

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

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**PREPARED FOR:** Honourable Mitzi Dean, Minister of Children and Family Development

**ISSUE:** Cross-ministry review of the use of income and asset testing as a means to establish funding and support eligibility.

**BACKGROUND:**

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PAA assists families who adopt children with special service or placement needs, to reduce financial barriers to adoption. Two types of assistance may be provided:

- monthly maintenance payments, based on an income and asset test; and,
- service support based on an asset test.

Income and asset tests have been used in PAA since the program's inception in 1996. An internal audit conducted by the Office of the Comptroller General (OCG) in 2006 concluded that because PAA is not paid solely for the child but can also include family support such as counselling and respite, Canada Revenue Agency (CRA) requires that it be income tested. The audit report, attached as Appendix A, also found a positive correlation between adoption subsidy amounts and adoption stability. Consistent with that finding, it notes that at the time of the audit, British Columbia (BC) provided some of the highest adoption subsidy rates in North America and had a very low adoption disruption rate compared to most other jurisdictions.

In July 2019, income testing was suspended for Children and Youth with Special Needs (CYSN) respite and in-home services due to concerns about legal authority. At the time, the suspension was estimated to create a \$1.04M financial implication while decreasing frontline workloads by an amount equivalent to approximately 9.7 FTEs. s.13

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## DISCUSSION:

A preliminary review of income and asset testing in BC government programs has been conducted to determine whether there is alignment with MCFD's PAA income and asset testing, specifically in the following areas:

- income and asset thresholds; and,
- whether each program applies an income test, an asset test, or both across different types of benefits (including direct financial support and indirect service support).

Of the ten programs reviewed, all use an income test to determine eligibility and three also use an asset test (see Appendix B).

### Programs using an Income Test:

To promote comparability with PAA's use of income testing for monthly maintenance, only those programs using income testing to determine eligibility for direct financial support (vs. indirect service support) are considered in this portion of the analysis. Those programs are as follows:

- Income Assistance, which provides a maximum monthly benefit to families who have an annual income below:
  - \$9,000 (based on a \$750 monthly earnings exemption); or
  - \$10,800 (based on a \$900 monthly earnings exemption) if the family includes someone designated as a person with disabilities (PWD).
- Disability Assistance, which provides a maximum monthly benefit to families who have an annual income below:
  - \$18,000 (if the family includes only one person designated as a PWD); or,
  - \$30,000 (if the family includes two people designated as PWDs).
- BC Child Opportunity Benefit, which provides a maximum monthly benefit to families who have an annual income below \$25,000.
- BC Recovery Benefit, which provides a maximum one-time benefit to families who have an annual income below \$125,000.

PAA provides maximum monthly maintenance to families earning up to \$80,000 per year, which is higher than most of the income thresholds above. This amount is close to the 2017 BC median family income of \$84,850 (note that 2017 is the most recent year for which a reliable figure could be found).

Programs using an Asset Test:

The following programs use an asset test to determine eligibility:

- Income Assistance – asset limit of \$10,000 or:
  - \$100,000 if one person in the family is in long-term care or admitted to hospital for extended care,
  - \$200,000 if two people in the family are in long-term care or admitted to hospital for extended care.
- Disability Assistance – asset limit of:
  - \$100,000 if only one person in the family is designated as a PWD, or
  - \$200,000 if two people in the family are designated as PWDs.
- Subsidized Housing (BC Housing) – asset limit of \$100,000.

The asset limit for PAA service support is \$300,000.<sup>s.13</sup>  
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**SUMMARY:**

**ATTACHMENTS:**

- A. 2006 Internal Audit Report on the Post-Adoption Assistance Program
- B. Cross-Ministry Overview of Income and Asset Testing

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## **Report on Post Adoption Assistance Program**

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Date of fieldwork completion: June 2006

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## Abbreviations

AA file	<i>Adoption Act</i> file
AFCARS	Adoption and Foster Care Analysis and Reporting System
AH file	Adoption Home file
AMS	Adoption Management System
AS file	Adoption Service file
BCAFA	Adoptive Families Association of BC
CAS	Corporate Accounting System
CIC	Children in Care
CLBC	Community Living BC
CRA	Canada Revenue Agency
CS file	Children Service file
FTE	Full time equivalent
GED	General Equivalency Diploma
MSP	Medical Services Plan
OTO	One-Time Only
PAA	Post Adoption Assistance
the branch	Child and Family Development Branch
the ministry or MCFD	Ministry of Children and Family Development
UMP	Utilization Management Project

## Executive Summary

We have completed our review of the Ministry of Children and Family Development's (the ministry or MCFD) Post Adoption Assistance (PAA) Program. The purpose of our review was to assess the cost/benefit of the program, review the program's long term strategic goals and assess how the program is delivered in the regions.

Overall, the PAA program is highly valued by adoption social workers and adoptive families. The program has helped to increase the number of adoptions for children in care and also helped maintain a very low adoption disruption rate compared to other jurisdictions. Research has shown that families that adopt children from care need PAA.

The PAA budget has increased from \$2 million in fiscal 2000/01 to \$11.2 million in 2005/06, largely as a result of an increased number of families eligible for PAA and increased PAA rates.

Other jurisdictions have shown significant increases in PAA budgets due to an increase in the numbers of children placed for adoption and the increase in the children's special needs. In addition, two recent studies have shown that the savings expected from adoption for children in care is not as significant as originally thought. Two US studies have estimated annual savings between \$3,500 and \$8,500 per adopted child. We estimate savings to be approximately \$6,700 per year in BC.

The adoption program and PAA should be considered in terms of long-term benefits to individuals and to the province. PAA helps support adoptions; and research indicates the more PAA that is provided, the less the likelihood of adoption disruption. BC has one of the highest PAA rates in North America and significantly lower disruption rates at 3.8% compared to 5% to 15% in other jurisdictions. Long term, studies have shown that, compared to foster care, adoption provides greater stability, and improved educational, economic and social outcomes.

We did, however, identify some areas that the ministry needs to address to improve the program, including:

- updating the overall PAA program philosophy;
- reducing barriers to adoption;
- ensuring consistent regional delivery and workload; and
- developing a new income test.

### **PAA Program Philosophy**

The PAA program philosophy statement was developed in 1996 when the adoption program was less focused on placing children in care (CIC) for adoption. The philosophy statement was never fully developed or formally communicated to adoption staff and adoptive families.

The regions and workers have developed their own philosophies, which has resulted in inconsistent program delivery. Fundamental issues to address include the degree to which the adoption program is part of the child welfare continuum, how much government support the PAA program should be providing to CICs placed for adoption, and whether PAA should be considered an incentive to adoption or a needs based program.

The ministry needs to develop an updated provincial PAA program philosophy and communicate this philosophy to all staff and to the adoption community.

We also identified a number of policy areas requiring attention and some potential gaps in service. Attempting to address all of these gaps would have significant cost implications. Once the updated philosophy is established, it can guide the ministry in deciding which gaps to address and which to accept.

### **Barriers to Adoption**

According to the *Adoption Regulation*, single children who do not meet the criteria for special placement needs are not eligible to receive PAA maintenance. This poses a significant barrier to adoption for some children, especially older youth and those with high special needs.

Most foster parents who adopt the children in their care are regular or level one foster parents and the financial support they receive from PAA is not notably different from foster care rates. However, a financial barrier to adoption can often exist when a child has developed a long term significant relationship with their foster parents who are Level 2 or 3 caregivers, as the rates for these caregivers are higher than PAA.

The ministry will need to consider whether changes to regulation and policy are warranted to remove these potential barriers to adoption. The updated philosophy will provide a basis for these decisions.

### **Regional Delivery and Workload**

Most regions have developed their own guidelines for the PAA program. There are differences in what regions allow for expenses on the income test and what limits they will pay for services such as counselling or tutoring. As a result, families with the same income and circumstances may be treated differently depending on where they live in the province. This is especially a concern when adoptive families move from one region to another.

MCFD needs to develop provincial guidelines for PAA, which are administered by the regions. Each year more children are placed for adoption and more are receiving PAA, yet few children are aging out. This increases the workload for adoption workers but no new workers or full-time equivalents (FTE) have been allocated for the PAA program. There have been 1,564 adoptions in the last 5 years or about 22 per adoption social worker. Adoption caseloads and specifically the number of PAA agreements have increased without any additional staff. Financial and administrative staff are also impacted by the increasing number of adoption placements where a PAA agreement is in place.

Developing standards for adoption worker caseload, based on the various responsibilities of adoption workers, would help to determine appropriate workload levels and provide a basis for allocating FTEs.

Suggestions for reducing workload include extending the length of the maintenance agreements from two years to up to five years and reducing the verification on specific services from 100% to a random sample each year.

## **Income Test**

We found that the current income test is not applied consistently and accurately. Application of the income test varies by social worker and, in particular, regions differ on what to include for income and expenses.

PAA is a family support and is not provided specifically for the child; an income test is, therefore, required by the Canada Revenue Agency (CRA).

Social workers find the income test time consuming to apply. However, adoptive families and social workers strongly believe that there should be an income test.

We have developed a proposed new income test that will provide consistency across the province and significantly reduce the adoption workers' time to review and approve.

Our detailed comments and recommendations are included in the main body of the report.

We want to thank the headquarters staff, regional adoption staff, staff at the Adoptive Families Association of BC, and especially the adoptive families that met with us to discuss the PAA program.

David Fairbotham  
Executive Director  
Internal Audit & Advisory Services

December 4, 2006



## Introduction

The Child and Family Development Branch (the branch) of the Ministry of Children and Family Development (the ministry or MCFD) is responsible for establishing adoption policy and overseeing the Adoption Program. The five regions are responsible for initiating and monitoring adoptions. The Post Adoption Assistance Program (PAA) is available for children placed through the ministry and designated as having special needs. The PAA is child specific and is based on the services required to meet a specific child's needs. The PAA provides two types of payments:

1. Maintenance Payments – this is a payment to assist the family with the ongoing costs associated with the placement. The payment cannot exceed the basic rate for foster care.
2. Service Payments – this is a payment to provide services to support the adoption such as counselling and respite.

The PAA was set up as a family support program to assist families with the costs associated with the child's special service and placement needs. The PAA annual budget has grown to exceed \$12 million.

## Purpose

The purpose of this project was to:

1. Assess the cost/benefit of the PAA program.
2. Review the long term strategic goals of the PAA program.
3. Assess the consistency and workload of the PAA program among the regions, including the income test. We did not look at the efficiency of the income test as two previous reports have looked at that.

## Scope and Objectives

The scope of the review included an examination of:

1. The cost/benefit of the PAA program. The approach to determine the PAA costs did not attempt to quantify the long-term impacts to society such as the impacts on the welfare and criminal justice systems. However, we did analyze:
  - a. a representative sample of PAA files and compare the annual direct costs under the PAA program to the annual direct costs associated with the placement when the individuals were wards of the Province;
  - b. indirect costs such as MCFD staff time and administration;
  - c. non-financial costs and benefits, by inquiry with regional and district staff;
  - d. the PAA costs incurred that should have been incurred under the guardianship budget or other budgets; and
  - e. research on the long term benefits and costs associated with adoption compared to foster care.
2. Program strategic goals, objectives, philosophy and values to determine whether:
  - a. long term goals and objectives have been developed and communicated;
  - b. the current policies and procedures are adequate for MCFD to achieve the long term Adoption Program goals and objectives;
  - c. the PAA program should be utilized as an “incentive” to adoption, or continue to be needs based;
  - d. the PAA and the Adoptions Branch provides all the services required to support the adoption; and

- e. a significant barrier to adoption is created as a result of:
  - I. PAA payments being less than foster care payments, preventing foster parents from adopting;
  - II. PAA not allowing maintenance payments for single child adoptions.
- 3. PAA program delivery in each region to determine whether:
  - a. the policy and procedures applied are consistent across the province;
  - b. the goals and objectives of the program are being met;
  - c. the process to transfer budget allocations across regions based on out of region adoptions is working;
  - d. the MCFD Regions attempt to identify community programs prior to funding PAA service payments.
- 4. The income test to determine:
  - a. If it is consistently and accurately completed.
  - b. The Canada Revenue Agency (CRA) tax consequences of the program's income test.
  - c. Whether there is a better model of testing eligibility.
  - d. The impact of the current or proposed test has on the regional staff's workload. This included whether the PAA should be needs based or incentive based.
- 5. The impact on the workload of the adoption workers, adoption consultants and financial staff in terms of administration and income testing.

## Approach

The fieldwork consisted of:

1. reviewing 86 *Adoption Act* files from 10 district offices, which consisted of:
  - a. 184 children;
  - b. 295 maintenance agreements; and
  - c. 204 specific service agreements.
2. In-depth discussions with:
  - a. 60 social workers from across the five regions;
  - b. 50 adoptive parents from across the five regions;
  - c. six representatives from the Adoptive Family Association of BC (BCAFA);
  - d. the Adoption Regional Advisory Committee; and
  - e. Regional Financial Managers.
3. Adoption Research, which consisted of reviewing adoption literature from Canada, the US, the UK and Australia.

## Project Team

The project was carried out by Stephen Ward, contractor, and Dee Dee Fuchs, contractor, under the general direction of Internal Audit & Advisory Services.

## Comments and Recommendations

### 1.0 PAA History

#### Background

The British Columbia adoption program and the post adoption assistance program that supports it have undergone significant change since the *Adoption Act* of 1996 was proclaimed. Prior to 1996, ministry adoption work focused on working with birth parents voluntarily placing “healthy infants” for adoption; providing information and approvals for inter-country adoptions; and approving adoptive families for infant and special needs placements. Most prospective adoptive families were married couples that came to the ministry hoping to expand their family through the adoption of an infant. A small number of young children with special needs who were in permanent custody were also placed with adoptive families.

