

OACAS Submission on Ministry Consultations on Proposed Regulatory Changes to Support Implementation of Ontario's Quality Standards Framework – Minister's Regulation and Lieutenant Governor in Council's Regulation

#### October 4, 2021

Please find attached the OACAS submission on proposed regulatory changes to support the implementation of Ontario's Quality Standards Framework found in both the Minister's and the Lieutenant Governor in Council's Regulations.

This submission was prepared by OACAS, together with a small working group of children's aid society Directors of Service and Resource Managers. The submission contains member feedback as well as youth feedback received in four ways:

- Through three ministry-facilitated engagement sessions hosted by OACAS throughout September 2021;
- Through dialogue with the working group;
- Through engagement with former youth in care facilitated by OACAS; and
- Through a survey that OACAS issued to its members.

With this submission, sector staff and youth from care offer general support for some areas, concern for other areas, questions or requests for clarification, and suggested alternatives. Specifically, the submission contains the following components:

- 1. Detailed feedback on specific proposals (attached chart broken down by regulation and section)
- 2. Common themes expressed throughout engagement sessions by staff and by youth (summarized below)
- 3. Recommendations of alternative practice or requirements (attached chart and summarized below)
- 4. Implementation considerations (attached chart and summarized below; note provincial CPIN leads have provided feedback and supported the development of this submission)

OACAS and its members appreciate the opportunity to provide feedback and expert insights to the government on these important proposals.

#### For further information or to discuss these proposals further, please contact:

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#### 1. Detailed feedback on specific proposals (attached chart)

#### 2. A) Common themes expressed by staff throughout engagement sessions

- General support for the intent of the proposed amendments
- Proposed timelines particularly seven days are too restrictive given the urgency and complexity of placement circumstances and may result in staff incompliance (exception: broad support for keeping the 7-day requirement regarding safety plans)
- Concern that safety planning for every child is unnecessary and maybe stigmatizing; however, children/youth deemed 'higher risk' risk exclusion and need same opportunities as their peers
- Plan of Care requirements are deficit-focused, should be strength-based and start with who the child is
- New requirements seem almost entirely focused on mitigating OPR actions/issues if so, this focus should be made explicit
- Accountability between placing agencies and OPRs not well-understood results in a negative impact on children and youth
- Broad support for approved departures, intent on ensuring dignity for youth transitioning between placements or home
- Clarity is needed regarding the definition of 'education,' OPR models involving educational programs
- Broad support for finding placements where all of child's/youth's needs can be met.
   However, equal concern regarding the disconnect between new requirements (e.g. preplacement assessment) and the reality of the system:
  - crisis-driven, urgent decision-making
  - a limited and shrinking pool of placement options, and existing caregivers will not have the capacity to meet requirements
  - prohibitions on placements where all needs cannot be met will be severely destabilizing
  - pre-placement checks and balances will not be actionable
- Broad support for exemptions to requirements in emergency admissions
- Strong insistence on better collaboration with children's mental health already poor, worsened by COVID
- Privacy considerations need clarification, particularly regarding pre-placement assessment involving multiple outside parties
- Broad support for new educational requirements for OPR staff
- Concern that repeated information on the rules surrounding physical restraints sends the wrong message to young people impedes relationship-building (particularly for care settings that do not practice restraints)
- Concern that requirements left to agencies individually (such as training for caregivers) will lead to inconsistent service experiences and outcomes across the province

#### B) Common themes expressed by youth through engagement

- Youth cannot bear the burden of poor Plan of Care planning
- Youth must have an active part in developing Plan of Care
- Pre-service training for caregivers is essential, particularly for serving the diverse cultural and identity needs of children and youth



- Ask youth what they need and want, do not assume or make decisions without them
- · Children and youth need a trusted, impartial advocate in their corner

