



# **Because Young People Matter**

## Report of the Residential Services Review Panel

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Presented to Deputy Minister Alexander Bezzina | February 2016

Ministry of Children and Youth Services



## Acknowledgment

The Residential Services Review Panel wishes to acknowledge the many individuals who participated in the consultation process, with particular gratitude to the young people who so courageously shared their experiences. Their stories matter. The Panel also gratefully acknowledges the very thoughtful and detailed submissions made by many individuals, professional associations and service providers.

Many of these submissions are not cited explicitly, however, collectively they all helped to shape the Panel's exploration of the residential services system in Ontario and its recommendations to improve that system.

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# EXECUTIVE SUMMARY

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## Introduction

The Residential Services Panel (the Panel) was brought together by the Ministry of Children and Youth Services in July 2015 to conduct a system-wide review of the Province's child and youth residential services system, including foster and group care, children and youth mental health residential treatment, and youth justice facilities. The Panel reviewed foundational materials supplied by the Ministry, including previous reviews, background briefing documents, as well as publicly available information about comparator systems and sectors in Ontario, across Canada, and international jurisdictions. Consultations were also held with stakeholders and partners across the province representing young people, families, caregivers, front line and agency management staff, professional associations and government staff. A total of 865 people participated in the consultations, including 264 young people.

The Panel's report presents findings and recommendations aiming to improve the experience and outcomes of young people living in residential care. Our review and recommendations are centered on improving the everyday experience of young people living in residential services and on developing a meaningful, sustainable and consistent framework for developing outcome measures based on relevant and cross-sector outcome indicators.

The provision of residential services for some of the most vulnerable children and youth in our society is fundamentally important. Collectively and collaboratively we must ensure that the experience of young people in out-of-home care and their long term outcomes are such that the opportunities for a rich and meaningful life are just as real for young people facing enormous adversities as they are for those living in the relative comfort and safety of their family homes.

Throughout its review and consultations the Panel encountered many individuals who are dedicated to the ideals of high quality residential care. Many service providers strive to provide the best care possible, and government staff are committed to designing a system that delivers positive outcomes for children and youth. We acknowledge the efforts and interests of the Ministry in improving residential services in Ontario. The Ministry has demonstrated a commitment to improvement, implementing significant changes in recent years to the non-residential settings of the child welfare, children and youth mental health and youth justice sectors. The Ministry has consulted broadly over the past ten years and has further demonstrated its commitment to seek excellence by commissioning an independent Residential Services Review Panel.

Despite the best intentions of those working in the sector, and the recommendations received over the years, the quality of young people's everyday experiences, and their outcomes remain uncertain. The Panel learned of significant systemic and cultural barriers to fostering the quality of care required to contribute to positive everyday experiences and long term outcomes, and identified a lack of consistent mechanisms embedded in residential services across sectors that would ensure the highest possible quality of care for children and youth.

Nine key themes emerged throughout the review and consultation process that highlighted these barriers and framed the recommendations of the Panel.

## Key Themes

*Governance – the imperative for systemic oversight and accountability for all residential services across all sectors through mechanisms that have at their core, the foundation and elevation of quality of care.*

The residential services sector currently lacks a unifying mechanism for ensuring the oversight, accountability and quality of care required across the province. Residential care across the three siloes of child welfare, children and youth mental health, and youth justice sectors has developed organically, and is delivered by a diverse mix of more than 600 directly operated, transfer payment operated, private non-profit and for-profit per diem operators.

This decentralized approach to service delivery presents an opportunity to provide locally developed and delivered

services that leverage community resources to meet the specific needs of children and youth, varying areas of specialization across providers and an ability to leverage both the stability afforded by transfer payment agencies and the nimbleness of per diem funded providers that can adapt their services to meet demand. From a governance perspective, however, it is challenging to ensure that there is appropriate oversight and accountability, that all residential services are held to a common standard of high quality care and are focused on continuous quality improvement, and that there is alignment with strategic directions across sectors so that services operate as a system.

Under the current structure, oversight for residential services is distributed across three Divisions within MCYS, cascaded to five regions, and further diffused through the 47 Children's Aid Societies (for child welfare), and lead agencies across 33 service areas (for children and youth mental health) who contract with transfer payment or private per diem operators. The Ministry directly operates one mental health facility. In the youth justice sector, the Ministry directly operates six secure custody and detention facilities and contracts with 14 transfer payment operated secure custody and detention facilities and 41 open custody and detention facilities. The result is uncoordinated oversight, without a single Ministry governance structure having a full overview of the system or seeing themselves as having the ultimate oversight over the full continuum of residential services. Licensing is the primary mechanism to ensure accountability at the current time, however, the process is inadequate. Current license categories do not encompass all/emerging care models, unannounced inspections are rare and seen as difficult under the current legislation and the inspection process does not assess quality of care.

The current rate setting methodology, rate review process, and the use of special rate agreements for residential services are also concerns relative to the overall governance of the system. The Panel observed significant inconsistencies with respect to per diem rates across all sectors, and there is little confidence that higher per diems for "treatment" are actually delivering a value-added and necessary service, particularly in light of often superficial and not very compelling explanations of what 'residential treatment' means and how it is distinguished from other forms of residential care. The Panel also noted that compensation, infrastructure, and inflation are not criteria for rate review. The Panel frequently heard concerns from placing agencies about the use of Special Rate Agreements (SRAs), which involve child or youth-specific funding above the approved per diem rate to address exceptional circumstances requiring additional support and supervision of young people with high needs (most often one-to-one staffing). Often, neither the Ministry nor the placing agency have sufficient oversight of SRAs to ensure accountability for these expensive, and often therapeutically questionable, arrangements.

The Panel firmly believes that the Ministry must have direct authority and oversight of residential services to address the longstanding issues and challenges that we heard about related directly to governance. While the Ministry must retain its role as the steward of the system with a decentralized service delivery model, and continue to share responsibilities in many respects with its partners (parents, caregivers, agencies, Children's Aid Societies, service providers, associations), a single unified, integrated governance structure must reside within the Ministry to provide systemic oversight and accountability for all residential services through mechanisms that have at their core, the foundation and elevation of quality of care.

*Voice – the imperative of ensuring that the lived experience of all young people and their families and caregivers be integral to service design and delivery and system governance.*

The individual and collective voices of those with lived experience in out-of-home care – young people, families, and immediate caregivers – at best have had a peripheral impact on: individual care experiences; development of programs and services for young people in out-of-home care; governance and accountability frameworks for services; service design - including the rules, procedures and physical design of programs and services; treatment, relationships and caring that unfolds in programs and services. Young people, families and service providers are not consistently, actively, and collaboratively involved in decisions and preparations regarding major transitions into care, between placements, and out of care.

Current processes to include young people and their families are often not seen by young people, their families and many front line staff as providing meaningful opportunities to be partners in their own care (e.g. Plans of Care) and current mechanisms to capture feedback often exclude those who aren't comfortable/able to participate in surveys or group-based venues. Young people identified as having complex special needs are particularly voiceless and clearly



vulnerable in Ontario's residential services system.

The Panel strongly believes that the lived experience of young people and their families and caregivers must be integral to service design and delivery and system governance, not as an end goal, but as the starting point of meaningful transformation.

*Quality of Care – the imperative of ensuring that quality of care is a central component of system performance and accountability.*

The everyday experience of young people in out-of-home care is impacted first and foremost by the quality of care provided in residential services. Such quality of care is a function of a wide range of factors that include the quality of human resources, the relationships among young people and between young people and care givers, the physical infrastructure of residential programs, the appropriateness of program routines, rules, and activities, and also the quality of food, the attention to identity and developmental growth, the levels of physical and emotional safety, and the on-going connections to family, kin, friends and community.

At the level of everyday experience for young people living in residential services, the Panel was particularly impacted by the many stories of young people outlining rules, routines and program structures that are compliance-focused, and bear little resemblance to the mission and vision statements of residential service providers. The general themes in these stories were often confirmed by the observations of CAS workers and licensing specialists with experience in a range of group homes.

The current service system has evolved without much oversight, accountability or incentives to consistently focus on quality of care considerations and the everyday experiences of young people living in out-of-home care. Also concerning is the incongruence between what organizations say they do and what is observable at the level of everyday experience.

In developing a framework for ensuring excellence in quality of care with the appropriate oversight, the Panel seeks to ensure that residential services are engaged in on-going quality improvement activities, while at the same time are subject to a much more transparent and accountable system of validating their claims related to quality of care. Families, young people themselves, and placing agencies and workers currently have very little meaningful information about quality of care in any given residential setting upon which to base a placement decision.

At this time, the Panel notes that there are no universal, or even common, set of indicators, standards or concepts that might lend themselves to the measurements of quality of care in residential services across sectors. Given the rich diversity of service providers, the applicability of universal indicators across sectors may be limited, although the Panel believes that some foundational indicators can be articulated.

*Continuity of Care – the imperative to see residential services as a journey of care and within the context of a young person's whole life at the individual level, and as a system of integrated services at the systemic level.*

Many children and youth experience residential services at several points in time from multiple sectors, living in numerous settings with various levels of intensity and quality. Currently, residential services in Ontario are not designed as a journey of care at the systemic level and, they do not provide seamless and integrated care to a child or youth as they access the range of services they need over the course of their childhood and adolescence. The siloing of services from a sectoral perspective make the system hard to navigate for young people, their families and even placement agencies, and sometimes encourage placement decisions that are neither based on the best interests of the young person nor inclusive of the young person's voice.

At the service delivery level this translates into each placement being seen as a discrete activity rather than a continuum of care. Young people and their families often have to re-tell their story at each intake, experience a lack of continuity from previous placements (particularly in terms of maintaining relationships and connections to community), and face a lack of integration between life outside of any given residential service and life within a care, treatment, or custody/detention setting. Transitions in care – between placements and sectors, or out of care - are not seen as part of the journey, equally deserving of support and resourcing as periods of in-care. Children and youth



are often given insufficient notice and preparation of a move between placements, resulting in feeling unprepared for both the physical and emotional impacts of changing caregivers. Young people leaving care, whether to go back home or to reintegrate into the community often report feeling similarly unprepared with the life and social skills, and relational and community supports to be successful. In many ways, the experience of living in a residential setting erodes the very skills needed for healthy and successful independence.

From a system perspective, the Ministry is currently unable to track children between sectors and across placements within sectors, posing a significant barrier to understanding children and youth's trajectories through residential care, including their point in time experiences and outcomes following services.

The Panel believes that strong oversight of each young person's journey through the care system is critical, with rapid response and engagement in circumstances where placement changes occur, school changes may be necessary, or serious occurrence reporting may be indicative of quality of care problems. The Panel also believes that significant supports are necessary for the successful reintegration of young people leaving out-of-home care, including secure custody/detention, into their families and communities.

*Data and Information – the imperative to have the data and information necessary to understand individual and collective experiences and outcomes, provide oversight and assess system performance, and facilitate informed placement decisions and system planning.*

MCYS currently lacks a meaningful way to use data and information to understand "the big picture" of residential services in Ontario. Data and information must actively contribute to the oversight of the system; to understanding how young people in care –individually and collectively – are doing at any point in time and over the long term; to informing choice and to facilitating access to services; and to conduct system planning. Existing mechanisms by which to track an individual young person's journey in out-of-home care, to understand the experiences of young people, families and front-line staff with residential care as a collective, or to assess overall system performance and outcomes are inadequate, lack coordination, and do not lend themselves to data-informed analytical practices.

Effective oversight of the over 600 residential service providers caring for thousands of young people across Ontario requires both the capacity to ensure that every individual service provider meets provincial standards for quality care, and to track service trends and monitor outcomes to determine at the aggregate level whether residential services are effectively supporting young people.

At the individual level, there is no reliable information about a young person's trajectory in care. There is no way to follow a child or youth as they move in and out of care, or between sectors, and no way of looking at this journey holistically to facilitate service coordination, flag issues or take their full experience into context when understanding needs and making decisions. At the collective level, there is no way to understand the trajectories of young people through the care system over time. It is critical that MCYS develops a method of systematically tracking the movement of children and youth in care within and across residential service sectors.

There is currently no comprehensive and easily accessible province-wide mechanism for potential users and placing agencies to get information about available services. Access to clear, credible and verified information about the expertise, strengths and experience of each operator and the quality of care in any given residential setting would give young people and their families as well as placing agencies more input into the difficult decisions that often need to be made in placing young people in out-of-home care.

While access to information does not necessarily resolve lack of capacity and resources, easier access to information about the full provincial network of service providers can help increase access to resources that service users would otherwise not be aware of, identify service gaps or duplications to support more efficient resource planning, and identify barriers to accessing underutilized services.

The Ministry must be empowered to compel, receive, analyse and utilize the data and information necessary to ensure that children and youth in out-of-home care are receiving high quality care. The Panel has recommended the creation of an online directory of all residential services to facilitate informed decision making at the case level and system planning, and has also identified an approach to tracking service and outcome indicators.

*Human Resources: the imperative to ensure that the quality of all caregivers involved in providing residential care to children and youth is commensurate with the responsibility of providing out-of-home care to some of the most vulnerable young people in the province.*

There are no consistent or mandatory standards for the pre-service educational qualifications, levels of experience, compensation, training, and employment conditions of front-line staff in both group and foster care residential settings. This has resulted in the recruitment of under-qualified staff in some cases, and in poor retention and high turnover rates, directly impacting on the quality of care experienced by young people. The Panel was particularly concerned to learn that relief and casual staff as well as one-to-one staff hired under Special Rate Agreements (SRA) are often exempt from the same level of agency-specific qualification required of regular staff, and are almost always excluded from agency training programs, clinical staff meetings, and the supervision process. In addition, promotional standards are often unclear and inadequate supervision models to support staff in their relational practice with young people, were commonly reported and observed.

The Panel is concerned that ever-increasing demands related to the claim of greater complexity of child and youth profiles in residential services, the evidence-based interventions required, and the challenges associated with navigating systems both within larger organizations and between service providers embedded in different sectors are incongruent with the current lack of regulation in terms of pre-service educational qualifications for residential staff. The evolving context of residential care service provision in all sectors demands more highly qualified staff with an in-depth understanding of the fundamental models, approaches, theories, children's rights, cultural and system contexts of residential service provision.

There is concern about the capacity to attract and retain well qualified staff, in both group care and foster care settings. In group care settings, compensation is not competitive with other care sectors or fields of employment, and limited career mobility is embedded in the sector. In the foster care context, a multitude of issues is making it challenging to recruit foster parents. Caregivers report that they are often peripheral to the decision-making about the young people they care for, and institutional processes and requirements sometimes make it impossible to care for young people in ways that reflect family contexts. Eligibility criteria for who can foster, such as the presence of a stay-at-home parent, and the capacity to provide foster children with their own bedrooms, results in challenges for some communities, particularly in large urban centres and Aboriginal communities.

The Panel firmly believes that all individuals charged with the care of children and youth in residential services must hold specific and consistent pre-service educational qualifications, preferably in the field of child and youth care, and be supported through comprehensive in-service training. For those holding or aspiring to supervisory positions, separate and specific certificate-based training is necessary to ensure that individuals holding those positions are fully equipped to do so in accordance with the purpose and intent of supervision models. Furthermore, the foster care system in Ontario is in dire need of modernization, from recruitment and retention strategies to the rules and regulations involved in caring for young people in a family context.

*Youth Justice – the imperative to ensure that young people in, or at risk of, conflict with the law receive a consistent quality of treatment in custody or detention, and the necessary support to successfully reintegrate into the community and reduce recidivism.*

The provision of services to youth in conflict with the law is governed by both the Youth Criminal Justice Act (YCJA) and the Child and Family Services Act (CFSA). The proclamation of the Youth Criminal Justice Act in 2003 and the creation of a new Ministry of Children and Youth Services, had a significant impact on the provision of residential services, both open and secure custody and detention, in this sector.

The recognition of the greater dependency and reduced maturity levels of young people is embedded in the Youth Criminal Justice Act, informing principles of sentencing (deterrence, rehabilitation, denunciation, proportionality, incapacitation - use of custody as a last resort - and restoration), which have resulted in a decreasing reliance on incarceration for youth on the part of the courts. The Ministry has developed a broad and extensive range of community-based alternatives to open and secure custody and detention, including programs and services for prevention and diversion; alternatives to custody and community-based interventions; the provision of rehabilitative

programs for youth who are under supervision and care; and services and supports targeted to specific populations and reintegration programs for youth being released from custodial sentences into the community. The collective impact of these changes is significant excess capacity in both open and secure custody and detention facilities, among both direct ministry operated and transfer payment operated systems. Further opportunities exist to re-purpose and rationalize capacity, to more effectively use resources to meet the needs of all youth justice-engaged young people.

