption program. This is very troubling to the Representative. The longer the child waits, the longer he or she grows up in the foster care system while the chances of finding a "forever family" diminish.

In order to understand why some children are placed more quickly than others, the Representative reviewed different factors that could impact placements. These factors[35] include: age, special needs, Aboriginal identity, and region.

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[35] Factors that were further examined were based on data elements available in the AMS data extract.

Age as a Placement Factor

The study found that MCFD does better at achieving timely adoption placements for infants and very young children (i.e. under two years). Of the children who were placed within 12 months, 52 per cent were under the age of two, while only 4.6 per cent were 12 and older. Of the children who were placed within two years, close to 50 per cent were also very young children (under two years), while 16 per cent were children between six- and 11-years-old.

Children who were 12 or older had lower placement rates in the study (34 per cent).

The children who were still waiting for placement at the conclusion of the study were, on average, 6½-years-old when adoption was first identified as their permanency plan. By the end of the six-year study period, these children were, on average, 13-years-old with nearly 30 per cent older than 15.

Table 4: Age Profile of Children Placed by Time to Placement (n=292)

		Age			
	Total	0-1	2-5	6-11	12+
Children Placed within 1 year of their Adoption Plan	153	52.3%	31.4%	11.8%	4.6%
Children Placed 1 to 2 years after their Adoption Plan	67	31.3%	29.9%	25.4%	13.4%
Children Placed 2 years or more after their Adoption Plan	56	21.4%	41.1%	33.9%	3.6%
Excluded Records (Placement Date was before their Adoption Plan Date)	16	62.5%	25.0%	12.5%	0.0%
All Children Placed	**292**	**42.1%**	**32.5%**	**19.2%**	**6.2%**

Note:
16 records had the child's placement date as being before his or her adoption plan date.

Special Needs as a Placement Factor

Many of the children in this study have multiple special needs and many have been prenatally exposed to drugs or alcohol.

Data in the study suggests that children with multiple special needs who are older than five experience longer wait times for an adoption placement. Infants and children under two-years-old had higher placement rates and had fewer identified special needs than children who took two or more years to be placed. The 153 children in the study who were adopted within one year had an average of five identified special needs while children still waiting to be adopted and children who waited longer than two years to be adopted had an average of seven identified special needs.

Adoption workers told the Representative's Office that they had more success finding adoptive parents who were open to adopting children prenatally exposed to drugs than children prenatally exposed to alcohol. Workers said children with multiple special needs and those with prenatal alcohol exposure wait longer for adoptive placements – or never find adoptive placement – because too few families are open to adopting these children. Study data shows 80 per cent of children exposed prenatally to drugs were placed in adoptive homes, compared to slightly better than 70 per cent of children exposed to alcohol.

Social Workers' Voices

"Prospective adoptive parents generally come through the door looking for a child with low special needs. We recently said not to [do] a home study for a family because they will wait on our caseload because we don't have any low special needs kids."

Since many of the children adopted within 12 months were less than two-years-old, it is not surprising that they would have fewer identified special needs. The health history of an infant in care would not contain as much information as the health history of an older child who has been in care for several years, and certain special needs do not present or cannot yet be diagnosed in young children and infants. Some children may be identified as at-risk with a developmental delay, but may not display symptoms until preschool age or adolescence.

It is important to mention, however, that the likelihood of adoption placement is not singularly related to the specific special needs of the child, but rather a combination of the child's demographics, including the child's age.

Aboriginal Status as a Placement Factor

Of the 177 Aboriginal children in the study, just over half were adopted within the six-year period. A total of 47 Aboriginal children were placed in adoptive homes within 12 months while 24 Aboriginal children waited two or more years to be placed. Of the 56 children who were still waiting for placement at the end of the study period, about half were identified as Aboriginal.

The study shows that Aboriginal children had lower placement rates (55 per cent) than non-Aboriginal children (71 per cent), no matter their age. This is largely due to a strong ministry preference for placing Aboriginal children with Aboriginal families, and the continued challenge of finding Aboriginal adoptive homes. Aboriginal children also had higher prevalence of prenatal alcohol exposure compared to non-Aboriginal children, which may also impact placement rates, as stated by interviewed adoption workers.

Region as a Placement Factor

The data did not show region as a factor in placements. All regions had similar placement rates during the six-year period. However, the Interior region had a slightly higher placement rate for children placed within 12 months. Part of this difference in timely placement rates may be affected by how adoption services and permanency planning teams are structured and the number of guardianship and adoption workers within the region.

Step 4: From Adoption Placement to Adoption Order

Placing a child in an adoptive home is the beginning of the adoption residency period. This allows time for the child to integrate and adjust into the new adoptive family and ensures that the placement is right for the child.

Once the adoption residency period is over, the decision to finalize the adoption is made by the adoption worker based on observations of the placement and discussions with the child and prospective adoptive parent(s).[36] Whenever possible, adoption workers are to apply for an adoption order after six months, although this can be extended to 12 months.[37] The worker then prepares the appropriate documentation to submit to court. Until the adoption order is granted by the court, the child remains under the guardianship of MCFD – as a child in care.

Two-hundred-and-sixty children in the study group were legally adopted by the end of the six-year study period. A further 12 children were in adoption placements that were not yet legally finalized. More than 70 per cent of the children (189 of 260) in the study group had their adoption finalized within a year of being placed with their adoptive families.

Figure 15: Time from Placement to Order (n=260 of 450)
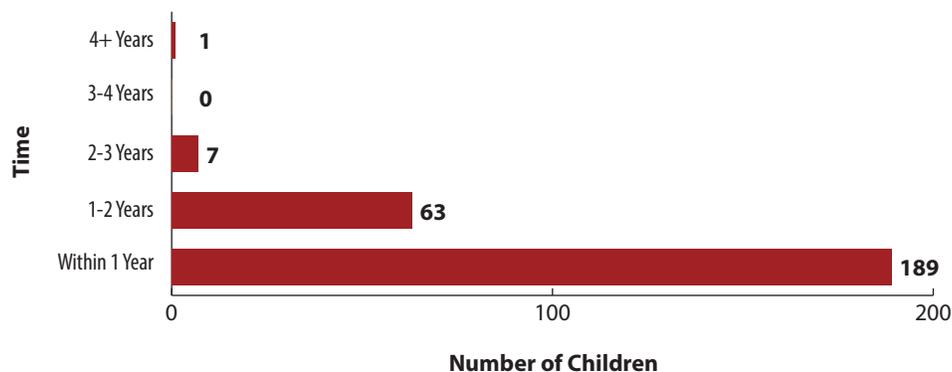
Observations:

The Representative considers that achieving an adoption order within one year of the beginning of the child's adoption residency period is reasonable and consistent with MCFD's adoption standards. Of the 292 children who were placed in an adoptive home, the ministry finalized adoptions for 189 children (65 per cent) within that timeframe.

However, it is unclear why the remaining children waited beyond a year for their adoption to be finalized. The ministry does not record or track the various steps between adoption placement and adoption completion in AMS. Therefore, the Representative was unable to determine specifically why delays occur. The Representative did hear from ministry staff that the adoption process can be delayed if a biological parent chooses to contest the CCO, something out of the ministry's control. The Representative also determined that other aspects of the process that could impact timeliness to adoption completion include:

- The worker's decision to proceed to adoption completion based on child and family readiness
- The time required for the ministry to prepare and submit the court package
- The time for the court system (i.e. Ministry of Justice) to assess and grant the adoption order.

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[36] *Practice Standards and Guidelines for Adoption*, Standard 57.
[37] *Practice Standards and Guidelines for Adoption*, Standard 57.

Children Who are Withdrawn from the Adoption Program

One hundred and twenty-two children in the study group were withdrawn from the adoption program at some point during the six-year study period.[38] This included 20 children who were placed in an adoptive home and were withdrawn from the program because of a placement disruption.[39] The children withdrawn from the program were, on average, nine-years-old when adoption was first identified as their permanency plan. Almost half were Aboriginal.

Not in Care 61   **61 Still in Care**
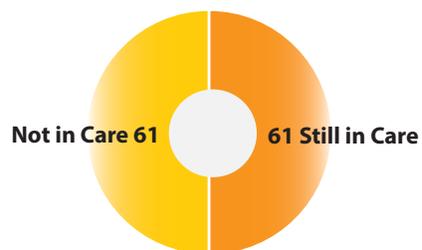
A decision to withdraw a child can be based on many factors – the child's plan of care may have changed, the child may have decided they no longer wanted to be adopted, or there was an application to rescind the CCO after adoption planning commenced.

AMS allows workers to select a reason for the withdrawal. However, the Representative found that this information was not recorded on a regular basis. Only 25 of the 122 children had a reason for their withdrawal recorded in AMS. The Representative is concerned that for 80 per cent of the children who were withdrawn, no information was recorded indicating why this occurred.

Where are They Now?

Exactly half of the children withdrawn from the adoption program by the end of the study period were still in the care of MCFD. The majority of these children continued to live in foster care until they achieved permanency or aged out of the care system. Two children were reported by the ministry as being placed with adoptive families, after having an adoption plan for a second time.

Figure 16: Withdrawn Children Still in Care, by Permanency Plan, February 2012 (n=61)

- Reunification
- Guardianship
- Long-term Foster Care
- Adoption
- No Care Plan Recorded

3%   7%   34%   21%   34%
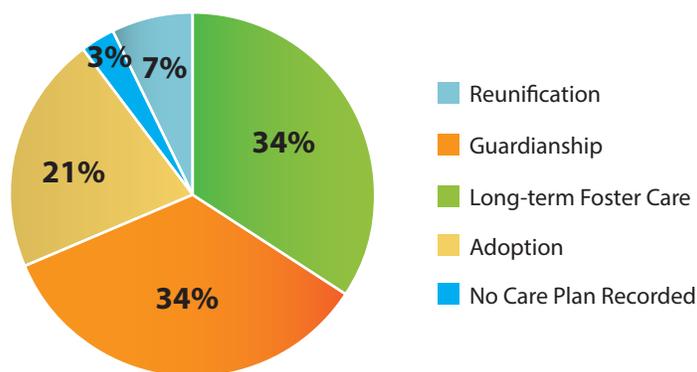
Notes:
1. Guardianship includes the after care plans of Placement within Aboriginal Community, Placement with Relatives and Substitute Care.

2. Long-term Foster Care includes the after care plan of Independence.

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[38] This includes children who were placed in an adoptive home and were withdrawn from the adoption program because of an adoption disruption.

[39] Placement disruption – adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized, resulting in the child's return to (or entry into) foster care.

The other half of the 122 children who withdrew from the adoption program were no longer in ministry care at the end of the study period. Thirty-three youth aged out of the foster care system while 28 were discharged from care for a number of reasons, including being returned to a parent, adoption completed[40] or court cancellation of their continuing custody.

Figure 17: Withdrawn Children by Reasons for Leaving Care, February 2012 (n=61)

- Adoption Completed
- Child Returned to Parent
- Court Cancelled Continuing Custody Order
- Guardianship Transfer to Relative or Other Person
- Aged out of Care
- Left Care for Other Reason

12% | 10% | 10% | 10% | 54% | 4%
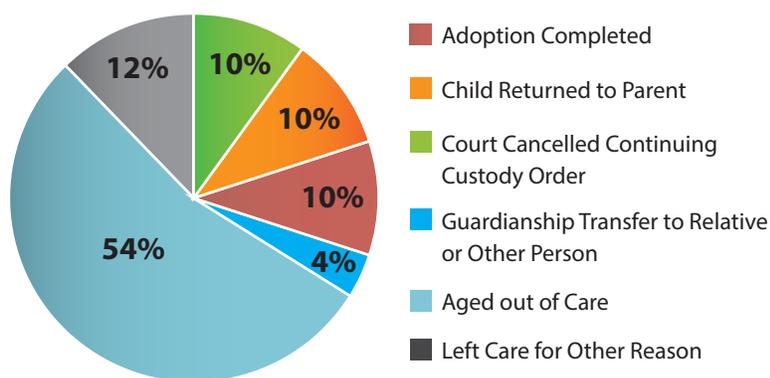
UPDATE – March 2014

At the end of February 2012, the study identified 61 children who withdrew from the adoptions program but remained in the ministry's care.

As of March 2014, 59 children remain under a CCO with government as their "parent" and an additional two youth aged out of the care system.

The 59 children/youth continue to live in long-term foster care. The majority are youth expecting to age out within the next few years – with no plans of finding a permanent family.

Observations:

The permanency plan for 21 youth who were withdrawn from adoption planning is long-term foster care until they turn 19. Permanency plans may change for a child or youth in care for valid reasons. However, when permanency plans change from an adoption plan to long-term foster care or another plan that does not provide long-term stability, this contradicts the primary goal of child welfare – finding a long-term, committed and nurturing family for every child in care.

The Representative is concerned that MCFD has no permanency plan for these youth that provides the benefits of a legally recognized family. It is not known whether these youth are being supported to learn life skills required to successfully transition to adulthood, or if they have permanent connections to adults who can support them.