Although an assisted adoption program was implemented in BC in 1989, because of the small numbers of children placed with special needs, financial assistance was rarely provided to support an adoption. However, in recognition of the growing percentage of children with special needs who were available for adoption, the *Adoption Act* of 1996 provided legislative support for financial or other assistance for adoptive parents of children placed by the Director of Child Protection. The *Adoption Regulation* (1996) clearly defined eligibility for financial and other assistance, and the kinds of assistance available. This assistance is known as Post Adoption Assistance (PAA).

Throughout the course of this review a number of adoption workers remarked that a shift in the adoption program and the role of PAA began after the MCFD Utilization Management Projects (UMP) in 1998 and the BC adoption recruitment campaign in 2001.

UMPs emphasized that placing children from care for adoption was good for children, and could save money. The UMPs were based on a growing body of child welfare literature that focused on resolving issues with long-term foster care as a permanency option for children. Adoption was seen as the preferred permanency plan for children because through adoption children and youth were provided with:

- greater stability;
- lasting relationships;
- a sense of security and positive feelings about self; and
- improved outcomes.

In addition UMPs estimated that \$19,000 a year could be saved for each child in care that was placed for adoption, and this amount was supported in an internal audit of the ministry's adoption program in May 2000.

The BC provincial adoption recruitment campaign in 2001 focused on finding permanent homes for children in care. Prior to then, many prospective adoptive parents in BC felt their best option was inter-country adoption because they were unaware that children available for adoption lived within their own communities. As a result of the UMPs and the recruitment campaign, more adoption plans were made for children in care and more families came forward with a willingness to adopt them. Adoption placement of children in care increased significantly, from 165 in fiscal 2000/01 to 348 in fiscal 2002/03. This increase, together with increased PAA rates, has led to an increase in the PAA budget from \$2.0 million in 2000/01 to \$11.2 million in 2005/06.

### **Trends in Adoption**

Most children placed for adoption from foster care have special needs. In every discussion we had with adoption workers, emphasis was placed on the greater needs of the children who are now being placed for adoption. Many workers felt this was because the easiest children to place (younger children with fewer needs) have already been placed, and that adoption work is now focused on placing children who have been in care longer, are members of large

sibling groups, and/or have a high degree of special needs. Others stressed that front-end initiatives within the ministry to find options for children have reduced the number of children with lesser needs coming into care. These front end initiatives, they state, have resulted in foster care placement and adoption plans for children with greater and more complex needs. The perception that higher numbers of children with special needs are being placed for adoption is supported by population data, ministry statistics and research.

The ministry's 2006/07 – 2008/09 service plan describes a growing population of children and youth with special needs in BC and, according to the Adoption Management System, 85% of children placed for adoption from 2002 to 2004 have special needs. According to the United States Adoption and Foster Care Analysis and Reporting System (AFCARS), 88% of children placed for adoption in 2004-2005 were classified as having special needs, and children 6 and older placed for adoption had over a 90% likelihood of having special needs.

### **Changes in Adoptive Family Demographics**

With the increased recruitment and emphasis on placing children from care for adoption, many workers in our discussions mentioned that more of the families coming forward to adopt are relatives, foster parents and single parent families. Between February 2004 and February 2006, 38.1% of adoptions in BC were by foster parents, and this trend toward increasing numbers of foster-to-adopt placements is evident in other jurisdictions as well. AFCARS estimates that 62% of annual adoptions completed by April 2005 in the US were foster-to-adopt placements. A recent adoption study in Illinois found that 40% of adoptions were by single parent families.

Many of these families are from lower socio-economic groups, and workers and families repeatedly mentioned that PAA has been vital to the recruitment and support of these families. Research and literature suggest that these families should be recruited and supported. Families with lower incomes and lower levels of education, as well as families that fostered the child before adopting, are among the most likely families to provide adoption stability for children with special needs. (Rosenthal & Groze, 1990; Barth & Berry, 1990; Valdez & McNamara, 1994).

Most children adopted from foster care are receiving some type of assistance. In BC 85% of children placed for adoption by the ministry since February 2004 are receiving PAA. AFCARS Data from January 2005 found that 88% of children placed for adoption in the US are receiving some type of subsidy. Analysis of AFCARS data also indicates that older children are more likely to receive subsidies and these subsidies are more likely to be higher. (Understanding Adoption Subsidies: An Analysis of AFCARS Data. Final Report – Dalberth, Barbara; Gibbs, Deborah; Berkman, Nancy – 2005)

## **2.0 Cost Benefit Analysis of PAA**

### **2.1 PAA Net Savings Compared to Foster Care**

**Objective:**

**To analyze:**

- 1. a representative sample of PAA files and compare the annual direct costs under the PAA program to the annual direct costs associated with the placement when the individuals were wards of the Province;**
- 2. indirect costs such as MCFD staff time and administration;**
- 3. non-financial costs and benefits, by inquiry with regional and district staff; and**
- 4. the PAA costs incurred that should have been incurred under the guardianship budget or other budgets.**

**Conclusion:**

We were unable to perform a comparison of a sample of individuals' costs under PAA versus in-care as we were unable to gain access to their CIC files because of privacy concerns.

We estimate the net annual savings for each child adopted from ministry care approximately \$6,700. The savings are lower than previous estimates because many of the costs of keeping children in care (such as infrastructure, social workers, and bed-specific contracts) do not automatically reduce when a child is placed for adoption.



The per capita funding for children-in-care has increased 21% from \$32,780 in 2000/01 to \$39,876 in 2004/05. According to MCFD management, in 2000, the adoption program and PAA was estimated to save the ministry \$19,000 per year for every child placed for adoption from ministry care. Based on the costs in 2005, the savings should be about \$26,000 using the same calculation.

However, as part of this review, the cost savings information was reviewed and analyzed. This review indicates that the savings are less for a number of reasons:

1. The infrastructure costs (buildings, government cars, computers and systems etc.) are relatively fixed. While they may change over time, changes will not be in direct proportion to the number of children in care.
2. The number of social workers will not decline in the short run, although their caseloads will decrease. The number of children in care varies each month as children come into care and leave care. It would take years of declining numbers in care for the ministry to reduce the number of social workers.
3. Since 2001, the ministry has had a dramatic switch from child specific foster homes to bed specific homes for Level 2 and 3 homes. Child specific homes have declined from 90% of all levelled foster homes to less than 20%. Many of the children placed for adoption come from bed specific homes, and even when the bed is vacated, the service payment continues to be paid to the foster parents. Maintenance to the foster parents is eliminated when the adoption occurs, but most adoptive parents receive PAA maintenance in the same amount. The net effect for bed specific foster homes is that in 75% of the cases, no savings are realized.
4. In the last three years, of the children adopted from ministry care:
  - 32% care came from restricted and regular foster homes. There are no cost savings as the maintenance for the foster parents is the same as the PAA maintenance.

- 22% care came from Level 1 foster homes. There are no cost savings as the maintenance for the foster parents is the same as the PAA maintenance.

We estimate the savings from each adoption would realize approximately \$6,700 per year, based on:

- more than 50% of the children placed for adoption come from restricted/regular and Level 1 foster homes;
- most of the Level 2 and Level 3 homes are bed specific homes and the foster parent still receives the service payment after the child has moved to an adoption placement; and
- with each adoption, the amount spent on administration, facilities/infrastructure and child protection social workers will not change in the short to medium term.

The calculation of our estimated cost savings is in Appendix B.

A 1993 Westat Corporation study in the US concluded that adoption subsidies have substantial savings over foster care. The study reported \$1.6 billion in savings for 40,700 adoptions over five years. This amounts to \$3,575 annually per child. The savings came strictly from the difference in the administration costs between foster care and adoption and did not account for the difference in the maintenance or service funding rates.

The Social Service Review in March 2006 contained a study titled "A Comparison of the Governmental Costs of long term Foster Care and Adoption". This study found that the average adoption would save up to \$8,500 annually. This study looked at all costs including administration, staffing and maintenance. This study also concluded that in the first few years, the costs of adoption could be higher than foster care due to the increase in court costs and administration around the adoption process.

Both of the above studies are US based, where adoption subsidies are structured differently. A large portion of the funding comes from the federal government and they have three levels of administration (federal, state and local) compared to only one level in BC; administrative savings are, therefore, likely to be higher in the US.

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## 2.2 Other Benefits from Adoption and PAA

### **Objective:**

**To examine the research on the long term benefits and costs associated with adoption compared to foster care.**

### **Conclusion:**

We found that there are many benefits to adoption beyond cost savings. These include:

- greater stability for the children;
- improved relationships;
- improved educational and employment outcomes; and
- less involvement with the criminal justice system.

The PAA program helps support the adoption placement, creating lasting relationships and stability in the child's life.

A review of the costs and benefits of the adoption program must include other benefits that may not be quantifiable or are long term in nature. Studies from all jurisdictions conclude that adoption is the preferred permanency plan for children in foster care because through adoption children and youth are provided with:

- greater stability;
- lasting relationships;
- a sense of security and positive feelings about self, and
- improved outcomes.

Although there are many philosophical issues within the delivery of PAA in BC, workers and adoptive parents attribute the following benefits to the PAA program:

1. Reduces financial barriers:
  - High needs children may not have families without the support of PAA.
  - More sibling groups and Aboriginal children are placed because of PAA.
  - Without PAA most foster parents could not afford to adopt.
  - Many single parents would not be able to adopt without the support of PAA.
2. Stability and Other Benefits:
  - Provides supports for children and families which strengthens the stability of the placement.
  - Allows for more stay-at-home parents. High needs children need more support from their families, which a stay-at-home parent can provide.
  - Eases stress for families.
  - Reduces rate of disruption.

Research supports the conclusion that adoption subsidies are associated with adoption stability, including:

- families who did not receive subsidies had a higher likelihood of disruption, and
- stable placements were receiving larger subsidies than those that were disrupted.

“Adoption subsidies are perhaps the single-most powerful tool by which the child welfare system can encourage adoption and support adoptive families” (Understanding Adoption Subsidies: An Analysis of AFCARS Data. Final Report – Dalberth, Barbara; Gibbs, Deborah; Berkman, Nancy – 2005).

In BC, the percentage of disrupted adoptions (those where the child is moved from the home prior to adoption completion) is low. According to the Adoption Management System (AMS), only 3.7 % of adoption placements have disrupted since 1996. A number of US studies have found that adoption disruption rates and dissolution rates (after legalization) have remained relatively consistent over the past 15 years, ranging between 5 and 15%, and that since 1984 disruption rates have gone down due to the introduction of post adoption services. (Boyne, Denby, Kettering, Wheeler, 1984; Groze, 1986; Barth and Berry 1988)

Limited research is available on the benefits of adoption from care. Most research has been on the costs and long term problems with foster care. The main issue that has come out of these studies has been that less stability in the child's life will significantly increase the social costs later in their life. Since PAA has been shown to dramatically improve stability, the benefits would be reduced social costs later.

### **Problems as a Result of a Lack of Stability**

The Westat Corporation study mentioned above concluded that, "the relative costs of foster care versus adoption can not be considered solely in financial terms." The study found that the more placements a child had in foster care, the greater the incidence of negative behaviour.

<b>Result % of Respondents</b>	<b># of Moves as a Child</b>	
	<b>1</b>	<b>10</b>
In Jail or on Welfare	25%	75%
Who had Problems with the Law	10%	61%
Who Completed Grade 12	78%	38%
Who Improved Educational Status	37%	11%
Who held a job for 1 year or longer	53%	17%
Who were employed at follow up	80%	21%
Who experienced homelessness	9%	40%

The results indicate that society will have significant costs after children from unstable foster care placements move into adulthood. The study found that adoption provided lifelong stability and that adopted children were more likely to stay out of jail and be productive taxpaying citizens as compared to children who aged out of foster care.

Studies in Canada and the US have found that multiple placements in foster care can result in adverse outcomes in adulthood. These studies have found:

- a significant portion of the homeless population spent time in foster care. A National Association of Social Workers study in the US found that as many as 49% of homeless youth were in care in the previous year.
- former children in care have problems finding and maintaining employment. In general, the literature indicates the economic outcomes for former foster children resemble those of people living at or below the poverty line. From 2001 to 2005, 38% to 47% of the children who aged out of foster care in BC went directly onto income assistance.
- that 45 to 55% of children who age out of care have not graduated from high school and never obtain a General Equivalency Diploma (GED).

In contrast, one study of adopted children four years of age or older, reported that:

- 99% of the adopted children between the ages of 6 and 17 were attending school; and
- 66% of parents felt their adopted children enjoyed school and that the most common grades earned were B's and C's.

Adoptive families we talked to indicated that while the children they adopted were still in foster care, they were failing in school, not attending or were suspended. Once the adoption occurred, these families ensured that the children received educational assessments, counselling, tutoring and/or home schooling to help improve educational results for the children. Many stated that their children went from failing to graduating or obtaining their GED, and felt that parental advocacy, stability of the placement and obtaining

the right supports was the key to achieving this result. PAA plays an important role in ensuring that funding is available to provide the educational services that children placed from foster care require.

## **Conclusion**

Most studies conclude that long-term relationships that former foster children have with significant persons in their lives contribute the most to positive outcomes. Adoption provides stability for children and lasting relationships throughout life. Research indicates that post adoption support and assistance is successful in encouraging and supporting adoptions and stability of placements.