The new legislation also brought directly operated and transfer payment facilities under the responsibility of a single Ministry, MCYS. With few exceptions, the Ministry continues to operate the two legacy systems in secure custody and detention as two quite distinct service delivery systems, with inconsistent standards for the hiring, training and compensation of staff, or practice between the two systems. There is no systemic mechanism for sharing best practices between systems or having strategic conversations about overall challenges in the sector. An integration of the two systems into one harmonized system could bring the full resources of both systems together to enhance opportunities to meet the needs of young people in secure detention and custody.

Use of a relationship custody approach is an ongoing issue within the youth justice sector. The Ministry is committed to the use of a relationship custody approach, directed at fostering respectful, caring relationships between staff and young people and enabling staff to provide effective, evidenced based interventions to benefit youth. Challenges to fully implementing and optimizing relationship custody were identified, however, with variable practice across the range of secure custody and detention facilities. This was particularly the case at the Roy McMurtry Youth Centre, the largest of Ontario's secure custody and detention facilities, with factors including the size of the facility and the ability to work with the numbers of young people housed there; the legacy of the adult correctional system's approach to managing youth in conflict with the law and challenges in the transition to a less authoritarian, youth-centred culture for some staff; the numbers of high risk, gang-affiliated youth; peer on peer violence; and, the need to focus on significant security controls in order to ensure the safety of youth, being cited as challenges.

In terms of secure isolation, the Panel noted significant variation in practice across secure custody and detention facilities in frequency, duration and conditions of secure isolation. It is clear that the Ministry's efforts to address these issues will require sustained attention to address inconsistencies in practice, mitigate the impacts on youth of secure isolation, develop alternatives to the use of secure isolation, share best practices and ensure that practices are consistent with the Ministry's policy directives and legislation.

Reintegration supports are critical in the context of youth justice. While efforts have been made to provide programs, services and resources to youth returning to the community after leaving a custodial setting, these resources were described to the Panel as inadequate to meet the needs of youth in an effective community reintegration process. In addition to the support needed specifically for a young person, resources are needed to engage families and provide them with the necessary skills and access to programs to support the return of the young person back home. The Panel affirms that there is a need to ensure that strong reintegration supports are in place for young people transitioning from custodial settings to optimize and sustain gains made from participation in evidence-based and evidence-informed programs while in custody and to reduce recidivism.

*First Nations, Métis and Inuit Young People in Residential Care – the imperative to ensure that there is a separate and dedicated focus on addressing the needs of Aboriginal Children and Youth and communities.*

Throughout our consultations we heard many service providers and community organizations express concern about the overrepresentation of First Nations, Métis and Inuit youth in residential care, especially in the child welfare and youth justice sectors. There has been ongoing advocacy by Aboriginal communities for interventions and programs that will reduce the need for out-of-home placements - both with respect to more services for young people and their families, and programs addressing the socio-economic conditions that undermine the well-being of Aboriginal families - as well as a much wider range of out-of-home care options, in particular ones that recognize traditional extended family and community care practices. Given the extent and persistence of the problem of overrepresentation, the Panel was surprised that there was limited reporting and analysis (apart from the youth justice sector) with respect to young Aboriginal people in residential care. Monitoring rates and patterns of overrepresentation through disaggregated data is very important to ensure that important differences over time and between groups are captured.

Relative to current care options available to Aboriginal youth, concerns include the lack of residential services in reasonable proximity to young people's communities, limited access to cultural programming or spiritual guidance, minimal inclusion of traditional food on menu plans, and concerns about racist attitudes or insensitivity to the historical context of Aboriginal young people.

Due to the composition, time frames and mandate of the Panel, exploration of issues related to Aboriginal children and youth in out-of-home care was necessarily limited. A separate partnership process is recommended.

*Unique Contexts and Unique Geographies – the imperative to ensure that system and service design and delivery of residential services adequately address the realities, needs and strengths of children and youth who identify with a cultural, racial, faith, or gender identity outside of the mainstream.*

The current residential services system does not adequately support children and youth who identify with a cultural, racial, faith, or gender identity outside of the mainstream, such as those who identify as Black Youth, as Lesbian, Gay, Bi-Sexual, Transgender, Queer, or 2-spirited (LGBTQ2S). Concerns about the overrepresentation of certain identities in residential care – particularly Black Youth in child welfare and youth justice sectors – and the ability of available services to support these identities through appropriate and safe programs and services abound. The Panel furthermore heard very concerning perceptions in some communities that young people of particular racial, cultural or lifestyle groups are underrepresented in less intrusive non-residential service systems such as children and youth mental health services.

The Panel found few programs and services specifically targeted towards young people with unique life circumstances related to their culture, racial identity or gender context which would support identities and aspirations that often fall outside of the normative structures of residential care, and would provide opportunities to celebrate and enrich the strengths embedded in these identities. Daily household activities also fall short of including the diversity of the residents – from the food and personal care items provided, to the freedom to speak in one's own language. The overall level of competence and activity in this context is insufficient, uncoordinated, and generally ad hoc. There is a need to enhance the cultural competence of all residential services in relation to the diverse identities and developmental contexts of young people, in partnership with young people themselves to both improve their everyday experiences in care and long term outcomes and to be consistent with Ontario's commitment to social justice and egalitarian values.

Much of the information about the experiences of young people in residential care who identify with unique life contexts are anecdotal. There does not appear to be sufficient demographic data on the self-reported identity of young people living in residential care to meaningfully plan around the needs of particular cultural, racialized or other groups, or the emergence of new groups based on demographic changes (eg: Muslim youth). Disaggregated data by placement type is critical to identifying patterns and trends in practices and policies that would otherwise be masked. In partnership with the relevant community, consideration must be given to develop capacity for data collection and reporting in a transparent manner on the number of young people impacted within specific groups.

## Recommendations

The Panel's recommendations are designed to create a strong foundation for ensuring excellence in residential services across sectors. At the core of its recommendations is the conviction that the experience of living in out-of-home care for young people is often life-altering and has a major impact on the future life prospects for young people. Therefore, the Panel urges MCYS and all stakeholders in residential services to work towards a future in which well qualified and highly motivated child and youth care professionals, foster parents, and professional staff work in high quality settings that are accountable and transparent in partnership with young people and their families in order to ensure the highest possible quality of care, every day experience, and healthy outcomes.

Children and youth have been clear in what they seek: safety, respect, encouragement and love. The Panel stands with children and youth involved in residential services across Ontario and fully endorses these modest demands.



The Panel recommends that:

1. The Ministry create one unified, integrated governance structure within the Ministry (a Quality of Residential Care Branch/Division) to provide systemic oversight and accountability for all residential services through mechanisms that have at their core, the foundation and elevation of quality of care. The new structure is envisioned to have four core components: Quality Inspectorate; Data Analytics Reporting Unit; Continuity of Care Unit; and, an Advisory Council.

Subsections a-d below provide additional detail on the functions envisioned for each unit.

- a. **A Quality Inspectorate**, replacing the current licencing function, which the Panel heard overwhelmingly is inadequate and does not assess quality of care. The new Quality Inspectorate would be comprised of inspectors whose responsibility it would be to licence and inspect all residential service providers in accordance with quality performance indicators recommended by the Panel and as may be developed by the Ministry. The current licencing function would be subsumed under the new Inspectorate as a set of baseline indicators that would be required but not sufficient. The position requirements of inspector would be substantively different from those of the current licencing specialist position requirements in the focus on quality, and will require an HR transition plan. It is envisioned that regionally based quality of care branches of the Inspectorate would report jointly to the corporate Quality of Care Inspectorate and to regional directors. Further information with respect to the new Quality of Care function is contained in Chapter 3 on Quality of Care.

On an annual basis, each service provider would also be required to provide a Concept Statement to the Ministry, outlining their services and self-reported areas of strength or expertise. The inspector would assess the extent to which the assertions of service providers about strengths can be supported by evidence, having access to clinical expertise as necessary. The inspector would measure and assess quality through on-site inspections, paying particular attention to the voice of young people, families, caregivers and front-line staff. The Concept Statements of service providers and the reports of inspectors would be posted by the Quality Inspectorate in such a way that all placement agencies could review and access the reports when making placement decisions.

- b. **A Data Analytics and Reporting Unit** that would be the central repository and data analytics unit for all sources of data and information relative to residential services, including but not limited to all Serious Occurrence reports from service providers and licencing and quality of care assessments, including performance against indicators, completed by Quality of Care inspectors. The capacity to bring together all sources of data and information and to conduct high level aggregate data analysis will create a powerful tool for the Ministry in determining and reporting publicly on the performance of the system and in assessing the progress of young people. More information on this function is found in Chapter 5 on Data and Information.
- c. **A Continuity of Care Unit**, staffed by Reviewers whose responsibility it would be to monitor placement changes and trajectories of children and youth in residential services. Whenever a young person's placement was changed, it would be required that the decision maker notify the Continuity of Care Unit. The Reviewer would have information about the full placement history for each young person as well as other relevant data such as Serious Occurrence Reports, assisting the decision maker to have the full context for the young person's trajectory through care. This would benefit the decision maker in ensuring that placement changes were thoughtful and necessary, having regard to the number of placements the young person has experienced.

It is envisioned that all young people in long term care (i.e. 18 months or greater) would be monitored by the Continuity of Care Unit. The Panel recommends that the current Crown Ward Review Unit be integrated into the Continuity of Care Unit. The Reviewer would also be notified when a young person was moved from child welfare or children's mental health into a youth justice custody/detention facility in order to assess concerns about the criminalization of young people in care. The Panel envisions that the Continuity of Care Unit would be responsive to concerns that currently the Ministry is unable to track young people across sectors, seriously impacting the Ministry's ability to understand youth's trajectories through residential care and outcomes following these services. This unit would also respond to concerns that pathways through care are currently

disjointed, unpredictable and may result in significant placement disruption. Further information is found in Chapter 4 on Continuity of Care.

- d. **An advisory council** to provide access to clinical expertise and lived experience (children and youth, families, caregivers including foster parents and front line workers). In Chapter 2 on Voice, the Panel has expressed concerns that the voices of young people, as well as front line caregivers, are not adequately listened to or used to inform policy changes and enhancements to the quality of services provided in residential care. Accordingly, the Panel envisions that a properly comprised advisory council actively participates in the design and development of the new Quality of Residential Care Branch/Division, and then continues to add value to the ongoing functions of the Branch/Division.

Please see Appendix 1 for a sample organizational chart for illustrative purposes.

2. All service providers across sectors submit to the Quality of Residential Care Branch/Division a completed Concept Statement (for sample Concept Statement see Appendix 2) each year.
3. Residential care descriptors such as “treatment” or “specialized” be eliminated in both group care and foster care.
4. The placement of young people in a residential service be based on a match between the needs and strengths of the young person and the strengths and demonstrated capacities of the program as per the validated Concept Statement pursuant to that program.
5. Key capacities for understanding the experiences of all those with experience in residential services at both a single point in time and over time be developed, including:
  - a. A mechanism developed by the Quality Inspectorate to provide opportunities for all young people to report on their experiences in any placement, post discharge.
  - b. A systematic sample based survey be administered every 2 years to gather feedback from foster parents, and front-line staff about their experiences in residential services.
  - c. The capacity to track the trajectories of young people who receive residential services. This could be in the form of a unique residential service client identifier or a residential service information module common to all sectors.
  - d. The capacity across residential services for data collection and reporting in a transparent manner, based on the principle of self-identification by children, youth and service providers, and in partnership with the appropriate group:
    - i. residential service trends specific to First Nations, Métis and Inuit children and youth across all residential service sectors.
    - ii. the number of young people in out-of-home care within specific cultural, racial, faith, or gender groups (including trans).
6. The Ministry create a third category of customizable licenses for services that fall outside of the existing two categories to ensure that children in out of home care only be placed in licensed residences, and to mitigate against young people being placed in unlicensed programs that often have untrained live-in staff supported by one to one workers under Special Rate Agreements, with limited oversight over quality of care or even safety considerations.
7. The impact of licensing as a mechanism to ensure oversight and accountability be maximized by:
  - a. Enabling a broad range of designates to conduct unannounced inspections at any time.
  - b. Creating more meaningful consequences for non-compliance through progressive consequences, potentially beginning with administrative monetary penalties of graduating levels, and ending with broader criteria for the removal of a license.



- c. Enabling a common approach to the interpretation and application of licensing standards through centralized training and access to clearinghouse decisions.
8. A centralized, publicly accessible, web-based directory of all licensed service providers across the province be created to maximize opportunities for system planning, placement decisions, and oversight of a decentralized approach to residential services. It is recommended that the directory include several key elements:
- a. Basic organizational information (as appropriate) such as whether there are multiple residences within or across regions owned by a single operator, contact information, and information pertaining to the capacity of the residence(s).
  - b. A concept statement, updated annually by each licensee and validated by the Ministry, which articulates the strengths and abilities of the service provider.
  - c. Any information related to the license status of the provider, including status, terms and conditions, inspection report.
9. A commitment to accountability through public reporting (in addition to the publication of licensing information) be facilitated through:
- a. Annual progress report from the Quality of Residential Care Branch/Division
  - b. Public reporting of Recommended Service and Outcome Indicators
  - c. An independent study assessing the quality of care, continuity of care and outcomes of children and youth in out-of-home care at a defined period of time (e.g. Every 5 years) to be presented to the Legislature by the Minister of Children and Youth Services to provide an external complement to internal oversight mechanisms.
10. A comprehensive review of current per diems across the province and the per diem rate setting and review process for both transfer payment and privately-operated service providers be undertaken by the Ministry, with particular attention paid to the variation in rates across Ontario for similar services, increases in cost of living and the necessary adjustment of staff salaries aligned with such increases, as well as the cost implications of the recommendations related to human resources.
11. The use of Special Rate Agreements (SRAs) be subject to rules and regulations aiming at higher levels of accountability and more effective child and youth centered practice. To this end:
- a. The number of young people with SRAs, in any one residential program, be limited to two.
  - b. Where SRAs involve the use of one-on-one workers, such agreements be reviewed every 30 days with a view to reducing the intrusiveness to children and youth.
  - c. The hourly compensation for workers assigned to young people on a one-on-one basis be equitable in relation to other residential staff.
  - d. The pre-service educational qualifications for one-on-one workers under SRAs be the same as for all other residential care workers.
  - e. Training focused on quality practice be required for all one-on-one workers by service providers.
12. Dedicated funding for research about residential services in Ontario be established and managed by the Ministry.
13. A requirement for pre-service credentials be introduced whereby all front line staff in residential care must have completed at minimum a college level diploma in a human service discipline. The requirements for these credentials encompass any person engaged in paid employment activity focused on children and youth in residential services at any level, excluding any person employed solely for functions that do not involve interaction with residents such as kitchen and maintenance duties.
- a. Current staff members in residential settings have up to five years to meet this requirement.