The Representative's special report *On Their Own: Examining the Needs of B.C. Youth as They Leave Government Care* noted that without proper support, youth transitioning to independence are less likely to attend post-secondary school and more likely to have trouble finding work, to become homeless, to run afoul of the criminal justice system and to have mental health or substance use issues.

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[40] Child or youth were identified as withdrawn during the time period of the Representative's study. The children or youth then re-entered the adoption program and were placed for adoption.

The Representative's 2013 audit report, *Much More than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care* (2013) highlighted the ministry's poor planning for children in continuing care. The report found that just five per cent of plans of care audited by the Representative met the ministry's own standards. There was a lack of documentation describing strategies or action plans to meet children's permanency plans, including what progress had been made over time to achieve plan goals.

It is not clear what reasons led to the adoption disruption for 20 children in the study. In some cases, the child and parents may not have been sufficiently prepared for and/or supported during the placement period. In other cases, the home may not have been well-suited to meet the children's needs.

Study Part 1: Adoption Outcomes Summary

The ministry successfully placed and finalized adoptions for 260 of the 450 children and youth who were part of the study, a placement rate of 58 per cent over the six-year study. Many of those children were placed within one year.

About 35 per cent (158 children and youth) were not placed for adoption. Of those, 102 were withdrawn from the adoption program without ever being placed[41] and 56 remained waiting for an adoptive home. Seven children in the study group are still not registered in the adoption program, although adoption is called for in their permanency plans.

Table 5: Adoption Status of the Study Group as of February 2012

Adoption Status	Number	Percentage
Completed Adoption	260	58%
In Placement Period	12	3%
Still Waiting or Never Registered	56	12%
Withdrawn	122	27%
Total	**450**	**100%**

Note:
"Still Waiting or Never Registered" includes study children with a status of "registered but on hold," "available for adoption," "offered," "proposed" or "registration incomplete" at the end of February 2012.

The average time for children in the study from their adoption plan decision to placement was 15½ months. Overall, the average time for children from their CCO to when an adoption was finalized was 31 months.

Figure 18: Average Time Through the Adoption Process for Children Placed with Adoptive Families

CCO → Adoption Plan → Adoption Registration → Adoption Placement → Adoption Order

15.4 Months or 67 weeks (n=276)

31 Months or 134 weeks (n=260)

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[41] 20 additional children were withdrawn after experiencing a placement disruption.

Part 2: How Timely are Approvals and Placements for Adoptive Parents?

In the second part of the study, the Representative's Office examined applications from prospective adoptive parents received in 2005/06 to determine the length of time it took MCFD to approve them.

> *"Families choosing to build or expand their families through adoption are increasingly diverse, however they have one thing in common – they are willing and able to make a life-long commitment to protect and nurture a child not born to them and to provide a safe, loving family for that child."*
>
> Child Welfare League of America (CWLA)
> Standards of Excellence for Adoption Services (2000)

The reasons for pursuing adoption varies. Some adopt because of infertility, others to expand their family or help a specific child. The decision is an emotional one for many.

Prospective Adoptive Parents in the Study Group

The study group consisted of 457 families who applied to MCFD to adopt in 2005/06. Nearly 45 per cent of these applications were from prospective parents in the Coast Fraser region, followed by Vancouver Island at 24 per cent. The Interior and North regions each accounted for fewer than 20 per cent of all applications.

Slightly more than 70 per cent of applications were from mixed-sex couples and less than 20 per cent were from single female applicants. Fewer than five per cent of applications were from same-sex couples.

Table 6: Family Study Group by Family Type (n=457)

Applications by Family Type	%
Mixed Sex Couple	72%
Single Female	18%
Single Male	2%
Same Sex Female Couple	2%
Same Sex Male Couple	1%
Not Recorded	5%

About 37 per cent of these applications were for a general adoption, meaning they would be willing to adopt any waiting child. There were 66 applications from foster-to-adopt families, who were applying to adopt the child in their care. About 12 per cent (57 applications) were through the "child-specific" stream – intending to adopt a child in care whom they knew. A total of 149 applications did not specify an adoption application stream.

Fewer than 20 per cent of applications were from Aboriginal families.[42] Of the 457 applications, 202 indicated the age of the child they were willing to consider adopting. The vast majority of families were seeking younger children, with about 80 per cent looking to adopt a child between two- and five-years-old. Very few applicants were looking to adopt a youth 12 and older. Only a small number of applicants were open to adopting a youth 16 and older.

Figure 19 : Number of Adoption Applications by Region and Aboriginal Background, 2005/06 (n=457)

Total Aboriginal **84**
Total Non-Aboriginal **373**
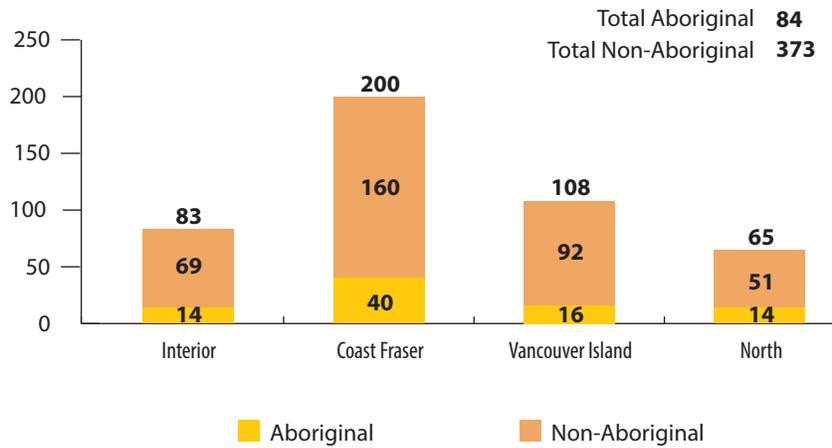
Notes:
1. Families with no ethno-cultural background information are included in the non-Aboriginal count.

2. Excludes one family that was coded 'Provincial Office.'

Information about special needs or other characteristics that prospective adoptive parents would consider was found in 269 applications[43] – about 60 per cent of the total applications received. About 50 per cent were willing to consider adopting a child who had prenatal exposure to drugs or alcohol and about 40 per cent were willing to consider adopting a child with learning disabilities and/or developmental delays.

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[42] Families who did not include ethno-cultural background information were counted as non-Aboriginal (373).

[43] Only 269 of 457 applications had at least one identified factor and/or special need that prospective adoptive parents were willing to consider from the Adoption Questionnaire or home study recorded in AMS.

What We Looked At

The selection and approval process involves many stages such as interviews, adoption education training, a home study, background checks, and a written assessment. The Representative focused on the identification of potential barriers to timely practice.

At each stage of the process, there can be circumstances which lead to bottlenecks that impact timely decisions. Sometimes these circumstances are due to ministry administrative or practice barriers or to the family's capacity to cope with the application process.

The length of time for each stage of the adoption application process is examined as follows:

1. Time from application received to enrolment in AEP

2. Time from AEP completion to structured family assessment home study

3. Time from structured family assessment home study to approval

4. Time from application received to approval

5. Time from approval to placement

6. Time from placement to adoption order.

Figure 20: Adoption Process for Prospective Adoptive Families
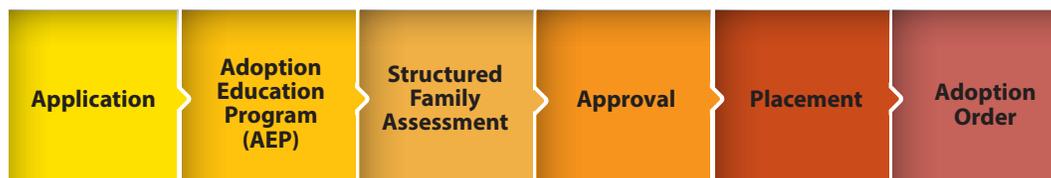
Step 1: Time from Application Received to Enrollment in AEP

Data for this step was unavailable because MCFD does not track this information.

Step 2: Time from AEP Completion to Structured Family Assessment Home Study

Data for this step was unavailable because MCFD does not track this information.

Step 3: Time from Structured Family Assessment Home Study to Approval

Data for this step was unavailable because MCFD does not track this information.

Although the Representative's Office has heard anecdotally from adoptive families about their experiences of long waits throughout the adoption approval process, it was not possible to examine how long it takes families to begin the AEP or how long families wait to begin their structured family assessment home study. AMS does not have the capacity to collect information about when a prospective family begins or completes either the AEP or home study. The Representative was only able to measure the time between application submission and approval.

MCFD's Adoption Practice Standard 44 states that adoption workers *"must complete the written family assessment at least 3 months and no longer than 4 months after all required documentation … has been gathered."* MCFD does not track information to measure compliance in meeting Adoption Practice

Standard 44. The only source of information about the length of the approval process is on the ministry's adoption website which states that: "A home study can take from three to nine months, depending on individual circumstances."[44]

Observations:

There is no information about how long it takes workers to collect the required documentation and observe the prospective adoptive parents in order to write the assessment. Nor are there any formal reports to MCFD management about the average time it takes a worker to conduct a home study.

Backlogs in AEP Training and Home Studies

Based on interviews with ministry staff, the Representative determined that there is a continual bottleneck when it comes to enabling prospective parents to access adoption education and begin their home studies in a timely manner. MCFD is well aware of the issue and continues to manage the delays in approving families with one-time funding to address backlogs of home studies or AEP training, on an ad hoc basis.

During the time of this study, in-person AEP courses were not offered on a regular training schedule; rather they were offered sporadically throughout the province, based on need and funding availability. Adoption workers reported their regions were only offering AEP twice a year, which caused delays in approving prospective adoptive parents for adoption.

The ministry now offers AEP on-line to help address the backlog and also to make AEP more accessible. Workers said the on-line training provided more flexibility. However, they also said face-to-face training is important as it allows prospective adoptive parents to engage with the adoption worker, ask questions, and also meet other adoptive parents. These in-person classes also offer opportunities for the adoption workers to get to know the parent applicants better.

Workers interviewed by the Representative's Office also stated that backlogs in approving adoptive homes are sometimes addressed by contracting an external adoption agency to complete some of the home studies when ministry staffing levels are insufficient to meet demand.

Step 4: Time from Application Submission to Approval

Of the 457 applications that were part of the study, 285 (62 per cent) were approved during the six years. A total of 198 were approved within one year and 64 were approved within one to two years. On average, it took 11 months from the date of application to be approved. However, for 23 families, approval took more than two years. For two families, it took four or more years.

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[44] MCFD (n.d.), Frequently Asked Questions About Adoption, http://www.mcf.gov.bc.ca/adoption/faq.htm

Figure 21: Time from Application Submission to Approval (n=285)

Number of Prospective Homes
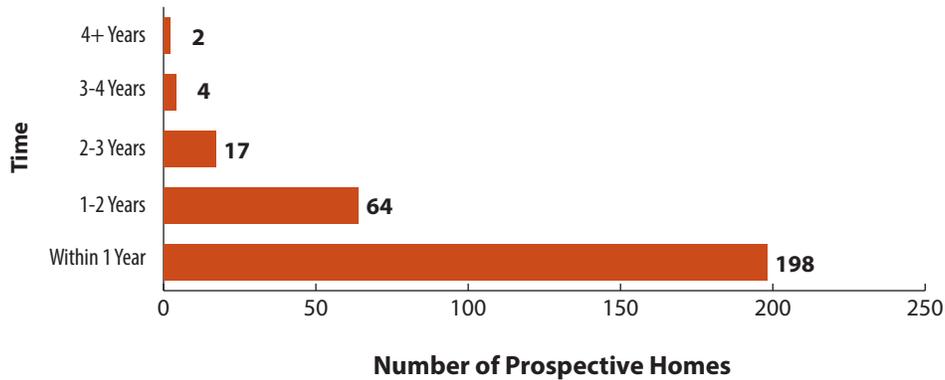
Observations:

While 62 per cent of families in the study group was approved over the six-year period, the majority of the approvals occurred within one year. Applicants who were not approved within the first year found themselves waiting along with new applicants as well as applicants from previous years.

If MCFD, on average, approves 300 new families each year, then a bottleneck will continue to exist, as the ministry receives close to 500 new applications per year. That means there are close to 200 prospective families each year added to a waitlist for assessment and approval.

The Representative is concerned that there is no ministry standard on the length of time applicants should wait to be assessed and approved.

Applicants who were approved within one year were further reviewed to examine why their applications were approved so quickly.

Nearly three-quarters were non-Aboriginal. This is consistent with the overall ratio of non-Aboriginal to Aboriginal applications. However, of the total number of Aboriginal applications received, close to 62 per cent were approved within one year compared to 39 per cent of the non-Aboriginal applications.

This could be due to these applications being prioritized through the adoption approval process. Workers interviewed by the Representative were vocal about the need for more Aboriginal adoptive families and the priority to assess those families.