### 3. Recommendations of alternative practice or requirements (attached chart and summarized below)

- Plan of Care should be required within 30 days rather than 7
- Plan of Care: move letter (i) to the top of the list
- Case management: add 'traditional healing and wellness' to section 3
- Case management: replace 'support child to obtain' with 'acknowledgement of efforts underway, navigating system to get documents'
- Case management: ministry to work with Registrar General, Passport Canada, Service
  Ontario and others to facilitate the earlier obtainment of identification documents, liaise
  with societies/wellbeing agencies to expedite the process; build on the model of CWICE
  and develop a provincial approach; consider models from other jurisdictions (e.g. <u>The</u>
  Promise of Scotland)
- Plan of Care: document efforts to obtain identification documents in Plan of Care
- Education: add specifics to the section on the suitable study area, including a proper surface to study/work on, adequate school supplies, adequate access to technology and internet connectivity, support by a trusted adult as needed
- Pre-placement safety assessment: OPR should be responsible for calling safety planning meetings at any point during youth's stay, not just before placement and inclusive of the actual context of care setting
- Pre-service training for foster parent applicants and foster parents:
  - Amend language to a minimum number of hours to also include ongoing learning and development in areas of FNIM and Trauma-informed
  - Amend to include EDI learning and FNIM and Trauma-informed to be inclusive of other identities and/or intersecting identities with FNIM. This would complement trauma-informed and FNIM learnings.
- Other minor enhancements shared rooms: change use of gender definitions as these pertain to shared rooms to be inclusive of LGBT2SQ+ identities

#### 4. Implementation Considerations (attached chart and summarized below)

- CPIN does not support the majority of proposed changes
- Unrealistic to draw upon the same community service providers and partners on so many occasions for planning and transition purposes
- Part X considerations are not clear for some new requirements
- Licensing reviewers will need significant orientation to avoid policy intent being lost, and agencies found incompliant
- Significant administrative burden added to staff and caregivers creates a barrier for relationship-focused care
- Internet gaps, lack of technology for some Indigenous and remote communities must be prioritized by the government – across ministries and with the sector - with funds; COVID-19 strategies can be built on
- The government needs to bolster and expand the pool of available placement options
- Risk is being downloaded to agencies/societies from OPR gaps



- Pre-service education may inadvertently add to current challenges in the recruitment and retention of qualified/experienced caregivers
- Timelines:
  - Include a timeline of implementation of foster parent learning plans that is cognizant of other regulation implementation timelines that also require the participation of foster parents, i.e. more than 30 days will be required
  - Where it's stated, 'within a specified timeline,' clarity needed who decides?
- Ministry collaboration is needed to develop trauma-informed training with mental health providers – locally and provincially
- Funding/partnership to support youth mentor implementation, similar to Education Liaison funding for each agency, do the same for paid youth mentors at individual agencies provincially. Joint initiative perhaps with other ministries as it pertains to identity, culture, race, wellness/MH, and community connections.



# Ministry Consultations on Proposed Regulatory Changes to Support Implementation of Ontario's Quality Standards Framework – Minister's Regulation

