



Ontario Association of  
Children's Aid Societies

The voice of child welfare in Ontario

Submission to the Residential Services Review Panel

By

Ontario Association of Children's Aid Societies

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# ACKNOWLEDGEMENTS

The following people contributed significantly to the development of this submission for the Residential Services Review Panel. Their expertise and knowledge of the residential service system was extensive and reflective of the full child welfare sector and was greatly appreciated.

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## 1.0 INTRODUCTION

In July 2015, the Minister of Children and Youth Services (MCYS) announced the establishment of an Expert Panel to conduct a review of the residential services system for children and youth in Ontario. This review follows previous reviews conducted or commissioned by the Ministry and builds on significant policy and program transformations in the areas of child welfare, youth justice, child and youth mental health, and services to children with multiple complex special needs.

The mandate of the Residential Service Panel (the Panel) is to build on the foundational work of previous reviews and reports to MCYS advising on what is needed to improve the child and youth residential service system. In order to provide advice and information, OACAS convened a working group to pull together information and identify issues and key changes that would assist in improving the residential services system for children and youth, in keeping with the Panel's mandate.

The OACAS Residential Service Review Advisory Workgroup (RSRAW) consists of fourteen members from across the child welfare sector, including CAS senior managers with specific expertise in residential service, executive directors, and youth representatives. The Terms of Reference outlining the RSRAW's purpose, scope, and mandate were forwarded to the Ministry and to the Residential Service Review Panel in early September.

The RSRAW and the MCYS Residential Service Review Panel are committed to the same interests, specifically improving the experiences and outcomes of children and youth living in residential care. Given that the child welfare sector is the primary consumer of residential services in Ontario, its merits and pitfalls are well understood by this group, as are the realities and experience of residing in family-based care, group care, and institutional care well understood by the children and youth who have lived in those resources, apart from their families.

It is evident that previous residential reviews did not yield much in the way of noticeable system changes. Outcomes for children and youth are still varied and concerning; equity of access for CAS youth to treatment and children's mental health resources remains glaringly problematic; externally operated resources (OPRs) and related services and costs, including special rates agreements, continue to lack transparency or reflect service quality; and oversight issues and operating standards related to Ministry-licensed OPRs continue to appear somewhat cryptic. For these reasons and a desire to improve residential services to better meet the needs of children and youth, the RSRAW hopes to be of assistance to the Review Panel by providing relevant reference material and data as needed, and by offering this submission, which outlines our sector's perspective and recommendations for improving residential services in Ontario.

The RSRAW began meeting in mid-September 2015 to collectively identify and critically deliberate key issues and ideas related to improving residential services. Additionally, emerging information that supports the position and recommendations of the child welfare sector became public in December, primarily as a result of the release of the 2015 Report

of the Office of the Auditor General of Ontario, and most specifically, the two audits of the child welfare system.

As a result of the working group's expertise and analysis, key issues have been identified, collapsed into themes, and prioritized based on sector commonality and significance. The focus was on sector-wide system issues and needs, including rural regions and First Nations, Métis, and Inuit (FNMI) communities, as opposed to individual agency practices and realities. Of critical importance and learning was the input provided by the two youth representatives in the group who actively contributed to this submission and ensured that the voice of youth experienced with residential care was heard, regardless of frame of reference, and regardless of alignment with the sector's vision. We also appreciate that the Panel has taken steps to meet with youth across the province to hear firsthand about their experiences in residential care and what they recommend to improve the experience of children and youth who access this system.

This submission contains six sections, specifically: The Role of Child Welfare; Vision; Key Themes and Recommendations; Youth Voice; Aboriginal Perspective; and Funding. OACAS and RSRW hope that this submission will be received with interest and provide a credible reference document for the Review Panel to draw from.

## **2.0 THE ROLE OF CHILD WELFARE**

In Ontario, Children's Aid Societies (CAS) are mandated by the *Child and Family Services Act* (CFSA) to promote the best interests, protection, and well-being of children and youth. The CFSA defines the functions of a CAS, which include investigation of abuse allegations, protection of children, apprehensions, provision of care for children committed to its care, and placing children for adoption. The Ministry of Children and Youth Services (MCYS) funds and oversees CASs. Prescribed standards of service, MCYS directives, and Ontario regulations augment CFSA provisions and are intended to define the proper procedures and performance expectations to be carried out by all CASs in the delivery of services to children and families in Ontario.