Table 7: Applications Approved Within One Year by Aboriginal and non-Aboriginal Families

	# of Applications	# Approved within 1 year	% Approved within 1 year
Aboriginal	**84**	52 (26%)	62%
Non-Aboriginal	**373**	146 (74%)	39%
Total	**457**	**198 (100%)**	**43%**

Only a small portion of foster-to adopt or child-specific applications were received from families wanting to adopt the child they already know (123).[45] One-third of applications did not identify the application type (e.g. foster-to-adopt, child-specific or general application).

The following table suggests that foster-to-adopt and child-specific applications are also prioritized by the ministry.

Table 8: Applications Approved Within One Year by Application Type

Application Type	# of Applications	# Approved within 1 year	% Approved within 1 year
Foster-to-Adopt or Child Specific	123	77 (39%)	63%
General/Other/Not Specified	334	121 (61%)	36%
Total	**457**	**198 (100%)**	**43%**

The average approval time for foster-to-adopt and child-specific applicants was just under 10 months, compared to 13 months for general applications. This difference may be due to the exemptions[46] that can be applied to foster-to-adopt families. For example, the AEP could be modified based on the caregivers' experience and information from the foster home assessment could be used to support the written family assessment. In these cases, the ministry already knows the home well and has existing background information about the parents and their capacity.

With general applications, MCFD has no knowledge of or relationship with applicants so more time is required to collect the necessary information and build a relationship. The study found there was not much difference in approval times for applicants willing to adopt a child 12 and older or those willing to adopt a child with multiple or complex special needs. Although older children and children with multiple or complex special needs were often cited by social workers as a challenge to place, the study results did not show that these types of applications were prioritized as much as foster-to-adopt, child-specific and Aboriginal homes.

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[45] According to information contained in the Type of Application field on the ministry's Application to Adopt.
[46] *Practice Standards and Guidelines for Adoption,* Standard 45.

Step 5: From Approval to Adoption Placement

Once applicants are approved, they are available for potential matches with a child or youth waiting for adoption. Adoption workers seek matches based on the child's needs and the parents' capacity and readiness to meet those needs. The Notice of Placement[47] is made when the care and custody of the child transfers to the prospective adoptive parents, but the Director of Adoption or the Director of Child Welfare under the *CFCS Act* remains the guardian of the child and is responsible for his or her well-being. The Notice of Placement signals that the child can begin the six-month residency period in his or her adoptive home.

At some point during the study period, 220 out of 285 approved families were matched to a waiting child who was placed with them. It took an average of nearly 7½ months from approval to placement.[48]

Close to 70 per cent of the study applicants (150) with a placement had a child placed with them within one year of being approved. Nearly half of these were foster-to-adopt or child-specific adoptions.[49]

About one-quarter (57) of the families with an adoption placement were Aboriginal. These applicants waited just over seven months for a placement after being approved.[50]

The length of time from approval to placement could only be calculated for 189 families because some data records had invalid dates entered (i.e. placement date prior to approval date, or no placement date recorded for homes with adoption orders).

Figure 22: Time from Application Approval to Child Placement (n=189 of 220)
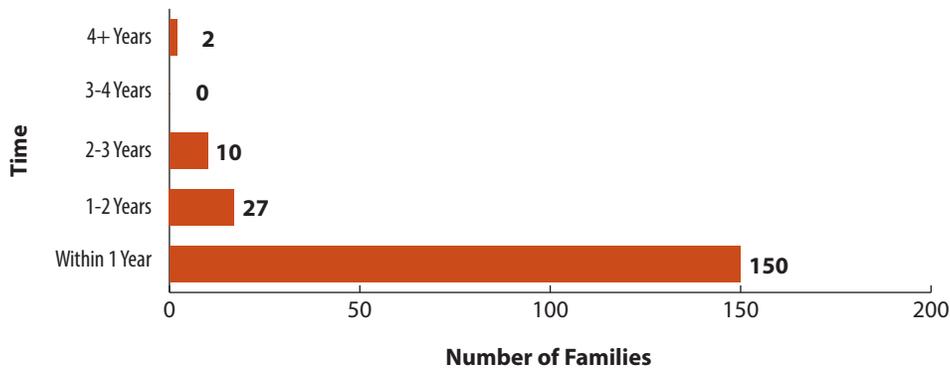
Note:
31 records were excluded from the figure above due to invalid dates. 30 records had the placement date before the approval date, and one record had no placement date recorded, but had an order-granted date recorded.

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[47] If the Notice of Placement date was not recorded in AMS, the date the home's status went to "placed" was used.
[48] Of the 220 records, the length of time from approval to placement was calculated based on 189 records. The remaining 31 records were excluded due to invalid dates.
[49] According to information contained in the Type of Application field on the ministry's Application to Adopt.
[50] Of the 57 records, the length of time from approval to placement was calculated based on 49 records. The remaining eight records were excluded due to invalid dates.

Observations:

For foster-to-adopt and child-specific applications, the Representative found the timeframe between adoption and approval was reasonable. The timeframes for these families should be quicker because the child is already living in their home. What we don't know is how long those children have been living with their foster-to-adopt families and how timely the decisions were to move towards adoption. A similar situation exists for child-specific adoptions, as these parents have an existing relationship with the child and should also move to placement quickly.

For general applications, the Representative believes that placements occurring within one year following approval should be considered timely. However, the Representative remains concerned about why other families with general applications waited longer than a year for a placement and why there was a lack of documentation about the reason for these delays. Based on interviews with ministry staff, some reasons could include a discrepancy between the needs of the available children and the capacity of the available families and thus a prolonged period during which the ministry tried to achieve a match.

Based on the ministry's own statistics, however, there appears to be a number of applicants that have not been matched with a waiting child. This also suggests that the ministry may not be assessing and approving applicants that are well-suited for children requiring families.

Functionality Issues with Matching in AMS

Part of the problem could lie in the electronic information system used in the adoption program. One of the key features of AMS is its "home search and matching" function, which allows workers to search for a home across all available approved homes registered in the system.

Workers enter criteria to narrow their search of homes that may be a potential match for a child. Workers interviewed by the Representative's Office were unanimous that AMS is not an effective tool for matching because the search parameters do not provide consistent results and information about prospective homes is often out of date or incomplete.

For example, workers reported that entering the same search criteria twice in the same day resulted in two vastly different results. As well, approved home studies are often not loaded into the system or are out of date. These issues led workers to be highly critical of the system's ability to match and doubtful about the reliability of the information. Instead, workers said they resort to other matching methods, such as the adoption bulletin and word of mouth.

Step 6: From Adoption Placement to Finalized Adoption Order

The decision to apply for a court order to finalize an adoption or extend the adoption residency period is based on the readiness of the child and the adoptive parents. It is important that the placement period not go on indefinitely and that timelines are set so that the adoption is not delayed.

According to Standard 57 of the ministry's *Practice Standards and Guidelines for Adoption*, workers should complete the adoption *"wherever possible at the conclusion of the 6 month residency requirement, and within twelve months of placement."*

In 197 of the 220 homes, an adoption order was made. A total of 136 adoptions were completed within one year of the start of the residency period.

Figure 23: Time from Child Placement to Adoption Order (n=193 of 197)
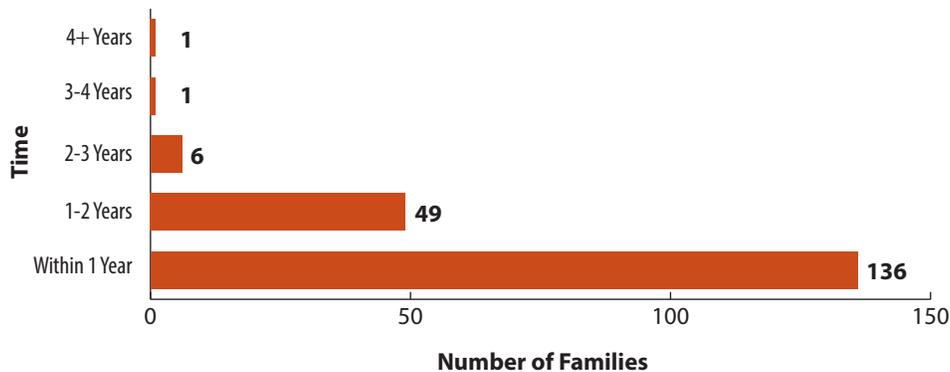
Note:
Four records were excluded from the figure above due to invalid dates. This includes three records that had both the placement and order-granted date before the application date, and one record that had no placement date recorded, but had order-granted date recorded.

Observations:

Based on the study results, the ministry was successful in meeting adoption Practice Standard 57 for 136 homes. When it took more than a year to finalize adoptions, reasons for delay were similar to those identified in Part 1 of the study, including the worker's decision on when to proceed to adoption order, additional time required for the family and child to adjust and the time to prepare the court package.

Applicants Who are Not Approved or Choose Not to Proceed

Not all applicants are approved for adoption. After careful consideration and assessment, an adoption worker may decide not to recommend approval because assessment leads to the conclusion that an applicant is not suitable. These applicants are withdrawn from the process by MCFD.

The Representative was unable to identify the applications that were not approved or recommended by the ministry, as these are not recorded.

Prospective adoptive parents may also choose to voluntarily withdraw from the process, at any time, even after they are approved as a suitable adoptive home. Their personal circumstances may change during the application process or they may become frustrated and tired of waiting.

Although the ministry's system is designed to record withdrawal reasons, this functionality was not turned on or not working during this review. Therefore, the Representative was unable to examine why these prospective adoptive parents withdrew.

Withdrawn Applications in the Study Group

Of the 457 applications, 240 families withdrew at some point during the six-year study period. About 70 per cent withdrew before being approved to adopt. This total may include some that were not approved by MCFD, but this could not be confirmed by the Representative.

Figure 24: Number of Families Who Withdrew Before and After Approval
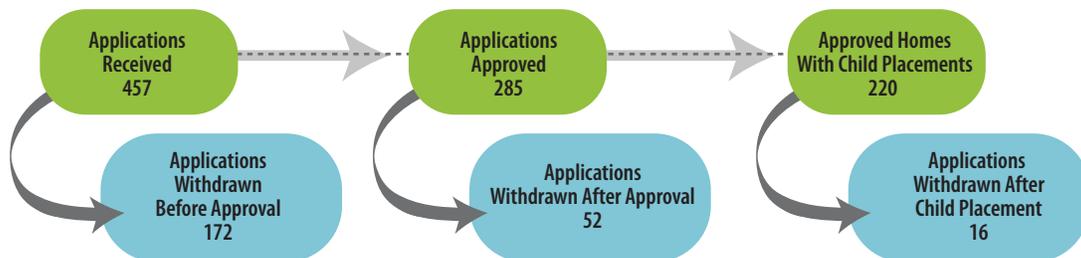
Thirty per cent withdrew within a year of submitting their application and 42 per cent withdrew after being engaged with the adoption program for longer than two years. This suggests that most applicants who withdrew stayed with the adoption process for a considerable length of time before deciding to withdraw.

Sixty-eight applications (28 per cent) were withdrawn after being approved. Fifty-two were withdrawn after being approved without a child being placed in their home. The average time prospective parents spent waiting for a match was nearly two years. These applicants dedicated considerable time to engage MCFD, attend education sessions, have a home study and gain approval as a suitable adoptive home, only to withdraw from the adoption program.

Sixteen families withdrew after having a child placed in their home. Their withdrawals were likely the result of an adoption disruption, although this could only be confirmed in nine cases.

By the end of the study period, 13 approved homes continued to wait for a child. These were all non-Aboriginal homes, and many were willing to adopt a child 11 years or younger. They had been waiting, on average, close to five years since being approved. Over half of the study group (240), were prospective adoptive parents who withdrew from the program and did not adopt a child in care.

Observations:

It is difficult for the Representative to comment as to whether these outcomes are positive or negative without knowing the reasons why these applicants withdrew from the program. The Representative is concerned that no information is collected about applicants who are not approved or those who withdraw and why. Without collecting this information from applicants, the ministry cannot inform itself whether poor practice and service quality, including long waits – factors which it can control – are to blame.

This study has shown that many prospective adoptive parents withdraw after being approved and being engaged in the program for a number of years. The ministry invested time and resources with these prospective families. This raises the question of whether the ministry has a problem retaining applicants in the adoption program, or whether there are simply too many barriers that create lengthy waits.

Study Part 2: Summary of Outcomes for Adoptive Parents

At the end of the six-year period, the ministry successfully completed adoptions for 197 families, 43 per cent in the study group. A further seven families had a child placed in their home, but had not proceeded to adoption finalization by the end of the study period. Thirteen approved homes were still waiting for a child to be placed with them. More than half of the applicants withdrew from the program and did not adopt a child in care.