In addition, some studies have found that adopted children who experience disruption have poorer outcomes than non-adopted foster children. Therefore, it is important to recognize that adoption placements of challenging children require support to ensure that children have the best possible chance for permanence and stability. Though the PAA program can be improved, it is a strong program that has been instrumental in the successful placement of 1,564 children for adoption in BC in the last 5 years.

The BC adoption program:

- pays some of the highest PAA rates in North America; and
- has a very low disruption rate compared to most jurisdictions.

Continued support of adoptive children and families through PAA funds for maintenance and special services should result in long-term benefits to these children. Children with positive outcomes transition into successful adults and this should then reduce the long-term costs to the province for welfare, health and justice.

### 3.0 PAA Program Philosophy

#### Objective

**To determine whether long-term PAA goals and objectives have been developed and communicated.**

#### Conclusion

The ministry has not developed long-term goals and objectives for the adoption program.

The program's overall philosophy statement is outdated, not fully developed and has never been formally communicated. Developing and communicating an updated statement of the ministry's philosophy for PAA would help support consistent program delivery across the regions.

The PAA program has a short philosophy statement in the Adoption Standards, which states, "The program is based on a family support model which recognizes that families that adopt children with special service or placement needs may require additional supports in meeting those needs. Funding through the program is not meant to be a financial incentive to adopt but is meant to assist the child and family after placement."

The philosophy statement was developed in 1996 when the ministry was not as focused on placing CICs for adoption. The philosophy statement is outdated, not fully developed and has never been formally communicated to adoption staff and adoptive families.

Because the philosophy statement is not well developed, regions, office staff and individual social workers fall back to their own belief or value system. This results in inconsistent program delivery that is different by region, district office and worker.

Most workers we spoke to felt the goal of PAA is to:

- increase the number of families who are able to adopt so that ultimately all children whose plan is adoption are placed;
- support those placements; and
- decrease the number of disruptions.



However opinions range from the belief that:

- PAA should be a universal program for children placed for adoption, much like the child tax benefit; to
- PAA “welfarizes” adoption because, in its present form, PAA binds people unnecessarily to MCFD.

Some workers felt the high percentage of foster parent adoptions has changed the philosophy to one of entitlement. These workers question whether legal parents should be paid to raise their children, and worry whether the extent of adoption assistance blurs the line between foster care and adoption.

A core value issue is whether adopting families are deserving of financial assistance. This includes judgements around:

- whether adoptive families are entitled to more support than birth families;
- how families spend money; and
- whether increased assistance reduces or increases commitment to the adoption.

Adoption workers believe that adoption is the preferred plan for permanence. However, because workers differ in their opinions of the degree the adoption program is part of the child welfare continuum, there is debate about how much support PAA program should be providing to CICs placed for adoption.

- Workers who believe that children from foster care who find permanence through adoption are still part of the child welfare continuum, tend to believe that it is the government’s responsibility to assist meeting the needs of the child and family until the child reaches 19.
- Workers who believe adoption removes children from the child welfare continuum tend to believe that PAA is for the extraordinary needs of the family and child as the adoptive family has taken over responsibility for the child.

These differences in values have contributed to regions and workers providing their own interpretation of program delivery.

The PAA program has not been defined with respect to service delivery for Aboriginal agencies. In the future, the adoption program and PAA may be delivered through Aboriginal delegated agencies. These delegated agencies, may want to deliver the program differently or may not have an emphasis on adoption. Going forward, MCFD needs to determine, in consultation with Aboriginal agencies, if the PAA program should be delegated and if so, how to ensure it is applied consistently.

### **Recommendation**

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**(1) We recommend that the ministry:**

- **Develop a thorough and updated program philosophy statement. The philosophy should be developed provincially to ensure a consistent understanding across the regions.**
  - **Communicate the new philosophy to all adoption social workers, adoptive parents and the adoption community.**
- 

#### *Ministry Response*

*(1) A clear philosophy statement is needed and that statement should be communicated. The communication should not be limited to the adoption community yet be clearly communicated to all staff providing child welfare services as prospective adoptive parents (particularly in foster to adopt situations) are often introduced to the PAA program through resource, guardianship or protection social workers.*

*It is noted that a clear philosophy statement does ensure consistency in program application from region to region. Inconsistency could be mitigated through a thorough implementation plan via Regional Services Team.*

*The ministry will explore contracting the development of the philosophy statement to a contractor familiar with ministry adoption practice and who has a program history. Involvement from Provincial Regional Services is required for the communication and implementation of*

*the philosophy to facilitate consistent application of the philosophy in practice.*

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### 3.1 PAA Policies & Procedures

**Objective:**

**To determine whether the current policies and procedures are adequate for MCFD to achieve the long term Adoption Program goals and objectives.**

**Conclusion:**

We found that while there are PAA policies and procedures, there are some areas where they need strengthening.

We were unable to assess whether the current PAA policies and procedures are adequate for MCFD to achieve the long term Adoption Program goals and objectives, because no Adoption program goals and objectives have been developed or communicated. We believe policy changes are needed in some areas to better support permanency through adoption for children placed from foster care and to address the timeliness of adoption. These include:

1. Timeliness in Adoption;
2. Temporary out of Home;
3. Maximum Age for Support; and
4. Length of PAA Agreements.

MCFD has a well established PAA program and provides individual funding equal to or greater than most other jurisdictions in North America. However, the ministry needs to address the above mentioned areas to help maintain permanency for children through adoption, due to the increased challenges and special needs of the children placed for adoption from foster care.

---

## Timeliness of Adoptions

The 2006/07 ministry service plan has the stated goal that 20% of the children in care with adoption plans will be adopted. In the previous four years, the ministry achieved up to 19% annually. If 20% of the children waiting for placement find homes each year, the average child will wait two and a half years, or 30 months, from the time adoption is the plan of care until adoption placement; and some children will wait up to five years.

Studies have shown that the longer a child is in care before adoption, the more post adoption assistance will be required and the greater the chance of adoption disruption.

An internal audit of the adoption program reported in May 2000, "Based on a sample of 37 files, the average number of days that had elapsed from the date of the Continuing Custody Order until the date when the CIC Adoption Placement occurred was 415 days. No provincial standard or benchmark exists to determine if 415 days is timely, and no national benchmarking information is available. However, the Child Welfare League of America has reported that in the United States the median time frame for adoptions is 11 months (330 days)."

The internal audit of May 2000 determined that "...savings can be realized by decreasing the time between a Continuing Custody Order and an Adoption Placement."

We reviewed 86 PAA files in five regions with a total of 184 adopted children. The average time frame from Continuing Custody Order designation to adoption was 2.7 years.

In the AFCARS data report in the US, 50,100 children were adopted in 2003. The average time from termination of parental rights to adoption was 16.3 months.

## Recommendation

- 
- (2) **We recommend that the ministry consider steps to place greater emphasis on achieving more timely adoptions and revise its targets accordingly.**
- 

## Ministry Response

- (2) *Analysis of where delays are occurring and what factors affect the timeliness of adoption planning and placements is required. Much of the outstanding guardianship work is caught at the adoption planning stage. Additionally,*

*more permanency focused services at the front end will reduce what adoption workers are making up for. Reducing the wait for home studies to be completed would assist as it is another barrier to timely placements as the pool of approved homes is not increasing. A carefully thought out strategy is necessary to ensure that achieving more timely adoptions becomes more attainable. This strategy should take into consideration the need for accurate numbers of children with an adoption plan, the additional time required to do permanency planning for Aboriginal children and utilizing AMS to its full potential (currently a significant portion of children entered on AMS have a status or are not properly entered into the system and therefore will not be a match on most searches).*

*The ministry will undertake a two step process to ensure data from AMS is reliable:*

- 1 Initiative to ensure all children legally available for adoption are entered properly on AMS unless they have an exemption to adoption. Target youth separately yet with the same permanency expectation within this initiative.*
- 2 Explore contracting this analysis out. Targets could be developed internally in reference to this analysis.*

---

Temporary out of Home

Currently, policy does not allow PAA to continue when the child is temporarily not in the custody of the adoptive parent. As children with greater challenges and special needs are placed for adoption, there may be a greater need for children to live out of the home on a temporary basis. If funding is stopped when children come into care temporarily or are placed privately out of the home, the child may not have continuous services such as family counselling and/or the family may face undue financial hardship. Currently, workers and team leaders have used discretion or requested a Deputy Director exception not to have the PAA agreement cancelled.

In many jurisdictions agreements are not terminated when the adopted child is placed out of the home temporarily, if the family is legally responsible for the child and financially supporting the child.

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## Recommendation

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- (3) **We recommend that the ministry consider revising the PAA policy and agreements to allow temporary out of home placements where the family is legally responsible for the child and financially supporting the child.**
- 

### *Ministry Response*

- (3) *Generally a positive recommendation yet criteria would need to be defined so it is consistently applied across the province. There may be differences in circumstances that need addressing (e.g., temporarily coming into ministry, temporarily in a residential therapeutic setting, temporarily living with a friend or relative).*

---

### Maximum Age for Support

MCFD does not provide PAA funding once the adopted child turns 19. However, many of the children who are placed for adoption from ministry care are unable to reach independence at 19. Prospective adoptive parents are concerned about the costs of supporting young adults who will not have the capacity for independence after age 19. This creates a significant barrier to adoption for children with very high needs.

Without financial assistance, these young adults may not receive the supports needed to achieve independence, i.e., GED, life skills training and continued supervision. This can also create undue financial and emotional hardship for the families.

Census data in the US and Canada reports that 20 to 35% of children are still living at home at the age of 30, and studies in the US are finding that the average child is taking longer to reach independence. The need for ongoing parental support will be more pronounced for children with special needs.

Some provinces have extended some PAA funding, until the child turns 21, in exceptional circumstances where the child does not have the capacity for independence. Similar changes in BC would require changes to regulation and policy. A further challenge is that providing PAA beyond the age of 19 may be outside of MCFD's mandate and may require collaboration with other parties such as the Ministry of Employment and Income Assistance, and Community Living BC.

## Recommendation

- (4) **We recommend that the ministry consider the feasibility of allowing PAA for children older than 19, in exceptional circumstances where the child does not have the capacity for independence.**

### Ministry Response

- (4) *This type of support is not provided to children/youth who are not adopted and they would be further disadvantaged (not being in a permanent home and not receiving PAA support). This would also have to be provided to those in a 54.1 Transfer of Custody placement as well.*

*General comment is that Community Living BC (CLBC) provides special needs adult services. If CLBC does not adequately provide services perhaps a joint initiative could result in CLBC addressing this so that those in other circumstances could benefit from the support. Important not to allow PAA to cover the shortfalls of other program areas/ministries/authorities as it will unfairly inflate the PAA budget.*

### Length of PAA Agreements

MCFD requires adoptive parents to reapply for PAA every two years. This creates a barrier to adoption because many prospective adoptive parents cannot afford to support an adopted child without PAA and they worry that government will withdraw funds or cancel the program. In every region, adoptive families and social workers commented that government needs to make a commitment to PAA, and that the requirement for families to reapply every two years could be viewed as a lack of commitment.

For families with many adopted children, a two-year process creates time pressures and undue stress as each child has an agreement that needs to be negotiated. We noted files with 6 to 10 adopted children, each with their own agreement. In addition, in our file review, we did not identify any families whose financial situation improved to the extent where they were no longer eligible for PAA.

Managing reapplications every two years creates a workload issue for ministry staff involved in the PAA program. We saw workers that had over 40 AA files, most with multiple agreements.

Some other jurisdictions within Canada and the US require only one application for “ongoing assistance” but reassess the financial situation annually.

Extending agreements for longer periods would provide regions with more opportunity to forecast the PAA budget as the payments can be determined for the length of the agreement.

### **Recommendation**

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- (5) We recommend that the ministry consider revising policy to extend the length of the PAA agreements from two years to five. Our understanding, from MCFD policy and contract management, is that ministry agreements cannot be in place for more than five years.**
- 

#### *Ministry Response*

- (5) General agreement with this recommendation yet guidelines for contracting should be provincially set and regionally applied. A comparison with children who are transferred between agencies could provide guidance and parity.*

*Perhaps only maintenance contracts could be five years. The contract could account for a child turning 12 rather than having to do a modification midway. Specific service agreements are done annually as some families receive significant money and services could change often and require multiple modifications and make receipt reconciliation difficult for those “sampled” as recommended in Recommendation #10.*



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## 3.2 Incentive to Adoption

### Objective

**To determine whether the PAA program should be utilized as an “incentive” to adoption, or continue to be needs based.**

### Conclusion

We found that the program philosophy specifically states that PAA is not intended to be used as a financial incentive to adopt; in practice, however, PAA is used to reduce the financial stress of adoption from ministry care, which could be viewed as needs based or as an incentive, depending on the circumstances.

---

### Incentive to Adopt

The current program philosophy specifically states that PAA is not intended to be a financial incentive to adopt.

However, PAA policy provides mixed messages. Single children not meeting the criteria for special placement needs are excluded from maintenance, presumably because it was thought these children could be placed for adoption without financial assistance, while maintenance is provided as an incentive to place sibling groups, which were deemed harder to place.

Social workers currently use PAA as an incentive to encourage foster parents and relatives to adopt because it can reduce financial barriers to adoption. Social workers and adoptive parents do not like the terminology of “incentive to adopt” as it has a negative connotation and they prefer “reduction of financial barriers”.

Many US studies in the last 10 years have concluded that the higher the post adoption subsidy, the more adoptions from foster care that occur. This increases the perception that PAA is an incentive to adopt.