In 1999, a comprehensive set of program and legislative reforms were introduced in response to a number of recommendations emerging from the deaths of children who had been known to CASs. Those reforms expanded the definition of a child in need of protection, enhanced the legislative expectations of individuals and professionals to report suspected abuse and neglect, and included a volume-sensitive funding model and structured decision-making model as well as child protection standards called the Ontario Risk Assessment Model (ORAM).

While an intended consequence of Child Welfare Reform was that more children would come to the attention of CASs, the number of children in the care of CASs and ultimately the number of children who became Crown wards increased significantly between 1999–2000 and 2004. This growth was neither sustainable from a fiscal perspective, nor from a residential capacity perspective. In response, the Government of Ontario introduced Child Welfare Transformation in 2005 to build on the previous reforms, but introduced an

expanded array of permanency options for children and youth, including admission prevention, kinship service (out of care), customary care, and legal custody.

The goal of CASs is to plan for the permanency of children in need of protection, which includes preventing admission in the first place by supporting the families to ensure the safety of their children. However, a number of children do require out-of-home placement, and this submission will identify current issues and propose some suggestions for improving residential services for those children and youth who require it, whether for a short period of time or longer periods of time.

## 2.1 Child Welfare Trends and Data

There are 47 CASs across Ontario, including nine Aboriginal agencies and three faith-based CASs (two Catholic and one Jewish). Several CASs refer to themselves as Family and Children Services and provide additional services on top of their protection role, such as children's mental health services, developmental services, and parenting and youth programs. Each CAS is independently run, is governed by a board of directors, and have differences in service delivery models, populations, and community demographics. The gross expenditure of CASs in 2014–2015 was \$1.4 billion, slightly less than the approved budgets of \$1.41 billion.<sup>1</sup>

In 2014–2015, the average number of children and youth in the care of CASs in Ontario was 14,539, down from 17,335 in 2010–2011, while the total number of children who received services in the care of CASs was 21,314. In 2014–2015, the total days of care reported by CASs to OACAS was 5,186,000 at a cost of \$410,000,000.

The top five reasons for admission to care in 2013–2014 were: *Caregiver with a Problem* (e.g., a parent with substance abuse or mental health problems); *Caregiver–Child Conflict / Child Behavior* (e.g., stress caused by parent–child relationship is harming the child emotionally); *Physical Force and (or) Maltreatment* (e.g., child is physically harmed by caregiver); *Caregiver Skills* (e.g., teen dad unable to manage infant's needs); *Orphaned / Abandoned* (child is left with neighbors and parent has disappeared). It should be noted that 97% of all investigations of alleged maltreatment conducted by CASs in 2012–13 resulted in children remaining in their own homes with their families.<sup>2</sup> When there is no possibility of a child returning to family, other forms of permanent care options, including adoption and family-based custody arrangements, are considered.

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<sup>1</sup> OACAS Trends Report – April 1, 2014 to March 31, 2015

<sup>2</sup> Ontario Incidence Study of Reported Child Abuse and Neglect - 2013 (OIS-2013)

## 2.2 Child Profiles

The following data provides a statistical breakdown of children and youth in the care of CASs in Ontario for 2013–2014.

In Ontario, 2013-2014, a total of 23,341 children were in care, ranging in age from 0 to 21 years. On March 31<sup>st</sup>, 2014, there were 14,212 in the care across Ontario. 1,874 of these children were Aboriginal, constituting 13% of the children in care population.<sup>3</sup>

Age	Non-Aboriginal	Aboriginal
0–5 years	3,040 (21.4%)	557 (18.3%)
6–12 years	2,863 (20.1%)	484 (16.9%)
13–15 years	2,555 (18.0%)	299 (11.7%)
16–18 years	3,608 (25.4%)	352 (9.8%)
19–20 years	2,051 (14.5%)	182 (8.5%)

## 3.0 VISION

Child welfare residential services will be seamless, integrated, and offered in partnership with other children’s service providers to ensure as little disruption as possible for children and youth requiring residential resources. Family-based settings within the child’s own community with family, kin, or foster parents will be sought first, and every effort will be made to facilitate the child or youth’s continuation in their own school. A small percentage of children and youth present with complex and special needs that cannot adequately be met in family-based settings. Only then will short-term, treatment-defined alternatives be sought, including externally operated resources that have an understanding of permanency and family reintegration. All planning related to children and youth will be permanency based.