Table 9: Adoption Outcomes for the Adoptive Family Study Group as of February 2012 (n=457)

Adoption Application Status	Number	Percentage
Approved but Waiting for Placements	13	3%
Placement Made, Pending Finalization	7	2%
Adoption Orders Made	197	43%
Applications Withdrawn from Adoptions Program	240	53%
Total	**457**	**100%**

The average time for applicants:

- To be approved was 11 months
- To have a child placed after approval was an additional 7 ½ months
- To finalize the adoption following placement was an additional 12 months.

Overall, it took an average of 26 months for completion of the adoption process from start to finish.

Figure 25: Average Time through the Adoption Process for Adoptive Families

Notes:

1. Average time figures only include data records with valid dates.

2. The average length of time for approval, approval to placement and placement to completion cannot be summed because the number of families who achieved each of those stages differed.

3. The average length of time for families from application submission to order (i.e. 26 months) is calculated for 194 of 197 families with valid dates.

Measuring MCFD's Performance in Timely Adoption Placements

There is a strong trend in child welfare to develop standards for measuring performance in delivering programs and services for children in care. Performance measurement and goal-setting communicates ministry priorities to managers and staff and provides them with information that informs decision-making and promotes accountability.

The ministry has committed to more timely adoption placements for children and youth in continuing care, as stated in the *MCFD 2014/15 – 2016/17 Service Plan* (February 2014). In order to measure the progress toward that goal, the ministry reports on the *"per cent of children and youth with adoption plans who have been placed"* with increasing targets each year.

Table 10: MCFD's Adoption Performance Measure, Service Plan 2014/15 to 2016/17

Performance Measure	2011/12 Baseline	2012/13 Actual	2013/14 Forecast	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of children and youth with adoption plans who have been placed	12.3%	12.5%	13.9%	17.0%	20.1%	23.3%

Source:
MCFD.

Although it is positive that the ministry is monitoring the number of adoption placements and aims to increase the number of placements each year, this measure does not capture how timely these placements may be. There is no definition of "timely" in ministry standards or policies. While measuring timely adoption placements for children is important, it is also equally relevant to measure adoption approvals for prospective adoptive parents.

The Representative's Adoption Performance Measures

When developing performance measures, it is important to establish baselines and targets so that organizations know what they are trying to accomplish and can determine the gap between actual and targeted performance. Establishing baselines and targets for the adoption program can assist MCFD in determining if the level of performance is meeting the ministry's practice standards.

Since MCFD's performance measure does not measure timely adoption placements, the Representative's study developed adoption timeliness measures – one for children and one for prospective adoptive families.

Measure 1: Per Cent of Children Achieving a Finalized Adoption Within Two Years of CCO

How long should children in care wait to achieve permanency? The Representative's study looked at the number of children for whom adoption was finalized within two years of them being placed under a CCO. This timeframe is similar to measures of adoption timeliness in the U.S.[51] and U.K.[52] This measure does not include time prior to the child being placed in continuing care.

Of the 260 children in the study who achieved a finalized adoption, 48 per cent were completed within two years of the time the child was placed under a CCO. Forty children waited more than four years. Adoptions were not successful for 20 children who experienced a placement disruption and remained in MCFD care.

Although a finalized adoption outcome during the six-year study period was achieved for 58 per cent of the entire child study group, only 28 per cent (124) achieved that within two years. As stated earlier, the study results showed that young infants under two years of age were more likely to have adoptions finalized in a timely manner than all other age groups.

Figure 26: Number of Children from CCO to Adoption Order Within Two Years (n=260)
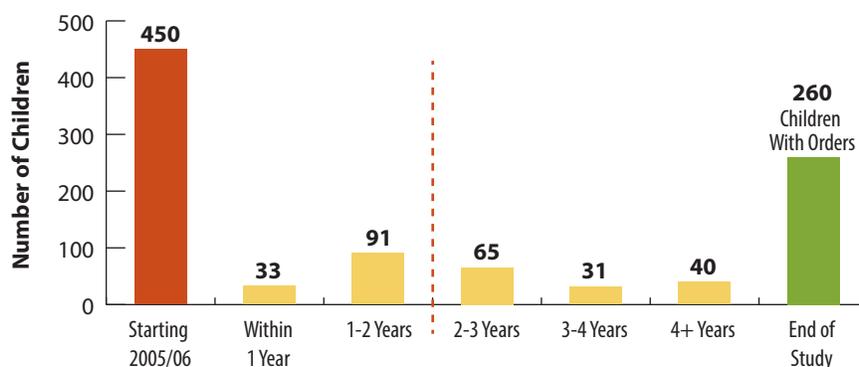
Just over a quarter of the children waited more than three years from their CCO date to when they were adopted. The Representative is interested in understanding why adoption for those children took longer to complete.

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[51] United States, Children's Bureau. 2007. *Child and Family Service Reviews Data Indicators.*
[52] United Kingdom, Department for Education, 2011. *An Action Plan for Adoption: Tackling Delay.*

For the 260 children who were adopted, it took, on average, about 31 months from the time the child or youth was placed under a CCO to the adoption order being granted.

| CCO | Adoption Plan | Adoption Registration | Adoption Placement | Adoption Order |

31 months or 134 weeks (n=260)

No Timeframes in Permanency Planning for Children in Care

There is no legislated mandate in B.C. for timely achievement of permanency goals for children in care. The U.S. implemented federal mandates for timely permanence for children in care in 1997,[53] which dramatically increased the requirement for individual states to develop and implement effective strategies to ensure placement decisions met timelines set out in the *Adoption and Safe Families Act*. As a result, states finalized adoptions more expeditiously and reduced the number of moves for children in foster care.[54]

The decision to pursue adoption or any other permanency plan option should be made as early as possible. The *CFCS Act* states that *"decisions relating to children should be made and implemented in a timely manner."* However, the child practice standards do not set any guidelines for what "timely" decisions are. This means that children and youth can sit in foster homes for many years, with no urgency to find a permanent family.

Timeframes for permanency planning provide a target for best practice. It is critical to have a process in place that measures the length of time a child has been waiting for a permanent family or even a process to track the progress that has been made. For example: identifying any child with adoption plans who have not been matched in the previous 12 months.

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[53] *Adoption and Safe Families Act of 1997*, United States.

[54] United States, Children's Bureau, *Report to Congress on Interjurisdictional Adoption of Children in Foster Care,* June 27, 2012.

There is a demonstrated need in B.C. for regular and scheduled oversight on the progress that MCFD is making toward achieving timely permanency for each of the roughly 4,000 children in its continuing care at any one time. In the U.S., under the *Adoption and Safe Families Act,* this oversight function has been performed by the courts since 1997 which, according to one judge, has led to a *"sea-change in the court community, apart from what's done in child welfare. I think judges are far more attuned to their responsibilities and have far greater understanding and appreciation for the urgency and accountability in these cases than ever before."*[55]

Measure 2 – Per Cent of Prospective Adoptive Parent Applications Approved Within One Year

As the ministry has consistently reported a backlog of applicants waiting to for home studies, a key performance measure would be to track and report the number of applications approved within one year. This measure would allow MCFD to examine performance over time and identify administrative and practice barriers to develop strategies to improve timely services to adoption applicants.

The Representative's performance measure reports on the percentage of prospective adoptive family applications approved within one year – from the time the application was submitted.

As reported earlier, 285 applications were approved from all applications received in 2005/06 over the six-year study period. Sixty-nine per cent were approved within one year and 31 per cent took more than one year to be approved.

69%
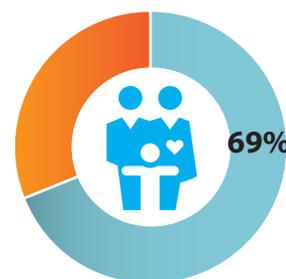
Quality Assurance Monitoring to Support Adoption Work

It is evident from the Representative's study findings that MCFD's adoptions program lacks a robust quality assurance framework that tracks, reports and measures how well the program's objectives are being met and that identifies potential practice and policy gaps to address. There is a clear need for better:

1) Goal-setting at operational and strategic levels to guide program operations and decision-making

2) Data collection and analysis activities to measure whether the ministry is achieving what it intended to achieve, and

3) Quality control activities to ensure adherence to policies and standards and identify where staff may require further supports to achieve expected results.

Without a strong quality assurance process in place, it is impossible for MCFD to determine whether its adoptions work is moving in the intended direction, whether progress and success can be claimed, and how future efforts might be improved.

Using Data to Monitor Performance

The Representative is concerned that there are considerable information gaps in MCFD's data collection and whether or not information is being used for analytical, evaluative and managerial purposes.

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[55] Gray, E. S. (n.d.). Judicial Viewpoints on *ASFA*.

Information about Children Registered for Adoption

Although the ministry can report on basic demographic information about children in the adoption program, it does not have measures that focus on timely adoption placements. The Representative has also learned that the ministry does not track information on its own efforts with adoption planning. Without this information, the ministry cannot effectively prioritize cases, accelerate decisions when needed and assess the quality and responsiveness of practice and services.

For example, there is nothing in the system that tracks and flags cases when a child has not been matched with a family in more than a year, or if a child has not been registered in the adoptions program after several months. If the ministry does not know how many children have been waiting for what length of time for their adoption registration and placement and why there are delays, how can the ministry comment on timely permanence and address what gets in its way? If the ministry does not consistently record why children and youth with adoption plans are withdrawn from the program, how can the ministry effectively focus its energies to support better placement stability? If ministry staff are not consistently recording when and why adoption disruptions occur, how can MCFD be sure it is accurately reporting the number of disruptions or working effectively to prevent placement disruptions?

Information about Prospective Adoptive Parents

There is also not enough administrative information being collected and analyzed about prospective adoptive parents to inform management decisions. The ministry's adoption application form and questionnaire collects many relevant pieces of information, but not all information is being entered or recorded in AMS.

MCFD does not track or report how long it takes applicants to move through each step of the adoption process nor the length of time it takes a worker to conduct a home study. The ministry also does not track how long applicants are waitlisted for adoption services, the reasons why they are not approved for adoption or why they withdraw. Without this information, how can MCFD identify where bottlenecks occur in the adoption process, why they occur and what actions are necessary to address them? How can the ministry tackle recruitment and retention problems when it cannot identify the cause of the problems? These types of information are necessary to inform effective adoption practices, including screening and assessment; developing relevant recruitment and retention strategies for prospective adoptive parents; and ensuring appropriate service quality to families.

Technical Support for Adoptions Workers

Much of the Representative's concern regarding data collection and quality can be addressed by better supporting ministry staff on using AMS. The poor quality of the data being collected and the limited data quality assurance processes in place have led to a system that is ineffective in functioning as a tool for adoption workers.

AMS data is often out of date, incomplete and not comprehensive. Data quality controls to ensure accuracy, completeness, currency and relevance that would make data appropriate for specific uses, such as performance monitoring, are not in place. As there are no quality assurance processes that identify data anomalies, missing data or data-entry errors, problems with the data have resulted such as data elements that do not conform to the requirements for child registration, back-dating of information, and missing

child placement and adoption disruption information. Over time, this has meant that workers cannot rely on the information in AMS as they are forced to expend extra time finding the right information and ensuring accuracy.

The majority of workers interviewed by the Representative's Office had very little to no training on using AMS. This has led to a lack of understanding about the tool and of its potential to better support workers with the adoption process. The ministry needs to better support workers in using AMS and take the steps to ensure that the system is set up to meet the operational needs of adoption workers.

Policy, Training, and Tools for Workers

A good quality assurance framework provides supports to staff in conducting their daily work. MCFD should provide social workers in the adoption system with the support and tools they need to do their job. This means appropriate and timely training based on good adoption practices and a clear adoption strategy and framework that support timely decision-making for children, so that workers can use their professional expertise and judgement. It also means clear policies and standards and developing the appropriate tools, clinical guidance and resources they need to find families for children. Clearly defined timelines set in standards and performance targets are also needed for each step of the adoption process for children and prospective adoptive families so ministry staff understand expectations and progress can be measured against those expectations. Time and energy should be spent on measuring the effectiveness of training, tools and resources for social workers to ensure that they are relevant and meet the needs of ministry workers.

Case Practice Audits

The ministry operates an audit program to measure the compliance of case practice to ministry standards (*Child and Family Service Standards* and *Children in Care Service Standards*) for service delivery under the *CFCS Act*. The audit program is an important quality assurance tool to identify practice strengths and areas requiring improvements.

However, the ministry has never conducted a case practice audit to measure compliance against adoption practice standards for services under the *Adoption Act*. Without an audit program for adoptions, there are no baseline measures that could indicate how well adoption practice is occurring in the province.

The adoption program may very well be meeting compliance to practice standards and guidelines, but there is no information that could indicate how good that practice is. Are social workers being trained and provided with the appropriate supports and tools required for adoption work? Is case work meeting the expected standards of good social work practice?

A special lens is required for adoption planning cases to ensure that good practice and outcomes are being achieved for children. This should be in addition to the practice compliance that must be met for guardianship services under the *CFCS Act*.