### **Child Welfare Sector and Youth Feedback to Government**

| Section | Regulatory<br>Area | Page #<br>Section | Sector Feedback  | Youth Feedback   | Implementation Considerations   |
|---------|--------------------|-------------------|--|--|---|
| A       | Plan of Care       | pp. 7 - 21        | General feedback     licensee should be assigned to whole plan of care, as opposed to children's service worker     PoC is developed by home society, but reg says the local society | - Plans of Care meetings – burden on youth for not fulfilling the plan of care, no emphasis on society's responsibility                                  | CPIN doesn't allow local societies to create plan of care Social history – where does it go in CPIN?      |
|         |                    |                   | - Common theme throughout timeline of 7 days very hard (when child placed, much urgency; will set staff up to be incompliant)  | - Falls on caregivers, not necessarily a bad thing: primary caregivers should be the one to fulfill  | General theme:  - Have to pull on same people multiple times - Local community will not have all          |
|         |                    |                   | - Alternative recommended: at first 30-day plan of care meeting  | <ul> <li>Who should get consulted in PoC?</li> <li>E.g. med professionals, school people, Indigenous reps</li> <li>What about privacy/consent</li> </ul> | these resources - Have they done any consultations with FNIM communities? - Shift towards and emphasis on |
|         |                    |                   | - However, there is support for 7 days for the safety plan   | <ul><li>– especially medical and clinical people? Therapy?</li><li>o Agree with holistic</li></ul>   | strength-based narratives for Plans of Care Tendency to be deficit-focused                                |
|         |                    |                   | <ul> <li>Not every child needs a safety plan re.<br/>behaviour that poses a risk etc.</li> </ul>   | perspective – personal experience of having a CYW at high school who   | <ul> <li>Once it leaves society's hands what<br/>about Part X and privacy<br/>considerations?</li> </ul>  |
|         |                    |                   | <ul> <li>Question: what is the role of the resource<br/>person and how is this person different from</li> </ul>  | filled a missing gap in youth's life- if youth had   | - What about ONLAC? ESC Reviews?  |



|   |                    |            | the required one caring adult? (Resource person: culture and identity)  - Trusted adult who's a positive influence, with role to support child, plan of care etc.  - How does this land for kids if the absence of a trusted adult has to be identified as a goal?  - Who is the child? Start here – be strength-based, they don't come up till way later – so start with what is in letter (i) and move up  - Tasks are all deficit-focused   | people like that in their corner (even principal) who can sit in to help build holistic plan – youth has a team  BTW youth never invited to contribute to PoC!  Other people can contribute, but youth has to have absolute say in what goes into the PoC | - | Need to make sure the licensing review folks act in alignment with policy intent CPIN is a huge barrier to implementing these changes  CPIN has limited fields, not integrated  Can't make changes to document, printing is hardagain CPIN doesn't allow workers to do it ('nothing you want to do in this reg is supported by CPIN – our case management system') |
|---|--------------------|------------|--|---|---|--|
| В | Case<br>Management | pp 21 - 33 | <ul> <li>Concern about children falling through cracks, specifically in OPRs – not clear who's responsible for children and youth</li> <li>Current status: societies are only informed about PoC, not very involved</li> <li>Feedback:         <ul> <li>Also concerned about assumption/belief that societies are not actively involved in planning/care of kids in OPRs and regs may not be the best remedy</li> <li>Without further clarity, there will be conflict between societies and OPRs</li> <li>How will this create better outcomes?</li> <li>Takes time away from workers</li> </ul> </li> </ul> |   | - | Logistics challenged May not be in kids' best interest (lengthy drives)  Staff struggling with significant administrative burden   |



| - Don't assume this isn't happening, but they're             | Costs – who pays?                 |
|--|-----------------------------------|
| not articulated anywhere so can't make the                   |                                   |
| assumption it's happening across the                         | How to document views and wishes? |
| province AND serious concerns raised by                      | Right to be heard? There will be  |
| expert panel and reports on child deaths,                    | inconsistencies                   |
| poor outcomes  |                                   |
| - How to address tension between societies                   |                                   |
| and OPRs?  |                                   |
| - OPR number in some agencies: high                          |                                   |
| They have agencies over a barrel                             |                                   |
| cost-wise  |                                   |
| COSI-WISE  |                                   |
| Demanding the property that unlicenced                       |                                   |
| Regarding the proposal that unlicensed                       |                                   |
| placements need same requirements as                         |                                   |
| licensed ones:   |                                   |
| <ul> <li>don't know how to fulfill this</li> </ul>           |                                   |
| <ul> <li>is this trying to mitigate problems with</li> </ul> |                                   |
| OPRs? If this is intent, be clear and                        |                                   |
| specific rather than generalized to all                      |                                   |
| unlicensed settings  |                                   |
| <ul> <li>unlicensed settings are varied and</li> </ul>       |                                   |
| informal, and that flexibility is needed                     |                                   |
| in the system as a stopgap                                   |                                   |
| , 131  |                                   |
| Continuity of services and supports:                         |                                   |
| - do what we can to keep same schools, etc. –                |                                   |
| support for intent, but what if not possible?                |                                   |
| - group care settings that require kids to attend            |                                   |
| school onsite (if they haven't been 'successful at           |                                   |
|  |                                   |
| school' – how is this determined?)                           |                                   |
| - local school boards aren't providing what's                |                                   |
| needed   |                                   |
|  |                                   |