The child welfare sector in Ontario supports the following definition of permanence;

*"an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to birth and extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language."*<sup>4</sup>

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<sup>3</sup> Ontario Association of Children’s Aid Societies. (2014) Ontario Child Welfare Funding and Services Report. Fiscal year 2013-2014. Children in Care. Pg. 8. OACAS Provincial Project.

<sup>4</sup> Centre for Advanced Studies in Child Welfare, University of Minnesota. (2009). Permanency or aging out; Adolescents in the child welfare system. CW360, Spring 2009.

### 3.1 Guiding Principles

The following principles will underlie every placement decision:

1. All children and youth should be raised in families that are safe and supportive.
2. Where children cannot stay safely with their families of origin, consideration should be given to placing children with kin, a member of the child's community, or through a customary care arrangement.
3. When children and youth do need to come into the care of a Society, all efforts should be made to support them in a family-based setting, as close to their home as possible.
4. Siblings should be placed together whenever possible.
5. Every child and youth has the right to a safe, legal, committed, and nurturing family.
6. Every youth should leave care with connections to their extended family and (or) other adults who can offer lifelong connections and support.
7. First Nations, Inuit, and Métis have the inherent right to plan for their children.

## 4.0 KEY THEMES AND RECOMMENDATIONS

The discussions about issues and opportunities to improve residential services for children and youth coalesced around five key themes: Improving Outcomes and Experiences for Children in Residential Care; Equity of Access to Residential Services; Oversight, Transparency, and Accountability of Residential Services; Group Care; and Funding. Also included is an Aboriginal Perspective and the Youth Voice. Each section identifies key issues and recommendations for the Panel's consideration.

### 4.1 Improving Outcomes and Experiences for Children in Residential Care

*Research in British Columbia, Ontario and other jurisdictions found that youth aging out of care were more likely to achieve lower levels of education, rely on income assistance, engage in higher levels of alcohol and drug use, have a more fragile social support network and tenuous ties to family, and experience high rates of depression.* <sup>5 6</sup>

In Ontario, children in need of protection who require out-of-home care often have significant needs related to trauma and maltreatment they experienced prior to their involvement with the child welfare system. Each CAS has mechanisms to assess the needs of children for the purposes of placement decision-making. Placement decisions, while based on a consideration of each child's needs, are impacted by an insufficient number of CAS foster homes and the availability of other resources in the community. This means

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<sup>5</sup> Rutman, D., Hubberstey, C., & Feduniw, A. (2007) Promoting positive outcomes for youth. In Ontario Association of Children's Aid Societies (Ed.), Building bridges to belonging; Promising practices for youth.

<sup>6</sup> Ontario Association of Children's Aid Societies. (2006). Youth leaving care; An OACAS survey of youth and CAS staff.

that children may be placed in resources that do not meet all of their needs. A large number of moves in care, leading to placement instability, can be detrimental to the well-being of children and youth. Placement stability is measured through the collection of key performance indicator data by CASs as well as in the context of annual Crown ward reviews conducted by the Ministry.

It should be noted that the Outside Paid Resources (OPRs) play a critical role in supporting children and youth in need of protection. Private operators of OPRs provide an array of residential services and programs across the province, including foster and group care. Many programs provide excellent care to children; however, there have been significant funding issues that impede program enhancements and the recruitment and retention of high-quality staff to these residential programs.

Additionally, while CASs work with these providers and children or youth on the development of plans of care, OPRs are not required to follow the policies that CASs must follow as they relate to the recruitment and training of caregivers, in particular the use of the SAFE home study tool, PRIDE training, and OnLAC. Additionally, recent policy changes that enable the use of the electronic database called FastTrack for caregiver screening is currently limited only to CAS caregiver checks and is not available to OPRs who are recruiting staff to work with and care for children and youth. This may result in unevenness related to staff qualifications and ultimately impacts the quality of service provided to children and youth and different expectations of OPR caregivers than CAS caregivers. Further, children who are placed in OPRs that are not in need of protection may have fewer safeguards (i.e., children with complex special needs) than those placed under the considerable regulatory practices required of CASs.