### Recommendation

**<sup>(6)</sup> We recommend that the ministry change the wording in the philosophy to reflect that PAA is used to reduce financial barriers to adoption from ministry care.**

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## Ministry Response

<sup>(6)</sup> *This recommendation would be combined and addressed with Recommendation #1.*

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### 3.3 Gaps in the PAA Program Delivery

#### Objective:

**To determine whether the PAA and the Adoptions Branch provides all the services required to support adoption.**

#### Conclusion:

We found that the ministry has a well established PAA program and provides individual funding equal to or greater than most other jurisdictions in North America. However, we did identify gaps in the program. The ministry needs to review these gaps in conjunction with the development of a program philosophy and determine which, if any, should be addressed through the PAA program.

As part of our audit, we were requested to identify any gaps in the PAA program. In our focus groups with social workers and adoptive families and our review of files, we identified the following needs of adoptive families that are not presently being met by PAA or the Adoption Branch:

- extended medical and dental plan;
- Medical Services Plan (MSP);
- Post Adoption Support;
- funding to facilitate cultural plans; and
- funding for special services for children placed prior to the establishment of the PAA program.

Attempting to address all of these gaps would have significant cost implications. As discussed in 3.0, the ministry needs to fully develop and articulate its philosophy for the PAA. Once this philosophy is established, it can guide the ministry in deciding which gaps to address and which to accept. The following discusses each of the

identified gaps in more detail. Given that the ministry may be unable to address all of the gaps, we have not made formal recommendations; instead, we have provided options for addressing the issue.

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Extended  
Medical and  
Dental Plans

Many adoptive families do not have extended medical and dental coverage. Many of the children placed for adoption have high medical and dental needs due to their pre-existing special needs. Under present policy, eligible families who do not have extended medical and dental plans may apply for PAA to cover the costs of exceptional medical and dental services. However, the social workers are inconsistent in what medical and dental expenses they will allow under PAA. In addition, the regional guidelines differ in how much medical and dental coverage the regions will pay for.

*An option for addressing this gap would be for the ministry to request the Adoptive Families Association to develop an extended medical/dental plan with an insurance carrier that adoptive families can opt into.*

---

Medical Services  
Plan (MSP)

Adoptive parents are responsible for the child's medical coverage from the date of the adoption placement, even though the adoption may not be approved by the courts for up to six months from the placement date. The Adoption Standards require that MCFD medical coverage is cancelled at the end of the first month of adoption placement, while the child is still in the guardianship of the Director. Although Ministry of Health protocols allow adoptive parents to add a child to their MSP plan at the time of the adoption placement, the administration of MSP often results in significant delays. The result is that children in care of the Director and placed with the adoptive parents, sometimes may not have MSP coverage for up to six months.

Both adoptive parents and social workers often spend more time than they feel they can afford, talking with MSP staff to clarify policy and providing assurances to medical professionals that medical coverage will be in place. This increases the workload for the workers and the stress level for the adoptive parents.

*An option for addressing this gap would be for MCFD to work with the Ministry of Health to reduce delays in the transfer of MSP coverage for children placed for adoption.*

*In the meantime, MCFD could consider maintaining MSP coverage for these children until MSP is transferred to the adoptive parent's plan.*

---

#### Post Adoption Support

Trends in North America indicate that the dramatic growth in placing children for adoption from foster care is driving the significant increase in post adoption support caseloads. Most studies indicate that adoptive families require non-financial post adoption support in addition to financial assistance. The US based Casey Family Services stated in their White Paper: Creative Strategies for Financing Post-Adoption Services, 2003, "Our experience suggests that adoptive families need a variety of services and supports which are funded from an array of current resources. But more effort is needed to blend the funding and services into a comprehensive system of care."

Although some regions have found creative ways to provide post adoption support programs, in most parts of the province there are few adoption sensitive services available and MCFD does not provide any post adoption support program. Adoptive families say they are not receiving:

- adoption sensitive services such as counselling, education and mental health; and
- support and/or training in advocacy, behaviour management and adoption related issues such as attachment.

Most adoptive families continue to seek support from the MCFD adoption worker well after adoption completion. The ministry has not formally recognized the adoption workers' role in providing post adoption support, as no FTEs or financial resources are provided for this purpose. As the demand for post adoption support continues to grow, the ministry will need to reassess its position. Workload issues are discussed further in Section 6.0.

*Options for assisting adoptive families to access post adoption assistance include:*

- *Paying the first year of membership in the BCAFA for all new adoptive families, so that families are made more aware of the existing support networks and linkage to community service. (At 400 adoptions per year, that would cost the PAA budget \$16,000).*
- *Contracting through an external agency like the BCAFA, to provide post adoption workshops such as advocacy, behaviour management.*
- *Providing workshops and/or other training by a travelling adoption specialist to local service providers on adoption issues.*
- *Working more closely with the ministries of Education and Health and contracted services to ensure, wherever possible, that adoptive sensitive services are provided.*

---

Funding to  
Facilitate Cultural  
Plans and  
Openness  
Agreements

Contact with Bands and/or with extended family members is often part of the plan of care while a child is in care, and the Ministry often pays the costs associated with facilitating this contact. Because continuing contact is usually in the child's best interests, both openness agreements and cultural plans are integral to the adoption plan of care.

For instance, Objective 1.2 of the ministry's 2006/07 – 2008/09 Service Plan states: "When it is not possible for a child to live permanently with their parents or extended family, the ministry seeks a home for the child through adoption or other permanent out-of-care options. Relationships with the child's natural family – and, in the case of an Aboriginal child, the Aboriginal community – continue to be supported by the ministry."

However, the guidelines in support of the Adoption Standards are explicit that PAA does not cover any costs associated with openness agreements. In addition, Adoption Branch and regional guidebooks have determined that PAA does not cover costs associated with cultural plans.

*An option for addressing this gap would be for the ministry to revise the guidelines to allow PAA funding for extraordinary travel costs associated with MCFD recommended openness agreements and/or cultural plans.*

Special Service  
Funding for  
children placed  
prior to  
November 1996

A small group of children with significant needs were adopted prior to November 1996 and these children and their families are not eligible for PAA because the program was not made retroactive. Many of the younger children are now entering their adolescence and the extent of their service needs is more evident. Many of these children are not receiving the services they need because the families do not have the financial resources to meet these needs.

*An option for addressing this gap would be for the ministry to revise regulations and standards to allow for PAA funding for special services for children with special needs who were placed for adoption by the ministry prior to November 1996.*

---

### 3.4 Barriers to Adoption

#### **Objective:**

**To determine whether a significant barrier to adoption is created as a result of:**

- 1. PAA payments being less than foster care payments, preventing foster parents from adopting;**
- 2. PAA not allowing maintenance payments for single child adoptions.**

#### **Conclusion:**

For regular and level one foster parents, PAA provides funding equivalent or close to their foster care rates. Therefore, PAA is not a barrier to adoption for these foster parents.

Rates for Level 2 and 3 homes are higher than PAA. Foster parents with Level 2 and 3 homes often rely on their foster income to support their family. The reduction in income can be a barrier to adoption.

PAA is not provided for single child adoptions, which can create a barrier to adoption.

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## Foster to Adopt

Prior to 2002, maintenance rates for PAA were considerably lower than foster parent rates, and this was a barrier to adoption for many foster parents. For regular and Level 1 foster parents, PAA now provides funding equivalent or close to their foster care rates and does not result in a financial barrier to adoption. More than 50% of current adoptions in BC are by foster parents.

However a financial barrier to adoption often does exist for Level 2 and 3 foster parents, because these caregivers often rely on their fostering income to support their families. The monthly rate for Level 2 and 3 foster parents exceeds PAA by \$1,000 to \$1,800 per month. Some level 2 or 3 foster families do have additional resources and are able to move from fostering to adoption, but many see fostering as their employment and are unable to provide for their families without the income that fostering provides. Most workers and families believe that PAA should not be the primary support for the family.

Financial barriers become a planning consideration when a CIC is in a level 2 or 3 home for an extended period of time before adoption is pursued as an option. Because significant ties have been established between child and caregiver, an adoption placement with foster parents is often in the child's best interests, but the foster parents often are financially dependent on the fee for service, and cannot afford to adopt. The longer these children wait in care with the foster family, the stronger relationship they build with that family.

Long-term placements in Level 2 or 3 homes put pressure on the ministry, the foster parents and the child to maintain the placement as an adoption placement, even though at the outset, it was meant to be a foster placement. By adopting the children they care for, Level 2 and 3 foster parents lose their fostering income. Many foster parents we interviewed stated that the financial pressures that would be encountered were not adequately addressed in the adoption assessment and home study process.

The placement of CICs in Level 2 and 3 foster homes on a long term basis, when their plan of care is adoption, can create some significant challenges; particularly when the child develops a relationship with the foster parents and leaving the child in the home may be in the child's interests. These challenges include:

- the loss of a Level 2 or 3 home as a resource to the Ministry and the financial impacts for the foster parents if they adopt the child;
- the potential loss of a sense of permanency if the child remains in the home under foster care; and
- potential disruption if the child is moved to another family for adoption.

The current planning alternatives are to place the child for adoption with another family or to maintain the child in the home on a foster basis; the system doesn't easily accommodate adoption by Level 2 or 3 foster parents.

Potential solutions to this issue include:

- In the short term, using PAA to create flexible payment arrangements for Level 2 and 3 parents who adopt children in their care. This approach may reduce the financial pressure on the homes but would require raising the PAA rates for these parents.
- In the longer term, avoiding placing children, whose plan of care is adoption, in levelled foster homes on a long term basis. As discussed in Section 3, improving the timeliness of adoption placements would help address this issue.

## Recommendation

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**(7) We recommend that the ministry consider:**

- **allowing regions the flexibility to increase PAA where adoption by Level 2 & 3 parents is in the child's interests; and**
  - **alternatives to the guardianship practice of long-term foster placement of children, whose plan of care is adoption, in Level 2 and 3 homes.**
-



## Ministry Response

- (7) *This recommendation raises concern with payments provided for 54.1 placements as that is another permanency placement. If adoptive parents are paid higher rates according to their “skill level” then so should 54.1 caregivers and so should adoptive parents who are not foster parents with a level 2 and 3 rate yet who are for example, special needs teachers, physicians etc.*

*The level of support should be based on the child’s/youth’s needs not the adoptive parent’s foster care level or experience. If the over use of level 2 and 3 foster homes is an issue, it is not a PAA mandate to correct by maintaining their “rate of pay”; rather, the ministry could address this as a resource/foster care issue and identify ways to address this outside of the PAA program (e.g., why are the majority of foster care homes levelled and not “regular family care”, and why are children in these homes long term, or aging out without permanence).*

*Additionally, the philosophy of the PAA program (Recommendation #1) could affect this issue as it could be clearly defined that PAA is not intended to “reward” adoptive parent (e.g., provide an income) yet to mitigate some financial barriers to adoption.*

*An initiative to decrease long term foster care and have children/youth attain permanence in a timely manner could mitigate the issue of children spending many years in level 2 and 3 foster homes.*

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### Single Children

The lack of maintenance for single children who do not meet the criteria for special placement needs is a significant barrier to their adoption. The waitlists for single children are growing. In all regions, social workers stated that it is becoming more difficult to place older, single children with significant needs for adoption, without the financial support of maintenance.

Some adoptive families we interviewed, especially some single parents, have decided to adopt a sibling group, in order to receive maintenance, even though they may struggle more due to the pressures of meeting the needs of the sibling group. Some single parents who adopted a single child who did not meet the criteria for special

placement needs, stated that they considered adopted a sibling group, in order to receive the maintenance.

The Capital Region Adoption Team is doing a special recruitment for prospective adoptive parents for single older teens that are difficult to place and the lack of maintenance is a significant barrier. In the Spring 2006 Adoption Bulletin, single children made up 57% of the 161 single or sibling groups awaiting adoption. Of the 79 children adopted, only 21 or 27% were single children.

### **Recommendation**

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- (8) **We recommend that the ministry consider revising the regulations, policy and guidelines to allow PAA maintenance for single children placed for adoption from the ministry's care.**
- 

#### *Ministry Response*

- (8) *Providing PAA to single child placements could legitimize current practice of first placing children on a foster home basis with adoptive parents to establish attachment and then be eligible for PAA.*

*The financial implication would need assessing, keeping in mind that some single child placements are simply becoming foster to adopt first as a way to receive PAA (implementations may not be as significant as it may appear superficially).*

## 4.0 Regional Program Delivery

### **Objective:**

**To review PAA program delivery in each region to determine whether:**

- a. the policy and procedures applied are consistent across the province;**
- b. the goals and objectives of the program are being met;**
- c. the process to transfer budget allocations across regions based on out of region adoptions is working; and**
- d. the MCFD Regions attempt to identify community programs prior to funding PAA service payments.**

### **Conclusion:**

We found that policy and procedures are not applied consistently across the province.

As discussed in Section 3 the ministry has not developed PAA goals and objectives.

We found that while the budget transfer process is working reasonably well for the regions, it can cause problems for some families.

The regional staff inform the families of other available non-ministry and non-government programs. However, in remote locations, there may not be other services available.

In 2003, responsibility for administering and monitoring the PAA was transferred from the MCFD headquarters to the regions. In some regions workers believe there are benefits to regionalization, in particular the PAA process and development of regional guidelines has made workers more aware of what the program can and cannot do.

However, practice in each region varies as regional or local office philosophies are emerging. Service delivery depends on the experience and values of the workers, the make up of the team and regional management support for the program.