| - language here: <b>suggest alternative language</b> : where we can't maintain, language from  |  |
|--|--|
| Recommendation: -add 'traditional healing and wellness to section 3'   |  |
| Risk of placement disruption: - Makes sense in principle but   |  |
| Recommendation: - add to language - rather than 'support child to obtain' include 'acknowledgment of efforts underway, navigating system to get documents' |  |
| - specified timeframe in collaboration with youth  |  |
| - What about consents? How are youth discharged? In collaboration with youth?  |  |
| - Broad support for approved departures in right circumstances, especially youth-led timing  |  |
| - Glad to see thing about dignity and garbage bags   |  |
| - Good idea, avoid getting to permanency without documents   |  |
| - What about role of Registrar General?  |  |



| • |  |
|---|--|
|   | <ul> <li>Hard for societies to access</li> <li>New pathways to support this with help from gov't?</li> <li>Listing both parents is ideal – 30 days a bit tight to do that? Any considerations of such challenges?</li> </ul>   |
|   | Recommendation:  - re. registrar general, passport Canada, service Ontario, etc. to facilitate earlier obtainment – liaison to expedite in key ID offices (see The Promise of Scotland) build upon model of CWICE for other forms of identification processes, provincial approach.                  |
|   | FNIM considerations:  Applying for status card can take a long time  Not 'cut and dried'  Live birth/birth certificate needed  Application with parents' signatures verifying Nation  Chief in Council approval of status application  Some FN have citizenship codes  Proposed requirement: society |
|   | supports child's application within 30 days of finding out eligibility   |



|   |           |                | <ul> <li>Deeper dive with ANCFSAO coming to study feasibility of proposed requirement</li> <li>Photographic ID application timelines: no problems</li> <li>Agreement that documenting progress every 30 days is useless, too much happening during that time period         <ul> <li>CWICE advice: start discussions early given how long it takes to get information</li> <li>Alternate recommendation: document it in plans of care (consensus for this)</li> </ul> </li> </ul>   |  |   |
|---|-----------|----------------|---|--|---|
| С | Education | pp. 33 -<br>36 | Suitable study area:  - As drafted, too open to interpretation - Should include more specifics:  - Surface to study on - School supplies - Access to technology and internet wherever possible – context of community - Support by an adult as required - Children with IEP entitled to different supports through school  As drafted does not speak to issues we see: - Application of Safe School Act: frequent exclusion of youth (not suspended or expelled, where rights and appeals are in place) or disenrollment of youth | Indigenous remote communities – significant tech and connectivity barriers | Needs to be a commitment to fund tablets/devices/computers – accountability – learn from COVID – streamline between ministries (build on) |