In some communities, CASs often find themselves competing with local OPR foster care providers to recruit foster homes. Current funding approaches for child welfare have resulted in variable capacity of CASs, including the level of support that can be provided to foster parents, meaning that in some areas CASs lose foster parents to local OPR foster care providers. This impacts CAS expenditures and may result in higher placement moves for children or placements outside of their home communities.

Many CASs in Ontario have introduced a **Foster to Adopt Program**. Information shared by these CASs suggest that this model results in strong commitments of foster parents to children, enhances permanency planning, and improved outcomes for children and youth. An evaluation of these programs could assist with understanding whether this approach has merits for provincial adoption.



# Recommendations to Improve Outcomes and Experiences

## 1. Equity of expectations

All residential providers, regardless of whether they are transfer payment agencies, like CASs, or OPRs, should have the same expectations for quality of services, recruitment and training, and background checks of caregivers, and demonstration of results or outcomes. This should be supported by the Ministry of Children and Youth Services both from a policy and resource perspective.

## 2. Commitment to children

Commitment to children and youth is critical to both their well-being as well as to improving permanency outcomes. Opportunities should be sought to enhance desirable care-provider relationships as well as the appropriate preparation of youth for successful transitions to adulthood.

## 3. Foster to permanency

Exploration of a foster to permanency model and a formal evaluation should be supported by the Ministry of Children and Youth Services with a view to determining the merits of various provincial approaches.

## 4. Collaboration opportunities at a ministry level

There are excellent examples of collaboration between service providers at the local level in communities across Ontario to assist children and youth with accessing other services in the community. These models should be explored by MCYS with a view to developing a provincial approach to ensure children and youth in need of protection have access to much-needed services in the community, such as child and youth mental health services.

## 4.2 Equity of Access to Services

There are a number of issues related to access to services that impact outcomes for children and youth as well as child welfare expenditures. Many children and youth in need of protection have significant needs, sometimes related to the trauma and maltreatment suffered, sometimes related to significant medical, developmental, or behavioral needs of the child that are often beyond the scope of services available in the community.

### a) Children and Youth from Rural Regions and Aboriginal Communities

Children with complex and special needs from remote regions of the province are much more likely to be placed in OPRs hundreds of kilometres away from their home communities because of limited residential resources or treatment facilities. This removes children from family members and siblings, friends, and their school. Additionally, youth with mental health or cognitive disorders often end up being placed in hospital psychiatric wards, which may not be the most appropriate environment to support treatment and

healing. Families must travel long distances to visit or be an active part of their child's treatment plan, which is very costly for families as well as child welfare agencies.

OPR per diems are very high in some rural and remote regions where there is an absence of local community resources. Youth with complex needs often require one-to-one or two-to-one supervision. For example, in 2013–14, one Aboriginal CAS was forced to pay per diems of \$716.43 for OPR group care. Ministry-approved per diems are frequently augmented by special rate agreements as a condition of admission to programs (e.g., for special supports such as one-to-one workers).

There is currently no systematic way for communities or the Ministry, either through its regional offices or corporately, to determine what resources are required to meet the needs of children and youth across the province. As a result, decisions are made by MCYS to license and set per diems for new programs that may or may not be required to support children and youth. Additionally, there is no systematic way of identifying and documenting the needs of children and youth across the province. A standardized assessment tool that could be used for all children requiring residential care or treatment, not only for children in need of protection, would assist in generating data at local, regional, and provincial levels. These data would then inform the planning of a residential services system that would improve local access to services and inform what programs are approved and licensed by the Ministry of Children and Youth Services.

## **b) Children's Mental Health**

While discussions between OACAS and Children's Mental Health Ontario (CMHO) have occurred with respect to access to residential programs, more coordination and collaboration needs to occur between lead agencies and local CASs as well as provincially at the ministry level. Recent policy transformation of the Child and Youth Mental Health Program by the Ministry has not been well communicated to CASs and has resulted in variable understanding of the intended outcomes of that transformation. It is understood that in each service area, families should have access to similar services, but there has not been an explicit focus on residential treatment as a specific component of that transformation.