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## 4.1 PAA Budget Background

During the initial planning for this project, MCFD staff enquired why the PAA budget has increased so significantly in the past 4 years. As noted in Section 1, the PAA budget has increased primarily because of increased PAA rates and an increase in families receiving PAA. This section provides further information to help explain the budget increase for the PAA program.

When the PAA program was regionalized in 2003, the PAA budget was divided up and transferred to the regions. The regionalization of the PAA budget has put additional stresses on budgets in some regions, where increases in PAA have not been offset by declines in their guardianship budgets. The Ministry's expectation was that as adoptions increased, the costs of the foster care program would decline. However, this has not been the case.

The regional budget shortfalls result in part from when the program was transferred to the regions; the PAA budget transferred was not sufficient to cover the costs of the program, which required the regions to supplement the PAA from their general budget. Unless addressed, this budget shortfall will likely continue as most families receiving PAA now will continue to receive assistance until their eligible children reach the age of 19. The PAA budget should be expected to grow for another 6-10 years when children will start aging out on a larger scale.

From our interviews with families and social workers and our file review, we have determined that the PAA budget has had to pick up costs that were previously funded by the Ministry of Health, the Ministry of Education and the guardianship budget. For instance:

- the Ministry of Education has restricted tutoring budgets and funding for psycho-educational assessments. The children eligible for PAA have these services funded through PAA.
- assessments and counselling that should have been done while the child was in care of MCFD have not been completed. When the child is placed for adoption, PAA funds these services.

We estimate that between 20% and 30% of specific services funded through PAA could have been funded by other ministries or the guardianship budget.

The adoption placement of more children with greater needs from foster care will continue to put pressure on the PAA budget. Because of a greater emphasis on adoption as the preferred permanency plan, every other jurisdiction in North America, Britain and Australia is also experiencing these pressures.

Studies have shown that the timelier the adoption from initial placement in care, the lower the PAA is required and the better the long-term results for the child. This is discussed further in Section 3.1.

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## **4.2 Communication & Guidelines**

### **Communication**

Communication regarding regional interpretation of PAA policy and guidelines is not always consistent between the regions or within regions. For instance, the results of appeals in one region were not communicated to the staff in the region or between the regions to ensure consistent application of future work and consistent decisions among the regions.

### **Regional Guidelines**

Most regions have developed their own PAA guidelines, but guidelines differ from region to region. The regional PAA guidelines differ in:

- what is included as income, e.g., commissions are included in some regions but not all;
- limits to expenses, e.g., cell phone expenses are allowed in some regions but not all; and
- which services and the limits to those services that PAA will fund.

In addition, workers differ on whether to include the Child Tax Benefit in income and what part of the T4 to include as income (the gross or net). Adoptive families who have moved from one region to another have had PAA payments cut due to the different guidelines in each region. Overall, adoptive families in BC are not treated consistently under the PAA program.

Finally, the regions' guidelines are rarely shared with adoptive families. Adoptive families are informed about the PAA through the adoption education process, but often forget about how the PAA program works when the adoption takes place. Sharing the PAA guidelines with adoptive families would allow them to gain a better understanding of the program, which would potentially make the approval process more efficient by reducing disagreements.

---

## **Recommendation**

**(9) We recommend that the ministry:**

- **Ensure that all appeals and decisions that affect the PAA are maintained centrally and communicated to the regions and regional staff.**
  - **Develop provincial guidelines for PAA (the regions would administer these guidelines).**
  - **Develop a detailed pamphlet about PAA that is available to adoptive families. It should include details on the guidelines and how the income test works.**
- 

### *Ministry Response*

*(9) Appeals and decisions could be maintained centrally yet require clear criteria for decision making to ensure consistency of outcomes in appeals and decisions.*

*Provincial guidelines regarding PAA already exist in the Adoption Regulations – perhaps policy is needed to ensure they are consistently applied.*

*A pamphlet as suggested would be beneficial.*

---

### 4.3 Budget Transfer Process

Overall, the current budget transfer process is working for the regions but can cause problems for some families. For simplicity, the regions transfer \$32.88 for each day the child is in the new region until the end of the first fiscal year. This equates to \$12,000 per annum if the placement is for 365 days. However, a problem arises for the receiving region if the PAA costs are greater than \$12,000. The files we reviewed in one office averaged \$15,000 per annum.

In addition, families moving from region to region are now required to cancel agreements in the first region and then reapply in the second region. There are time delays setting up new contracts relating to families moving, identifying and contacting a new worker and going through a new approval process. Maintenance cheques may be delayed for several months, which can create hardship for families.

Some regions have not been timely in cancelling contracts for families that leave the region, which increases the risk of families receiving PAA payments from two regions at the same time. We noted some examples of families receiving duplicate payments.

#### **Recommendation**

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**<sup>(10)</sup> We recommend that the ministry develop a process to ensure continuity of the PAA when families move from one region to another.**

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#### *Ministry Response*

*<sup>(10)</sup> A process has already been established (and reportedly works well when applied correctly) yet requires broad communication/education and implementation that includes the finance teams – perhaps Regional Services could provide provincial support.*

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### 4.4 Other Adoption Services

Based on the file review and interviews with adoptive parents and social workers, MCFD staff try to identify other non ministry services and non governmental services where appropriate. The BCAFA also is a resource many social

workers and adoptive parents turn to for understanding what services are available.

The adoptive parents were appreciative of the assistance of the social workers in identifying support services in the community, where available. As discussed in Section 3.3, in many locations in BC, the MCFD social worker is the only professional in the community with an adoption background.

## 5.0 Income Test

### **Objective:**

**To review the income test to determine:**

- a. if it is consistently and accurately completed;**
- b. the CRA tax consequences of the program's income test;**
- c. whether there is a better model of testing eligibility; and**
- d. the impact of the current or proposed test has on the regional staff's workload. This included whether the PAA should be needs based or incentive based.**

### **Conclusion:**

We found that the current income test is not applied consistently and accurately. Application of the income test varies by social worker and, in particular, regions differ on what to include for income and expenses.

PAA is a family support and is not provided specifically for the child; an income test is therefore required by the CRA.

Social workers find the income test time consuming to apply. The time spent reviewing the current test and supporting documentation ranged from one to five hours.

However, adoptive families and social workers strongly believe that there should be an income test.

We have developed a proposed new income test that will provide consistency across the province and significantly reduce the social workers' time to review and approve.



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Requirement for  
Income Test

From our review of Section 81(1) (H) of the *Income Tax Act*, it appears that MCFD will have to maintain some form of an income test. If PAA was paid solely for the child, an income test would probably not be needed. However, presently some PAA funding is for counselling and respite, which is a family support and not solely for the child. As such, an income test is required.

---

Current Income  
Test

The current income test is not consistently applied among regions or among workers within regions. For example:

- Some workers in an office use the gross income from the T4, while others in the same office use the T4 income less all the deductions.
- Most social workers do not incorporate the Child Tax Benefit into the income test but some do.
- Most workers stated they “massage” the income test to ensure that families will be eligible.

Workers apply the current income test differently, so families with similar incomes are treated differently by worker, office and region. In addition, because the current test deducts expenses from income, it can reward poor money managers and penalize families that budget well. For example, a family that manages its expenses, and therefore maintains a higher net income, is less likely to be eligible for PAA than a family with a similar income and family situation that doesn't manage its expenses well and therefore has a lower net income. Finally, the current test is all or nothing; there is no provision for families close to the threshold. For example, a family just meeting PAA requirements would receive full funding, while a family just failing to meet PAA requirements would receive nothing.

Assessing eligibility with the current income test is very time consuming and judgemental as workers analyze how families spend their money. Per the workload survey, the time workers spent on each income test and supporting documentation ranged from one to five hours.

Most social workers and adoptive parents appreciate the need for an income test, but believe it needs to be simplified.

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## Receipts

Receipts provided by families to verify their income and expenses are kept on files. These receipts include confidential financial information such as bank and credit card account numbers. In this era of “identify fraud” it is a risk to the ministry to have such a large amount of detailed information stored in district offices.

### **Proposed Income Test**

We have developed a proposed new income test, as illustrated in Appendix A. The proposed new income test meets the guidelines for the *Income Tax Act* and is based on the net income figure from the income tax return. The test uses a starting point of \$50,000 as that is the average Canadian family gross income. The main advantages of this test are:

- It is easy to understand and administer.
- It will result in consistent application.
- It will no longer require families to submit confidential financial information.

We reviewed this test with adoptive families and social workers in each region. The workers were very supportive and most families were positive about the new test. In addition, we compared the new test to the PAA files we reviewed in each region. The result was that all but two families would receive the same PAA and two had a reduction in PAA, but no families currently eligible for PAA became ineligible.

Implementing a new income test will require MCFD to update its regulations, policy and guidelines. Until the new regulations come into effect, we believe that the new income test can still be used. The current regulations require that income, expense, asset and liability information be obtained. However, the regulation allows the Director to determine financial need by establishing and administering an income test; it does not specify which test or how financial need is determined. Therefore, the ministry could still ask for the income, expense, asset and liability information as it does now, but apply the income against the new test to determine the financial need.

---

## Recommendation

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<sup>(11)</sup> **We recommend that the ministry:**

- **simplify the PAA income test to base it on income only and not consider variations in expenses (we have included an example in Appendix A); and**
  - **revise the regulations, policies and guidelines to reflect the updated income test.**
- 

### *Ministry Response*

<sup>(11)</sup> *General agreement, yet a new philosophy statement could affect this.*

---

## 5.1 Other Related Issues

### **Assets and Liabilities**

Present policy states that families with assets above \$100,000 (not including their home and their first vehicle) are not eligible to receive PAA. In some cases, assets may not be a good indicator of a family's ability to provide the necessary support for an adopted child. For example, some families have business assets that are worth more than \$100,000 such as a long-haul trucker or a farmer. Their business incomes can be quite low, so without the support of PAA they may not be able to afford to adopt a child. Similarly, some families may have low incomes but have received inheritances and have assets.

In addition, the onus is on the applicant to disclose their assets on the current income test. However, there is a risk of non-disclosure which would be very difficult to determine.

As part of its review of the income test, the ministry should consider the appropriateness of requiring the asset and liability test.

---

### Specific Services

Children placed for adoption into middle or higher income adoptive families are not eligible for full funding for special services. Some children placed for adoption into these families who need special services are not receiving them because of the high costs of these services (assessments, counselling) and the financial constraints that exist in their families.

Special services make up only a small part of the PAA budget but can be of significant benefit to those families that need them. As part of its review of the income test, the ministry should consider whether special services should be funded through a needs assessment rather than through an income test.

### **Recommendation**

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**(12) We recommend that the ministry consider revising the regulations, policies and guidelines to:**

- **remove the asset and liability test from the income test; and**
  - **provide special services to children without income testing.**
- 

#### *Ministry Response*

*(12) General agreement, yet could be affected by a new philosophy statement.*

## **6.0 Workload**

### **Objective:**

**To review the impact on the workload of the adoption workers, adoption consultants and financial staff in terms of administration and income testing.**

### **Conclusion:**

We have reviewed the workload issues surrounding PAA through a survey and discussion with social workers and financial staff. The workload for the social workers has increased as the number of adopted children has increased by 1,564 children in the last five years. Most of these children have not aged out of the program. The average caseload increase per worker is 22, with no new FTEs allocated to this program.

We have identified several issues that if addressed should reduce the workload time and impact.

## Caseloads

The PAA workload varies significantly by region and office. Workload is tracked by *Adoption Act* (AA) files for PAA. However, while there is one AA file for each adoptive family, the contracts are child specific. According to the results of the PAA workload survey (which was distributed throughout the province in the spring of 2005), the average number of AA files carried by the workers who completed the survey is 12.31 and the average number of PAA agreements is 16.55. Vancouver Island region has the highest average number of PAA files per worker (23.4) and highest average number of PAA agreements (36.60). One worker on the Island reported having 40 PAA files and 61 agreements. Vancouver region had the lowest average number of PAA files (5.40) and the lowest average number of PAA agreements (6.83).

According to the survey, adoption workers spent an average of 2 hours assessing the needs of the family and child, and an average of four hours reviewing the income test and receipts at the time of renewal and entering the required data electronically onto the system. In three regions, adoption workers report spending on average more time reviewing the income test and receipts than they do on reviewing the needs of the child and family. In all of our discussions with adoption staff, the PAA program was described as labour intensive, and workers were concerned that time spent on PAA paperwork takes time from other important pieces of the adoption program.

On Vancouver Island, the workload for PAA has increased so dramatically that the Capital team has had to create a designated PAA caseload worker. Managing the PAA caseload requires almost a full FTE, which comes from the team's regular complement of workers.

In addition to PAA, most adoption workers carry full adoption caseloads and other duties to assist the guardianship teams. Their roles and responsibilities vary by region, community demographics, experience of adoption worker, staffing resources available and the commitment of team leaders and regional management. However, for most adoption workers, the bulk of their work is measured on Adoption Home (AH) files. Work on AH files includes: assessing families through the Family Assessment/Home Study process; facilitating the matching of approved adoptive

families with children awaiting adoption; supporting families through the adoption placement and after placement; and gathering and preparing all documentation required for completion of the adoption in the Supreme Court.

When a child is placed into an adoption home for which the worker has responsibility, the worker also accepts the Children Service (CS) file and assumes full guardianship responsibilities for the child until adoption completion, which according to legislation is a minimum of 6 months. As more sibling groups and children with greater needs have been placed for adoption, the guardianship responsibilities of adoption workers have increased considerably.