In 2012, MCFD developed a new practice audit program in four areas: family service, child service, resources and adoptions. The family service audit was piloted provincially in November and December of 2012. Pilots were implemented for child service, resources and adoption practice in 2013. The Representative's Office did not receive information regarding the adoption audit pilot during the time of this review.

Improving Adoption Practice

There is limited research evaluating adoption practices or models that contribute to timely adoption placements. However, there are some suggested practices that can help to increase the number of children being adopted.

Addressing Social Workers' Concerns and Beliefs

Negative beliefs about the "adoptability" of a child can impact adoption timeliness because these attitudes may diminish adoptive recruiting and placement efforts. Strategies to help workers identify and address their negative beliefs include: seeking support and supervision from managers and accessing professional training that includes dealing with negative perceptions.[56]

Social Workers' Voices

"It [concurrent planning] will need the resources to work with families to explain that the kids may not be staying with them."

"I was aware of this new policy. I raised a question around clarity of concurrent planning. To do it right, we need staff. We need staff to explore families. Staff are busy looking after the child and not available to do exploratory work. We still run into situations where the foster homes are told kids will be there til 19. There are teams that need to learn how to recruit concurrent planning families."

"People don't know what concurrent planning is. There is no training. How do you do this? It would be helpful to have foster homes that were concurrent planning homes and more foster-to-adopt homes. We need to recruit homes with that in mind and need to train families that these kids are not permanent. What are the expectations? Timelines?"

"Staff need to work together from the beginning. Adoption workers need to be involved. It needs to be a co-ordinated effort."

Concurrent Planning

Concurrent planning is designed to expedite permanency planning for children in care by having workers pursue permanency objectives simultaneously. For example:

- Planning for children in care by pursuing reunification with biological families and adoption placement concurrently.

- Placing a child in a foster home that also wishes to adopt the child, when a return to parent is not possible.

Evaluations in the U.K. and U.S. have shown positive outcomes for children placed through concurrent planning, but its success is dependent on good training and a clear understanding of the roles and responsibilities of those involved in the child's permanency plan.[57]

In 2012, the ministry developed a new policy standard on concurrent planning as part of the new Child Protection Response Model. The ministry has, in the past, piloted concurrent planning initiatives but this is the first time it has been included as part of child protection policies.

The Representative's Office asked social workers their opinion of MCFD's new policy on concurrent planning and many stated they appreciated that the new policy emphasized the importance of permanency planning in child protection work. However, when asked about what is required to make this policy successful, almost half the workers said that MCFD would need to put considerable effort into training staff to understand the concept of concurrent planning and how to implement it in practice.

[56] Carnochan, S., Moore, M., & Austin, M. J., 2010, September.
[57] Wigfall, V., Monck, E., and Reynolds, J., 2006.

Several workers interviewed said clarification and direction were needed about concurrent planning, what it means and how to apply it in practice. Workers also suggested better co-ordination between teams and across program areas would be needed to make concurrent planning successful. They said child protection intake workers would need to collect family history quickly and involve adoption workers in planning for a child earlier in the process, before a child is in continuing custody.

Increasing the Number of Adoptive Families

Based on the work of the U.S. Children's Bureau, the following provides a list of proven strategies to increase the number of adoptive families, recognizing that each strategy should be tailored to the needs of the children in care:

1. *General Recruitment Strategies* help build public interest and awareness of the need for foster and adoptive parents for children in care by broadcasting the need to a general audience (e.g. posters, information tables, wristbands).

2. *Targeted Recruitment Strategies* make the most of limited time, staff, and money by targeting recruitment efforts to reach prospective parents who are most likely able to meet the needs of the children in care. Effective targeted recruitment uses demographic data to inform the recruitment efforts by identifying characteristics of current foster and adoptive families and children and youth in care (e.g. partner with faith-based organizations, develop community-based recruitment teams).

3. *Child-Specific Recruitment Strategies* help recruit adoptive parents for specific children in foster care. These strategies begin with a comprehensive child assessment and preparation process. Every effort should be made to involve the child as developmentally appropriate (e.g. feature children on photo listing services, conduct intensive case-file mining for supportive adults who could provide permanency, use local media partnerships to feature a child, youth, or sibling group, create presentations with youth, use specialists to search for relatives and kin).

Practice Example: Wendy's Wonderful Kids program under the Dave Thomas Foundation has shown evidence that demonstrates the value of child-specific recruitment as a way of improving the number of adoption placements for children who are harder to place. Child-specific recruitment focuses on finding people already in the child's life or in the community. This is often a strategy for older children or children who have high special needs.

In B.C., the AFABC receives funding for Wendy's Wonderful Kids recruiters who work directly with MCFD to find families for children in care.

There is no MCFD strategy for recruiting prospective adoptive families. Each region conducts minor recruitment events on occasion, such as public information booths or local adoption matching events. These typically only draw a small number of families.

AFABC staff members expressed concerns to the Representative's Office about the lack of recruitment of prospective adoptive parents by the ministry, especially those who are willing to adopt older children and children with complex special needs. They also felt that child-specific recruitment, in which adoption workers look for prospective adoptive parents, was under-utilized, including in the early stages of adoption planning for children in care. AFABC staff cited some cases of teenagers who had been in care since birth for whom MCFD had not yet even explored members of their extended family as potential adoptive parents.

Social Workers' Voices

"I don't think we are doing any [recruitment] right now. I have families who are waiting to be studied."

"No, we are not doing any recruitment. We talked about child-specific recruitment, but we have no money and the ministry is not supporting. We did a major media campaign in 2000. We got a lot of calls. That made a world of difference to our numbers."

"Recruitment strategies?? . . . just word of mouth."

"We need to do more home studies. There shouldn't be a backlog."

Social workers interviewed were asked about MCFD recruitment strategies or campaigns. The majority of workers were most familiar with the last major recruitment campaign by the ministry, the Kids Can't Wait to have a Family campaign in 2001/02. Workers were unaware of any provincial adoption recruitment strategy since then, but did state that each region is responsible for its own adoption recruitment – mostly utilizing information sessions and matching events.

MCFD needs a provincial recruitment strategy that considers all the children in the province with adoption plans, not regional recruitment that does not support the provincial caseload. Another major reason the ministry is not recruiting enough families is a lack of staffing and resources. The adoption program is too small in comparison to child protection staffing to be able to meet the adoption caseload demand.

In the absence of a recruitment strategy, there are no targeted provincial or regional strategies to focus on recruiting parents for the most challenging children.
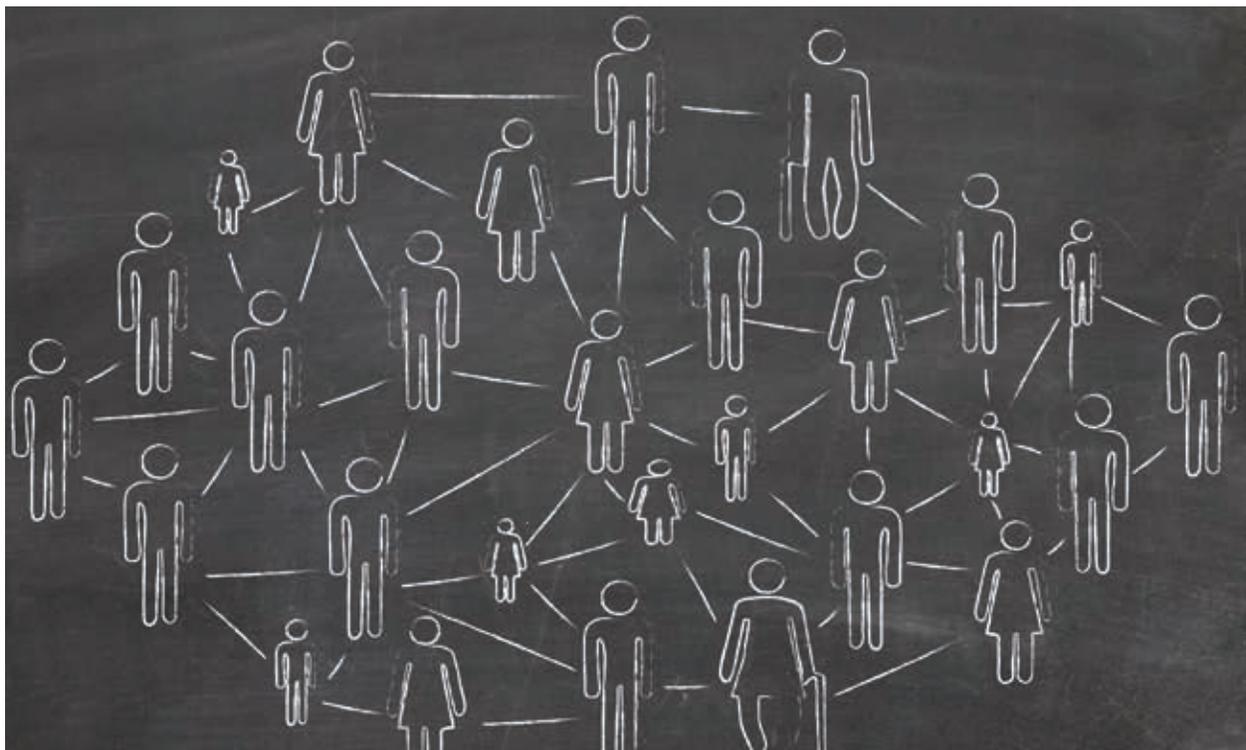
Adoption Initiatives in British Columbia

In the last decade, B.C. has implemented a number of successful adoption initiatives, including some that remain in effect today.

In 2000, the ministry launched a major adoption awareness and recruitment media campaign known as Kids Can't Wait to have a Family to highlight B.C. children in care who were waiting to be adopted. The three-week campaign included television ads, posters, brochures, t-shirts and information packages. The campaign was more successful than anticipated with more than 1,600 phone calls as a result. More than 900 of the callers attended adoption information sessions throughout the province. The campaign included the hiring of 11 new social workers to respond to prospective adoptive parents. After the campaign, B.C. adoption numbers increased to 328 in 2002/03, up from 163 in 2000/01. It was the highest number of placements ever by the ministry.

In 2001, the ministry developed an online bulletin which profiled children who were available for adoption. However, over time, the ministry paid little attention to the bulletin and profiles soon fell out of date. In November 2012, the ministry updated the bulletin, added new profiles, removed profiles of children who had been adopted, and ensured profiles did a better job of highlighting children's strengths.

The ministry piloted the practice of concurrent planning in 2003/04 in some areas of the province. Concurrent planning is a process of working towards family reunification with birth parents while simultaneously establishing an alternative permanent placement. The MCFD pilots never led to concurrent planning being fully implemented in the province. However, in 2012, the ministry's new *Child Safety and Family Support Policies – Chapter 3: Child Protection Response* included the practice of concurrent planning.

In 2004, the ministry announced a $3-million Adoption and Permanency Trust Fund that awarded grants for projects supporting adoption and permanency in B.C. The trust fund has since been renamed the Lex Reynolds Adoption & Permanency Trust Fund and it awarded $128,910 in grants in 2012, including education for prospective adoptive parents and a camp for adoptive families.

Also in 2004, the ministry partnered with AFABC and other community agencies to launch an adoption awareness campaign promoting the adoption of older youth in care. The campaign included training for guardianship and adoption staff on the importance of permanency for youth and how to talk to youth in care about their permanency options.

This was the last MCFD public adoption awareness campaign.

Recommendations

Recommendation 1

That MCFD administer its permanency planning and adoptions services as a central, provincial program under the authority of the Director of Child Welfare, thereby eliminating the ministry's current practice of regional decision-making and diffused responsibility.

Details:

- Establish clear policies and practices that are consistent across all regions and service delivery areas, including staffing and resourcing policies.
- Undertake legislative changes to support this model of service delivery, including centralization of delegation authority under the *Adoption Act.*
- Fully invest in the necessary resources (i.e. additional funding and staffing support) required to adequately meet the work required to improve permanency planning and adoption.

MCFD to provide the Representative with draft plan for these changes by Dec. 1, 2014.

Recommendation 2

That MCFD work with stakeholders to implement an on-going, high-profile provincial adoption awareness campaign and recruitment strategy to increase the number of adoptions of children in care.

Details:

The recruitment strategy should:

- Prioritize efforts to find families for children who are typically harder to place, such as children with high special needs, older children and youth and Aboriginal children.
- Consider greater use of other recruitment techniques such as child-specific and targeted recruitment and/or photo listing.
- Consider assigning a number of workers across the province as "dedicated permanency planners," and provide these workers with specific training required to help find placements for children.

MCFD to present a draft plan to the Representative by Dec. 1, 2014.

Adoption awareness and recruitment campaign to begin no later than May 1, 2015.

Recommendation 3

That MCFD make legislative changes to require and support external oversight and public reporting of adoption or alternative permanency plans on an annual basis.

Details:

- Amend the *CFCS Act* to include adoption planning in the definition of a "plan of care" and require written justification for any plan of care that does not include this.

- Require MCFD to present an annual review in the Provincial Court of B.C. of all actions taken by the ministry to realize adoption or other permanency measures for each child under a Continuing Custody Order.