Current issues relate to the ability of families and CASs to access child and youth mental health services, and in particular residential treatment programs. Where these programs exist, there are often long wait lists, and many programs have been altered over the years due to funding constraints and often are not 24/7 programs, but rather require that children and youth return home on the weekends. Children in the care of CASs are not able to go home on the weekend and may not be connected to a foster family while receiving residential treatment. These programming changes have created access barriers to these programs for children in the care of a CAS. These challenges further exacerbate the need for children to move away from their communities to access appropriate treatment from OPRs and is a very costly option for CASs. Similar concerns have been raised by CASs with respect to access to secure treatment programs. There are only three secure treatment programs in Ontario, and they are fully funded by the Ministry of Children and Youth Services. However, CASs are often required to provide additional funding for one-to-one supports for their youth that require secure treatment.

### **c) Complex Special Needs and Youth Requiring Adult Developmental Services**

Lack of local residential programs to support children and youth with complex special needs often puts pressure on local CASs to respond when families are in crisis. The Ministry's current process outlining how families and communities access funding for complex special needs is lengthy and cumbersome and often impedes immediate responses of a community agency while a decision is pending. It is hoped that the processes that will be developed as part of the Ministry's plan to identify Regional Service Resolution Agencies will expedite decision-making and service resolution for these families.

CASs supporting youth transitioning to adult Developmental Services (DS) residential programs have been working with local regional office staff and adult DS service providers to plan for the transition of these individuals. In recent years, the Ministry of Community and Social Services has provided funding to offset the costs of these individuals for child welfare, but often these youth don't physically move to another program. The result is that these youth age in place, and the capacity of the children's system is eroded.

## **Recommendations for Equity of Access to Services**

### **1. Assessing the needs of Children**

MCYS should introduce a standardized assessment tool that is mandated for use by all sectors for the purpose of placement decision-making. Its effectiveness in reducing placement moves and improved outcomes for children and youth should be evaluated at an appropriate time post-implementation. Further, MCYS should facilitate the collection and analysis of needs data to inform a rational plan for residential services across the province to improve equity of access to services. This should inform the Ministry's current approach to approving rates for and licensing new programs across the province to ensure the needs of children are met locally where possible.

### **2. Access to CYMH Services**

Conduct research and analysis of CAS access to mental health treatment resources to reveal barriers and look at opportunities for closer alignment of service philosophy and delivery. This might increase access to residential treatment for children and youth in the care of a CAS.

## 4.3 Oversight, Transparency, and Accountability of Residential Services

*"Why is it that I can check online for a rating on a restaurant but can't check on a group home?" (Quote from senior counsel from Algoma CAS)*

There are a number of issues and concerns that have been raised about transparency and accountability of residential services across the province, particularly with respect to OPRs. OPRs are a critical component of the residential services system and many deliver high-quality services to very high-needs youth. However, the information that is publicly available about these programs and operators is dependent on the willingness of the operator to share that information with placing agencies. Further, current Ministry policy and processes do not facilitate or promote transparency and accountability of residential programs.

It has been noted by the CASs informing this process as well as the Office of the Auditor General of Ontario that Ministry regional offices have different approaches to licensing and rate setting/rate review, despite the existence of provincial regulations and guides. Information about the status of a license, for example, whether it is a regular or provisional license, is not shared with potential placing agencies in order to inform placement decisions for children and youth. Additionally, there is no public registry or website that outlines who is licensed by the Ministry, what the approved rate is, and what is included in that rate. As a result, CASs are routinely asked to support additional costs through Special Rate Agreements for one-to-one workers and other supports seen to be outside of the approved per diem.

The Ministry collects data and information about children and youth and their experiences in care through a number of mechanisms, including annual licensing, Crown ward reviews, and serious occurrences; however, no provincial roll-up is conducted, nor are those data shared with the sector for the purposes of understanding performance or identifying areas requiring improvement via a provincial strategy. Rather, individual CASs and service providers have their own data but lack the opportunity/ability to understand their own performance within a provincial context. Recently, the Toronto Star obtained Crown ward review data through a Freedom of Information Request to the Ministry and published their analysis of the data. This was the first time since 2009 that CASs had access to that data at a provincial level; unfortunately, the context and public nature of the release of that data did not afford CASs an opportunity to analyze and respond to the Star's analysis of the data.

As previously stated, there are inconsistent policy expectations of CASs and OPRs as it relates to training, recruitment, and background checks for staff and the need to collect data and demonstrate performance improvement. OPRs are required to meet the minimum licensing standards only.