In addition, adoption workers carry Adoption Service (AS) files for work with birth parents who may be considering or making an adoption plan and for other adoption services such as openness agreements. Many workers participate as trainers in regional Adoption Education Programs, as it is a requirement of the *Adoption Regulation* that an educational component is provided as part of the home study process.

In some parts of the province, adoption workers assist the guardianship team when the plan of care is adoption. This may include assistance in gathering background medical and social information on the child and birth family, preparing required requests for exceptions such as a request to place siblings separately and/or a request to place an Aboriginal child in a non-Aboriginal home, and developing cultural plans for Aboriginal children.

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#### Workload

The workload of adoption workers was examined in an internal audit of the adoption program that was completed in May 2000. The report found:

“The number of adoption files per worker varied significantly, from a low of 48 files per worker in one district office to a high of 97 files per worker in another office. As the responsibilities of adoption workers varied, the types of files ranged from guardianship and protection files to birth parent and PAP files. However, it is difficult to accurately measure workload, as an analysis based on files per worker does not consider intake responsibilities, cumulative caseload from previous placements, and support from adoptive parent associations.”

Since 2000, adoption caseloads and specifically post adoption work have increased significantly. There have been 1,564 adoptions in the last 5 years or about 22 per social worker. The ministry's 2006/07 – 2008/09 Service Plan states that seeking a permanent home for all children that might otherwise remain in ministry care until they reach adulthood is a priority of the ministry, and that the level of adoption activity has increased since June 2002. Each year more children are placed for adoption and more are receiving PAA, yet because the program is only 10 years old, few children supported by PAA have reached the age of 19, and aged out of eligibility. The workload has steadily increased but no new workers or FTEs have been allocated for the PAA program.

The increasing number of adoption placements where a PAA agreement is in place also impacts financial and administrative staff.

### **Recommendation**

---

**(13) We recommend that the ministry develop standards for workload based on the various responsibilities and caseloads of the adoption workers. When determining appropriate workload levels and FTEs, these standards should take into account regional approaches to adoption.**

---

### *Ministry Response*

*(13) General agreement to establish some form of workload measure as the intensive demands of adoption work are not captured in general child welfare workload models and the work made up for in this program is not captured. The demands of administering the PAA program are not captured anywhere and could be more appropriately shared with financial services staff.*

*There is some discussion of the ministry moving toward a socio-economic model for funding requirements that does not establish FTE levels; therefore, FTE reference may not be relevant.*

*A history of resource allocation to the adoption program area is required.*

## **Auditing Receipts for Specific Services**

Social workers spend a great deal of time verifying the \$1.5 million the PAA presently spends on specific services. All receipts are collected and verified and overpayments are deducted from future agreements. This is very time consuming work, yet in the files we reviewed, adoption workers have done a very good job of both verifying receipts and collecting overpayments. However, not only is the process very time consuming, adoptive families say it demonstrates a lack of trust in adoptive parents.

Such thorough auditing (100%) of receipts changes the emphasis of the social workers role from using PAA to support adoptive families, to being a guardian of the public purse. These potentially conflicting roles put added stress on the social worker and family relationship. Both social workers and adoptive parents agree that adoptive parents should be accountable for the funds they receive for special services, but that social worker time could be better used by addressing some of their many other adoption responsibilities.

Taking a risk-based approach would help reduce the social workers' involvement in verifying receipts. For example, CRA now accepts electronic tax returns without receipts and then on a sample basis requests receipts to verify what was included on the return. We believe a similar approach for PAA would achieve the same result and reduce the workload. We have created a form in Appendix C, which could be used to assist. Parents would be required to complete this form annually. Then if the parents were selected for review, the parents would be requested to submit receipts to verify what was included on the form.

## **Recommendation**

---

**(14) We recommend that the ministry adopt a risk-based approach to verifying receipts for specific services. This could include:**

- **adoptive parents completing a declaration of how the PAA for specific services was spent (see Appendix C);**
  - **regional financial staff verifying receipts on a sample basis.**
-



## Ministry Response

- <sup>(14)</sup> *General agreement with this approach. Yet some specific services should be provided via an annual contract as too many modifications are occurring on 2 year contracts. Overpayments as high as \$20,000 have occurred and are difficult to reconcile with families – annual agreements would not be as much work for both social workers and families to produce/review/verify.*

## Regional Financial Staff

The growth of the PAA program has impacted the workload of the regional financial staff. They have identified many problems related to errors in the contract documentation process by social workers, such as incorrect aggregate totals, contract numbers, coding and supplier information.

These errors cause delays in the payment process and increase the workload for both financial staff and social workers. Some regions periodically have financial staff attend adoption staff meetings to deal with contract issues. These regions have reported less administration problems with the PAA contracts.

The current Corporate Accounting System (CAS) contract module does not permit multi year agreements. Therefore every April, regional financial staff have to enter the contract and payment details into CAS. This is a duplication of effort as the same information is entered for each of the two years. In addition, re-entering the same data increases the risk of errors. We noted examples where contracts that should have been cancelled were renewed by financial staff, resulting in payments being made in error for several months before they were corrected.

According to MCFD contract management staff, the CAS Office in the Ministry of Labour and Citizens' Services and the Financial Management Branch in the Ministry of Finance, the new CAS upgrade in July 2006 will allow multi year contracts and agreements. This upgrade will free up time for financial staff as they will only have to input the contract and payment information once.

Finally, an area of significant workload is modifications to the PAA agreements when monthly payments change. The number of modifications varies significantly between offices.

We understand that modifications that involve a One-Time Only (OTO) payment are less complicated and time consuming than modifications that change the monthly payment. As most modifications (OTO and monthly payments) were for under \$1,000 in total, regions could develop guidelines to deal with modifications under a certain dollar limit as OTO payments. Using OTO payments would reduce workload by avoiding the complication of calculating and adjusting the monthly payment. It would be up to the families to budget the money received.

### **Recommendation**

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**(15) We recommend that the ministry implement the CAS contract module upgrade once it is available.**

**(16) We recommend that the regions consider:**

- **developing guidelines to treat modifications as OTO payments if they are less than a specified dollar amount, such as \$1,000; and**
  - **having the financial staff periodically attend adoption staff meetings to deal with contracting issues.**
- 

### *Ministry Response*

*(15) General agreement with using this model.*

*The ability to enter multi year contracts will significantly reduce the work associated with these agreements.*

*(16) General agreement.*

*OTO payments for amounts under \$1000 save time; yet guidelines for large OTO payments should be provided too, as some workers pay out large amounts as OTOs, instead of spreading the payments over a longer term, so the expenditure can be charged to one fiscal year.*

## Appendix A – Proposed PAA Income Test – Monthly Maintenance Per Child

### New PAA Income Test

Monthly Maintenance per Child

Monthly PAA Maintenance	<12	\$ 701.55
	>12	\$ 805.68

# of Dependants	Age of Child	Annual Family Income from Line 236 of Notice of Assessment																	
		\$0 to \$50,000	\$50,001 to \$55,000	\$55,001 to \$60,000	\$60,001 to \$65,000	\$65,001 to \$70,000	\$70,001 to \$75,000	\$75,001 to \$80,000	\$80,001 to \$85,000	\$85,001 to \$90,000	\$90,001 to \$95,000	\$95,001 to \$100,000	\$100,001 to \$105,000	\$105,001 to \$110,000	\$110,001 to \$115,000	\$115,001 to \$120,000	\$120,001 to \$125,000	\$125,001 to \$130,000	\$130,001 to \$135,000
1	<12	\$ 701.55	\$ 631.40	\$ 561.24	\$ 491.09	\$ 420.93	\$ 350.78	\$ 280.62	\$ 210.47	\$ 140.31	\$ 70.16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	>12	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-	-	-	-	-	-	-
2	<12	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-	-	-	-	-	-	-
	>12	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-	-	-	-	-	-
3	<12	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-	-	-	-	-	-
	>12	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-	-	-	-	-
4	<12	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-	-	-	-	-
	>12	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-	-	-	-
5	<12	701.55	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-	-	-	-
	>12	805.68	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-	-	-
6	<12	701.55	701.55	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-	-	-
	>12	805.68	805.68	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-	-
7	<12	701.55	701.55	701.55	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-	-
	>12	805.68	805.68	805.68	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-	-
8	<12	701.55	701.55	701.55	701.55	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16	-
	>12	805.68	805.68	805.68	805.68	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57	-
9	<12	701.55	701.55	701.55	701.55	701.55	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16
	>12	805.68	805.68	805.68	805.68	805.68	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57
10	<12	701.55	701.55	701.55	701.55	701.55	701.55	701.55	701.55	701.55	631.40	561.24	491.09	420.93	350.78	280.62	210.47	140.31	70.16
	>12	805.68	805.68	805.68	805.68	805.68	805.68	805.68	805.68	805.68	725.11	644.54	563.98	483.41	402.84	322.27	241.70	161.14	80.57

To use this income test, the family prepares the income test by including their combined income from Line 236 (Net Income) of their income tax return. They do not have to document how they spend and do not have to submit receipts with confidential information.

Social workers will compare the test to the Notice of Assessment from CRA. They will not need to review expenses and receipts to ensure they meet regional guidelines.

### Benefits of this Income Test

1. Very Easy to Use
2. Consistent interpretation among all workers
3. Does not reward poor money managers like the current test
4. Can be regionalized for cost of living ie Vancouver/Victoria. For instance regions with high costs of living can increase the starting base of \$50,000 to \$60,000 or more. It would depend on the costs of living in the region.
5. Most Social Workers and Adoptive Parents have given positive feedback to this model
6. Recognizes the more children in the home, the more income the family needs
7. The current income test is all or nothing. This test steps down the maintenance as the income increases.
8. Dependants can include children under 19, students at university, adults with disabilities or infirm parents that reside with the family. CRA has eligibility requirements. This test would use that eligibility which is included in the tax return.

## Appendix B – Calculation of Cost Savings of Adoption vs. In Care

Level of Foster Home	Foster Care Payments						Avg Gross Annual PAA	% Families Receive PAA	Average Annual PAA	Foster Care Service Pmt	Annual Savings	
	#	Maintenance		Service	Support	Annual						
		a	b	c	d	e	f	g	h	i	j	
Res/Regular	266	\$ 701.55	\$ 805.68	\$ -	\$ 3,900	\$ 12,943.38	\$ 11,032.00	80%	\$ 8,825.60	\$ -	\$ 4,117.78	\$ 1,095,329.48
Level 1	181	701.55	805.68	358.02	3,900	17,239.62	11,032.00	80%	8,825.60	-	8,414.02	1,522,937.62
Level 2	274	701.55	805.68	1,040.40	3,900	25,428.18	11,032.00	80%	8,825.60	9,363.60	7,238.98	1,983,480.52
Level 3	97	701.55	805.68	1,716.66	3,900	33,543.30	11,032.00	80%	8,825.60	15,449.94	9,267.76	898,972.72
	818											
												\$ 5,500,720.34
												\$ 6,724.60

### **BASIS FOR CALCULATION:**

1. The number of children placed from care was based on the placements for the last three years (2002/03 to 2005/06).
2. A and B above are from the standard maintenance rates the ministry pays.
3. C is the maximum service payment per the policy manuals. The rates are reduced as more children are placed in the foster home.
4. D is the average family support payment for Children in Care. The ministry was unable to provide us with the actual cost so we estimated what the average cost. **Please see Estimate Calculation Below.**
5. E is the average of A and B plus C multiplied by 12 months with family support payments from D added in.
6. F is the average PAA maintenance and specific services for the 183 agreements we reviewed.
7. G is based on the ministry average of 80% of the families receiving PAA.
8. H is F X G.
9. I is based on 90% of the level 2 & 3 homes being bed specific and therefore still receive the service payment after the child leaves the home. Calculation is based on 75%.