- b. MCYS move towards establishing child and youth care practice as the required credential for residential work over the course of the next ten years.
  - c. Pre-service credential requirements apply to full-time, part-time, and designated one-to-one staff in group care as well as to workers assigned to foster homes or family-based care.
  - d. Modified requirements are to be developed for Aboriginal people taking into account local resources and contexts in partnership with First Nations, Inuit and Métis communities.
14. Eligibility for supervisory positions in residential services be contingent on completion of a certificate. Such certificate shall be based on a curriculum specifically designed to enhance the capacity of supervisors to support staff in the provision of therapeutic care based on relational practices.
- a. The supervisory certificate should be developed through a partnership of the child and youth care academic sector and the residential services field.
  - b. Such certificate must be obtainable only through community colleges or universities, and cannot be delivered by service providers themselves.
  - c. Current supervisory positions in residential services must complete the certificate within two years after its establishment and availability.
15. A two-week new worker training program be developed for all front-line residential service positions (with the exception of youth justice – see below) based on core competencies including life-space interventions, strength-based relational practice, ethical decision making and the unique context of Aboriginal, LGBTQ2S, Black youth and other groups.
- a. The New Worker training should be developed through a partnership between the child and youth care academic sector and the residential services field.
  - b. The New Worker training is to subsume existing mandatory training for residential front-line staff including in particular crisis prevention and intervention training.
  - c. A review of the Youth Justice training program for front-line youth services workers be conducted to ensure that relevant content from the new residential services curriculum be incorporated and that cross training in relational practice/relationship custody be incorporated for both directly operated and transfer payment based staff.
16. A provincial strategy be developed to modernize foster care in Ontario, including a provincially driven recruitment strategy for new foster parents. The strategy must include:
- a. A strong voice for foster parents on an on-going basis.
  - b. Provisions for foster parents from different organizations to come together regularly.
  - c. An emphasis on clarifying rules and procedures for fostering.
  - d. Measures to address barriers, including ones of resource for the recruitment of foster parents from Aboriginal and other uniquely situated communities.
17. PRIDE training be extended as a requirement to all public and private foster parents.
18. The two separate systems of secure custody and detention (directly and transfer payment operated) be harmonized and integrated into a single system to ensure that the placement and transfer process considers the entire array of resources to meet the needs of youth, resources are maximized, training is standardized and best practices are shared and scaled up system-wide.
19. Consideration be given, where demand is demonstrated, to converting youth justice open custody residences with excess capacity to youth residences serving the full spectrum of youth justice-engaged youth requiring stable

- housing including: open custody youth; youth transitioning from open and secure custody requiring reintegration support; youth on probation; and youth for whom a stable residence is required to qualify for bail.
20. A review of the remaining excess capacity in youth justice open custody and detention as well as secure custody and detention be conducted and excess capacity be rationalized. Any savings accrued should be reinvested in residential services for youth, to address areas in which there is inadequate investment.
  21. Standards and best practices from all operators with respect to relationship custody be documented and form the basis of training for all youth justice open and secure custody and detention staff in both transfer payment and directly operated facilities.
  22. The Ministry ensure that the frequency and duration of Secure Isolation is minimized as required by legislation and policies and that conditions in Secure Isolation are not punitive. This will require that the Ministry sustain its current efforts on an ongoing basis.
  23. The impacts of size of the facility and gang-affiliations of some of the youth at the Roy McMurtry Youth Centre be mitigated by transferring out youth with secure custody sentences of 30 days or more, as well as youth on long term detention (who would be returned for purposes of Court appearances), to the closest and most appropriate youth justice secure custody and detention facility with capacity. Such transfers should be considered using a case management model in the best interest of the youth.
  24. Supports and resources be enhanced to support positive outcomes and the successful transition into, between, and out of residential services, including after care and reintegration into the community.
  25. Recognizing the current provincial initiatives to support youth in transition from out of home care, the Panel recommends the continued exploration of extending the age to which residential services are funded.
  26. A separate process with Aboriginal peoples be conducted, consistent with principles of self-determination, to determine the best options for supporting Aboriginal children and youth requiring out-of-home services. The scope and mandate should be developed in partnership with Aboriginal service providers and communities.
  27. MCYS establish an advisory committee to enhance cultural competence of all residential services in relation to the diverse identities and developmental contexts of young people.
    - a. All cultural competence initiatives must unfold in partnership with young people.
    - b. Mechanisms must be developed to ensure visible progress in this area.
  28. The Ministry mandate residential service providers to clearly articulate the cultural, gender, racial, and other identity rights of young people.
  29. A strategy be developed by the Ministry to ensure that the rights, well-being, and participation of young people identified as having complex special needs are promoted.
  30. The Ministry develop a strategy for the identification of emerging issues, such as the sex trades, and the rapid response to such issues in a co-ordinated cross-sectoral and provincial manner.
  31. MCYS create a mechanism for ensuring equitable access to non-residential supports for Black youth, LGBTQ2S youth and other groups living in residential care.
  32. In collaboration with the school board, a specific plan be developed by service providers for every young person in relation to their school-based learning and where applicable transition from section 23 to community schools.
  33. Young people who experience mental health or other crises while in residential care receive services where they live. Additional services and supports should be provided to the young person in order to prevent a change of placement.

## Call to Action

There is no room for complacency and mediocrity in the provision of residential care to some of the most vulnerable members of our society. There is an urgent need to address the existing and longstanding challenges in the current model of residential service delivery in Ontario. Notwithstanding the efforts of many dedicated public servants, human service professionals and child and youth serving organizations across the Province, and many years of seeking advice and commissioning reports, change has been very slow. It is time to shift gears. To improve residential services, we must act boldly; move efficiently and with purpose; and focus our energies on the core of the matter – the everyday experience of young people on the one hand, and improving their outcomes on the other hand.

We look to the Ministry of Children and Youth Services to provide strong, sustained, integrated leadership and a relentless focus on implementation commensurate with what is at stake – the lives of young people. In its role as steward of the system, the Ministry must be equipped to provide the overarching, integrated oversight for its large and complex residential services system. It must hold accountable all service providers entrusted with the care of young people to provide consistently high quality care. Residential services in Ontario will improve when caring adults engage in a meaningful partnership with young people themselves, who bring to our expert knowledge the lived experience that breathes life into real change

With energy and purpose, let us commit to change.

With young people, let us make that change happen now.

Because young people matter.

The Residential Services Review Panel, 2016

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# INTRODUCTION

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The Ministry of Children and Youth Services (hereafter referred to as the Ministry or MCYS) struck the Residential Services Panel in July, 2015 to conduct a system-wide review of the child and youth residential services system across all sectors (i.e., youth justice, child welfare, and mental health). Residential services include foster and group care, secure treatment, youth justice open and secure custody and detention facilities, and mental health facilities. Some services are delivered by transfer payment agencies directly funded by the Ministry, some by private per diem operators, and some are directly operated by the Ministry.

The Ministry has made significant changes in the individual sectors that provide residential care (child welfare, children and youth mental health, youth justice) over the past few years, and residential services are now an area of specific focus for change. The network of residential services has grown organically in Ontario in primarily an opportunistic rather than strategic way, through a decentralized approach to governing operations. Locally developed, delivered, and operated services have the potential to provide access to a diverse array of services and providers to meet the changing needs of young people across a vast geography like Ontario. However, the legacy of this approach is a perpetuation of siloed operations that give rise to concerning practices and events, and a Ministry that finds itself focusing on issues management rather than quality improvement. Systemic barriers to centralized oversight, accountability, adequate information and analysis have hampered the Ministry's intention to ensure that young people in out-of-home care have positive daily experiences and long term outcomes.

This report presents the Panel's findings and recommendations aiming to improve the experience and outcomes of young people living in residential care. Our review and recommendations are centered on improving the everyday experience of young people living in residential services and on developing a meaningful, sustainable and consistent framework for developing outcome measures based on relevant and cross-sector outcome indicators.

Our approach has been to integrate what has been learned from previous studies, reports and reviews that either directly or indirectly pertain to residential services in Ontario with insights and ideas gained from the Panel's consultations with key stakeholders across Ontario. A detailed overview of our process is found in the Methodology section of this Introduction.

## Mandate

The Panel was tasked with looking at residential care for children and youth at both the broad systems level and at the mechanisms that impact the everyday experience of young people living in out-of-home care to support effective residential care. Effective residential care was described by the Ministry as ensuring that children and youth can: Achieve permanency in a safe, stable and caring home-like setting as quickly as possible with minimal placement disruption if they are unable to return to their families; Receive timely, appropriate and evidence-based services that are matched to their care and treatment needs; Receive quality services and supports from a highly skilled and competent workforce; Receive the most appropriate, and least intrusive, placement that addresses their unique situation; Maintain connections to their families and community, and are able to form attachment relationships; Return to their families as quickly as possible; Maintain their educational attainment and life-skills development; Are prepared for, and supported through, their transition to independence or adult services; and, Receive follow-up support to ensure they maintain the positive outcomes and/or gains made in residential settings. From a system perspective, the Panel was asked to focus on issues such as quality, transparency and voice. At a more granular level, the Panel was asked to consider mechanisms such as funding, licensing, assessment, documenting, and human resources.

A key component of the mandate for this Panel was ensuring a strong voice for young people, foster parents, caregivers and front-line workers within the residential services system in addition to hearing from associations, service providers, management and executives, MCYS staff, experts in residential care and many others with experience in the residential services system in Ontario.



## Methodology

The work of the Panel was informed by multiple sources:

1. Foundational materials supplied to the Panel by MCYS, including previous reviews, background briefing documents, and other materials that describe the current state of the residential services system and its activities, and the reforms that the Ministry has already begun. For a full listing of all materials provided to the panel please refer to Appendix 6.
2. Additional foundational material requested by the Panel from various units within MCYS as well as service providers, professional associations, and others, also contained in Appendix 6.

Publicly available information about comparator systems and sectors in Ontario, across Canada, and international jurisdictions to explore models of residential care and mechanisms that support public care of vulnerable populations such as licensing, funding, and quality assurance. Within Ontario, particularly focus has been placed on the Long-Term Care and Child Care sectors as exemplars of a progressive and comprehensive approach to daily delivery of quality care to vulnerable populations, and dedication to measuring outcomes for performance evaluation and quality improvement purposes. Outside of Ontario, Alberta, BC, Saskatchewan, Manitoba, Newfoundland, Nova Scotia, Quebec, New Brunswick, California, New York, Wisconsin, Illinois, the United Kingdom, Israel, Australia and Scotland were jurisdictions reviewed.

3. Consultation with stakeholders and partners across the province representing young people, families, caregivers, front line and agency management staff, professional associations and government staff. A total of 865 people participated in the consultations, including 264 young people. The Panel encouraged candour in all its consultations, and took care not to identify young people in any way in order to protect their privacy. The Panel structured the consultation process to give voice to those with lived experience who are not always heard in other forums.

From the outset of this project, the Panel was committed to ensuring that the voices of young people in out-of-home care were to be at the core of its consultation process. To this end, we developed a comprehensive youth engagement strategy. Our goal was to ensure that we spoke to as many young people with lived experience in residential care as possible, and that we make every effort to hear the voices of young people who often are not afforded opportunities to share their experiences. Our strategy was endorsed by both the Ministry and Provincial Advocate for Children and Youth. It found strong support amongst all service providers we encountered along the way, and young people themselves expressed appreciation for the opportunity to contribute to this process.

As part of its broader engagement strategy, the Panel held consultation sessions with young people currently living in residential services (primarily foster care and group care) at six regional sites: Ottawa, Toronto, Kingston, Thunder Bay, Sudbury and London. We collaborated with the Child and Youth Care programs at the local colleges and universities in each of the regions. Six senior Child and Youth Care students were hired and trained at each location. They each facilitated a discussion table related to one specific question or theme. The Panel requested that Regional MCYS Offices work with service providers from the regions in order to identify 50 young people for each consultation session, ideally from a range of service providers within the child welfare, children and youth mental health and private per diem funded operators. The young people rotated in smaller groups for discussions of the six themes/questions at each of the tables facilitated by a student. The specific themes that were explored with young people included Voice, Family and Relationships, Education, Basic Needs and Food, Therapeutic Activities and Recreation, and Treatment.

Following the round table discussions, the facilitators at each table documented the core themes raised by the young people. At least two Panel members and one Research Assistant were in attendance at each session. In addition, the Panel ensured the presence of at least one professional child and youth care practitioner who was available to young people who may have required support during the consultation process or respite from the consultation activities.

In terms of criteria for the identification of young people, the Panel asked the following to be taken into consideration:



1. A smaller number of young people between the ages of 10 and 13;
2. A larger number of young people between the ages of 14 and 19;
3. All young people currently live in either foster care or group care, with both living arrangements represented more or less equally;
4. Social and communication capacity to comfortably participate in small group discussions for a total period of up to three hours, with breaks and food provided throughout.

The Panel recognized from the beginning that many young people may not feel comfortable in larger group discussions, and therefore engaged in one-on-one consultations with young people who otherwise may not have been heard, including many young people with developmental disabilities and those impacted by Fetal Alcohol Spectrum Disorder (FASD), Autism and intellectual disability. In addition, the Panel held several focus groups with young people living in secure custody facilities, and furthermore consulted with young people already participating in formal or semi-formal groups through the Provincial Advocate for Children and Youth (PACY - Youth Amplifiers), Ontario Association of Children's Aid Societies (OACAS - YouthCan), Children and youth mental health Ontario (CMHO - New Mentality), MCYS and others. The Panel also joined the Provincial Advocate for Children and Youth on a site visit and youth consultation day at a large residential service provider. And finally, the Panel ensured youth engagement of young people situated in unique contexts, including LGBTQ2S youth, Black Youth, Inuit youth, First Nations youth, and Métis youth.

The Panel's rationale for a youth engagement strategy that included large groups, small groups, individual consultations and focus groups reflects its belief in the importance of the incorporation of youth voice and lived experience in understanding residential services. A critical aspect of the Panel's work and final report is the meaningful integration and focus on youth voice.

During our consultations with young people, they were provided with materials and encouraged to sketch on the paper covering each round table if they wished to do so. The result were many colourful drawings, which the Panel has been happy to incorporate into our report with the permission of the artists.

For a full listing of organizations, professionals and young people who were represented throughout the consultations, please refer to Appendix 5.

## Organization of the Report

The report is organized into ten chapters, each one centered on a significant theme that emerged through the Panel's review process and consultations. Each chapter describes the current situation, articulates issues based on evidence from materials, consultations and jurisdictional reviews where applicable, and concludes with the implications of these issues on the recommendations put forth in the final section of this report. The chapters are organized to flow from themes that impact all young people in residential care across all sectors, to those that particularly affect specific populations. The chapters are:

1. **Governance** – a focus on the structures and mechanisms that affect the oversight of, accountability for, and service delivery of residential services.
2. **Voice** – a focus on the fundamental importance of youth voice, engagement and participation in all aspects of residential service provision.
3. **Quality of Care** – a focus on the need for quality to be the foundation of service delivery and experience, and governance of residential care.
4. **Continuity of Care** – a focus on the need to look at residential care as a journey that requires continuity of care, a focus on transitions, and an overall perspective of the trajectory of care over time, both at the individual and system levels.
5. **Data and Information** – a focus on the data needs and analytical capacity required to evaluate how young people are doing in residential care.
6. **Human Resources** – a focus on the need to ensure that those tasked with caring for vulnerable young people are best equipped to do so.
7. **Youth Justice** – a focus on issues and opportunities in the secure and open custody and detention sector specifically.

8. **First Nations, Métis and Inuit Young People In Residential Care** – a discussion about the importance of ensuring that a specific partnership strategy be considered regarding residential care in an Aboriginal context.
9. **Unique Contexts and Geographies** - a focus on how residential care intersects with young people who identify their life context in unique ways, such as young people who identify as Black Youth, as Lesbian, Gay, Bi-Sexual, Transgender, Queer, or 2-spirited (LGBTQ2S), and those who have been identified by the system as having complex special needs. The issue of young people recruited into the Sex Trades is a component of this chapter, as is the impact of unique geographies on residential services and care.
10. **Service and Outcome Indicators** – an identification of key indicators related to the evaluation of service providers, everyday experiences, and long term outcomes of young people living in out-of-home care.

The final section of the report is a Recommendations Package which includes recommendations that flow from the themes identified across all chapters, a perspective on the way in which implementation of recommendations can be phased, and the financial considerations associated with the recommendations collectively. The report concludes with the Panel's Call to Action.

## Vision

In working through the development and phasing of our recommendations, the Panel articulated a vision for an optimal residential services system. All recommendations are in alignment with this vision.

We envision residential services across all sectors in Ontario that are characterized, first and foremost, by an abundance of empathy, so that every young person living in out-of-home care feels loved, cared for, and respected. We furthermore envision services in which the voice of young people is the central component of care and treatment, so that every young person feels a strong sense of agency and control in how their lives unfold. Residential care for children and youth in Ontario must provide living arrangements that are experienced as safe and foster relationships with adults and peers that are based on mutual trust, a level of intimacy reflective of family life, and are reliable beyond the date of discharge.

The unique contexts and social locations of Black Youth, LGBTQ2S youth and others are engaged in all residential care, including through the design of physical sites and the everyday living experience as reflected in food, rules, basic needs provisions, and culturally appropriate assessment and intervention approaches. We furthermore envision residential care to reflect a nation-to-nation partnership with First Nations, Métis and Inuit peoples in such a way that all residential care in Ontario is responsive to the needs of aboriginal youth. We envision residential care that names and eliminates racism in all of its manifestations. Care should be inspired by the unique strengths and resilience of young people in out-of-home living arrangements, and aim to inspire these young people to follow their dreams and to prepare them with the skills, emotional strength and social connections to achieve those dreams, while supporting families to remain actively involved in care and planning.

Services place primary emphasis on quality of care. Well-defined standards of care which are common across all services, access to caring, qualified, well trained and appropriately compensated staff and caregivers with a significant voice in service design and planning, and communication and joined planning across all components of each young person's life-space, contribute to a high quality of care.