| - Cor | onditions are sometimes impossible to meet                            |  |
|-------|---|--|
| for   | r student to return to school   |  |
|       | ental health \$\$ not adequately directed to                          |  |
|       | ds in care – excluded from criteria. This has                         |  |
|       | een the experience in some communities.                               |  |
|       |   |  |
|       | evelopmental trauma is biggest thing our ds have as barrier to school |  |
|       |   |  |
|       | ccess/participation   |  |
|       | chool board in Thames Valley not                                      |  |
| sus   | spending kids in care!  |  |
|       | <ul> <li>Proposing to revoke 101.2</li> </ul>                         |  |
|       | Registration issues – if child not                                    |  |
|       | registered upon admission, child must                                 |  |
|       | be registered   |  |
|       | <ul> <li>Sector feedback:</li> </ul>                                  |  |
|       | <ul> <li>How do you define</li> </ul>                                 |  |
|       | 'education'? Some OPRs have   |  |
|       | 'school' on site and these are  |  |
|       | the only ones offered   |  |
|       | <ul> <li>And they charge additional per</li> </ul>                    |  |
|       | diem to include this service  |  |
|       | <ul> <li>Defined as in the Education Act:</li> </ul>                  |  |
|       | mainstream, s.23 etc.   |  |
|       | But: some placements require that                                     |  |
|       | kids go to their school and it's built                                |  |
|       | into the cost structure (at least 2                                   |  |
|       | OPRs this is the case)  |  |
|       | How often do children get 'turned'                                    |  |
|       | away' from school?  |  |
|       |   |  |
|       | them'   |  |
|       | uicii   |  |
|       |   |  |



| D | Pre-Placement | pp. 36 - | - Sector feedback – applies to all settings  | - concern it goes into file and is a one- |
|---|---------------|----------|--|---|
|   | Assessment &  | 46       | (foster and group)                           | time, never revisited                     |
|   | Safety Plans  | 40       | - Placements are often needed                | - is it 7 days or has to happen before    |
|   | Salety Flairs |          |  | admission?                                |
|   |               |          | immediately, crisis driven, no luxury of     |   |
|   |               |          | time to do all this – how to demonstrate     | - Many places pulling on same people      |
|   |               |          | compliance?                                  | regularly – these may or may not be       |
|   |               |          | - CPIN PAPR doesn't help – so many of        | available in local community              |
|   |               |          | these requirements won't be doable in        | - Could there be new permissions that     |
|   |               |          | CPIN   | allow workers to give due                 |
|   |               |          | - Problem with language of 'prohibited to    | consideration and document in CPIN        |
|   |               |          | make a placement that doesn't meet           | - Is this meant to address OPR            |
|   |               |          | child's need' – that's not how it works, the | issues? Not true for foster homes in      |
|   |               |          | system is not resourced/set up that way,     | same way                                  |
|   |               |          | placements are too few, availability         | - Downloading risk onto agencies          |
|   |               |          | usually drives match                         | stemming from child deaths                |
|   |               |          |  | - Hard for CPIN agency to                 |
|   |               |          | Question from ministry: can you comply with  | communicate with non-CPIN                 |
|   |               |          | current requirement?                         |   |
|   |               |          | - Again CPIN/PAPR – placement team           |   |
|   |               |          | need to track down info themselves           |   |
|   |               |          | (PAPR for compliance)                        |   |
|   |               |          | - Unless it's a re-placement, it is a crisis |   |
|   |               |          | and info flows last minute and is            |   |
|   |               |          | incomplete                                   |   |
|   |               |          | - Is crisis common/most frequent?            |   |
|   |               |          | - It's the nature of the work – not on the   |   |
|   |               |          | rise, just how it goes                       |   |
|   |               |          | - Should there be an exemption/exception     |   |
|   |               |          | for crisis and emergency situations?         |   |
|   |               |          | - Yes, to the exemption for emergency        |   |
|   |               |          | admissions                                   |   |
|   |               |          | - Frequency of these will vary across the    |   |
|   |               |          | province                                     |   |
|   |               | 1        |  |   |