Finally, CASs often are called to investigate complaints about local OPRs but do not routinely share information amongst themselves about the outcome of those investigations. This has raised a concern from the panel that CASs may be using resources that are known locally to present concerns and risks to children and youth. It should be noted that there has been litigation in the past brought by service providers against CASs for sharing such information provincially, resulting in a reluctance to do so. OACAS, through its recent Shared Services Project, has identified as a key first priority a provincial approach to conducting assessments of OPRs across the province on behalf of member CASs (an activity each CAS currently engages in) as part of the proposal made to government. This approach will ensure information about the quality of programs will be shared across the sector to inform placement decision-making locally.

## **Recommendations to Improve Oversight, Transparency, and Accountability of Residential Services**

### **1. Public posting of data and information**

The Ministry of Children and Youth Services should establish a mechanism to make available to placing agencies data and information about the status of a license, approved per diem rates, and other significant data that would enable system improvement and enhance oversight, transparency, and accountability of residential services, including foster and group programs operated by CASs in Ontario.

### **2. Sharing provincial data with the sector to inform continuous improvement activities**

The Ministry of Children and Youth Services should consider the release of provincial Crown ward and licensing review data, as well as serious occurrence data, to assist the service system in assessing where performance improvements may be required at a local level.

### **3. Approval of OACAS' Shared Services project proposal**

This program proposal is currently with the Ministry of Government and Consumer Services, which is considering its approval on the recommendation of MCYS. Proceeding with the OPR review component, once approved, would address the Panel's concern that CASs do not share information about local providers across the province. We respectfully request approval of this proposal, as there are many other benefits that will accrue apart from improving transparency and accountability of residential services.

### **4. The Provincial Advocate for Children and Youth**

Bill 8, the *Public Sector and MPP Accountability and Transparency Act, 2014*, will grant the Provincial Advocate for Children and Youth (PACY) investigative authority to look into any CAS-initiated placements where concerns have been raised by children or youth or others. PACY's accountability and mandate should result in greater transparency related to OPR concerns. CASs, OACAS, OARTY, and PACY

should engage in frequent information-sharing forums to understand the findings of the investigations conducted, provincial themes, and strategies to address systemic issues.

## 4.4 Group Care

*“There is a difference between being parented and being managed.” (Youth voice)*

Youth that participated in the RSRAW indicated that group care can often feel very institutional and that youth are treated like secondary citizens and cases, rather than human beings with valid opinions and potential for development and leadership.

Group care staff are often underpaid and not always well trained in understanding treatment needs or how to deal with behavioral challenges related to youth experiencing mental health issues, including conduct disorders, addictions, dual diagnosis, or special needs. Frequently, hospital emergency rooms are used to manage the youth’s behavior. This is, in part, related to the fact that many per diems set by the Ministry have not been increased for many years. Increases to fixed costs for operators impact their ability to pay competitive wages and attract qualified staff to work with what may be the most vulnerable and high-needs group of youth in the province.

Some group homes utilize rigid behavior management models, and the police are often called in to manage “acting out” behaviors. This is especially problematic for racialized and marginalized youth, who are not only disproportionately reflected within child welfare, but also overrepresented in the corrections and justice systems, a trajectory that often begins in group care. “Group homes have been described by youth as the gateway to custody.”<sup>7</sup>

The location and type of OPR programs available do not offer CASs many options for the care and treatment of youth with serious challenges who are not able to reside in family-based care. Additionally, cultural and racial matching, role modeling, and mentorship are difficult to find.

## Recommendations for Group Care

### 1. Design of Children’s Residential Programs

MCYS policy and licensing expectations for group care should include program design geared to changing rigid group home cultures focused on punitive behavioral control and creating an environment that encourages individual growth and maturity-based autonomy through guidance and respectful engagement (see Youth Voice). This will also be facilitated through the collection of system data on the needs of children and youth across the province, as recommended in section 4.1.

### 2. Training

Additional resourcing should be made available to support more training to help group home staff effectively deescalate volatile situations and eliminate the need for restraints or police involvement.