All forms of residential care operate as an interconnected continuum of services that are equipped to match services to the needs of each young person. All services and service providers wrap around the youth in care to avoid further disruption. Transitions within and out of care are smooth and effective, and youth feel well supported into adulthood and beyond.

Residential services across Ontario, regardless of mandate or specific sector, are subject to significant, provincially consistent, integrated and quality-oriented oversight by government, that includes engagement on issues of empathy and safety, the everyday experience of young people, and the achievement of outcomes that celebrate the individual strengths and capacities of young people. The system practices a strong and sustainable commitment to producing data that can inform improvements in residential care contexts over time. A culture of continuous quality improvement is fostered.

# 1. GOVERNANCE

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## Introduction

The Ministry of Children and Youth Services' 2013-2018 Strategic Plan entitled "Growing Together" rests on five foundations, three of which are particularly relevant to their commitment to providing good governance. Foundation 2, "Knowledge and Information Management", Foundation 3, "System Stewardship and Partnership" and Foundation 4, "Robust Internal Controls and Resource Oversight" articulate the Ministry's commitments. These include respectively a commitment to an integrated approach to managing and sharing data and information; strong stewardship, leadership and partnership; and robust controls and oversight to ensure the best outcomes for children and youth.

The *Child and Family Services Act* (CFSA) sets out requirements specific to residential care and licensing of residential care in Ontario. The *Youth Criminal Justice Act* (YCJA) sets out sentences ordered by the courts, including open or secure custody. Access to residential services for mental health is not legislatively mandated, with the exception of secure treatment programs under Part VI of the CFSA. Children's Residences (group homes) and residential care (foster homes) are licensed and, in many cases, funded under the authority of the CFSA.

The residential care system for children and youth in Ontario has grown organically. It is a large, complex collection of a diverse mix of service providers, including ministry directly operated, transfer payment operated, private non-profit and for-profit operators. As of January 2016, there were approximately 16,115 residential beds for children and youth across Ontario, approximately 6,000 of which were being utilized by Crown Wards. There were over 600 licences issued by the Ministry to residential service providers including Children's Residences and Foster Care Agencies (both transfer payment funded and private per diem funded operators). The Ministry invests approximately 1 billion dollars in residential care, approximately one-third of the Ministry's expenditures (MCYS, nd).

- As of January 2016, MCYS indicated that there were 430 children's group homes and 138 foster care agencies in operation. Within group homes, 207 are operated by transfer payment agencies with capacity of 1,731 beds, and 223 are operated by private per diem funded operators which a capacity of 1,504 beds. Within foster care agencies, 64 licenses are issued to transfer payment agencies representing 6,286 foster homes with a total of 9,728 beds, and 74 licenses are for private per diem funded operators representing 1,165 foster homes with a total of 2,291 beds. Some group and foster homes are operated by Children's Aid Societies and others by privately owned and operated service providers. Youth Justice Services Division provides an additional 802 residential beds in 59 dedicated youth justice open and secure custody/detention facilities. There are an additional 59 residential beds operated by the Child and Parent Resource Institute (MCYS, nd).
- In the context of children and youth mental health, the Ministry directly operates the Child and Parent Resource Institute, and provides transfer payments to about 400 service providers for services related to children and youth mental health services, some of which are residential services (MCYS, nd).
- In the youth justice sector, the Ministry directly operates six secure custody and detention facilities and contracts with 206 TPAs providing 400+ community-based programs/services including 45 for Aboriginal, 41 open custody/detention residences, 14 secure custody/detention residences. There are 64 MCYS operated probation offices and partnerships with 3 TPAs for Aboriginal probation services (MCYS, nd).

In all sectors, service is highly decentralized and the size of service providers varies widely. Diversity is the primary potential strength of a decentralized approach. In theory, there can be significant benefits to locally developed and delivered services that leverage community resources to meet the specific needs of children and youth. Varying areas of specialization across providers and a mixed funding model that balances the stability of providers funded through annual-base budgets, with the nimbleness of per diem funded providers that can scale to meet demand are also potential strengths. However, from a governance perspective, it is challenging to ensure that there is appropriate oversight and accountability, access, coordination, communication and information sharing at both the system (Ministry) and daily operations (service provider) levels. Strong governance is critical to ensuring that there is a

relentless focus on quality and consistent standards of care and accountability. Integrated oversight is necessary to ensure alignment with strategic directions across sectors and for service providers to operate together as a system. Clear access mechanisms, transparency and evidence of service provider strengths, as well as the active participation of young people themselves, are necessary for families, caregivers, Children's Aid Societies and young people to navigate the complex but potentially rich landscape.

## Issues

### Oversight

Within the Ministry's structure, there is no overarching governance mechanism for residential services. Corporately, residential services are overseen as one of many functions within a much broader range of responsibilities in each of three separate Divisions: Policy Development and Program Design, Service Delivery, and Youth Justice Services.

In turn, responsibility for oversight and accountability of residential services is cascaded down at the operational level to five regional offices. In addition, Youth Justice Services has a "Direct Operated Facilities Branch Director" who oversees the six directly operated secure custody/detention facilities. This Director's responsibilities do not include oversight of the 14 transfer payment (TP) operated secure custody/detention facilities, nor the 41 TP operated open custody facilities (including the 2 open custody facilities being re-profiled to reintegration facilities, and 1 being co-operated with the Ministry of Health and Long-Term Care for addictions treatment). Three of these facilities are for-profit operations.

The transfer payment operations are monitored through the five regional offices. The regional offices are entrusted with the contract management of residential services within their own regions, however, reported that they see themselves as having limited authority over these services, particularly in relation to private per diem funded operations. Regional offices expressed that they had some confidence in the exercise of their authority and visibility into services provided by transfer payment contracted services as a result of Transfer Payment Accountability Agreements. They had less confidence in this respect in relation to private per diem funded operations in the absence of accountability agreements.

The Panel heard from both Ministry personnel and many stakeholders that there is significant variation among regions in practices and in the exercise of oversight provided in relation to residential services for children and youth. In some cases, private per diem funded operators have residences in more than one region, potentially resulting in uncoordinated oversight by multiple regional offices, none of whom have "the big picture". Communication and information sharing among regional offices was reported to be inconsistent and sometimes also between regional offices and corporate office. Regional offices expressed the view that, in the absence of an integrated corporate governance mechanism for residential services, the exercise of their oversight was not optimal.

A significant barrier to oversight is the lack of a meaningful way of counting the number of beds available at both a provincial and regional level, with a corollary understanding of the typology of services provided for those beds (see Chapter 5 on Data and Information). Youth Justice Services has data in relation to open and secure custody/detention residences under their purview, including capacity, counts and utilization rates. The Ministry has indicated that it is working to develop similar consolidated information on the numbers and types of beds and service providers in child welfare residential services and children and youth mental health services by region, and indeed provided the Panel with a 2014 map depicting group and foster homes by region. Building on this inventory will enable the Ministry to begin to plan for the capacity and configuration of services that are required. A supply and demand analysis is required in order to ensure the right distribution of resources. It will also enable the Ministry to move forward in ensuring the right investment of residential resources by sector as the best use of the current excess bed capacity in open custody is assessed (see Chapter 7 on Youth Justice).

Concerns were also expressed that there is a lack of clarity and a shared understanding among all players about accountability. As a result, accountability is sometimes blurred. This is particularly the case in the responsibility for quality of care issues in residential services in the province. The Panel heard from a number of Children's Aid Societies that they presume the Ministry has accountability for quality of care in group and foster homes through its licensing



process, while the Ministry saw the Children's Aid Societies as accountable for monitoring the quality of care provided by providers with whom they hold contracts.

Children's Aid Societies expressed some confidence in their ability to assess quality in their society-operated homes (foster and group) and a select number of frequently used resources in their jurisdiction. Less confidence was expressed in having a window into private per diem funded operations and children and youth mental health facilities as they have limited ability to inspect or monitor these residences. CASs report that they believe that licensing is the only leverage the province has with private per diem funded operators. In some cases, generally in larger Children's Aid Societies, efforts are made to assess quality of care through both a dedicated staff role related to quality assurance and outcomes measurement (though this position does not exclusively work with residential services). The Panel also heard some good examples of several CASs coming together in a shared service model (for example, in the GTA) to try to address program inspections by dividing up the tasks. It was observed that having Ministry licencing inspections as well as CAS inspections is potentially duplicative and efficiencies could be achieved if the Ministry expanded their inspections to assess quality.

In smaller Children's Aid Societies, we heard that there were insufficient resources to perform this function and they "hope" that the Ministry is ensuring quality through the licencing function. As will be discussed under "Accountability", this is problematic as the Panel heard overwhelmingly, that quality is not assessed as part of the licencing function.

The Ministry's oversight function is also affected by the lack of good data and/or the absence of strong analysis of existing data sources. The Panel is pleased to note that performance indicator frameworks have been developed for both the child welfare and youth justice sectors. It is, however, unclear whether the application of these frameworks will sufficiently address the governance and quality of care issues identified during our consultations. Supporting this concern, the Auditor General review (2015) found that despite a clear need to better assess outcomes following child welfare services, the Ministry "does not have sufficient information to monitor the performance of the Child Protection Services Program," further noting that the data collected for the newly established child welfare performance indicators "is not sufficient to adequately monitor and assess" performance. This is outlined more fully in Chapter 5 of our report on Data and Information.

## **Service Delivery**

More detailed commentary is provided about the issues identified in the delivery of residential services in other sections of this report. The comments in this section are meant to identify overarching issues identified in the Panel's work from a governance point of view.

In a large, diverse, decentralized system of service delivery it is critical that residential services be well coordinated, with a strong continuum of care, smooth transitions between providers and sectors and good information sharing and communication. Clear, evidence-based information about the expertise, strengths and experience of each operator is important to young people, their families and caregivers, Children's Aid Societies and placing agencies to match children and youth to the service provider that can best meet their needs. At present, this is the responsibility primarily of placing agencies. Children and youth mental health is in the process of identifying lead agencies across 33 service areas (excluding secure treatment) for the planning and delivery of core services. Placements in Youth Justice custody/detention facilities are court ordered. The level of custody (ie. Open or secure) is determined by the courts. During our consultations, the Panel heard that service provision is often not well coordinated across and within sectors. There is little evidence of a strong continuum of service providers with good communication, information sharing and continuity of care for children and youth transitioning between sectors and providers. Ministry direct operated, transfer payment operated, and private services tend to operate quite separately from one another and generally not as an interconnected system.

Varying degrees of quality in service delivery were evident and a lack of tools and processes exist to assess the quality of individual service providers and the system overall. There are a lack of consistent standards for quality of service and an absence of common key indicators of quality within and across child welfare, children and youth mental health and to a lesser extent, youth justice.

There is unclear differentiation among service providers in the child welfare and children and youth mental health sectors, with many providers advising that they provide “treatment” without any clear definition of treatment. The designation of “treatment” and “specialized” foster homes and, where applicable, group homes, does not always correspond to a meaningful distinction in service provision. Assertions by service providers about their areas of strength are not assessed and validated by the Ministry.

In general, reintegration supports for children and youth leaving residential care and transitioning back to families and/or communities were often identified as lacking or insufficient. The Panel heard from families in children and youth mental health that residential treatment services are offered with varying degrees of connectivity to non-residential clinical and community supports. While their child is in care, they often feel well supported but when their young person returns home, the withdrawal of support is distressing. Supports for youth transitioning from CAS care to independence were often identified as inadequate. In youth justice, the Panel heard that more reintegration resources are required to support youth and to sustain any gains made in custody.

### **Accountability**

The licensing requirements to which all service providers in the residential services sector are held are contained in legislation, in regulation, and in policy. These set out the minimum requirements to be met by licensed providers of residential care to obtain and retain a license, authority for the Ministry to take action on non-compliance/un-met standards, and are supported through inspection, enforcement and compliance activities by the Ministry. Requirements are largely the same for all licensed residential programs serving children and youth, across the child welfare, mental health and youth justice sectors. Youth justice has standards in addition to the legislative and regulatory requirements required by all residential programs. (MCYS, nd)

Part IX of the CFSA speaks to the licensing of children’s residential programs which is the primary accountability mechanism applied by the ministry to licensed residential services. Currently, there are two types of licenses issued by the Ministry: 1) license to operate a children’s residence (group homes), which may be operated by either staff (staff work in shifts to care for 3 or more children not of common parentage) or by live-in parent(s) (live-in parents provide care to 5 or more children not of common parentage); 2) license to provide residential care (foster care agency) to 3 or more children not of common parentage. Licenses are issued for residential services that are delivered by either a transfer payment agency directly funded by the Ministry or by a private per diem funded operator. Initially, an applicant is entitled to be issued a license if they apply for a license in accordance with the CFSA and its regulations and pay the prescribed fee, subject to any terms and conditions imposed by the ministry Director. Subsequent compliance and continuance of license is determined through an annual licensing inspection for TPAs and OPRs, and a compliance review for Directly Operated Facilities. A letter of compliance rather than a license is issued to Child and Parent Resource Institute and the YJ facilities that are directly operated by MCYS.

Concerns were raised throughout the consultations, and are echoed by the Panel, that a growing number of residential placements are unlicensed as a result of a legislative gap in the definition of licenses. Please see the section in this chapter pertaining to the Panel’s recommendations on the CFSA.

Five Ministry regional offices across the province monitor compliance with the CFSA. Most licensing activities are regionally based, including requirements for information and reporting, and new staff orientation and training. Although all regions use common software, each region maintains its own database. Questions about the interpretation and application of standards are submitted and responded to regionally by the corporate Clearinghouse. Questions and answers are not aggregated and disseminated to all regions for the collective benefit of licensing staff. The MCYS (2007), *Improving Child and Youth Residential Services in Ontario: An Action Plan*, in response to the Bay Report Children and Youth Residential Services Review (2006) identified the creation of centralized tools and training to promote common understanding and expectations around licensing across the province, but the Panel found limited evidence that this has occurred.

Licensing staff at the regional offices conduct annual licensing inspections which focus on a physical inspection of the residence, a review of policies and procedures of the licensee, file reviews, and interviews amongst a sample of staff (including foster parents) and residents. Licensees are given advanced notice of the annual inspection. The result



of the inspection is a renewal of license with or without terms and conditions (which may provide time to comply), refusal to renew license, revocation of license, or suspension of license. The Panel was advised that the licensing inspection report is the property of the licensee, and that any visits to the residence by a licensing specialist outside the annual inspection period requires a program supervisor to enter the residence unless permission is granted by the service provider.

The Panel consulted extensively with respect to the licencing, licencing renewal and inspection function, receiving feedback from licencing specialists, program supervisors, regional directors, service providers, Children's Aid Societies, placing agencies and young people. Overwhelmingly, concerns were raised relative to the licencing function and little confidence was expressed that it can be relied upon to ensure that a high standard of services are being provided in residential services. Licencing tools were described as having significant limitations by those who use them and as being inadequate to capture important information.

The absence of measures with respect to quality of care was identified by many as a significant shortcoming of the inspection process. In some cases, Ministry staff reported that they attempt to "be creative" in including concerns about quality as part of the inspection process. Other feedback indicated that on an ad hoc basis in one region, Ministry staff were introducing a quality checklist separate from the licencing checklist in order to address their concerns. The view was expressed that it is critical to assess quality of care in order to have confidence in the provision of care to vulnerable young people, however, we heard repeatedly that Ministry staff do not see themselves as having a mandate for assessing quality of care.

The Panel also heard that there are legislative limitations in the CFSA which act as barriers to licencing specialists conducting unannounced inspections of residences, thereby diminishing the value of the inspections. The Ministry is aware of this issue and will be considering it as part of the policy work underway stemming from the CFSA review.

The Panel also heard that there is a lack of communication and transparency with respect to sharing the results of licencing inspections and monitoring of homes. We were advised that the completed licencing checklist and supporting notes and documents often do not get shared with placing agencies. Some CASs indicated that they are only told whether the licence is renewed without any qualitative information. We also heard that while individual CASs may be aware of investigations or licensing conditions specific to a provider in their area, there are no provincial protocols with respect to continuing to place young people in these homes. Practices with respect to what gets shared with placing agencies appear to be variable across regions. There is no central ministry website with links to licences and reports.