| <ul> <li>Do the regs require the placement meet</li> </ul> |  |
|--|--|
| ALL of the child's needs known at time of                  |  |
| admission? Rarely if ever able to do that                  |  |
| at that time; it's the best of potential                   |  |
| options we're considering, keeping in                      |  |
| mind the pool of resources is shrinking                    |  |
| rapidly and options fewer each day                         |  |
| • • •  |  |
| - Especially when it's OPR care – needs                    |  |
| are complex, wrap services                                 |  |
| aroundlooking for the best available                       |  |
| within existing resources                                  |  |
| <ul> <li>Opioid deaths happen in the middle of</li> </ul>  |  |
| night: trying to find a foster parent with all             |  |
| those needs, it won't happen (kids will                    |  |
| end up staying at office with workers) –                   |  |
| yes to exemption for emergency – ALL                       |  |
| needs won't be met   |  |
| - Agree with earlier points: finding the                   |  |
| placement that meets child's needs is                      |  |
| what we all want, but reality – at least                   |  |
| months since agencies can choose                           |  |
| among options; searching 50 homes and                      |  |
|  |  |
| not finding more than one; huge flexibility                |  |
| and creativity needed to make plans                        |  |
| successful – we need to move toward this                   |  |
| (safety, cultural/emotional needs etc.) but                |  |
| there aren't options for that – really critical            |  |
| and a reg would make this more difficult,                  |  |
| even if it's of course the goal                            |  |
| - Is there a provincial strategy to build                  |  |
| capacity? Regs in place without                            |  |
| resources, we will make the problem                        |  |
| worse  |  |



| - Ministry response: CWR, QSF is only one         |  |
|---|--|
| aspect – well heard point; there are other        |  |
| projects working to support outside of            |  |
| regs  |  |
| - Need to know strategy for new players,          |  |
|   |  |
| resources – have heard nothing                    |  |
| - Can't stress enough, and things are             |  |
| worsened by COVID                                 |  |
| - Need to include collaboration with mental       |  |
| health – the mental health of kids in care        |  |
| is deeply affected                                |  |
| - We'll be looking for exemptions in almost       |  |
| everything in the meantime                        |  |
| - COVID: we think the foster situation is         |  |
| bad now, it's going to get worse – those          |  |
| needing to be double vaxxed will have             |  |
| local impacts                                     |  |
|   |  |
| - The regs are so extensive – makes your          |  |
| head spin   |  |
| - So much to say – caregivers will not have       |  |
| everything that's being required                  |  |
|   |  |
| Sector feedback:                                  |  |
| - Not every agency is on CPIN and those who       |  |
| are do things differently                         |  |
| - Concern that we are putting our 'higher risk'   |  |
| c&y under a 'different microscope' which is       |  |
| inconsistent with your goals                      |  |
| - Should be for every child, be consistent and if |  |
| not applicable, shouldn't be adding scrutiny to   |  |
| higher-risk youth – unconsciously it will         |  |
|   |  |
| become a tool to exclude kids (too stressful,     |  |
| trouble) and re-placement will follow             |  |



| <ul> <li>On the other hand, this sounds like a meaningless bureaucratic exercise; all of these regs do not support the outcomes we're looking for; these things will definitely become reasons to exclude kids</li> <li>Where no safety risk, why bother documenting?</li> <li>Strong support for these comments</li> </ul>   |
|---|
| Recommendations for better:  given the tragedies that have taken place: should be a requirement not just prior to placement, but OPR should be responsible to call a safety planning meeting at any point; also, children often at OPR from many different placing organizations – should be a requirement where there is some sort of communication re. resources in place to support the safety needs of all the kids and known to each placing org (a collective responsibility) – individual lens is totally insufficient (but feels like it's a 'real disconnect from the reality we are living)  - re. child's behaviour that poses a risk  Worry about how these behaviours are defined  - receiving alt care needs to know before taking kid in, however consultation process |
| won't be complete by placement  who to consult with: individual signatures of each person confirming agreement?  general agreement with the safety plan, but impossible to implement as drafted   |