- Ensure that in each case in which a child or youth is known to be connected with a First Nations community, MCFD provide notice of hearings to the First Nations designate or Aboriginal organization set out under the *CFCS Act* s. 11 and 12.

- Attorney General to ensure that when the court requires legal counsel be appointed to represent children and youth, such a program will be available to ensure the views of children be presented and that their best interests be carefully considered by the court in the annual review.

- Produce an annual report by the ministry detailing progress towards permanency for children under Continuing Custody Orders.

MCFD to present draft legislation to the Representative by Feb. 1, 2015.

Recommendation 4

That MCFD, in immediate partnership with First Nations and Aboriginal communities, including delegated Aboriginal Agencies, take specific measures to improve rates of adoption and other permanency planning for Aboriginal children in care.

Details:

MCFD should:

- Produce annual reports to each First Nations Chief and Aboriginal community on the status of children from their community who are eligible for adoption or other permanency options.

- Ensure that financial assistance equivalent to post adoption assistance is available for families who use a custom adoption through a transfer of custody, so that custom adoption is a viable option for prospective Aboriginal parents.

- Engage with First Nations and Aboriginal leadership to assist in developing a process to easily recognize these custom adoption practices, including an education element to assist MCFD staff in understanding all aspects of custom adoption.

- Work with Aboriginal Affairs and Northern Development Canada to ensure post adoption supports equal to PAA are provided for First Nations adoptive parents on-reserve.

- Work collaboratively with delegated Aboriginal Agencies to develop an Aboriginal-specific permanency planning strategy, including the development of a provincially delegated Aboriginal adoption agency and Aboriginal permanency committees in each of the four regions, with a focus on timely permanency plans for Aboriginal children.

- Engage with First Nations and Aboriginal leadership to develop a consensus on how prospective adoptive parents are identified as First Nations or Aboriginal and what validation requirement should be added to MCFD on custom adoption practice.

- Ensure all adoption and guardianship workers have mandatory cultural competency training as well as additional support and specialized training in managing the complexities of adoption planning in First Nations and Aboriginal communities.

MCFD to present a draft plan to the Representative by March 31, 2015.

Recommendation 5

That MCFD develop and implement a quality assurance program for adoptions that reviews, assesses and monitors adoption practice and outcomes for children in care, including service quality and outcomes for prospective and approved adoptive families.

Details:

In developing a quality assurance framework, the following should be done:

- Improve data collection and reporting gaps – use that information more effectively for decision-making.
- Develop and implement a case practice audit program for the adoption program to measure adherence to adoption practice standards.
- Review the adoption practice standards to ensure that guidelines are consistent with current best practices and legislation.
- Provide training on adoptions for all MCFD social workers, supervisors/managers and caregivers. Topics should include adoption planning for children in care, adoption services to families, and concurrent planning.

MCFD to present a draft quality assurance plan to the Representative by Oct. 1, 2014.

Recommendation 6

That MCFD develop key performance measures and targets to track timely permanency, including adoption placements, for children in care and timely approvals for prospective adoptive parents.

Details:

Key performance measures should:

- Define and implement time standards for permanency, including adoption placements, for children in care, as a target to ensure that timely decisions are made to support permanency.
- Define and implement time standards for approving adoption applications from prospective adoptive parents.
- Ensure that time standards do not impact desired outcomes for children in care and caregivers in achieving timely permanence.
- MCFD to issue annual report card on progress toward these measures and targets.

MCFD to present draft performance measures and targets to the Representative by Oct. 1, 2014.

First report card to be issued by ministry by July 1, 2015.

Appendix 1: Supporting Data Tables and Figures

B.C.'s Waiting Children

Figure A1: Special Needs of Children Registered for Adoption 2012/13

Category	Percentage
Neonatal Abstinence Syndrome (NAS)	5.1%
Fetal Alcohol Syndrome (FAS)	5.6%
Partial FAS/Alcohol Related Neurodevelopmental Disorder (ARND)	7.5%
Genetic Risks	22.7%
No Special Needs	36.9%
Substance Exposed	47.7%
Medical/Emotional	56.7%
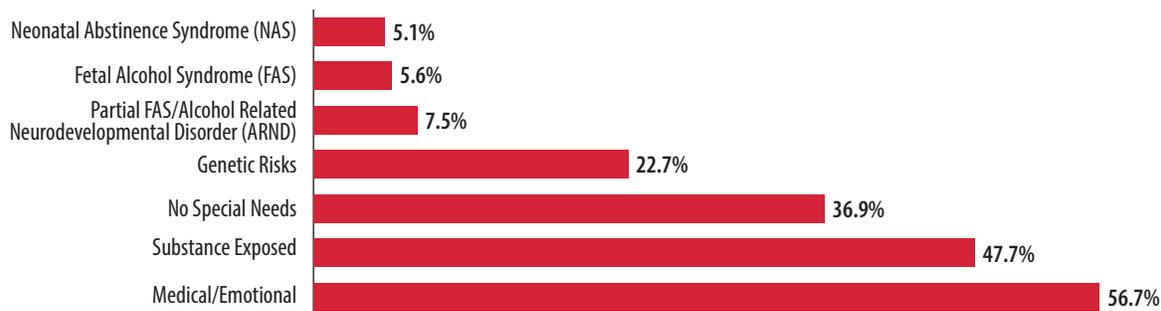
Source:
AMS Report – Children Registered for Adoption – By Age, and Children Registered for Adoption – By Special Needs.
Note:
Includes children with status of Registration Incomplete, Registered But on Hold, Available for Adoption, Offered or Proposed.

The Study – Part 1

Figure A2: Most Commonly Recorded Special Needs of Children in the Study Group (n=450)

Category	Percentage
Diagnosed FAS/Partial FAS/ARND	10%
Aggression	12%
Hyperactivity	15%
Physical or Mental Developmental Delay	21%
Learning Disabilities	21%
Anxiety or Diagnosed Anxiety Disorder	25%
Attachment Issues	30%
Abuse - Physical, Sexual or Emotional	32%
Prenatal Alcohol Exposure	50%
Prenatal Drug Exposure	57%
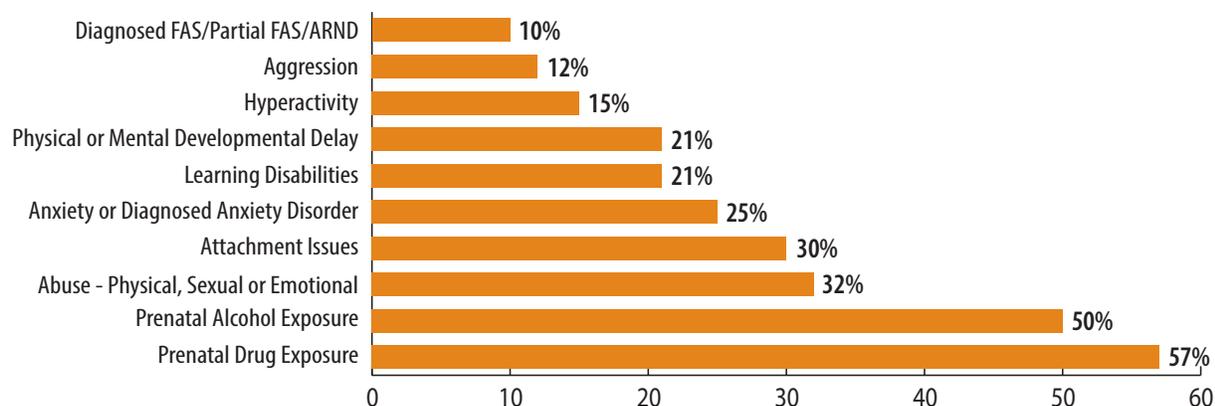
Notes:

1. A child may have more than one special need recorded.

2. 70 children in the study group did not have a special need recorded in AMS.

Table A1: Average Time from CCO to After Care Plan of Adoption by Age Group (n=428 of 450)

		Age Group			
	0-1	2-5	6-11	12+	All
CCO to Adoption Plan (Months)	5.8	15.5	13.6	9.3	11

Note:
22 records were excluded because the adoption plan date was earlier than the CCO date.

Table A2: Aboriginal Children Placed by Time to Placement

	% Aboriginal	Aboriginal Children (n)	All Children (n)
Children placed within 1 year of their adoption plan	30.7%	47	153
Children placed 1 to 2 years after their adoption plan	35.8%	24	67
Children placed 2 years or more after their adoption plan	42.9%	24	56

Note:
Table excludes 16 records where the child's placement date was recorded as happening before his or her adoption plan. The 16 records include three Aboriginal child records.

Table A3: Placement Rates by Age and Aboriginal Status

	0-1	2-5	6-11	12+	All
All Children	87.9%	74.8%	43.1%	34.0%	64.9%
Aboriginal Children	78.2%	60.3%	29.5%	35.0%	55.4%
Non-Aboriginal Children	95.2%	87.0%	50.0%	33.3%	71.2%

Note:
Table excludes two records where the child's Aboriginal status could not be determined.

The Study – Part 2

Table A4: Family Study Group by Application Type (n=457)

Application Type	%
B.C. (General)	37%
B.C. (Foster-to-Adopt)	14%
Child-Specific	12%
Other*	4%
Not Recorded	33%

* Other includes Court Ordered (1), Direct (1), Interprovincial (B.C. Child) (9), Interprovincial (Other Child) (5), and Intercountry (Other Child) (1).

Table A5: Child Age Preference for Adoption by Family Study Group (n=202 of 457)

	All Families		Aboriginal Families		Non-Aboriginal Families	
Age Group	#	% (out of 202)	#	% (out of 51)	#	% (out of 151)
0-1	138	68.3%	34	66.7%	104	68.9%
2-5	164	81.2%	44	86.3%	120	79.5%
6-11	104	51.5%	24	47.1%	80	53.0%
12+	34	16.8%	4	7.8%	30	19.9%

Notes:
1. An applicant can indicate more than one age category as their age preference. Applicants may be double counted. For example, a family that selected ages 3-8 will appear in both the 2-5 and 6-11 categories.

2. Any application that did not identify an ethno-cultural background is identified as non-Aboriginal in this study.

Figure A3: Families Willing to Adopt by Most Commonly Recorded Special Needs of Children (n=457)
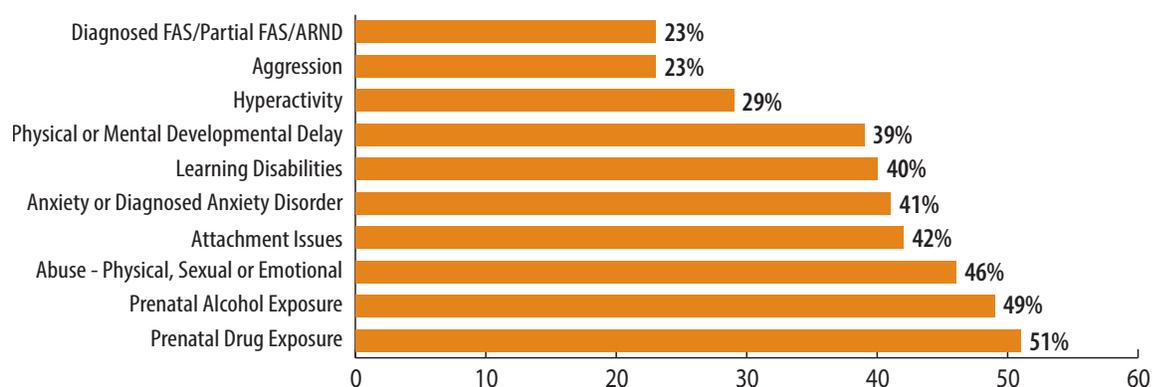
Notes:
1. A family may consider a child with more than one special need recorded.

2. 188 applications did not have one identified factor and/or special need from the Adoption Questionnaire or home study recorded in AMS.

Appendix 2: Adoption Questionnaire Form

RESET

BRITISH COLUMBIA | Ministry of Children and Family Development

ADOPTION QUESTIONNAIRE

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Adoption Act*. Under certain circumstances, the collected information may be subject to disclosure as per the *Adoption Act* and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Social Worker requesting the information.

All infants and children may have problems which could affect their future development. It is important to the adoption process to decide whether you would be willing to parent a child with special needs. This questionnaire is designed to help you identify the background factors and special needs that you feel you are able to consider in the child you wish to adopt. Complete this form and return it to the District Office of your Adoption Worker, who can be contacted to obtain the mailing address*.

THIS FORM MUST ACCOMPANY THE APPLICATION TO ADOPT.

An **Adoption Questionnaire Reference Guide** has been prepared as a companion document to this questionnaire to provide some basic information about the more commonly found conditions or special needs. This guide can be obtained from your Adoption Worker. You are encouraged to learn more about the implications of adopting a child with special needs by talking with an adoption worker, doctor, and other professionals.