Many people we spoke with indicated that there is a lack of transparency generally about concerns pertaining to residential operators and cited legal issues as impediments. Even between CASs, we were advised that reports and documented concerns about a home or operator are not shared, apparently due to concerns about breaches of privacy or the threat of civil liability. We were also advised that these concerns contribute to a reluctance to act with respect to bad operators and a very high threshold being required to take action. Licensing staff felt that it is extremely difficult for the Director under the Act to revoke a license, at times necessitating actions through means other than the licensing requirements of the CFSA and its regulations.

Accreditation has been recommended in previous reviews of the residential services system in Ontario as a way to evaluate, improve, and ensure quality. At present, accreditation is neither a mandatory requirement nor regular practice among residential service providers. Some private per diem operators and children and youth mental health centres are accredited and others are not. The Panel conducted a review of all publicly available information about accreditation models in Canada, as well as a literature review on the effectiveness of accreditation as a quality mechanism, and found that there is no clear evidence of the impact of accreditation on the quality of care delivered by service providers.

## **Funding**

The Ministry funds some residential services directly, others through transfer payment, and some are funded indirectly by placing agencies such as Children's Aid Societies through contracts with private per diem funded operators.

According to Ministry statistics provided to the Panel, approximately 80 percent of all beds are funded through transfer payment agencies (TPA), the majority of which are foster beds operated by Children's Aid Societies (CASs). Approximately 17 percent of all beds are purchased on a per diem basis and the majority of these beds serve young people in the child welfare sector. In addition, some beds operated by children and youth mental health centres can also be purchased on a per diem basis, typically by CASs. The remainder of beds are operated and funded directly by Youth Justice Services (six secure custody/detention centres) and the Child and Parent Resource Centre (CPRI, a mental health assessment and intervention facility).

In 2013/14 a new child welfare funding model was introduced by the Ministry to support a significant transformation of Ontario's child welfare system (MCYS, nd). The model allocates funding from a fixed child welfare operating envelope to all CASs based on each CAS's share of socio-economic (measures of need) and volume-based (measures of service) factors. The new model is being implemented over a five-year period and CASs are required to submit and operate within a balanced budget plan. The model was developed in response to continually escalating expenditures based on historical child protection spending despite declining caseloads and is intended to better align funding to the needs of children and youth, families and communities. The total approved CAS budget allocation was \$1.481 B in 2015-16 and has been essentially flatlined since 2013-14 when the new model was implemented. The Ministry indicates that it will continue to identify the best data sources available for socio-economic factors and may make changes to the data sources in future years. In addition, the ministry will undertake a review of the funding model prior to the end of the five-year implementation period (2017-18).

The Panel recognizes the significant effort culminating in the design and implementation of the current child welfare funding model, which provides flexibility to Children's Aid Societies to allocate resources for residential beds.

In practice, the Panel observed through our consultations a general trend for CASs to discontinue the operation of their own group homes in favour of purchasing group home beds from private per diem funded operators. Despite feedback that CASs often viewed their own group homes as more effective, we heard that internal group care is more expensive, leading to the practice of purchasing external, less expensive beds. By contrast, but also driven by financial considerations, CASs advised us that placement in internal foster care is the most common practice, even though external foster care, which is more expensive, was often seen as most effective for young people.

Through our consultations, the Panel heard many concerns about the rate setting methodology as well as the rate review process. We observed that there are significant inconsistencies with respect to per diem rates across all sectors but particularly group homes in the child welfare sector. Stakeholders noted that compensation and infrastructure are excluded from the rate review process, resulting in poorly compensated staff in group homes and an inability to fund infrastructure requirements. There is no provision to address inflationary increases as inflation is not accepted as a criterion for adjusting a per diem rate. Incentives exist to create new programs, whether there is a compelling reason to do so or not, in order to trigger a rate review.

In child welfare and children and youth mental health, funding is inconsistent and there is little confidence that higher per diems for "treatment" are actually delivering a value-added and necessary service. It is not possible to validate the need for the higher per diems nor the services provided, given the lack of clearly defined outcomes and performance indicators. There is also no means by which to independently validate self-identified areas of expertise in most cases.

In the absence of clear standards for quality of care, the Panel observed that there is little financial accountability and no financial incentives or disincentives for operators to deliver high quality care.

The Panel frequently heard concerns about the use of Special Rate Agreements (SRAs), which typically involve funding for 1:1 staffing. It is intended that SRAs be used to provide funding above the approved per diem rate to address exceptional circumstances requiring additional support and supervision of young people with high needs. Often, Children's Aid Societies and the Ministry have insufficient visibility into SRAs to ensure accountability for these expensive arrangements.

The Panel heard from stakeholders about the misuse of SRAs, including their continuation for excessive periods of time and instances of group homes using multiple SRAs to compensate for inadequate per diems. Vigilance and rigour

in monitoring the use of SRAs is required in order to avoid significant costs being accrued to CASs. Where CASs have assigned staff to provide this oversight, the Panel was encouraged to hear that significant cost avoidance was achieved.

As referenced previously, the Ministry does not yet have a central bed registry corporately, regionally or by community. It is noted that the Toronto Region is piloting the Centralized Access to Residential Services (CARS), which seeks to create a central bed registry in the Toronto region. With the exception of Youth Justice, supply and demand is not well understood. The availability of this data across sectors would support a better and more integrated approach to service planning and funding. Given the low counts and significant excess capacity in youth justice secure and open custody, there is a significant and time-sensitive opportunity to optimize resources in the residential services sector by ensuring the right number of beds by type in the right locations.

### **Jurisdictional Review**

The Panel conducted a review of publicly available information about the governance models utilized by several other jurisdictions nationally and internationally. Jurisdictions within and outside of Canada were examined, including British Columbia, Alberta, Quebec, Saskatchewan, Manitoba, Nova Scotia, Newfoundland, New Brunswick, California, New York, Wisconsin, the United Kingdom, Israel, and Australia. The review included both a comprehensive literature search as well as consultations with key informants from various jurisdictions. Overall, we did not find an alternative governance model for which there was clear and compelling evidence that it ought to be implemented in Ontario. Many jurisdictions appear to be grappling with the difficult question of how to best govern and oversee residential services for children and youth, and ensure that residential service providers are delivering effective and high-quality services for young people. Some best and promising practices were nevertheless identified from the inter-jurisdictional review, which have informed some of the Panel's recommendations. For example, centralization of standards and placement information appear to allow for greater oversight on the system of services, and framing standards and evaluations from the perspective of children and youth appears to support quality assurance in a meaningful way.

The Panel also explored Ontario exemplars including the Long Term Care (Ministry of Health and Long Term Care) and Child Care (Ministry of Education) sectors. These local exemplars serve vulnerable populations in a residential or care setting similar to residential services for children and youth, and are perceived to have modern governance structures and regulatory frameworks in place. Both sectors have legislatively-enabled practices that the Panel considers to be best practices and which have influenced the recommendations of the Panel related to governance.

- Licensing is a key accountability mechanism for the Long-Term Care and Child Care sectors. In both sectors, compliance with licensing is enforced through unannounced inspections, progressive consequences for non-compliance, and the public reporting of results including details of all non-compliance.
- Quality assurance is also a focus in Long-Term Care and Child Care. Quality of Care is included in the legislation that governs Long-Term Care, through the elements of standards of care, requirements for quality improvement, and performance measurement. Quality is being addressed in Child Care through differential licensing, which allows a consistently high performing provider to receive a two year rather than a one-year license, with inspection based on a core compliance checklist as well as a set of quality indicators.

The Panel also reviewed many previous reports on residential services in Ontario over the past decade and found remarkably consistent findings to our own. *The Bay Report* (2006), *The Blueprint for Fundamental Change* (2013), and *We Are Your Sons and Daughters* (2007) all presented recommendations along the themes of Oversight, Accountability, Service Delivery, and Funding based on identification of issues very similar to those noted by the Panel. All of these reports put forth general recommendations about strengthening oversight and accountability within the Ministry. Specific recommendations around enhanced licensing through unannounced inspections and progressive enforcement strategies, greater consistency in application of standards, and, a focus on quality within an accountability framework were found in all.

On the themes of oversight and accountability, *The Bay Report* (2006) recommended that the Ministry establish a

more consistent approach to governance and accountability and that it should consider undertaking a review of all tools currently in use to determine how they could be strengthened by clarifying accountability, expectations and reporting requirements. It recommended a review of licensing, contracting arrangements and financial reporting. *The Bay Report* (2006) went on to recommend that licensing be developed into a more effective tool to better provide for quality services in residential settings. It indicated that this could include developing progressive enforcement strategies, incentives for quality, and greater powers in granting and removing a license. Other interim progressive measures such as more effective use of random inspections could also be implemented.

*The Blueprint for Fundamental Change* (2013) echoed these recommendations, calling for the Ministry to improve oversight to ensure that children and youth have consistent, high quality care within a clear licensing and accountability framework. It urged the Ministry to consider additional methods of oversight such as unannounced inspections. The Report on the CFSA Review (2015a) also provided recommendations related to oversight and accountability, including greater consistency in application of standards, regardless of geography, and a more robust system of inspections and enforcement including more frequent and unannounced visits. It also proposed that OPRs be subject to significantly more rigorous oversight, inspection, assessment and/or review.

In addition to licensing-related recommendations, previous reports also spoke to the need for a public website to provide information about residential services as key to improving oversight and accountability. *The Bay Report* (2006) suggested that a publicly available inventory of residential services be established as the basis for a central bed registry for each community area. The report indicated that this would facilitate a more integrated approach to service planning, and support placement decisions. *The Report on the CFSA Review* (2015a) also recommended public reporting on quality, safety, compliance and other performance measures to foster clearer and more transparent performance expectations.

Various reports also made recommendations around how to include quality into oversight and accountability frameworks and mechanisms, however, no consistent approach is found among the reports. *The Bay Report* (2006) focuses its recommendations on the early stages of assigning roles and responsibilities for quality between the Ministry and service providers, suggesting that a key role for the Ministry could be the development of standards of care, quality indicators, and outcomes. *We Are Your Sons and Daughters* (2007) tackles quality from an operational perspective, recommending the establishment of a regulatory body to develop and enforce standards of care with a focus on quality for all residential settings. And *The Report on the CFSA Review* (2015a) seeds the notion of continuous quality improvement rather than continuing to focus on minimum standards.

Finally, previous reports have given some attention to funding considerations related to residential services. No report makes a recommendation around a new funding model. Both *The Bay Report* (2006) and *The Report on the CFSA Review* (2015a) however do note the inconsistencies in both the approach to and the impact of per diem rate setting across regions, and strongly suggest that there be a review. Both reports also suggest looking at anchoring per diems to an evaluation metric such as need, or performance.

## Panel Recommendations for Legislative Amendments to the CFSA

As the Panel worked through identifying issues and formulating its recommendations pertaining to governance, quality and continuity of care, human resources, data, and voice, the need for legislative reform to remove barriers, provide enablements, and clarify or modernize language became clear. The Panel's perspectives on legislative reform will complement *The Report on the CFSA Review* (2015a) process completed by the Ministry, and the resultant recommendations for consideration in the policy work currently underway. Many of the Panel's views are consistent with the themes that emerged from *The Report on the CFSA Review* (2015a).

The Panel is interested in changes to the Act that would strengthen the Ministry's authority to exercise oversight of residential services. Licensing is a major category that could be strengthened through legislative reform. Overall, the Panel believes that any child in out-of-home care must only reside in a licensed home. The two categories of licenses currently provided for within the CFSA do not capture emerging models of care that involve 2 or fewer young people. A new category of license that would provide for a customized license for unique service concepts that fall outside of the two existing categories would ensure that all care contexts are licensed. Additional aspects that would strengthen



the impact of the licensing process include enabling unannounced inspections at any time by a broad range of designates, and meaningful consequences for non-compliance through progressive consequences, potentially beginning with administrative monetary penalties of graduating levels, and ending with broader criteria for the removal of a license. Transparency of inspection results through the public availability of status/reports is also recommended.

Public reporting is another category that could be legislatively enabled. Requiring an independent study assessing the quality of care, continuity of care and outcomes of children and youth in out-of-home care at a defined period of time (e.g. Every 5 years) to be presented to the Legislature by the Minister of Children and Youth Services would provide an external complement to internal oversight mechanisms. In addition, requiring the public posting of service provider performance through license status, licensing inspection reports or other measurement data would also improve the oversight of the sector. These recommendations are consistent with The Report on the CFSA Review (2015a) theme of increasing transparency and accountability.

The Panel recommends changes to the Act that would enhance the quality and continuity of care provided in out-of-home care. Legislative enablements to ensure that all staff that care for vulnerable children (full-time, part-time, and designated one-to-one staff in group care as well as to workers assigned to foster homes or family-based care) are qualified to do so through a combination of pre-service and in-service criteria are key to the Panel, as are provisions for tracking young people throughout their journey in residential care (including across sectors) and into independence. The Report on the CFSA Review (2015a) also cited issues related to transitions and continuity of care and information sharing in its report.

Also consistent with The Report on the CFSA Review (2015a) participants, the Panel is concerned about some of the language contained within the Act. The Review identified a need to modernize the language in the Act, including the "removal of language from the CFSA that is viewed as archaic, confusing or stigmatizing. The language in the legislation should be amended to be more common, current, respectful, strengths-based, and child- and youth-focused." The Panel would suggest that the use of the term Crown Ward and Society Ward are prime examples of language that is pejorative and in need of modernization.


The Panel also recommends that the Ministry consider capping occupancy at 8 residents in group care, children and youth mental health, and open custody/detention and units within secure custody/detention centres. While we did not identify evidence in the literature, our observations and feedback from stakeholders suggested that the establishment of effective relationships with children and youth is best accomplished in smaller settings.

## Implications for Recommendations

The Panel has considered the feedback from our consultations in the area of governance, including issues of oversight, service delivery, accountability and funding. We have also taken into consideration similar findings from reports over the past decade and the best and promising practices identified through our inter-jurisdictional review as well as right here in Ontario.

We have not identified an alternative model for which there is such clear and compelling evidence of its superiority that we believe Ontario should consider implementing it. We are also mindful of the differences between the Ontario system of residential services for children and youth and others and the difficulty in imposing a model from another jurisdiction. One would have to carefully consider the breadth of the province's geography, the numbers of young people served across sectors, and the long history of a large, mixed public-private, decentralized service delivery system before proposing the destabilizing effects of a complete disruption of the current system.

Having said that, there is an urgent need to address the existing challenges in the current model of residential service delivery in Ontario. The Ministry must be equipped to provide the overarching, integrated oversight for its large and complex residential services system. It must ensure that it can compel, receive and analyze all of the information and data it requires and that it can be assured that high quality of care is consistently being provided to the many vulnerable young people it is responsible for in this province. The Ministry must ensure that there is transparency of information, strong accountability in the provision of services and that the everyday lives of children and youth in residential care are positive.



While the Panel considered various models of governance, including arms-length options, we are convinced that the authority and oversight of residential services must rest directly with the Ministry. The longstanding issues and challenges that we heard about can only be addressed, in our view, through clear Ministry leadership. We recognize that the Ministry is the steward of the system and it has shared responsibilities in many respects with its partners (parents, caregivers, agencies, Children’s Aid Societies, service providers, associations). Nevertheless, the strong, systemic, integrated oversight function must reside within the Ministry. Building and stabilizing this internal capacity within the Ministry should be a high priority and should reside within the Ministry for a substantial period of time prior to considering an outsourced or third party model.

The Panel envisions that a new, centralized Quality of Residential Care structure within the Ministry would provide integrated oversight of the quality of all residential services for children and youth, including child welfare, youth justice and children and youth mental health. The new structure would act as an integrating mechanism across sectors to avoid siloing, raise standards for quality of care, create consistency and support a continuous quality improvement culture in residential care. The new Quality of Residential Care Branch/Division would be situated in such a way that it reported jointly to the two operational Assistant Deputy Ministers in order to create an integrated means by which the divisions could work more seamlessly on the oversight of quality in residential services.



## 2. VOICE

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### Introduction

The importance of young people having a voice in the decisions and experiences that impact them and in their everyday life has long been recognized both in scholarly literature and in the work of service providers across child and youth serving sectors. The concept of 'doing with' rather than 'doing to' or 'doing for' young people is often cited as a way of distinguishing the construction of young people as subjects versus objects. Inherently, to the extent that treatment approaches are based in medical models of service provision, the risk of continuing the construction of young people as objects exists (AACRC, 2014; Allan et al., 2011; Brendtro & Larson, 2004; Child Fund Australia, 2012).