|   |   |                | Transitional requirements:  - when this comes into effect, all children/youth already in care need to have this  - consultations with all involved  - same people as above are required to participate  - challenge in finding placement in meeting all of child's needs — often don't have a full match don't always know full needs  - how do we find language  - what about privacy considerations of how much info is included and shared about kids' needs? Belongs in child's file, not in other's file to determine placement  - missing: Part X considerations  - confusion of what is being asked to document.  - must provide placing agency: breach of confidentiality without permission;  - register of kids placed. |   |  |
|---|---|----------------|---|---|--|
| E | Pre-Service<br>Educational<br>Qualifications<br>for Frontline<br>Staff &<br>Supervisors | pp. 46 -<br>51 | Support the educational qualifications for OPR staff, noted this does not apply to foster parents.  The very nature of only using these settings for the highest of risk placements should need/warrant an intentional type of treatment focus which is grounded in education.  |   | Considerations for implementation are key given the challenges have currently in recruitment and retention, will likely increase this challenge. |
| F | Pre-Service<br>Training for<br>Foster Parent  | pp. 51 -<br>57 | Pre-service in collaboration with Indigenous Band, assumption of relationship with and  | Youth agrees with this, feels their feedback was heard, it would be | Include timeline of implementation of foster parent learning plans that is cognizant of other regulation   |



| Applicants and Foster Parents | capacity/resources of communities to provide this.  Recommendation:  - Amend language to minimum number of hours to also include ongoing learning and development in areas of FNIM and Trauma informed.  Recommendation:  - Amend to include EDI learning in addition to FNIM and Trauma informed to be inclusive of other identities and/or intersecting identities with FNIM. This would complement trauma informed and FNIM learnings. | beneficial; very necessary – especially for foster parents  - As a visible minority, it's totally needed; very hard to finding cultural/racial/ethnic mix  - Lived experience: 100% necessary; once removed from home (Black/Caribbean/Canadian heritage) moved to a small town from North York – foster parents didn't know how to cater to any of her needs (she assumed they'd know something, they knew nothing)  - Number 1 priority – as youth advocate, does not want any more youth to encounter what she experienced; she lost all her hair because they didn't know how to care for it; lost her religion because it was too far to attend; setting was not conducive to individual growth – training and placement  - Youth also spoke to the benefit of the leadership opportunities she has accessed (through her agency and OACAS): are all youth having equal opportunities to assume leadership roles? How do you enhance their voices if there are no opportunities to participate?  - Not an uncommon experience! Generally, more emphasis on | implementation timelines that also require participation of foster parents, i.e. more than 30 days will be required. Ministry collaboration regarding development of trauma informed training with mental health partners. Communication that this ask will be occurring on local levels with MOH as applicable. |
|-------------------------------|---|---|--|



|  |  | relevancy c                                 | ace people over the of the placement; ulture don't always line |   |
|--|--|---|--|---|
|  |  |   | o help mitigate is pre-  |   |
|  |  |   | ng people are in hotels!                                       |   |
|  |  | •   | young people want the  |   |
|  |  |   | ake these decisions?   |   |
|  |  | - Just ask the                              | em!  |   |
|  |  | - Be more in                                |  |   |
|  |  |   | rience: entered care at  |   |
|  |  | •   | ad someone in her<br>ocating for her in that                   |   |
|  |  |   | ing, like a youth  |   |
|  |  |   | ho identifies with youth,                                      |   |
|  |  | especially t                                | those not confident  |   |
|  |  |   | or themselves, while the                                       |   |
|  |  |   | e is being developed,  |   |
|  |  |   | initial intake: this is what I, someone who can                |   |
|  |  |   | half-way! Someone who  |   |
|  |  |   | Is their emotional needs-                                      |   |
|  |  |   | to become her own  |   |
|  |  | advocate                                    |  |   |
|  |  | <ul> <li>Who would<br/>An adult?</li> </ul> | l it be? A 21- year-old?                                       |   |
|  |  | An adult?                                   |  |   |
|  |  | Recommenda                                  |  | Funding/portporphin to gunnort venth                                      |
|  |  |   | ministry considers a   | Funding/partnership to support youth mentor implementation, similar to ed |
|  |  | •   | oject where an advocate  | liaison funding for each agency, do the                                   |
|  |  |   | mentor is assigned to buth as they enter care,                 | same for paid youth mentors at  |