PLEASE CHECK THE APPROPRIATE BOX(ES):

NOTE: For Child Specific/Caregiver Adoptions only, complete only sections A, B, C, D, U and X.

A. Type of Application
1. ☐ British Columbia Adoption
2. ☐ Foster to Adopt _____ (Child's Name)
3. ☐ Child Specific _____ (Child's Name)

B. Age of Child/Children
(Specify Years)
1. Youngest	2. Oldest

C. Gender of Child
1. ☐ Male
2. ☐ Female
3. ☐ Either

D. Number of Children
1. ☐ Single
2. ☐ Twins
3. ☐ 2 Siblings
4. ☐ 3 or more Siblings

E. Religious Background/Spiritual Beliefs of Child Sought:
1. ☐ Buddhism
2. ☐ Christianity
3. ☐ Hinduism
4. ☐ Islam
5. ☐ Judaism
6. ☐ First Nation Spirituality
7. ☐ None

F. Accepted Languages of Child Sought:

G. Accepted Ethno-Cultural Backgrounds of Child Sought:
1. ☐ African
2. ☐ Arab/West Asia
3. ☐ Caribbean
4. ☐ Chinese
5. ☐ European/North American
6. ☐ Filipino
7. ☐ First Nations
8. ☐ Indian/IndoCanadian
9. ☐ Inuit
10. ☐ Inuvialuit
11. ☐ Japanese
12. ☐ Korean
13. ☐ Latin American
14. ☐ Metis
15. ☐ Vietnamese

PLEASE DESCRIBE THE BACKGROUND FACTORS AND SPECIAL NEEDS YOU WOULD ACCEPT BY CHECKING THE APPROPRIATE BOX(ES):

H. Child Conceived as a Result of:
1. ☐ Incest
2. ☐ Sexual Assault

I. Premature Birth:
1. ☐ High Risk
2. ☐ Low Risk

J. Risks Identified at Birth:
1. ☐ Anoxia/Hypoxia
2. ☐ Low Birth Weight

K. Genetic Factors/Risks:
1. ☐ Allergies
2. ☐ Asthma
3. ☐ Diabetes
4. ☐ Epilepsy/Seizures
5. ☐ Mental Disability
6. ☐ Mood Disorder
7. ☐ Schizophrenia

L. Prenatal Alcohol/Drug Exposure:
1. ☐ Alcohol Exposure - Limited
2. ☐ Alcohol Exposure - Prolonged
3. ☐ Drug Exposure - Limited
4. ☐ Drug Exposure - Prolonged

M. Alcohol/Drug Related Diagnoses:
1. ☐ Alcohol - Related Neurodevelopmental Disorder
2. ☐ Fetal Alcohol Syndrome
3. ☐ Neonatal Abstinence Syndrome
4. ☐ Partial Fetal Alcohol Syndrome

* For assistance in locating a worker in your region, contact Enquiry BC at 1-800-663-7867 or check the blue pages of your telephone directory for the MCFD office nearest to you.

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N. Intellectual Disabilities:

1. ☐ Down's Syndrome
2. ☐ Mental Disability

O. Physical Disabilities:

1. ☐ Cerebral Palsy
2. ☐ Orthopaedic Irregularities
3. ☐ Spina Bifida

P. Medical Diagnosis (physical/mental/behavioural):

1. ☐ AIDS
2. ☐ Allergies - Other
3. ☐ Allergies - Pets
4. ☐ Allergies - Smoking
5. ☐ Anxiety Disorder
6. ☐ Asperger's Disorder
7. ☐ Asthma
8. ☐ Attention Deficit Hyperactive Disorder
9. ☐ Autism
10. ☐ Diabetes
11. ☐ Eating Disorder
12. ☐ Epilepsy/Seizures
13. ☐ Failure to Thrive
14. ☐ HIV Positive
15. ☐ Heart Defect
16. ☐ Hepatitis B
17. ☐ Hepatitis C
18. ☐ Hydrocephalus
19. ☐ Mood Disorder
20. ☐ Personality Disorder
21. ☐ Reactive Attachment Disorder
22. ☐ Schizophrenia
23. ☐ Short Life Expectancy

Q. Developmental Delay:

1. ☐ Mental Development Delay
2. ☐ Physical Developmental Delay

R. Other Special Needs:

1. ☐ Facial Irregularities
2. ☐ Feeding/Special Diet Administration
3. ☐ Uses Wheelchair
4. ☐ Walk with Assistance or Mobility Aid

S. Sensory Loss:

1. ☐ Hearing Impaired
2. ☐ Vision Impaired

T. Learning Disabilities:

1. ☐ Oral Language
2. ☐ Reading/Writing

U. Child has Experienced:

1. ☐ Abuse - Emotional
2. ☐ Abuse - Physical
3. ☐ Abuse - Sexual
4. ☐ Detrimental Parenting
5. ☐ Multiple Caregivers/Attachment Issues
6. ☐ Neglect

V. Child Exhibits:

1. ☐ Aggression
2. ☐ Anxiety
3. ☐ Bed-Wetting
4. ☐ Destructiveness
5. ☐ Hyperactivity
6. ☐ Inappropriate Sexual Behaviour
7. ☐ Lying
8. ☐ Nightmares
9. ☐ Profound Dependency
10. ☐ Soiling
11. ☐ Stealing
12. ☐ Temper Tantrums
13. ☐ Withdrawal
14. ☐ Child/Youth use Drugs/Alcohol

W. Knowledge and/or Experience with Special Needs:

If you have direct knowledge and/or experience with significant medical, physical or psychological special needs and would parent a child with those special needs, please describe: (e.g. Neurofibromatosis, Tourette's Syndrome)

X. Openness Requirements:

	Fully Disclosed	Semi-Open
Birth Parents	☐	☐
Foster Parents	☐	☐
Siblings	☐	☐
Other	☐	☐

Y. Acceptance of Access:

1. ☐ Access Order
2. ☐ Defacto Access
3. ☐ No Access

Z. Accepted Birth Family Information Not Available:

1. ☐ Mother's Medical Information **Not Available**
2. ☐ Mother's Social Information **Not Available**
3. ☐ Birth Father not known
4. ☐ Father's Medical Information **Not Available**
5. ☐ Father's Social Information **Not Available**

PROSPECTIVE ADOPTIVE PARENT'S SIGNATURE	ADOPTION WORKER	CASELOAD #
PRINT NAME	ADOPTION HOME FILE ID	
PROSPECTIVE ADOPTIVE PARENT'S SIGNATURE	DISTRICT OFFICE	
PRINT NAME	ADDRESS	
DATE (YYYY/MM/DD)	POSTAL CODE / DISTRICT OFFICE CODE / DATE (YYYY/MM/DD)	

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Security Classification upon Completion: PERSONAL

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Appendix 3: Adoption Initiatives in Canada

In Canada, adoption is an area of provincial responsibility. There is no federal oversight or funding for adoptions of waiting children, and no national adoption practice standards or performance measures. According to the Adoption Council of Canada, a national non-profit organization that raises public awareness of adoption and promotes the placement of waiting children and youth, there are more than 78,000 children in the care of child welfare agencies in Canada. More than 30,000 of these children are waiting to be adopted.[58]

There have been few evaluations of provincial adoption programs and strategies informing successful adoption programs in Canada. The Representative is unaware of any province that publicly reports performance using timeliness measures in adoptions.

Alberta

Alberta public adoptions are overseen by the government of Alberta's Human Services department. To support permanency efforts, Alberta has implemented public adoption awareness campaigns such as the televised campaigns known as Wednesday's Child that profiles a waiting child or sibling group, and public photo listing of profiles of children waiting to be adopted on the Alberta Human Services website. Alberta also participates in the national photo listing website managed by the Adoption Council of Canada.[59] (B.C. does not take part in this program.)

In 2004, Alberta revised its legislation to include the use of concurrent planning, emphasizing the importance of finding permanent homes for children in care. Alberta aims to achieve permanency for children in permanent care through private guardianships or adoptions. Even though it is a smaller province, Alberta achieves permanency for more children annually than does B.C. Since 2007/08, Alberta has placed about 350 children each year from permanent care with adoptive families. In 2012/13, 329 children in permanent care of the Alberta government were adopted and 203 children placed in private guardianships.[60]

Alberta and New Brunswick have been cited by the Child Welfare League of Canada as examples of Canadian provinces that have improved their programs through innovative and creative adoption practices.[61]

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[58] Adoption Council of Canada. (n.d.).
[59] http://www.canadaswaitingkids.ca
[60] Alberta. Ministry of Human Services. (n.d.).
[61] Denault, J. 2012, March. Policy Brief: Adoption and Foster Care in Canada.

New Brunswick

In 2002, New Brunswick launched a three-year adoption initiative as part of its adoption re-design project aimed to increase adoptions in that province. The initiative led to the creation of the New Brunswick Adoption Foundation to head adoption public awareness campaigns for the province. The re-design project included 25 new social worker positions and additional training was offered to social workers to improve adoption services to children, birth parents and adoptive parents.[62]

The project had remarkable success, increasing the number of adoptions dramatically from fewer than 30 children per year before 2002 to 462 adoption placements during the three years of the program.[63] After the conclusion of the three-year project, the New Brunswick Adoption Foundation continued its public awareness activities and the number of adoption placements in the province has remained higher than before, with an average of 50 adoption placements annually.[64]

Ontario

Since the Ontario government launched its 2005 Child Welfare Transformation Agenda, it has implemented a number of strategies to support the expanded use of adoption. In 2011, Ontario made a number of legislative and policy changes to its adoption program. These changes included:

- Amendments to the Act to remove legal barriers so that more children in permanent care can be adopted, as these children have legally binding court orders preventing them from being adopted

- Introducing financial subsidies to families adopting children 10 years of age and older and sibling groups

- Reducing the waitlist for home studies and establishing standard timelines, including a standard home study process

- Doubling the number of Adoption Resource Exchanges (AREs) events that match prospective adoptive families with children needing adoption.[65]

These initiatives increased adoptions in Ontario by 21 per cent from 2010. In 2012/13 there were 830 adoptions in Ontario.[66]

[62] http://www.gnb.ca/cnb/news/fcs/2002e0252fc.htm
[63] New Brunswick. Department of Social Development (formerly Family and Community Services). 2002, March 20.
[64] New Brunswick. Department of Social Development (formerly Family and Community Services). 2005, November 4.
[65] New Brunswick. Department of Social Development (formerly Family and Community Services). 2012, 2014.
[66] Ontario Association of Children's Aid Societies. (n.d.).

Glossary

Aboriginal Child (Adoption & CFCS Acts) – An Aboriginal Child, under the *Adoption Act* and *CFCS Act*, means a child who is either:

- registered under the *Indian Act* (Canada)

- has a biological parent who is registered under the *Indian Act* (Canada), who is a Nisga'a child, who is a treaty First Nation child

- is under 12 years of age and has a biological parent who is of Aboriginal ancestry, and considers himself or herself to be Aboriginal, or,

- is 12 years of age or older, of Aboriginal ancestry and considers himself or herself to be Aboriginal.

Aboriginal Peoples of Canada – According to the *Constitution Act,* 1982 (Canada) Section 35(2), "Aboriginal peoples of Canada" includes the Indian, Inuit and Métis peoples of Canada.

Aboriginal community – A child's Aboriginal community is one to which the child has a connection through culture, heritage or descent. It includes the community or communities with which the child identifies and/or the Aboriginal communities that identify with a specific child/youth.

Abuse – Refers to any of the following: **Physical abuse**, **Sexual abuse** or **Emotional abuse**. **Physical abuse** is any physical force or action that results, or could result, in injury to a child. It's stronger than what would be considered reasonable discipline. **Sexual abuse** is the use of a child for sexual gratification. It includes sexual touching as well as non-touching abuse, such as making a child watch sexual acts. **Emotional abuse** is a pattern of destructive behaviour or verbal attacks by an adult on a child. It can include rejecting, terrorizing, ignoring, isolating, exploiting or corrupting a child.

Adoption – Adoption is a legal and social process whereby a person becomes the parent of a child. In terms of the law, the adoptive parents have the same responsibility to an adopted child as a birth child.

Adoption Act – Legislation enacted in 1996 that governs private, public and inter-country adoptions in British Columbia.

Adoption Education Program (AEP) – An Adoption Education Program (AEP) is a course that helps prospective adoptive parents become more knowledgeable about adoption. Through this program, they learn about the types of children who are awaiting adoption, and the issues faced by birth families and adoptive families.

Adoption Management System (AMS) – The Adoption Management System (AMS) is MCFD's information technology to support adoption service delivery within the province.

Adoption Order – An adoption is legally completed by an Adoption Order granted by the court. When an Adoption Order is granted the adopted child officially becomes the child of the adoptive parents, with the birth parents ceasing to have any rights or obligations with respect to the child.

Adoption Plan – Adoption Plan is an after care plan for children in care. The purpose of this plan is to achieve permanency for these children through adoption.