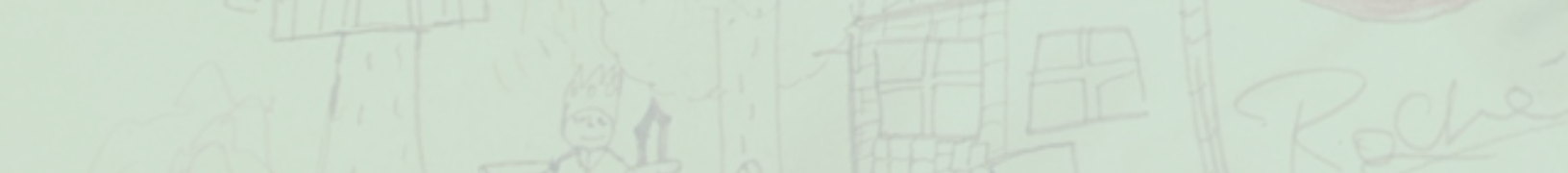
Government strategic directions, service plans developed by child and youth serving agencies, and previous Panels and consultations have cited the need for a coherent and meaningful strategy to ensure that young people are active participants in their experience in out-of-home care. The Blueprint for Fundamental Change to Ontario's Child Welfare System (2013), identifies as essential and urgent that the group care system is evaluated to make sure that it focuses on the best outcomes for youth, starting with a process that listens to the voices of youth in and from care. In addition, a recent report from Kinark Child and Family Services (2015) states that empowering youth to be equal decision-makers in their own treatment is particularly important in health-related fields, including residential treatment programs, where traditional structures have created inherent power differentials between youth and caregiving adults. Young people themselves have consistently stated that the opportunity to have a direct involvement and a meaningful role in the decisions that affect them is of critical importance.

The recognition that young people's voices are important stands in contrast with the expert-driven nature of much of the residential services system. We heard from young people that major decisions that have a direct and often life altering impact on young people continue to be made without their direct involvement, or without a significant weighing of the perspectives presented by young people. A recent draft report from Children and youth mental health Ontario (CMHO, 2015), for example, proposes a significant restructuring of the children and youth mental health system, including residential treatment services, without reference to young people's voices at all. This in spite of the report acknowledging the critical importance and extensive evidence related to the benefits of youth participation and engagement in their involvement with services (p.9). Young people and CAS-based Children's Services Workers indicated to the Panel that this often includes placement decisions, where young people often have no role in determining either the type of placement or the specific service provider they may prefer.

Notable contexts in which the voices of young people are key include the development of programs and services for young people in out-of-home care, the governance and accountability frameworks for such services, the design - including the rules, procedures and physical design of programs and services - as well as the treatment, relationships and caring that unfolds in programs and services. Of great importance is the active involvement and joint decision-making between young people, families and professionals in the context of major transitions, such as the transition into out-of-home care, the transition between placements, and the transition out of out-of-home care, including into emerging adulthood.

The Panel was told that the issue of voice extends beyond the participation of young people in their own lives; within the residential service sector, the voices of direct care providers (residential front line staff, foster parents, youth services officers) also have often not found opportunities to be heard and to have their perspectives fully integrated into decision-making. Similarly, the voices of families, including parents, siblings, grandparents and extended family or kin are often very peripheral to the expert-driven approaches in service design and governance.

In spite of shortcomings, the Panel is impressed with several initiatives aiming to ensure the inclusion of young people in the design of residential services and feedback about young people's everyday experience. A longstanding example of this is the Youth Amplifiers who work with the Office of the Provincial Advocate for Children and Youth to consult with young people in care to ensure that their experiences in care are known by others. Other examples include New



Mentality, a youth group and program in the children and youth mental health sector, and YouthCan, a youth group in the child welfare sector that works to represent the voices and experiences of young people in care. The Panel supports these aforementioned initiatives, and moving forward feels that it is important for young people who are not likely to join such groups to be given alternative opportunities to have their voices heard.

## Issues

Across Ontario's residential services system, there is a general appreciation that the voices of young people living in residential services are important. During its consultation sessions, the Panel encountered a wide range of approaches that aim to provide opportunities for young people to express their unique needs. However, except for the aforementioned youth groups facilitated and supported by major organizations such as PACY, CMHO and OACAS, these approaches are inadequate at the agency and system levels when aiming to provide youth with meaningful ways to actively participate in their service experience at all levels of that experience. For example, holding regular focus groups in order to elicit youth perspectives or ensuring that young people are involved in their Plans of Care are not in and of themselves sufficient mechanisms of engagement. The Panel heard repeatedly in its consultations with young people and also with child protection staff, foster parents and residential staff that plans of care processes vary significantly from program to program and even from worker to worker. These processes are often not seen as providing young people with meaningful opportunities to be partners in their own care.

Many young people report a high level of disengagement and disempowerment within their everyday experience of care as well as their trajectories through care. They elaborate that they feel that their inspiration for their life and future and their unique sense of self is continuously challenged by professionals and a system that they believe should embrace them. Young people cited examples such as being streamed into vocational education against their wishes, being discouraged from pursuing their professional aspirations if these appear as incongruent with their educational achievement, and in some cases being discouraged from exploring their cultural, sexual and lifestyle identities.

The voices of young people in the system of residential services are frequently minimally represented in decision-making at the individual case, program and system levels. While there is often an emphasis on individualized treatment plans and plans of care, the mechanism of individualization also serves to fragment and minimize the collective voices of young people impacted directly by these services when these processes are implemented in a mutually exclusive manner. While it is in fact important to maintain Plans of Care and related interventions as highly customized and personalized in order to engage the unique context of young people, the voices of young people, like the voices of the professionals who work with them, need to be heard as a collective and encompass all levels of service provision, including governance, accountability, system design and specific program contexts.

The Panel is concerned that we did not hear of any mechanisms, or even initiatives, to ensure that young people with complex needs, including non-verbal young people and young people with developmental challenges, also have a voice in what happens to them within the residential service system. Furthermore, the Panel notes that the most common mechanism to listen to young people involves group formats, which excludes many young people uncomfortable in such formats. It is worrisome that residential services across sectors have not developed a menu of opportunities to provide feedback and contribute to service design involving contexts suitable for the rich diversity of young people in out-of-home care. Constant efforts are required to include the voices of the full diversity of young people.

Residential services across sectors are characterized by a high commitment to professional expertise, often at the exclusion of the expertise embedded in the lived experiences of young people and their families. Historically, residential care was firmly based on a medical model of practice, with a deficit-based approach in which professional experts operated under the assumption that they would be able to "fix" the young people who received care in this system. As a result, young people living in residential services often had no agency and voice. Although today there is much rhetoric and also increasingly authentic attempts to recognize young people's agency, voice and valuable expertise based on their lived experience, many major decisions in a young person's life, including issues related to the use of psychotropic medication, the types of treatment they receive, and the location and types of placements they are offered, are made by professional experts without youth participation. The Panel heard from clinical staff

and social workers in several consultations that decision-making about young people particularly in the context of placement decisions can involve additional pressures related to cost containment.

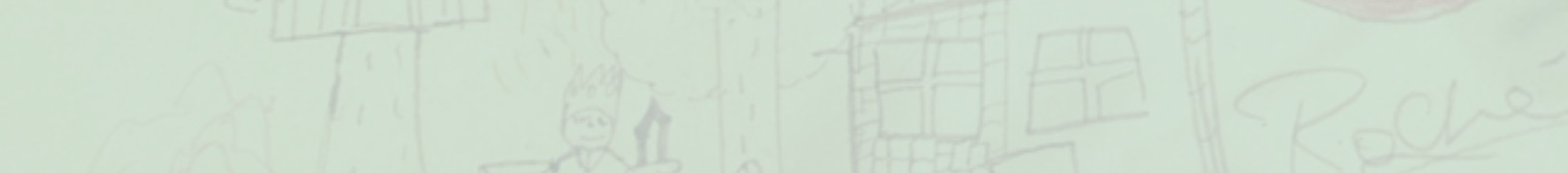
The voices of families of young people involved in the system of residential services, including in children and youth mental health residential treatment services, often appear to be peripheral, especially in the context of major decisions impacting the life of a young person. Although the Panel heard many instances where young people reconnected with their biological families including their siblings following their discharge from the system, these families were not effectively included in residential services while that young person was receiving programs and services. In the Panel's consultations, a young person's family was either rarely referred to or referred to in negative ways by residential front line staff and foster caregivers. In the Panel's research beyond the consultations, very few examples of services and programs were found designed specifically to include and effectively engage families. In the context of residential treatment, family work is often cited as the key ingredient of the treatment, yet the Panel heard repeatedly that families who are not immediately responsive to the attempts to engage them in the treatment process by the service provider are viewed as 'difficult' and often seen as the cause for treatment breakdown. The Panel is concerned that a family's social location, which includes their socioeconomic status, education and race, can have an impact on access to resources resulting from varying capacities for self-advocacy.

The Panel was surprised to learn that immediate caregivers, including front line residential staff in group care and foster parents, see themselves as peripheral in the decision-making processes about the children and youth they care for, and also in the design of the programs and services they are tasked to deliver. Their voices, based on significant accumulated experience of being with young people where they live, and of providing for the needs of young people for 'the other 23 hours', appear to not be fully integrated into what are often described as multi- or interdisciplinary teams. In some instances, the Panel heard about evidence-based practices in some residential treatment programs that staff we spoke to in that program were unable to confirm or even identify. When management teams and front line care givers operate in silos, it represents a lost opportunity to meet the needs and hopes of young people.

## Implications for Recommendations

The overall context of the Panel's recommendations with respect to Voice is a mitigation of the top-down, expert-driven model of service provision in which the lived experience of young people and their families are marginalized. Given strong support amongst service providers for the importance of youth voice, engagement and participation in all aspects of service provision, there is an opportunity for MCYS to provide leadership in ensuring that this broad endorsement is put into practice in real and tangible ways. This recommendation aligns with a previous recommendation and theme from, *My REAL Life Book – Report from Youth Leaving Care Hearings (2012)*, which notes that the province of Ontario should recognize the current system needs to fundamentally change by valuing and implementing the incorporation of young people in and from care in the governance and system design of the services and programs that are being offered throughout the residential system. To this end, many recommendations in other areas of this report will incorporate elements of Voice; however, some specific implications for recommendations follow from the above:

- The integration of youth voices, family voices and front line caregiver voices into all levels of residential service provision in Ontario is an urgent requirement. It is not sufficient to develop case-level mechanisms (such as Plans of Care) that might include the perspective of a young person. Voice must be represented at the governance, accountability, service design and everyday program routine levels.
- Young people and their families must have an opportunity to provide feedback on their service experience safely and without pressure from service providers. A system of satisfaction and feedback surveys accessible to young people and their families and administered by a third party is needed. Consideration could be given to contracting with a School of Child & Youth Care at a university so that capacity for organizing and initial analysis of the resulting data is readily available.
- The Panel is very concerned about the on-going implementation of a children's rights regime that is transparent, consistent and meaningful in the context of residential services. Currently, young people admitted into residential



group care are informed of their rights and obligations during an intake process that is typically stressful in and of itself, with reviews of rights and responsibilities scheduled at intervals of six months. Materials provided to youth in this respect are inconsistent across service providers, and the engagement of young people in understanding their rights is limited. The Panel believes that residential services should be informed in a much more fundamental manner by a children's rights perspective.

- Young people who are left out of opportunities to express themselves, to exercise agency in their lives and to cite concerns due to being non verbal or otherwise unable to participate in existing feedback mechanisms, must be engaged to develop a meaningful strategy that empowers them to have voice at the system and individual level.
- Accountability measures are necessary across all residential services in order to ensure that meaningful progress is being made in the full integration of voices for young people, their families, and immediate caregivers.

# 3. QUALITY OF CARE

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## Introduction

The theoretical and research-informed literature on residential care is quite consistent in the assessment of what contributes to a high quality of care in out-of-home placement settings. Given the ubiquity of attachment issues, trauma and post-traumatic stress, and lived experiences of abuse, neglect and abandonment, the core ingredient of meaningful, effective and ethical care in residential settings is the presence of strong caregiver-young person relationships (Brendtro, 2015; Fewster, 2014; Garfat, 2008; Gharabaghi & Stuart, 2013; Smith, Fulcher & Doran, 2013). Virtually all therapeutic approaches to care in out-of-home settings reinforce the critical importance of relational practice, and the closely associated presence of empathy, as building blocks for developmental assets and resilience (Phelan, 2015; Ungar, 2002; 2004). Some researchers, and some advocates, have argued compellingly that especially in the context of young people facing adversity, quality of care cannot be understood fully outside of the context of love, a fundamental developmental need and entitlement of children and adolescents (PACY, nd.; Ungar, 2015). A comprehensive child welfare handbook on resilience with a strong Canadian focus but contributions from global scholars, provides multiple contexts of resilience promotion in child welfare, all linked to relational practices and a strong expression of caring and love (Flynn, Dudding, & Barber, 2006).

Historically, quality of care considerations have for more than a century been tied to the emotional context of living away from home, and the necessity for human connection and a sense of belonging. Jane Addams wrote about this in 1909 in the context of *Hull House*, a settlement community in Chicago; Janus Korczack (1925) described his institutional home for young Jewish boys in Poland in the 1920s and 1930s in the context of love, rights, and youth participation; August Aichhorn used relational connections and fostering belonging in his work with *'Wayward Youth'* in the 1930s; Fritz Redl and David Wineman (1957) identified the necessity of relationships and empathy in residential care in their work in Detroit in the late 1940s; and Bruno Bettelheim called for a *Home for the Heart* in 1974.

Currently, the Panel notes that there are no consistent mechanisms embedded in residential services across sectors that ensure the highest possible quality of care for children and youth, notwithstanding efforts on the part of many service providers to improve quality of care on an on-going basis. In recent years, MCYS has commissioned several initiatives to improve the quality of specific aspects of residential care, such as food and cultural competence (*Healthy Eating Matters, 2008a; Achieving Cultural Competence, 2008b*). Across all residential services, the government-operated licensing process serves to ensure compliance on the part of residential operators based on a set of standards that cover physical upkeep of the residence, completeness of client files, and the overall compliance of policy and procedures with Ministry standards (MCYS, 2015c). Youth justice custody facilities have additional licensing standards specific to that sector. There is broad agreement amongst MCYS staff, service providers and young people that the licensing process is neither designed to nor does it in practice measure quality of care.

A second mechanism in place in much of the children and youth mental health sector and some of the privately operated residential services is the accreditation process. While this process is generally seen as a quality improvement process, there is limited evidence that it in fact serves to improve quality in residential services, and research literature related to accreditation and its role in quality improvement shows mixed results. The Panel was unable to confirm differences in the quality of services provided based on whether or not an organization is accredited, and noted that organizations with the same level of accreditation appear to have variable capacity to deliver high end services. Furthermore, several agencies in the children and youth mental health sector, as well as CAS or society-operated residential services and most private service providers are not in fact accredited (Alkhenizan & Shaw, 2012; Bell, Robinson, & See 2013; Coll, Sass, Freeman, Thobro, & Hauser, 2013).

The everyday experience of young people in out-of-home care is impacted first and foremost by the quality of care provided in residential services. Such quality of care is a function of a wide range of factors that include the quality of human resources, the relationships among young people and between young people and care givers, the physical infrastructure of residential programs, the appropriateness of program routines, rules, and activities, and also



the quality and accessibility of food, the attention to identity and developmental growth, the levels of physical and emotional safety, and the on-going connections to family, kin, friends and community (Anglin, 2003; Burns, 2006; Cairns, 2002; Smith, 2009). At the level of every day experience for young people living in residential services, the Panel was particularly impacted by the many stories of young people outlining rules, routines and program structures that appear archaic, controlling and compliance-focused, and bear little resemblance to the otherwise empathetic and friendly mission and vision statements of residential service providers. The general themes in these stories were often confirmed by observations by CAS workers with placements and licensing specialists with experience in a range of group homes.

At this time, the Panel notes that there are no universal, or even common, set of indicators, standards or concepts that might lend themselves to the measurements of quality of care in residential services across sectors, although some indicators are commonly utilized in specific service sectors (American Association of Children's Residential Centers, nd). Given the rich diversity of service providers, it is not inherently problematic that measurement of universal indicators across sectors is limited, although the Panel believes that some foundational indicators can be articulated (see Chapter 10, Indicators). More concerning is the incongruence between what organizations say they do and what is observable at the level of everyday experience.

In developing a framework for ensuring excellence in quality of care with the appropriate oversight, the Panel seeks to ensure that residential services are engaged in on-going quality improvement activities, while at the same time are subject to a much more transparent and accountable system of validating their claims related to quality of care.