## ESTIMATE OF SUPPORT PAYMENTS FOR CHILDREN IN CARE

58 • Report on Post Adoption Assistance Program

## Appendix C — Annual PAA Specific Services Payment Review Form

Description of Specific Services Received	Name of Service Provider	PAA Funding Received	Actual Cost of Service	Difference
TOTALS				

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

## Appendix B – Cross-Ministry Overview of Income and Asset Testing

Program	Ministry Responsible	Income Test	Income Threshold	Asset Test	Asset Threshold	Program Benefits
<u>Post-Adoption Assistance</u>	Children and Family Development	Yes, for monthly maintenance	<ul style="list-style-type: none"> <li>Those with a net family income under \$80,000 receive the maximum monthly maintenance amount (\$926.53)</li> <li>Monthly maintenance amount decreases by 10% for every additional \$5,000 of net family income over \$80,000 (up to \$125,000)</li> </ul>	Yes, for monthly maintenance and services	<ul style="list-style-type: none"> <li>\$300,000, with exemptions including (for example): <ul style="list-style-type: none"> <li>primary residence</li> <li>one vehicle used for day-to-day transportation</li> <li>Registered Disability Savings Plans</li> <li>Registered Education Savings Plans</li> <li>Registered Retirement Savings Plans</li> <li>social assistance payments</li> <li>compensation or redress payments made by a local, provincial, or federal government</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Direct financial support to families (monthly maintenance)</li> <li>Services based on the child's and family's needs</li> </ul>
<u>Affordable Child Care Benefit</u>	Children and Family Development	Yes	<ul style="list-style-type: none"> <li>\$70,000, \$85,000, or \$111,000 adjusted family income, depending on the type of childcare</li> <li>Income limits do not apply if the child is under a given CFCSA legal care status</li> </ul>	No	N/A	<ul style="list-style-type: none"> <li>Payment made directly to the childcare provider</li> </ul>

## Appendix B – Cross-Ministry Overview of Income and Asset Testing

Program	Ministry Responsible	Income Test	Income Threshold	Asset Test	Asset Threshold	Program Benefits
<u>Children and Youth with Special Needs Respite and In-Home Support</u>	Children and Family Development	Yes, though suspended as of July 2019	<ul style="list-style-type: none"> <li>Unclear</li> </ul>	No	N/A	<ul style="list-style-type: none"> <li>Direct funding to families or payment to contracted service providers</li> </ul>
<u>Agreements with Young Adults</u>	Children and Family Development	Yes	<ul style="list-style-type: none"> <li>No firm limit</li> <li>Policy requires financial assistance to be calculated using anticipated monthly net income, basic costs of living, and the person's educational, vocational, life skills, or rehabilitation program costs.</li> <li>Consideration is given to whether a monthly contribution from the young adult is appropriate.</li> </ul>	No	N/A	<ul style="list-style-type: none"> <li>Direct financial support (up to \$1250 per month for living costs and additional for tuition costs)</li> </ul>
<u>Child Maintenance</u>	Children and Family Development	<ul style="list-style-type: none"> <li>Yes, to determine parental contributions for a child in a CFCSA legal status</li> <li>The director may waive the maintenance requirement (and the associated income test)</li> </ul>	<ul style="list-style-type: none"> <li>If net family income is under \$20,000, no maintenance is owed</li> <li>Maintenance owing increases with income (unless waived by the director)</li> </ul>	No	N/A	<ul style="list-style-type: none"> <li>N/A – income test is used to determine parental contributions for a child in a CFCSA legal care status (unless the director has waived the maintenance requirement).</li> </ul>



## Appendix B – Cross-Ministry Overview of Income and Asset Testing

Program	Ministry Responsible	Income Test	Income Threshold	Asset Test	Asset Threshold	Program Benefits
<u>Fair PharmaCare</u>	Health	Yes	<ul style="list-style-type: none"> <li>Up to \$13,750 net family income: <ul style="list-style-type: none"> <li>no deductible</li> <li>100% coverage</li> </ul> </li> <li>\$13,750 - \$30,000 net family income: <ul style="list-style-type: none"> <li>no deductible</li> <li>70% coverage until annual family maximum is reached (100% coverage thereafter)</li> </ul> </li> <li>\$30,000+ net family income: <ul style="list-style-type: none"> <li>deductible increases with income (up to \$10,000 annual deductible for the highest income category)</li> <li>70% coverage until annual family maximum is reached (100% coverage thereafter)</li> </ul> </li> <li>No family is required to spend more than 4% of its net income on eligible prescription drugs (across all income levels).</li> </ul>	No	N/A	Prescription drug and medical device coverage
<u>BC Recovery Benefit</u>	Finance	Yes	<ul style="list-style-type: none"> <li>Families and single parents receive the full benefit if the family net income is below \$125,000</li> <li>Benefit amount decreases as family net income increases above \$125,000 (zero benefit at \$175,000 income)</li> </ul>	No	N/A	<ul style="list-style-type: none"> <li>One-time direct financial support</li> </ul>

## Appendix B – Cross-Ministry Overview of Income and Asset Testing

Program	Ministry Responsible	Income Test	Income Threshold	Asset Test	Asset Threshold	Program Benefits
<u>BC Child Opportunity Benefit</u>	Finance	Yes	<ul style="list-style-type: none"> <li>\$25,000 adjusted net family income for maximum monthly benefit</li> <li>Benefit amount decreases as income increases, at a steady rate between incomes of \$25,000 and \$80,000</li> <li>Benefit decreases further for incomes over \$80,000</li> <li>Example: A family with one child will reach zero benefit at \$100,000 of adjusted net family income. A family with four children will reach zero benefit at \$150,000 of adjusted net family income.</li> <li>Online information indicates that the \$25,000 and \$80,000 thresholds will be indexed to inflation “in future years”.</li> </ul>	No	N/A	<ul style="list-style-type: none"> <li>Monthly payment added on to the federal Canada Child Benefit</li> </ul>
<u>Subsidized Housing</u>	Attorney General and Minister Responsible for Housing (BC Housing)	Yes	<ul style="list-style-type: none"> <li>Gross household income must be below the <u>limits</u> based on community and housing size.</li> <li>Example: Gross household income for subsidized housing in Victoria must be below \$44,500 for a 1-bedroom home and below \$84,500 for a 4+ bedroom home.</li> </ul>	Yes, for housing in buildings managed directly by BC Housing	\$100,000, with the following assets counted: <ul style="list-style-type: none"> <li>stocks, bonds, term deposits, mutual funds, cash,</li> <li>real estate equity, net of debt, and</li> <li>business equity in a private incorporated company (including cash, GICs, bonds, stocks or real estate equity).</li> </ul>	<ul style="list-style-type: none"> <li>Service</li> </ul>

## Appendix B – Cross-Ministry Overview of Income and Asset Testing

Program	Ministry Responsible	Income Test	Income Threshold	Asset Test	Asset Threshold	Program Benefits
<u>Income Assistance</u>	Social Development and Poverty Reduction	Yes	<p>Net family income up to the following monthly limits:</p> <ul style="list-style-type: none"> <li>• \$750 for families with children</li> <li>• \$900 for a single person or family where at least one adult is designated as a person with disabilities</li> </ul> <p>An extensive list, established by regulation, sets out the types of earned and unearned income that are counted.</p>	Yes, with an extensive list of exemptions.	<ul style="list-style-type: none"> <li>• \$10,000 for couples and families</li> <li>• \$100,000 if one person in the family is in long-term care or admitted to hospital for extended care (excluding alcohol and drug treatment)</li> <li>• \$200,000 if two people in the family are in long-term care or admitted to hospital for extended care (excluding alcohol and drug treatment)</li> </ul>	<ul style="list-style-type: none"> <li>• Direct funding support</li> <li>• Health supplements if needed</li> </ul>
<u>Disability Assistance</u>	Social Development and Poverty Reduction	Yes	<p>Net family income up to the following annual limits:</p> <ul style="list-style-type: none"> <li>• \$18,000 for a family with two adults, where only one person is a person with a disability</li> <li>• \$30,000 for a family with two adults, where both people are persons with disabilities</li> </ul> <p>An extensive list, established by regulation, sets out the types of earned and unearned income that are counted.</p>	Yes, with an extensive list of exemptions	<ul style="list-style-type: none"> <li>• \$100,000 for families with one person designated as a person with a disability</li> <li>• \$200,000 for families with two persons designated as persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Direct funding support</li> <li>• Health supplements if needed</li> </ul>

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

**DATE:** June 29, 2021  
**CLIFF#:** 261423

**DATE OF PREVIOUS NOTE (if applicable):** N/A  
**PREVIOUS CLIFF # (if applicable):** N/A

**PREPARED FOR:** Honourable Mitzi Dean, Minister of Children and Family Development

**ISSUE:** A proposal to respond to a call for change in the child welfare system and implement a panel to support reducing the number of Indigenous children in government care

**BACKGROUND:**

The Ministry of Children and Family Development has acknowledged the need for transformational change in the child welfare system. This is reflected in the Ministry's Service Plans over the past few years, and in its more detailed Strategic Framework. The Ministry has acknowledged the direct link between the damage and trauma of residential schools and other racist practices and the child protection system of today. As a result, the Ministry has led some significant changes, including:

- Changes to the *Child, Family and Community Service Act* to allow for collaboration and information sharing with Indigenous communities
- Funding out of care providers at the same level as foster parents to remove the disincentive to caring for family
- Eliminating birth alerts and moving to supports for expectant parents
- Initiating information sharing agreements with more than 80 communities
- Undertaking discussions on jurisdiction over child welfare with any community that comes forward

The result of this and other work is a positive trajectory in the number of Indigenous children coming into care, and the lowest number of Indigenous children and youth in care in more than two decades. We have the most Indigenous children in out of care options in history, likely in large part due to the increase in rates.

We are currently engaged in additional work to overhaul the system, including:

- Engagement with Indigenous communities on transforming the child welfare legislation
- Work to review all practices and policies to eliminate those that are inherently biased against Indigenous peoples

We continue to listen to what Indigenous communities are demanding, and the call for a moratorium on bringing Indigenous children into care. We also need to respond to the federal government's child welfare legislation that requires, among other changes:

- Notification to Indigenous communities of significant measures being taken with respect to an Indigenous child
- Re-assessment of Indigenous children and youth in care
- Taking all available measures to ensure Indigenous children and youth stay safely connected to community and culture and avoid coming into care

While all of MCFD's work is focused on long-term transformational change, we must listen to the calls for immediate work, beyond what has been done to date, to support Indigenous children today.

**DISCUSSION:**

s.12; s.13; s.16; s.17

**NEXT STEPS:**

s.12; s.13; s.16; s.17

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**Prepared by:**  
*Allison Bond*  
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s.12 ; s.13 ; s.16 ; s.17

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION BRIEFING NOTE**

**DATE:** July 5, 2021

**CLIFF#:** 261513

**PREPARED FOR:** Honourable Mitzi Dean, Minister of Children and Family Development

**ISSUE:** Upcoming Release of Research Report: “Youth Transitioning Out of Care in British Columbia (BC)” by the McCreary Centre Society’s Youth Research Academy (YRA).

**BACKGROUND:**

The McCreary Centre Society’s Youth Research Academy (YRA) is a group of youth aged 16-24 who have experience in the government care system and are trained in research processes. Since 2019, the YRA has conducted a longitudinal study (ending in 2024) of BC youths’ experience transitioning out of government care and alternatives to care.

As part of YRA’s longitudinal study, a 62-item baseline survey was piloted with youth who have experience with the BC care system from 2019 to 2021<sup>1</sup>. The report “Youth Transitioning Out of Care in BC” was developed from the data. Survey questions covered: health (including mental health and substance use), experience in care, living situations, access to supports, and experience during the COVID-19 pandemic<sup>2</sup>.

MCFD has a longstanding research contract with the McCreary Centre Society for the BC Adolescent Health Survey (AHS), which is used to gather information about young people’s physical and emotional health. Although the report does not use AHS data, the survey was approved by MCFD’s formal Research Approval process. McCreary shared the confidential report to inform the Ministry of its findings before it is publicly released on July 28<sup>th</sup>. This is the first report to be published. The YRA plans on developing one report each year of the study until 2024.

**DISCUSSION:**

The report presents preliminary findings<sup>3</sup> that validate the many challenges young people experience in BC when they transition out of care. Common challenges youth experience include struggles with mental health, accessing mental health services, unstable living conditions, and the disruption of changing schools.

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<sup>1</sup> This included 107 youth approaching the transition out of care, and data from 38 youth who had transitioned out of care and completed a second survey.

<sup>2</sup> Findings in this report reflect the experiences of youth who completed a survey and may not be representative of all youth transitioning out of care or an alternative to care in BC. The COVID-19 pandemic has negatively impacted participation in the study. The pandemic has also meant that some youth have remained in care beyond their 19th birthday, which has affected the methodology of the study, but could have positive effects on youth’s well-being and future experience transitioning out of care.

<sup>3</sup> It is important to note that the report is preliminary; future reports may include a more comprehensive analysis when a larger sample size and additional surveys are conducted.



Some noteworthy research findings include the following:

- Among youth preparing to transition out of care, 57% reported having at least one health condition or disability.
- Among youth preparing to transition out of care, just over 7 in 10 (71%) reported having a care plan<sup>4</sup>, 14% did not have one, and 14% did not know if they had one. In addition, only half (49%) had a transition plan, 29% did not yet have one, and 23% did not know if they had a plan<sup>5</sup>.
- Among youth preparing to transition out of care, 64% needed help for their mental health in the six months before completing the survey. Among those who needed help for their mental health, 43% reported not getting the help they needed.
- Most youth (77%) who were approaching the transition out of care felt prepared to live independently. However, less than half felt prepared to pay their bills/budget (43%) and find housing (43%).
- Among youth approaching the transition to independent living who had experienced trouble finding housing, 61% reported this was because they lacked support and 57% reported they could not afford a place.
- When asked to reflect on their experience leaving care, 47% of youth who had recently left care felt they had been a little or not at all prepared, while 24% felt somewhat prepared, and 29% felt quite or very prepared.

The context of the COVID-19 pandemic also has unique implications. In the report, half of the youth participants (50%) reported a decrease in access to professional supports and health care, which negatively impacted their mental health, job stability, and personal relationships. At the same time, the pandemic also meant that some youth (59% of those who participated in the research) continued to receive care through MCFD or a Delegated Aboriginal Agency beyond their 19th birthday, which they note may have positive effects on youth's well-being and future experience transitioning out of care.

Despite the challenges young people experienced before and after leaving care, the survey results highlighted youth's strengths and resiliency. For example, among youth preparing to leave care, 95% had at least one goal for the next six months, 95% identified something they were passionate about, and 79% could name something they were good at.

## **CONCLUSION:**

The overall findings suggest more supports are needed to improve youth's readiness for transitioning out of care. These findings are consistent with the cross government work underway to improve the future of youth transitions. For example, the Ministry is working on several key areas:

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<sup>4</sup> All youth in government care in BC are entitled to a written care plan, which is developed within six months of their entry into care and includes input from the young person. The plan identifies the young person's needs and goals, and how these will be addressed.

<sup>5</sup> Youth who are preparing to leave care should also have a transition plan in addition to a care plan, which identifies their post-care plans and goals, and supports them to develop the skills necessary for independent living.