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<sup>7</sup> Bala, N., Finlay, J., De Filippis, R. & Hunter, K., “Child Welfare Adolescents & Youth Justice System: Failing to Respond Effectively to Crossover Youth” (2014) 19 C.C.L.R. 123

### **3. Cultural Considerations**

The Ministry should facilitate the establishment of residential programs that offer culturally appropriate programming and include the requirement to hire more Aboriginal and minority staff with whom children and youth can identify and who can provide positive role modelling and relationship building. This can be furthered through the implementation of the Aboriginal Strategy for Children and Youth currently under development by MCYS.

Cultural considerations must also be extended to Black youth who are also overrepresented within CASs and in group care and whose life outcomes are similarly subpar. OACAS and MCYS have jointly sponsored the African Canadian/Black Families Project, which is intended to develop a provincial practice framework geared to improving outcomes and services for Black youth and families engaged with the child welfare sector.

## **5.0 FUNDING**

The Ministry of Children and Youth Services spends approximately \$1 billion on residential services annually in Ontario. Some of this funding is provided directly to transfer payment agencies. In the case of child welfare, the funds flow directly to CASs to pay for residential care for children in their care. CASs pay boarding costs for children in their own foster/group care and also to OPRs, whose rates are set by the Ministry. The rates set by the Ministry are often in excess of funds available to CASs, and since April 2013, CASs are bound by Regulation 70 and an Accountability Agreement to balance their budgets. In other words, unlike all other MCYS-funded services, CASs have a legal obligation to manage within their approved budget each year.

As already stated, CASs do not always have information about what is included in a Ministry-approved per diem rate and often, due to a child's special needs, OPRs will request additional funds through a Special Rate Agreement.

### **Recommendations for Funding the Costs of CAS Residential Care**

#### **1. Child Welfare Funding Model Review**

In addition to previous recommendations regarding transparency of costs, the upcoming review of the child welfare funding approach should examine the extent to which CASs are required to purchase OPRs and supplement this with Special Rate Agreements to better inform a funding approach for residential services and create greater equity of resources across the province.

#### **2. Rate Setting/Rate Review**

The Ministry should examine its approach to setting and reviewing per diem rates with a view to planning a residential services system and ensure adequate funds

are flowed through a mechanism to support a high-quality residential services system to support vulnerable children and youth in Ontario.

## **6.0 RESIDENTIAL SERVICES FOR ABORIGINAL CHILDREN AND YOUTH**

Aboriginal youth are more likely to be placed in residential care systems hundreds of kilometres away from their families, communities, and social circles, where their emotional and cultural needs are often not reinforced.

When Aboriginal youth from the North are placed in OPRs in Southern Ontario, more effort is required to help Aboriginal youth feel connected or a part of their new community. Better planning and addressing of their social and recreational needs through specific programming and activities would relieve their sense of isolation.

OPRs do not tend to hire many Aboriginal staff despite the high proportion of Aboriginal youth in care who end up in their resources. Youth have no one like themselves whom they can relate to, identify with, or express themselves to in ways that are culturally understood, making it doubly hard for Aboriginal youth to forge meaningful and (or) mentoring relationships with the adults and staff around them.

Aboriginal youth experience significant culture shock when removed from the only communities they know, which are highly relational. Not enough effort goes into establishing linkages for Aboriginal youth with the new region's Aboriginal population, networks, or role models. Staff need training to enhance their knowledge of youth's community of origin.

When Aboriginal youth return to their communities following discharge from residential programs, whether it is OPR group care, a mental health facility, or secure detention, there is no proper transitioning or after-care follow-up for many of these youth, who are often highly dependent on psychotropic medication and have no real supports to assist them upon return. Programs and services in remote northern communities are limited at best and may not exist at all to support these youth as they transition home.

### **Recommendations on Residential Services for Aboriginal Youth**

In addition to Recommendation No. 3 in section 4.4, the following are intended to promote improved experiences of Aboriginal youth:

1. OPRs and residential programs should provide holistic services and supports for Aboriginal youth that take into account their cultural heritage and recognize the importance of indigenous role models and connections to the community from which they are severed.
2. Use more Indigenous workers in OPRs and other residential services as well as MCYS' Aboriginal Strategy for Children and Youth to establish Regional Aboriginal Liaison



workers to meet regularly with youth in OPRs to provide support and advocacy. Additionally, PACY should ensure adequate Aboriginal capacity exists, particularly within the new investigative unit, possibly through the use of their advocates, aka "Youth Amplifiers".