The Panel is especially interested in significantly increasing transparency of quality of care issues in residential services. Families, young people themselves, and placing agencies and workers currently have very little meaningful information about quality of care in any given residential setting upon which to base a placement decision. The current service system has evolved without appropriate oversight, accountability or incentives to consistently focus on quality of care considerations and the everyday experiences of young people living in out-of-home care.

## Issues

Models of residential care provision vary considerably across Ontario. Some service providers have invested significantly in introducing evidence-based practices, while others have engaged in iterative processes to learn from their own experiences. Service providers range in size from one-program organizations to multi-service, multi-site agencies with considerable human resources and physical infrastructure. In group care contexts, the implementation of evidence-based practices has been challenging. The Panel heard from many young people and also from front line staff that the philosophies, values and approaches embedded in evidence-based practices are not readily evident in every day experience of residential care. Some young people indicated a lack of empathy, personal attention, and meaningful engagement as symptomatic of their experience in group care settings. Staff members in group homes were at times unable to explain their approach to practice, and made few references to any particular theoretical framework, evidence-based practice or purposeful strategy in their work. In many cases, service providers, including supervisors themselves, were unable to articulate any supervision model that might assist and support front line staff in their complex work.

### Perspectives from Young People

Although not all youth the Panel spoke with were dissatisfied with the quality of care they were receiving, the Panel found that young people with extensive exposure to group care were most distressed about their experiences, regardless of whether these unfolded primarily within children and youth mental health residential treatment settings, CAS-operated group homes, or group homes operated by private residential service providers. Young people with mostly foster care experience expressed greater variation in the quality of their experiences, and in some instances reported very positive experiences. Nevertheless, most teenaged young people the Panel spoke with shared very negative experiences about either group care or foster care at some point in their lives, even if currently their experience was significantly more positive.

From the perspective of young people, many rules and regulations in group care settings appear unreasonable.



Examples of this include one service provider where young people are allotted a set amount of shampoo each month and then must pay for additional shampoo out of their allowance; in another setting, young people are required to spend inordinate amounts of time in their rooms without any direction of what to do during these times other than to occupy themselves quietly. Many young people we spoke to were concerned about their lack of access to the internet, and related hardware such as phones and tablets, pointing out that they are often left out of generationally 'normal' means of peer to peer communication. Youth also expressed major concerns about a lack of privacy in their lives, both in a physical context (no privacy for phone calls, peer to peer conversations, meetings with family members) and in a figurative context (no privacy for identity development, emotional ups and downs, sadness or other very personal experiences). Many young people expressed significant dissatisfaction with point and level systems in group homes, which they identified as very impersonal, objectifying ways of staff imposing control over them.

In the context of foster care, we heard stories from young people about being rejected because of their sexual orientation, discharged because of behaviour, left unsupervised, yelled at, not listened to, and in several instances being subjected to what was described as racism. In the context of residential treatment under the auspices of children and youth mental health centres, we heard many stories of having medications imposed without proper information about their purpose or their side effects, and we heard stories about restraints that young people deemed unnecessary, and levels of control and expectations of compliance that young people experienced as unhelpful. We also heard from foster parents about young people, and in particular First Nations youth, who were prohibited from speaking their language in a secure treatment context lest they were planning subversive activities. In general, young people's understanding of treatment in a residential context related largely to medication and control. Of the nearly 300 young people the Panel spoke with, only very few, perhaps less than 10, connected treatment to a meaningful engagement with their families.

In the context of youth justice custody, the Panel encountered significant variations in young people's descriptions of the quality of care they were experiencing. In a large, directly operated secure institution, the young people we spoke to were critical of much of the care they were receiving, and described their everyday experience as boring, not relevant to their needs, and discouraging in terms of their future prospects. In other (transfer payment) secure custody facilities, the Panel was surprised to hear from young people a high level of satisfaction and appreciation for the safety, care and empathy offered to them on a day-to-day basis. Based on conversations with youth, staff and management, the Panel noted that these facilities were all characterized by a highly developed understanding of relational child and youth care practice that permeated throughout all levels of human resources. In some instances, the level of creative program elements and youth engagement (including, for example, animal assisted initiatives and organized chess tournaments) impressed the Panel.

Transitions remain, as they have for many years, a major issue for young people in out-of-home care, whether these are transitions out of family and into care, transitions from one care setting to another, or transitions out of care and into emergent adulthood. The Panel found it troublesome that some features of such transitions that have been cited for decades as problematic continue to occur. This includes, for example, the use of garbage bags to transport young people's belongings between placements. It also includes the lack of notice and preparation young people receive before being moved. In several cases, the Panel heard stories of young people being given no notice at all and instead being told they are moving only when the worker arrived to carry out the move. We heard of one young person being told that he would not be returning to his foster home on the return drive from summer camp, and he was moved into a new foster home right then and there. Some young people told us that they were tricked into believing that they were going out with their worker for lunch when instead they were moved from one placement to another. In the context of transitions out of care, young people overwhelmingly reported a lack of preparedness, insufficient supports and the very strong reactions to the loss of relationships with previous caregivers. While the Panel is encouraged by the MCYS investment in transition workers distributed across the province, and also by recent initiatives to support young people pursuing post-secondary education, much more needs to be done in this respect. Ultimately, the age of termination of funded residential service for young people in out-of-home placements, set at 18, may simply not be sustainable as the trend for the average age of young people in the general population leaving home continues to rise and is currently at 26 (Statistics Canada, 2015).

## **Perspectives about Treatment and Types of Care Settings**

Based on targeted conversations with multiple service providers, the Panel found that residential services in Ontario are subject to a complex nomenclature that includes formal and informal designations such as residential treatment programs, specialized foster homes, treatment foster homes, intensive residential services, secure treatment, family-based care, family-based treatment and other terms (MCYS, 2015b). While some service providers have written statements about what they mean by treatment (Kinark, 2015), in its consultations, the Panel was unable to solicit a meaningful definition for residential treatment, and how it might be distinguished from other forms of residential care. Regardless of whether we asked executive management, front line staff, or young people themselves, descriptions of treatment rarely provided substantive comments beyond the imposition of structure and control on the one hand, and the availability of multiple disciplines on the treatment team on the other hand. No service provider we heard from distinguished between having multiple disciplines represented and offering an inter-disciplinary approach, suggesting that the concept of treatment currently remains somewhat nebulous in its meaning and application. Aforementioned references to evidence-based practices on the part of agency leaders were often not confirmed by front line staff, although there were some examples of a more thorough, and community-wide implementation of such practices in some instances, notably the Ottawa region where Collaborative Problem Solving has been introduced as a whole community framework for working with young people (Youth Services Bureau, 2015).

One element of critical importance in any therapeutic services context is the presence of excellent, consistent and meaningful supervision geared toward relational practice service settings with appropriate reflective and clinical content, including elements of supporting front line caregivers in the context of compassion fatigue, vicarious trauma, and self care. No service provider the Panel spoke with was able to identify a supervision model with any specificity; instead, the Panel heard vague references to performance management and case consultation in some service settings. The lack of emphasis service providers placed on the supervision process, and the apparent lack of supervisors with specific training in supervisory practices geared toward relational practice context is troubling.

The Panel explored in detail the residential services offered through a large children and youth mental health centre that focuses on assessment and treatment recommendations, and found that the residential services themselves appeared to be well regarded by young people, parents, as well as clinical and management staff. However, the services offered are short-term assessment services that end with clinical recommendations that parents told us can often not be implemented post-discharge. In spite of a very high level of parent satisfaction with the residential service itself, therefore, young people, parents or even the clinical and management staff could not confirm the usefulness of these services beyond the short term, and some parents suggested that the situation post-discharge became worse than pre-admission. Management and clinical staff readily acknowledged the lack of sustainability of outcomes of their residential service to be a major problem, but were unable to offer any solutions moving forward.

The various designations of other types of care settings often appeared somewhat ad hoc. We heard examples of treatment foster homes that were so called because one foster parent had earned an undergraduate degree in psychology in the 1960s; no other rationale was provided for referring to this home as a treatment foster home. Also, the Panel found a 'family-based' foster care that was teeming with paid shift staff, typically hired to work as one-to-one workers under Special Rate Agreements. We also met foster parents designated as Specialized Foster Homes who were themselves unable to explain in what ways their home was specialized. On the other hand, we also met foster parents designated as Regular Foster Care who were able to describe their approach to care in ways that far exceeded what we heard from treatment or specialized foster homes.

## **Perspectives on Occupancy and Population Mix in Group Care**

The maximum occupancy for group care programs outside of youth justice custody is dictated by the operator license issued by MCYS (MCYS, 2015c). In most cases, the Panel found that the maximum occupancy for group care programs ranges from a low of six to a high of 10, but can at times be as low as four and as high as 12 (MCYS indicated to the Panel that licensed occupancy ranges from a low of 3 to a high of 20, however, the Panel did not encounter these outliers and MCYS did not identify them). The Panel found significant variations in the occupancy trends across the group care sector (see Chapter 7, Youth Justice for comments on open and secure custody). For example, occupancy

in some children and youth mental health operated residential care is low and in private residential services, occupancy is high in some instances. However, the occupancies are falling in most cases, resulting in a rationalization of traditional privately operated group homes and an emergent trend for new, often unlicensed, smaller programs for young people with complex special needs. The Panel heard from both service providers and placing agencies that such unlicensed small programs are increasingly ubiquitous and provide an option for customized service for particularly challenging placement needs. The Panel is very concerned that such unlicensed programs often have untrained live-in staff supported by one to one workers under Special Rate Agreements, with limited oversight over quality of care or even safety considerations. The Panel notes that a young person died in one such program in the Spring of 2015 during a physical restraint.

The Panel heard consistently from all service providers that the profile of their clients has changed over the course of time, and all service providers without exception suggested that they serve only 'the most complex young people in the system', a phrase that was often followed up with 'the ones that no one else is able to serve'. The logical improbability of these claims notwithstanding, the Panel is troubled by the mix of young people being served in group care. We found no evidence that group care programs are prepared for, qualified for, or in any way suitable for *all* of the clients they admit. During site visits at several agencies, the Panel encountered young people impacted by autism, FASD, developmental challenges, emotional disturbances, suicidal ideation, externalizing behaviours, various psychiatric disorders and also young people simply unable to receive care in their biological families all living together under the same program rules, routines, services, and supports, cared for by staff with limited training and pre-service education, and attending section 23 or private school programs on the premises or operated by the service provider in the community. While there is no comprehensive data available on client profiles in particular settings, the Panel believes that such a mix of young people is common practice across residential services. Further complicating the issue is what MCYS reports to be nearly 50% of youth beds being occupied by adults.

Explanations provided by management, supervisory or front line staff as to the relevance of therapeutic services to each of the young people residing in a particular program were altogether not compelling. CAS workers as well as case workers associated with young people identified as having complex special needs frequently used the term 'warehousing' as their way of describing the placements for the young people in their care. The Panel also received no meaningful explanation of how section 23 classrooms could meet the education needs and learning potentials of such a diverse group of young people.

### **Perspectives on Violence and Criminalization of Young People**

The Panel did not specifically focus its review on serious occurrences, and in particular physical restraints, nor on the issue of cross-over kids and youth, thus referred to because of their simultaneous involvement with child welfare/ children and youth mental health and youth justice. The Panel did hear from young people and from case workers that the criminalization of behaviour, and also the criminalization of young people impacted by autism, FASD and developmental challenges, continues to be concerning. During the Panel's work, another major project was launched referred to as the *Cross Over Kids Project*, led by Dr. Judy Finlay from the School of Child and Youth Care at Ryerson University, and Justice Brian Scully from the 311 Court in Toronto. The preliminary work of this project, which is steered by a large community group involving all major youth serving sectors, MCYS, as well as a youth group representing lived experience as cross over kids, identified the on-going criminalization of young people in child welfare as a major concern (Finlay & Scully, 2016). The Panel supports the on-going work related to this project as a step forward in creating systemic change in this regard.

Also during the Panel's work, the Provincial Advocate for Children and Youth, in association with Dr. Kim Snow from the School of Child and Youth Care at Ryerson University, undertook a review of serious occurrences in Ontario's residential care sector (PACY, 2016). The preliminary results of this review, released to the Panel as documents of interest, indicate a troublesome level of violence in the form of physical interventions carried out by staff in some residential care settings and impacting in particular younger children and youth with significant developmental disabilities. Also during the Panel's work, another young person died in an unlicensed residential program during a physical restraint. The Panel did review a series of child death inquests involving death by physical restraint and is deeply troubled by the repetitive and still unresolved recommendations for change from one inquest to the next (the Panel reviewed a total of eight inquests into the deaths of young people in care from 1998-2011).

## Implications for Recommendations

The Panel recognizes that no existing body or unit within either MCYS or the residential service system more generally is able to ensure that quality of care is a central component of system performance and accountability. As outlined in Chapter 1 on Governance, the Panel is therefore developing the concept of a Quality of Residential Care Branch/Division, to be housed within MCYS, with functions that include the promotion of Quality of Care enhancement activities across sectors that specifically are focused on the one hand on the everyday experience of young people and a meaningful articulation and approach to measuring outcomes while on the other hand, on the trajectories of young people through the care system over time; the validation of any claims made by service providers about their strength and competencies, with both quantifiable and qualitative evidence to back up such claims; and a significantly more transparent approach to the public dissemination of Quality of Care activities, measures and performance pertaining to individual service providers across sectors.


The Panel believes that quality of care can only be ensured with strong oversight not only of the activities of individual residential programs, but also strong oversight of each young person's journey through the care system, with rapid response and engagement in circumstances where placement changes occur, school changes may be necessary, or serious occurrence reporting may be indicative of quality of care problems. To this end, the Panel is developing recommendations that replace existing mechanisms such as crown ward reviews, agency-based reviews of private per diem operations where children and youth are placed, and licensing specialist checklist items vaguely related to quality of care with clearly identified functions in charge of overseeing and responding to placement or other activity in relation to young people across systems. In this context, the Panel is responding in particular to the experiences of young people who may enter out-of-home care through channels other than child welfare, such as youth justice custody or children and youth mental health, as well as young people who cross over some or all of these service sectors during their time in out-of-home care.

Young people's voices are an important component of raising the quality of care in residential services (see Chapter 2, Voice). The expertise that comes from the lived experience of young people, either current or retrospectively, must inform the design, governance and operation of the residential service system, and with respect to the Quality of Residential Care Division, must be a fully integrated component of all levels of work undertaken by the Division.

The Panel is developing a range of universal indicators designed to provide foundational evidence of quality of care considerations, such as the staff qualifications and professional development, supervision standards, the integration of young people's voices, their engagement and participation in all levels of organizational activity, education and learning supports, family and community engagement activities, cultural competence and measures to embrace multiple identities, and others (See Chapter 10, Indicators).

Given the differentiation of service providers across residential care sectors in Ontario, the Panel is developing a framework for validating the claims of service providers related to their strengths and competencies, with a view of limiting the exposure of young people to placements that are not well suited to meet their needs. All recommendations in this context will serve to ensure that young people receive the right service at the right time from the right service provider, based not on service provider rhetoric or marketing materials, but instead on information validated by the Quality Inspectorate, as part of the work of the Quality of Residential Care Branch/Division. To this end, service providers will be asked to produce a concept statement each year as part of their licensing renewal application (or new license application) that provides detailed information, in addition to evidence related to staff qualifications, on-going training and professional development, as well as data about client outcomes. Please refer to Appendix 2.

The Panel believes that the licensing process currently in place under the auspices of MCYS Regional Offices is an insufficient mechanism for accountability and performance enhancement with respect to quality of care. The introduction of the Quality Inspectorate serves to eliminate the licensing process as it currently exists and subsume some elements of that process into the quality inspection process instead. Some current licensing functions, such as measurable or identifiable compliance in the areas of physical infrastructure, human resources, and case file completeness, will continue to be performed as part of the Quality Inspection process. It should be noted that the



position qualifications for the Quality Inspectors, and specifically the function of validating service provider claims about strengths and competencies, will be substantively different than the position qualifications for the current licensing specialist positions within regional offices. Therefore, a HR transition plan will be necessary in order to progress from current functions/qualifications to new recommended ones.

The Panel is seeking to mitigate the impact of a complex nomenclature that has developed within residential services over time without much consistency or system-wide context. To this end, recommendations related to the elimination of setting descriptors such as treatment, specialized or regular, and others are being developed in order to avoid inaccurate perceptions of service provision and to mitigate funding or per diem costing based on nomenclature rather than substantive evidence of a high quality of care with commensurate outcomes.