- The Ministry recently approved a CYMH Transition and Discharge Planning Policy to help support integrated wrap around care during various service transition points.
- The Ministry increased access to support through the Agreements with Young Adults Program and is working to extend care or housing placements beyond the age of maturity.
- s.12

## ATTACHMENTS:

Appendix A: Confidential draft report - Youth Transitioning Out of Care in BC

Appendix B: Confidential draft McCreary media release

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## **Appendix A: Confidential draft report - Youth Transitioning Out of Care in BC**

Below provides a link to the full report “Youth Transitioning Out of Care in British Columbia”. It is important to note that this report is confidential until it is publicly released by McCreary Centre Society’s Youth Research Academy on July 28<sup>th</sup>.



Youth transitioning  
out of care \_Confident



McCreary Centre Society | Media Release draft | July 28th 2021

***Challenges and successes of young people  
transitioning out of government care highlighted  
in new report***

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For interviews contact Annie Smith at 604-728-9494 or email [annie@mcs.bc.ca](mailto:annie@mcs.bc.ca)

## **BACKGROUNDER**

The YRA are conducting a longitudinal study of BC youth transitioning out of government care, including youth transitioning out of the services of Delegated Agencies. The results of the study are intended to provide policy makers and service providers with up-to-date and relevant information which can identify what is working well and what is challenging for these young people, and ensure youth are supported to experience the most successful transition possible.

These results are from the preliminary data collected from 107 youth approaching their transition out of government care, and from 38 youth approximately six months after that transition:

### **Some key findings from the report:**

Most youth preparing to transition out of government care had experienced multiple types of care placements, including almost half (48%) who had experienced three or more types of care (e.g., had been in a foster home, group home, and on a Youth Agreement).

Half of youth preparing to transition out of care reported a decrease in their access to professional supports (50%) and access to health care (50%) as a result of the COVID-19 pandemic. Also, over half of those who completed a survey after April 2020 reported a decline in their relationships with friends, access to mental health care, and job stability.

Most youth (77%) who were approaching the transition out of care felt prepared to live independently. However, less than half felt prepared to pay their bills/budget (43%) and find housing (43%). Among those who had recently left care, less than a third (29%) reported that with hindsight they had been prepared for the transition they experienced.

Around two thirds (68%) of youth preparing to transition out of care felt quite or very prepared to cook healthy meals for themselves. However, food security was a challenge. For example, among youth who had recently transitioned out of care, 15% always ate three meals a day, and 68% went to bed hungry at least sometimes because there was not enough money for food at home.

Youth accessed a range of services and supports, and 59% of those who had transitioned out of care continued to receive care through MCFD or a Delegated Agency for a period past their 19th birthday.

Among youth who had recently transitioned out of care, 25% had moved at least twice in the past six months.

Despite the challenges young people experienced before and after leaving care, the survey results highlighted youth's strengths and resiliency. For example, among youth preparing to leave care, 95% had at least one goal for the next six months, 95% identified something they were passionate about, and 79% could name something they were good at. Many youth also shared personal accomplishments they were particularly proud of, including academic achievements, independent living skills, sobriety, and having overcoming obstacles in their life.

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

**DATE:** July 8, 2021

**CLIFF#:** 261619

**PREPARED FOR:** The Honourable Mitzi Dean, Minister of Children and Family Development

**ISSUE:** Modernization of respite funding under the CYSN Service Framework.

**BACKGROUND:**

Respite is offered as a continuum of service that contributes to child/youth and family quality of life, reduces overall family stress, and builds family capacity (see Appendix A). Traditionally respite has been offered as in-person caregiver support provided either in the family home, in the caregiver's home, or in the community. While its purpose was originally defined as a "temporary break" for parents, it is now more widely recognized that there are a range of services and supports that could provide similarly positive outcomes for families, such as: meal delivery, grocery shopping assistance, housekeeping supports, sibling care, community programs, funding for camps, and may also include traditional caregiver support.

The current system of respite supports has been criticized as inadequate. It has not been changed significantly, either in scope or funding amounts, since its inception in 1989. The new continuum of respite services, within the new CYSN Service Framework, will allow for innovative family-centred solutions that reflect diversity, and support the inclusion of children and youth with disabilities and their families. The need for this service is identified by CYSN Workers in planning with families and can be adjusted as the family situation evolves.

This service is primarily delivered in two ways:

- **Direct Funded:** Funding is given to the parent/caregiver to buy respite services directly.
- **Agency Coordinated:** A contracted service provider arranges respite for a family or group of families that are referred by MCFD. Families can be offered this option if capacity exists in their community and if they would benefit from having support with recruitment and retention of caregivers, and coordination of that service.

Currently (as of Dec 2020), there are 5800 families who access direct funded respite and 1000 who access agency coordinated respite. Agency coordinated respite is currently available in 8 of our 13 Service Delivery Areas (SDA) in the province, primarily in larger communities.

**DISCUSSION:**

s.12; s.13

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s.12 ; s.13



**NEXT STEPS:**

s.12; s.13

**Attachment:**

**A. Respite Continuum Matrix**

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s.12 ; s.13

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

**DATE:** July 8, 2021  
**CLIFF#:** 261635

**DATE OF PREVIOUS NOTE (if applicable):** June 17, 2021  
**PREVIOUS CLIFF # (if applicable):** 261268

**PREPARED FOR:** Allison Bond, Deputy Minister, Ministry of Children and Family Development

**ISSUE:** MCFD involvement in addressing a community psychologist's conduct

**BACKGROUND:**

To be eligible for MCFD's Autism Funding Program, a diagnosis of Autism Spectrum Disorder (ASD) is required. Assessments must be completed in accordance with the Provincial Health Service Authority's (PHSA) Standards and Guidelines for the Assessment and Diagnosis of Young Children with Autism Spectrum Disorder in British Columbia. Due to long wait times in the public system, some families choose to pay for a private assessment using community-based professionals including psychologists.

In March of 2021, concerns were raised about assessments conducted by a B.C. psychologist which have impacted families' access to Child and Youth with Support Needs (CYSN) services. The Ministry has since been informed that a formal complaint is being submitted to the College of Psychologists of British Columbia (CPBC). The Ministry will support the inquiry process and will also need to support staff and families while the CPBC inquiry proceeds. It is anticipated that this will continue to impact access to Ministry services for families in the region.

**DISCUSSION:**

Psychologists' practice is regulated by the College of Psychologists of British Columbia (CPBC), which was established under the Health Professions Act and is governed by a code of conduct.

s.22

s.22

CPBC inquiries can take upwards of 7-13 months to complete (Appendix C).<sup>s.22</sup>  
s.22

s.13; s.22

**NEXT STEPS:**

s.13; s.22

**ATTACHMENTS (if applicable):**

- A. Appendix A: Communication Plan
- B. Appendix B: Key Messages
- C. Appendix C: CPBC Complaint Process

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s.13 ; s.22

## Appendix C - College of Psychologists of British Columbia (CPBC) Complaint Process

Information obtained on July 7, 2021, from the College of Psychologist of British Columbia website:  
<https://collegeofpsychologists.bc.ca/complaints/complaint-process/>

### Process

1. **Review** – College receives complaint, review, and notify registrant
2. **Investigate** – College determines whether it has jurisdiction to investigate
3. **Report** – A summary of the allegations and the registrant's response to the allegations, a description of the information and documentation considered in the investigation, and the Inquiry Committee's review and opinion in response to the complaint.
4. **Resolve** – If any corrective action on the part of the registrant is required. The College attempts to resolve most concerns in a remedial and/or educational manner.

### Timelines

The average amount of time required to resolve complaints in 2018 remained in line with previous years (9.8 months). The College has taken steps to streamline the complaints process, which allowed for 22% of complaints to be closed in less than 4 months, and the majority of complaints being resolved in 7-13 months.

### Steps involved

**1. Initial steps:** The initial steps involved in receiving and reviewing a complaint typically include the following:

- The College receives a completed complaint form or a written letter of complaint from the patient.
- The College confirms receipt of the complaint by letter to the complainant and notifies the registrant that a complaint has been received.
- The College reviews the complaint and requests any clarification or further information from the complainant.
- The College may request copies of the patient's clinical records from the registrant at this stage or at a later stage, depending on the nature of the complaint.

**2. Steps involved once all information has been received:** Once the College has received any further requested and relevant information from the patient, the registrant(s) and/or other individuals, and it has been determined that the College has jurisdiction to investigate the matter, the following steps ensue:

- The complaint will be summarized.

- If the complaint is a “serious matter” (defined in the *Health Professions Act* as a matter that, if proven, would result in limitations or conditions on the registrant’s practice, or a suspension or cancellation of registration), the complaint will be taken to the Inquiry Committee.
- The College sends a letter to the Registrant along with a copy of the letter of complaint, and requests a response to the allegations.
- The College may contact other individuals involved in the patient’s care or who otherwise might have additional relevant information.
- Where appropriate, the College may provide the patient with a copy of the response obtained from the registrant and ask for any further comments.
- If the allegations, even if admitted or proven, would result in no more than a reprimand, it will still be completely reviewed.

**3. Steps once the complaint has been investigated:** Once the investigation is concluded, the complainant and the registrant will receive a report. The report typically includes a summary of the allegations and the registrant’s response to the allegations, a description of the information and documentation considered in the investigation, and the Inquiry Committee’s review and opinion in response to the complaint.

**4. Steps if corrective action is requested of the registrant:** If any corrective action on the part of the registrant is required, the College may:

- inform the registrant about the concerns and provide remedial advice including the requirement to have consultation, supervision or take educational courses;
- request that the registrant attend the College for an interview;
- circulate advice and suggestions to all registrants on matters relevant to the general practice of registrants in its official publications;
- reprimand the registrant about the conduct;
- order a general review of the registrant’s practice; and/or
- issue a citation for a hearing by the Disciplinary Committee if remediation is not appropriate or sufficient to address the concerns.



**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

**DATE:** July 19, 2021

**CLIFF#:** 261764

**DATE OF PREVIOUS NOTE:** July 6, July 14, 2021

**PREVIOUS CLIFF #:** 261535, 261560

**PREPARED FOR:** Honourable Mitzi Dean, Minister of Children and Family Development  
Honourable Nicholas Simons, Minister of Social Development and Poverty Reduction  
Honourable Anne Kang, Minister of Advanced Education and Skills Training  
Honourable David Eby, Attorney General and Minister responsible for Housing

**ISSUE:** Cross-government approach to improving youth transitions into adulthood from government care.

**BACKGROUND:**

s.12; s.13

s.12; s.13

## **DISCUSSION:**

s.12; s.13

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s.12; s.13

**NEXT STEPS:**

s.12; s.13

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Withheld pursuant to/removed as

s.12 ; s.13

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

**DATE:** July 13, 2021  
**CLIFF#:** 261781

**DATE OF PREVIOUS NOTE:** March 1, 2021  
**PREVIOUS CLIFF #:** 258199, 256870, 247653

**PREPARED FOR:** Honourable Mitzi Dean, Minister of Children and Family Development

**ISSUE:** Modernizing the *Child, Family and Community Service Act* (CFCSA)

**BACKGROUND:**

The Ministry of Children and Family Development (ministry) is committed to ongoing and transformative change to the child and family service system. A key priority in the Minister's 2020 Mandate Letter is to *"Continue to work with Indigenous partners and the federal government to reform the child welfare system, including the implementation of the new federal Act respecting First Nations, Inuit and Métis children, youth and families (Federal Act) and the principles of the Declaration on the Rights of Indigenous Peoples Act (Declaration Act), and continuing to reduce the number of Indigenous children in care."*

s.12; s.13

## **DISCUSSION:**

s.12; s.13

**NEXT STEPS:**

s.12; s.13

**ATTACHMENTS:**

s.12; s.13

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**Staff Consulted:**

*N/A*

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Withheld pursuant to/removed as

s.12 ; s.13



**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
INFORMATION NOTE**

**DATE:** July 19, 2021

**CLIFF#:** 261815

**PREPARED FOR:** Honourable Mitzi Dean, Minister of Children and Family Development

**ISSUE:** Functional assessment tools to inform eligibility for Disability Services.

**BACKGROUND:**

The ministry has committed to moving to a needs-based approach in providing services to children and youth with support needs. In alignment with this approach, eligibility for Disability Services is informed by a child or youth's functional needs assessment completed at the Family Service Centre. This assessment will determine if the child or youth has mild, moderate or significant limitations in functional ability.

To determine which functional assessment tools to use, the ministry conducted extensive research including a Health and Human Services Library literature review and consultations with MCFD's senior psychologist. In addition, McMaster University's CanChild Network, who are experts in childhood disability assessment tools, were contracted to conduct further research, consult with clinicians in BC and provide recommendations. Final tools were selected based on their reliability and validity as well as practical considerations including length of time for administration, qualification requirements of assessors, and the cost of administration.

As a result of this work, two tools were identified to inform eligibility for Disability Services: The Vineland Adaptive Behavior Scales (Vineland-3) and the Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDI-CAT). The Vineland-3 will be used to assess children and youth with behavioural or cognitive support needs while the PEDI-CAT will assess children and youth with physical support needs. Both tools have also been adopted by Australia's [National Disability Insurance Scheme](#) (NDIS) after that country conducted an extensive review in 2018. More details on the selected tools and the thresholds for eligibility is available in Appendix A.

**DISCUSSION:**

s.12; s.13

**SUMMARY:**

s.12; s.13

**ATTACHMENTS:**

s.12; s.13

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<i>Policy and Legislation</i>	<i>Early Years and Inclusion</i>	<i>Indigenous Early</i>	<i>July 15, 2021</i>
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s.12 ; s.13