3. Address isolation issues by connecting youth with where they are being placed and offering normalizing opportunities to engage in social and recreational activities.
4. Provide better follow-up and monitoring of after-care and treatment needs of returning youth to prevent relapses or exacerbation of issues that took them from the community in the first place, including the provision of educational opportunities to parents and community personnel to better meet and understand the challenges faced by returning youth.
5. Identify Regional Aboriginal Liaison workers to meet regularly with youth in OPRs to provide support and advocacy. For example, with the new oversight responsibility of the Provincial Advocate for Children and Youth (PACY), their Youth Amplifiers could meet and talk with Aboriginal youth placed in OPRs about their experiences so issues can be addressed.

## 7.0 THE VOICE OF YOUTH

- "Some group homes have an institutional feel to them. Furniture, decor, layout of building, the staff offices are setup in corporate ways. These homes could benefit from a change in decor to make the environment more comfortable, welcoming, like a family home should be."
- "Group homes have the potential to set up evening programs to promote pro social behaviors and skill development. There could be discussion groups, workshops, and educational programs that the youth can both benefit through learning and socializing."
- "The whole short-term temporary aspect of group homes is faulty... We should try to minimize moving youth around as much as possible. Transitions are very traumatizing for youth. It is very tough to move around and adapt to new environments and lose old friends and familiarity. The potential for youth to stabilize and have a meaningful experience in a group is very possible. These youth should not be moved but rather developed into youth leaders for the group home."
- "Many youth entering group homes learn bad habits, which is always a risk. They could be exposed to drugs, smoking, prostitution, crime, theft, etc. But this can also happen anywhere as well (on the street, at school). If you build up positive role models and turn them into leaders, then others will continue to follow this path."
- "Staff should be encouraged to be more involved / focused efforts into programming and creating therapeutic activities for the residents rather than documentation and team meetings."
- "Youth should be allowed to make mistakes, create consequence system but also give room for them to earn their trust and privileges back."

- "AWOLS and over-reporting to police should be abolished... calling the police as a result of not returning home on time can be troubling and creating more problems for the youth involved."
- "Group homes and staff should actively engage the community for various recreational programs, opportunities for collaboration, and set up consistent networks and events."
- "Structured settings - children and youth need structure and consistency to thrive. Routines are beneficial."
- "Point systems - these methods are controversial but can help with promotion of pro social behaviors and deter negative ones if youth are goal driven."
- "Social factors: group homes give residents opportunities to socialize, grow, and learn from each other."
- "Peer mentoring: youth who have stabilized and demonstrated growth and leadership qualities can become the role models and offer peer mentoring to the younger and newer residents entering the home. \*However, our current model rewards the youth who are doing well by discharging them from the group home and finding them a new placement at a foster home or more long-term setting."
- "Residential home workers and CAS teams need to work harder to establish connections between youth and the community. Community and local programs and opportunities for youth engagement is critical to developing good self-esteem, positive connections to prosocial behaviors."
- "Each agency should have an "Education Champion" or department. The purpose of this staff or team would solely be to help youth with their educational/ career goals. The role could be very similar to a guidance counselor, and youth could have meetings with this staff, to track their progress etc. This team would also assist older youth with post-secondary applications, students/youth with disabilities, etc. Would work with care-providers to establish accountability in regards to education."
- "Youth need better life skills which are taught over a lifetime, not a 2-week "training course". These should include practical skills (cooking, cleaning, etc.) as well as presentation skills and social graces required to be successful in the job market, education and everyday involvement in society."
- "Staff in residential care settings should set an outstanding example to youth and children, and youth should be able to participate in staff evaluations anonymously that are collated by an external party. Surveys could be used to rate staff (i.e., "This staff is patient with me;" "this staff has helped me with my homework;" "this staff uses appropriate language and body gestures"). Red flag behaviors could be caught more promptly and problematic staff could be replaced."
- "Maltreatment of children and youth in residential care would happen far less if unsuitable staff knew their daily actions (and job availability) were being monitored and evaluated by those they were providing care to."

## **8.0 CONCLUSION**

The most vulnerable children and youth deserve access to high-quality residential services that support them in achieving their goals. While this paper focuses on areas requiring improvement, we know that many children and youth who receive services from CASs go on to achieve much success in their lives. It is the hope of the RSRWG that these recommendations will assist the panel in recommending improvements so that more children and youth are resilient and achieve their full potential.