Adoption Residency Period – Also known as the post-placement period, refers to the time a child is placed with an adoptive family before the adoption has been legally completed. The ministry retains guardianship responsibilities for children in these types of placements.

Alcohol Exposed – Children listed as Alcohol Exposed were identified by a ministry Guardianship or Adoption Worker as having limited or prolonged exposure to alcohol in utero. This determination is based on the worker's assessment of information contained in the child's file and any other information available.

Alcohol Exposure – Limited: Limited alcohol exposure refers to the mother's occasional use of alcohol during pregnancy. Alcohol use is generally not a pattern throughout the pregnancy.

Alcohol Exposure – Prolonged: Prolonged alcohol exposure refers to a pattern or continuous and/or heavy drinking by the mother during pregnancy.

Anxiety Disorder – Anxiety Disorders is the general term given to a number of disorders that are characterized by anxiety that is chronic and pervasive enough to impair an individual's daily functioning. Anxiety Disorders have both psychological and physiological components.

Attention Deficit Hyperactive Disorder (ADHD) – The crucial primary features of Attention-Deficit/Hyperactivity Disorder (ADHD) are inattention, hyperactivity and impulsivity. Many individuals exhibit both inattention and hyperactivity-impulsivity. However, some exhibit a pattern of behavior that is predominantly characterized by one or the other.

Alcohol related Neuro-developmental Disorder (ARND) – Describes the presence of the structural or neurological brain abnormalities and/or the behavioural and cognitive problems associated with FAS, without the characteristic facial or growth abnormalities, when it is known that there was significant prenatal exposure.

Autism Spectrum Disorder (ASD) – ASD is a complex condition that impacts normal brain development and affects a person's social relationships, communication, interests and behaviour.

Child, Family and Community Service Act (*CFCS Act*) – Legislation enacted in 1996 which governs child protection in British Columbia.

Child Service (CS) file – A file opened when specific services are provided for children who are 'in care' of the Director or have a youth service or youth agreement.

Child Specific Adoption Placements – Refers to the placement of children in care with families that have applied to adopt them specifically.

Child or youth in care – A child or youth who is in the custody, care or guardianship of a Director (*CFCS Act*) or the director of adoption *(Adoption Act)*.

Children and Youth with Special Needs – The term children and youth with special needs refers to those children and youth up to 19 years of age who require significant additional educational, medical/health and social/environmental support – beyond that required by children in general – to enhance or improve their health, development, learning, quality of life, participation and community inclusion.

Children and Youth with Special Needs (Adoption Questionnaire) – When prospective adoptive families apply to adopt, they are asked to complete an adoption questionnaire, which indicates what type of child they are interested in. They are considered to be interested in a child with special needs, when they select children:

• Who are part of a sibling group of two, three or more

• Whose genetic background includes schizophrenia or mood disorders

• Who have been diagnosed with a mental disability or Down's syndrome or whose genetic background suggests a risk of a mental disability

• Whose future development cannot be predicted because of prenatal or birth trauma or other factors (i.e. the use of drugs or alcohol during pregnancy)

• Who have been diagnosed Alcohol-Related Neurodevelopmental Disorder, Neonatal Abstinence Syndrome, Fetal Alcohol Syndrome or Partial Fetal Alcohol Syndrome.

• Who have intellectual and or physical developmental delays

• Who have medical or mental health diagnosis or are at risk for developing them

• Who are at risk of developing learning disabilities

• Who have experienced physical, sexual and/or emotional abuse or neglect

• Who exhibit significant emotional and or behavioural problems.

Comprehensive Plan of Care (CPOC) – An action-based planning tool for children and youth in care that is used to identify specific developmental objectives based on continuous assessments of the child/youth's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child/youth's child welfare worker with the involvement of the child or youth, his or her family and extended family, the caregiver(s), service providers, other significant people in the child's life, and the Aboriginal community if the child is Aboriginal.

Concurrent planning – Concurrent planning involves social workers working with families toward reunification while developing alternative permanency plans (such as adoption).

Continuing Custody Order (CCO) – While many children only come into the care of the ministry for a brief period of time, the ministry's relationship with children under a Continuing Custody Order is longer-term in nature. A Continuing Custody Order means that the Director of Child Welfare is the sole guardian of the child and the Public Guardian and Trustee manages the child's estate.

Cultural Safety Agreement – The intent of the Cultural Safety Agreement is to facilitate a child's internalization of his or her culture. When an Aboriginal child in care is to be adopted by a non-Aboriginal family, that child must be provided with a plan to preserve his or her cultural identity and connectedness to his or her extended family and community.

Custom adoption – Custom adoption is a term that is recognized as meaning the cultural practices of Aboriginal peoples to raise a child, by a person who is not the child's parent, according to the custom of the First Nations and/or Aboriginal community of the child.

Delegated Aboriginal Agency (DAA) – Through delegation agreements, the Provincial Director of Child Protection (the Director) gives authority to Aboriginal agencies, and their employees, to undertake administration of all or parts of the *CFCS Act*. The amount of responsibility undertaken by each agency is the result of negotiations between the ministry and the Aboriginal community served by the agency, and the level of delegation provided by the Director.

Director – A person designated by the Minister of Children and Family Development under the *CFCS Act*. The Director may delegate any or all of his or her powers, duties and responsibilities under the Act.

Director of Adoptions – A person designated by the Minister of Children and Family Development under Section 76.1 of the *Adoption Act*. The Director may delegate any or all of his or her powers, duties and responsibilities under the Act.

Drug Exposure – Limited: Limited drug exposure refers to the occasional use of small amounts of illegal or prescription drugs by the mother during pregnancy.

Drug Exposure – Prolonged: Prolonged drug use defined as a sustained pattern of drug use by the mother throughout her pregnancy.

Exceptions Committee – The Exceptions Committee is a ministry body that receives requests from social workers for approval to place Aboriginal children in a non-Aboriginal adoption placement. An exception to ministry policies prioritizing Aboriginal placements is required when an Aboriginal adoptive family cannot be found so an appropriate non-Aboriginal adoptive family can be considered.

Fetal Alcohol Syndrome (FAS) – A condition affecting some children born to women who drink alcohol during pregnancy.

Fetal Alcohol Spectrum Disorder (FASD) – FASD is an umbrella term describing the range of **effects** caused by prenatal exposure to alcohol. These may include physical, mental, behavioural, and/or learning disabilities.

First Nation – The term "First Nations peoples" refers to status and non-status "Indian" peoples in Canada.

Foster to Adopt Placements – Placement of the child in a foster home willing to adopt the child should reunification fail.

Foster care – Means a family or persons approved by and funded by the Director, to care for children who are in the care, custody and guardianship of the Director. Family care services are provided from private homes lived in and maintained by the foster parents. Foster care includes Restricted, Regular, Level 1, Level 2, and Level 3 Family Care Homes. Persons who provide family care services are referred to as family care parents, foster parents or as a foster family.

Guardianship – The person or people with guardianship of a child is/are responsible for the care and upbringing of, and decision making about, that child.

Hague Convention – Refers to the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The convention outlined and ratified the terms and conditions for the adoption of children from other countries, which ensure that international adoptions are conducted in a child's best interests and with respect for their fundamental rights. Canada ratified the Hague Convention in 1997 and it has the force of law in British Columbia.

High Special Needs Homes – Homes that are willing to accept a child with any of the following:

- *Premature Birth* – High risk

- *Genetic Risks* – Mental Disability, Mood Disorder, Schizophrenia

- *Prenatal Alcohol & Drug Exposure* – Prolonged exposure

- *Drug- and Alcohol- Diagnoses* – Neonatal Abstinence Syndrome (NAS)/Fetal Alcohol Syndrome/Fetal (FAS)/Partial FAS/Alcohol-Related Neurological Disorder

- *Intellectual Disabilities* – Downs Syndrome, Mental Disability

- *Physical Disabilities* – Cerebral Palsy/ Spina Bifida

- *Medical Diagnoses* – AIDS/ Asperger's Disorder/ Autism/ Heart Defect/ Hepatitis B/ Hepatitis C/ HIV Positive/ Hydrocephalus/ Mood Disorder/ Personality Disorder/ Reactive Attachment Disorder/ Schizophrenia/ Short Life Expectancy/Anxiety Disorder/Asthma/ ADHD/Diabetes/Eating Disorders/ Epilepsy/Seizures/Failure to thrive/Sensory Loss.

Home study – A home study includes an assessment by a social worker of the prospective adoptive parent(s) through visits to the home, and an educational component to prepare the prospective adoptive parent(s) to meet the needs of the adopted child.

Intercountry or International Adoption – This is the process to adopt a child from another country, including a relative living abroad. International Adoptions have to abide by B.C. adoption laws, Canadian immigration rules and the laws of the child's country of origin.

Mental Disability – The term mental disability is used to describe significant deficits in an individual's intellectual functioning and social adaptive behaviour originating during the developmental period from birth to 18 years. Levels of mental disability include mild, moderate and severe deficits based on I.Q. ranges.

Métis – People of mixed First Nation and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree.

MIS / SWS – Management Information System (MIS) Social Work System (SWS). Also called SWS / MIS. It is MCFD's information technology to support social work across the province.

Neglect – Refers to the gross lack of attention to the physical and or emotional needs of a child by their birth parents or caregivers.

Neonatal Abstinence Syndrome (NAS) – The medical diagnosis given when a baby exhibits the medical and behavioural signs of withdrawal from substances such as opiates, cocaine, amphetamines, alcohol and other drugs.

Partial FAS (Fetal Alcohol Syndrome) – The term used to describe those children born with evidence of some of the characteristic facial abnormalities associated with FAS and evidence of one other component (growth deficiency or central nervous system impairment) when it is known that there was significant prenatal exposure.

Permanency – Permanency in child welfare means a legally enduring, nurturing family for every child. Permanency is generally considered to have three dimensions:

- Relational permanence consists of enduring, loving, and trusting relationships with parents or foster parents, and access to extended family, siblings and friends.

- Physical permanence, often referred to as ecological permanence, is characterized by stability of environment, which includes school, community and neighbourhood.

- Legal permanence consists of the court determined relationship between the child and primary caregiver(s).

Placement – An adoptive placement is the start of the child's official residency period with their adoptive family.

Placement Breakdown – Sometime referred to as placement dissolution, a placement breakdown is the unplanned termination of an adoption placement after the adoption has been legally completed by court order.

Placement Disruption – The term placement disruption refers to the unplanned termination of an adoptive placement prior to the legal completion of the adoption.

Placement with Aboriginal Community – Children and youth with this plan will be placed with a family in an Aboriginal community.

Placement with Extended Family / Relative – Children and youth with this plan will return to the care of an extended family member or relative when they are discharged from care.

Plan for Independence – A plan for youth that are transitioning or aging out of care. Youth with this after-care plan live independently and are provided with opportunities to enhance their independent living skills while receiving financial and emotional support from the ministry.

Post Adoption Assistance (PAA) – PAA provides financial support to adoptive families for children placed through the ministry who are designated as having special needs. The program provides two methods of financial support – a basic maintenance payment and coverage for specific services such as respite, therapy or equipment.

Proposal – A proposal occurs when a ministry worker discusses the possible placement of a specific waiting child with an approved adoptive family.

Return to Parents – Children and youth with this plan will return to their parent(s) when they are discharged from care.

SAFE Assessment – The Structured Analysis Family Evaluation (SAFE) is the tool the ministry uses for assessing, evaluating and completing adoption and resource home studies.

Sibling Groups – Sibling groups consist of two or more children as identified on the Social Worker Management Information System (MIS). This includes step-siblings as well as biological siblings.

Significant Adult – An adult who engages in a caring, supportive and long-term relationship with a child or youth.

Special Needs Adoptive Homes – Homes that are willing to accept a child with any of the following:

- *Child Conceived as a result of* – any

- *Risks Identified at Birth* – any

- *Prenatal Alcohol & Drug Exposure* – Limited exposure

- *Genetic Risks* – Asthma, Epilepsy/Seizures, Diabetes

- *Characteristics* – any

- *Diagnoses* – any not covered in High Special section

- *Orthopedic Irregularities* – any

- *Developmental Delays* – any

- *Other special needs* – any

- *Learning Disabilities* – any

- Any child over two-years-old that does not have any high special needs.

Substitute Care – Children and youth with this plan are placed in family care homes or specialized residential services. These placements may last until the child or youth ages out of care.

Transfer of Custody (54.1) – Transfer of Custody under section 54.1 of the *CFCS Act* allows a person other than a child's/youth's parent to be the guardian of a child/youth, who is in the continuing custody of the ministry, until they are age 19 years.

Transfer of Custody (54.01) – Transfer of Custody under section 54.01 of the *CFCS Act* allows a person other than a child's/youth's parent to be the guardian of a child/youth until they are age 19 years. This option is an alternative to bringing the child/youth into the Director's care and applying for permanence after a Continuing Custody Order.

Youth – A person is considered a youth under the *CFCS Act* who is 16 years of age or over but under 19 years of age.

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