|   |                         |  | someone trained and present to help the young person think through the decisions they have to make, someone 'in their corner'  They attend the initial meetings etc.  Currently youth are forced to have meetings with workers, caregivers, etc. and face their parents — can't talk  This person could reflect the wishes and voice of the child/youth  Possible models? CASA or guardian ad litem (US models)  Expanded role for YIT?  Workers know nothing about you so can't act on behalf of the child/youth | individual agencies provincially. Joint initiative perhaps with other ministries as it pertains to identity, culture, race, wellness/MH, and community connections. |
|---|-------------------------|--|---|---|
| G | Other Minor pp. 57 - 63 | pp. 63 confirmation in writing that the child understood information it was provided recommend exemption be available for child who developmentally may not be able to provide this feedback |   |   |



# Ministry Consultations on Proposed Regulatory Changes to Support Implementation of Ontario's Quality Standards Framework – Lieutenant Governor in Council's Regulation

#### **Child Welfare Sector and Youth Feedback to Government**

| Section | Regulatory<br>Area    | Page #<br>Section | Sector Feedback   | Youth Feedback | Implementation<br>Considerations |
|---------|-----------------------|-------------------|---|----------------|----------------------------------|
| A       | Physical<br>Restraint | pp. 5 –<br>10     | <ul> <li>At orientation/admission, as part of overall review of program, home etc., it makes sense</li> <li>It's already built into debriefing process of SOR</li> <li>Concern of adding repeated conversation: it's too much</li> <li>There is a time and place, there's alignment of this to when child is admitted – rules of home etc.</li> <li>Youth may say they would have behaved differently if they knew, but youth emotional regulation is not as manageable as suggested</li> <li>What about no-restraint agencies?</li> <li>Orientation would include the info of no-restraint agencies</li> <li>But what message does that send to the child? <ol> <li>Relationship building, care etc. – restraint is not on the landscape, why introduce??</li> <li>How do you vet youth understanding/confirmation?</li> <li>Youth have said: they're being told stuff and need to memorize it, better they have a chance</li> </ol> </li> </ul> |                |                                  |



|   |                             |                | to say how their rights, sign off etc.  Need to think about impact on kids of all of this – drive to comply is not good for kids (how does it feel for each kid to hear they might be restrained) at a time we're trying to be 'family-oriented'  i. Further institutionalizing the care relationship   |
|---|-----------------------------|----------------|---|
| В | Mechanical<br>Restraint     | pp. 10 –<br>14 | n/a   |
| С | Written Complain Procedures | pp. 14 –<br>21 | - Ministry used to provide children's rights info to be shared – any return to that?  |
| D | Other Minor<br>Enhancements | pp. 21 -<br>22 | <ul> <li>Child/youth voice</li> <li>Separating children contributes to trauma</li> <li>E.g. kids were sharing a room at home, then they come into care, they're the same gender, so two foster homes needed – they're used to being together (rules where gender, capacity come together)</li> <li>Would siblings over age 6 have exemption re. placement together?</li> <li>Caregiver may not have separate bedrooms, but is otherwise a perfect match – need to think outside the box</li> <li>General need for flexibility</li> <li>Agencies have had to seek director approval for these requests</li> <li>Better if placing agencies could make these decisions, not have to seek approval (needless step) – 'we are entrusted with the children's wellbeing'</li> </ul> |



| <ul> <li>Recommendation:         <ul> <li>Change use of gender definitions as it pertains to shared rooms to be inclusive of LGBTQ2S+ identities.</li> </ul> </li> </ul> |  |  |
|--|--|--|
|  |  |  |