## 4. CONTINUITY OF CARE

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Children and youth in Ontario may require residential services at multiple points in life for various reasons. Episodes of residential service may be brief or prolonged, and may be provided through the child welfare, youth justice, or children and youth mental health sectors. After leaving a care setting, young people may be reunified with their family of origin or they may transition to independent living, or alternatively they may enter a different residential setting in the same or another sector. Children and youth commonly receive residential and non-residential services from multiple sectors, “crossing over” the boundaries of child welfare, youth justice, and children’s mental health sectors and receiving complex special needs services at various points in time. Trajectories and transitions through residential care are complex and can be challenging to navigate for young people and service providers alike.

The challenges in attaining continuity of care were clearly communicated in our consultations with children, youth, families, and service providers across the province. While we heard some positive examples of experience in residential care in particular settings, we also heard that the pathways through care, treatment and custody systems are disjointed and unpredictable. These pathways are characterized by weak transitions, poor information sharing, and inadequate communication, which tend to undermine the well-being of children and youth and marginalize their needs to the periphery of the decision-making process. Although young people are knowledgeable of their own strengths and needs, their right to a voice in the placement decision-making process is often stifled. We heard that these issues can lead to poor matches between young people and placement settings, which in turn leads to placement breakdown and frequent moves in care. For some young people, residential services are characterized by chronic moves and disruptions, often with limited rationale and sometimes with no explanation to the young person and the family. Young people are not sufficiently supported during these transitions, nor are they adequately supported with after care services following their transition out of residential care.

Promoting continuity of care has long been identified as a priority in residential services, including in the six core principles that were developed by the Ministry of Children and Youth Services to reflect their values and guide their work. Each principle is highly relevant to the issue of continuity of care, in particular the principles of (1) putting children and youth at the centre of everything, (2) responding to the complex needs of Ontario’s young people, and (3) collaborating and partnering with others in order to improve services. Despite declaring the importance of these principles, the Panel found that residential services in Ontario are not delivered in a way that reflects child and youth centred practice, and there was little evidence of a collaborative and responsive service system.

The reality of fragmented residential service delivery is inconsistent with the Ministry’s principles, even though integrated services have been identified as a clear priority since its inception. MCYS was created in 2003 as a ministry dedicated to providing services for young people across all stages of child development, integrating child welfare, youth justice, children and youth mental health, and complex special needs services. The MCYS 2008-2012 strategic framework identified integrated services as a key principle and committed to moving away from “program silos towards more collaborative and agile multidisciplinary models of working together” (MCYS, 2008c, p. 9). Similarly, the 2013-2018 strategic plan asserted that MCYS integrates and aligns work with other ministries, stakeholders, communities, children, youth and families to “prevent silos, improve productivity and enhance knowledge-sharing” (MCYS, 2007, p. 18). While integration has been a demonstrated priority in select MCYS initiatives (e.g., Moving on Mental Health), it is critical that the principles and goals of MCYS are fully brought to fruition and made a reality in order to improve the current state of residential service provision and to prevent the serious harm to children and youth that can occur when continuity of care is not delivered.

### Issues

#### Perspectives on Decision Making

The needs and voice of children and youth must be at the centre of residential service delivery. The fragmented nature of residential services for young people in Ontario impedes the ability of policy makers and service providers to put the needs of young people squarely in focus.

The Panel heard about the significant challenges faced by young people and their families trying to navigate the disjointed child and youth service system. Children, youth and families described meeting countless professionals in different sectors, none of whom appeared to communicate with one another. At each juncture the young person and their family were required to re-tell their story and recount the presenting issues. Families reported feeling increasingly frustrated as they faced “dead ends” in accessing appropriate services to fully address the needs of young people even after “jumping through hoops”. The Panel heard that the system is characterized by rigid and inflexible rules about points of entry (for example, no self referrals for Centralized Access to Residential Services in children and youth mental health), access to services (for example, families seek CAS involvement to create access to private specialized residential services that are otherwise unavailable), and funding mechanisms (for example, inequitable funding formulas across sectors). These issues are structural in nature and have arisen because of a lack of coordinated services.

A major issue identified in our consultations was the lack of integration between a young person’s life outside of any given residential service and their life within a care, treatment, or custody/detention setting. Young people described feeling as though they were removed from everything they knew, including their siblings, friends, recreational activities, school, community supports, and for some young people, their specialized non-residential mental health, health, social, cultural and developmental services. These non-residential services were often discontinued during the young person’s time in residential care. We heard of one case where a long standing association of a young First Nations person to a Native Friendship Centre was discontinued while in care in spite of the geographic proximity of the centre to the placement. In addition to losing the therapeutic benefit of these services, children and youth also lost important relationships with non-residential service providers, contributing to the revolving door of usually well-meaning adults who are only involved in a young person’s life for a limited period of time.

The repeated loss of important relationships with adults may inflict serious long-term damage to a young person’s ability to form attachments to significant others throughout life. This point was also highlighted in *My REAL Life Book: Report from the Youth Leaving Care Hearings* (2012), which found that being able to maintain a stable and steady relationship with at least one person makes a tremendous difference in the lives of young people in care. The pattern observed by the Panel reflects a narrow understanding of the needs of children and youth, and the absence of a focus on working with young people to build on and maximize existing strengths, supports, and positive relationships.

In our consultations, we heard that placement decisions are driven by a multitude of considerations other than the needs and wishes of young people, and further, that children, youth, and families have almost no voice in the decision-making process. Financial considerations and the availability of beds appear to play an inordinate role in the decision to place a child or youth initially and to move a young person between placements. In some instances, placement decisions were delegated to administrators who have no contact with children and youth and no direct role in providing or monitoring care. The Panel heard that this type of decision-making sets the stage for placement breakdown and frequent changes for children and youth, and along with it changes in the people and places they had become familiar with, even if only for a brief period of time.

As an example, the Panel consulted with a family who reported that a group home closed without warning and their child, a youth with complex special needs, was reunified with them even though this was not in the plan of care. The young person was initially placed because of child protection concerns and while the family welcomed the youth home, they were unprepared for the rapid transition and were informed that the only reason their child was returning was because there were no other suitable beds available. Services were withdrawn upon the young person’s return home, and the family was left to navigate the transition in isolation, with little knowledge of the care and treatment the child had received in residential services and no reasons provided for the closure of the group home.

While some amount of movement in residential services may be necessary and may ultimately lead to a young person receiving the best possible care, the Panel is concerned that some children and youth move an unreasonable number of times from birth to adulthood. In our consultations, we met with young people who had changed placement upwards of 15 times. Frequent placement moves and disruptions endanger the well-being of children and youth and hinder their ability to form long-term relationships (Rubin et al., 2007). Instability in residential placement is associated with numerous poor outcomes including violent behaviour and incarceration, even when accounting for factors that

influence instability (DeGue & Widom, 2009; Runyan & Gould, 1985; Ryan & Testa, 2005; Widom, 1991).

The Panel heard several examples of situations in which a young person could have remained in the current setting in which they were living, but because of a lack of supports, the child or youth was moved. The young person sometimes moved from their family of origin into residential care, and at other times they moved from their current placement into a different (usually more restrictive) residential setting. We heard examples of children and youth being moved from foster care to a mental health treatment centre because of a mental health crisis, even though that crisis could have been managed in the community if supports were available. The disruption added to the feelings of stress, unpredictability, and lack of control – feelings with which the young person was already struggling.

### **Perspectives on Pathways and Planning**

Ten years ago, it was recommended that residential services should be positioned “as an integral part of the continuum of services from early-stage prevention through to the after-care that is required once a child or youth leaves residential care or becomes an adult” (Bay Consulting Group, 2006, p. 80). This recommendation arose from a previous review of residential services and remains relevant today. This same review found that the “current array of residential services for children and youth is characterized by silos between MCYS funded programs and between programs of different ministries aimed at the same population” (Bay Consulting Group, 2006, p. 88). The Panel heard little evidence to suggest that the siloed residential service delivery systems documented in 2006 had improved in 2016 and in some instances there were signs of deterioration.

Residential services in Ontario are delivered by a collection of diverse service providers, including services delivered by transfer payment agencies, private per diem funded operations, and Ministry directly operated youth justice and mental health facilities (see Chapter 1, Governance). The extent of decentralization creates significant challenges in promoting continuity of care for children and youth. The Panel’s consultations with service providers and MCYS staff indicated that communication across professionals within each sector (child welfare, children and youth mental health, youth justice) is limited. Communication across the siloed sectors is even more limited. Service providers often have little capacity to maintain an ongoing relationship with young people following discharge from care, or even engage in meaningful coordination and planning with the subsequent care provider, whether it is another residential service or the family of the child or youth. As noted in *Open Minds Healthy Minds: Ontario’s Mental Health and Addictions Strategy* (2008a), the lack of coordination across sectors and providers makes it difficult for individuals to navigate service systems and can lead to gaps, unnecessary duplication, and inappropriate use of services. Initiatives such as Moving on Mental Health, introduced in 2012 to create a responsive and integrated system for mental health and addictions concerns, are steps in the right direction but the positive effects of such initiatives have not been demonstrated or evaluated.

The Panel heard that there is often limited communication between the non-residential service providers and the residential service providers who are involved with children and youth. These service providers also have limited communication with educators and other professionals in the school system in which a young person is enrolled. In some instances, these professionals were unaware that the other professionals existed. The extent of division and separation among important adults in the life of a young person is troubling and appears to have a significant impact on children and youth. We saw few efforts to engage in collaborative child and youth focused services that wrap around a young person and their family to provide a coordinated and effective response that includes residential services as well as family support, school-based services, and various other community-based services.

The lack of communication among professionals working with children and youth implies that these professionals do not have access to detailed information about the clinical assessments and various services that have been provided to young people over their life course. Professionals – who are positioned as experts – are operating without access to the full knowledge of the context surrounding the young person’s needs. This limits the ability of placing agencies and residential service providers to provide a thoughtful and coordinated response to young people requiring care, treatment, or custody/detention.

Various reasons were provided to explain the lack of communication and coordination among the numerous service providers. In some instances, service providers described having little time to communicate and coordinate with

others following the intake or discharge of a young person due to a burdensome workload and competing demands on their time. They also described privacy concerns and legislative barriers that impacted their ability to share pertinent information. In other instances, service providers had poor relationships with other providers and the animosity present hindered any communication about the young person. The competitive and openly hostile relationships between certain service providers was concerning to the Panel.

In their 2006 review of residential services, the Bay Consulting Group found significant differences across regional offices and service providers in compensation levels for front line staff within residential services. A decade later, our consultations revealed significant differences in compensation for caregivers and staff as well as wide discrepancies in per diem funding across residential service providers (see Chapter 6, Human Resources). In fact, differences in compensation and funding were sometimes the source of hostility among service providers. This was also noted in Kinark's (2015) report, which highlighted that the children and youth mental health, health, education, youth justice, and child welfare systems are separated by "ideological, political, and philosophical differences which are historical in nature and perpetuated by inequitable funding and arbitrary regional boundaries" (p. 40).

### **Perspectives on Tracking Across Sectors**

The Ministry is currently unable to track children between sectors, which has serious implications for the province's capacity to understand children and youth's trajectories through residential care and outcomes following these services. Through our consultations, we learned that many children and youth obtain residential services at several points in time from multiple sectors, living in numerous settings with various levels of intensity and quality. Children and youth might return home between episodes of residential care or may be in care on a continuous basis from first entry to discharge. Pathways through residential services are as diverse as the young people who utilize these services. There is currently no mechanism for systematically documenting the various residential services that any given young person has received in their lifetime from birth to adulthood.

The Panel found several exemplars for collecting and sharing information and tracking children and youth through multiple systems. For example, the Ministry of Education has made strides in tracking children by assigning each child an Ontario Education Number (OEN). The OEN is a unique number that identifies students in the public education system and is used to track student records along with assessments and evaluations of achievement. Although the OEN began as an initiative for elementary and high school age children, it then expanded to early education and college and university level education. This involved collaboration across the Ministry of Training, Colleges and Universities and the Ministry of Education. The collaboration yields great potential for understanding educational trajectories between early childhood and adulthood.

MCYS has started an initiative with the Ministry of Education to move toward understanding educational outcomes for Crown and Society wards in the care of children's aid societies using the OEN. While this initiative is ongoing and to date has not yet resulted in any reports on educational outcomes, it is critical that this kind of collaboration is supported and expanded to include children and youth in all forms of residential care, and to include information sharing across residential service sectors.

We found several examples of missed opportunities for developing the capacity to track young people across service sectors. For instance, the province developed the Child Protection Information Network (CPIN) to enable timely sharing of critical child protection information among children's aid societies. At present, legislative restrictions to data sharing mean that CPIN will have limited capacity to track information across sectors. CPIN was developed to increase information sharing within the child welfare system, without the capacity to share information with the youth justice and mental health sectors and about young persons with complex special needs.

### **Perspectives on Transition and Aftercare Support**

Many children and youth need support during transitions between residential care settings and after exiting residential care. Lack of support has been documented in several previous reviews of residential services. In the *Blueprint for Fundamental Change* (2007), MCYS acknowledged the need for cross-sector collaboration during discharge planning in order to maximize residential stability and connections with caregivers and other supports. Collaboration is required



among young people, service providers, and families in order to organize the necessary formal and informal supports for children and youth as they transition between care settings or out of care altogether.

The Panel heard that young people returning to their families of origin after discharge from mental health treatment had difficulties maintaining gains from those services. In many instances, support from the residential service provider was withdrawn after discharge. This concern was also noted in CMHO's 2015 report, which indicated that contact with services is often lost as children and youth move in and out of residential treatment, leaving them on their own with little aftercare support and treatment guidance. Likewise, Kinark's 2015 report noted that young people who are placed in high quality treatment programs thrive in the therapeutic milieu but often struggle once removed from that environment. Kinark called for an emphasis on preparing children and youth for life beyond residential treatment.

Young people who spend time in custody/detention require support when transitioning back into the community. The *Youth Criminal Justice Act* mandates reintegration supports and, although MCYS is currently piloting two reintegration centres for this purpose and utilizes a Single Case Management Model in which youth have one Probation Officer assigned who has the responsibility to plan for release, there is a critical need for more support for young people transitioning into the community. Like in the children and youth mental health sector, the Panel found that families were often excluded during a young person's time in custody or detention, which left them without the tools needed to support the young person upon their return home.

Given that families were often excluded from the plan of care and the daily life of the child or youth while they received residential services, it is unsurprising that some families felt it was impossible to provide the level of support required after discharge. With no assistance in helping the young person transition into a different living, school and community environment, families felt at a loss. The Panel also heard that for the many young people who had negative and sometimes traumatic experiences while in care, treatment, or custody/detention, the return home or to another residential setting was particularly challenging. Some parents expressed that they did not know who their child was anymore after residential services, and they felt unprepared to cope with the mental health and relational challenges that had been exacerbated while in care, treatment, or custody/detention.

Researchers and advocates have highlighted the challenges associated with "aging out" of child welfare and other forms of out-of-home care. As the Provincial Advocate for Children and Youth has stated in the report *25 is the New 21* (2011), young people in the care of the province simply do not obtain the same access to resources as their peers outside of care, and they do not have the same sense of connection to family and community. These vulnerabilities are compounded by often highly traumatic histories of abuse and neglect and mental health difficulties. Although the province has provided greater levels of support to transition-aged youth in recent years, it was clear to the Panel that young people leaving care feel unsupported and unprepared for adulthood. Consistent with an overwhelming body of research evidence, the Panel heard that youth leaving care are vulnerable to entering the shelter system or becoming homeless, struggling with chronic unemployment and dependence on social assistance, and suffering from mental illness.

The Panel heard from children and youth across multiple sectors that they do not feel that they acquire the life and social skills in residential care needed to function independently when they transition to the community or age out. In some cases, young people felt their life and social skills had deteriorated while in residential care, treatment, or custody/detention, because of the rigid rules present in the residential setting that did not come close to resembling regular life. Rules such as not being able to speak during meal times or movie nights were harmful to the development of social skills, and the use of institutional terms (e.g., "CT" or "Community Time" to refer to an outing to the mall or a walk in the park) made young people feel as though they were getting further and further away from regular life. Children and youth desperately wanted to learn the skills and abilities that other young people learn while living in home environments, and above all, they wanted trusting and long lasting relationships to help sustain them into independence.

## Implications for Recommendations

Greater communication and coordination across sectors and levels of service would likely result in fewer moves and



disruptions in care for children and youth, and perhaps even fewer young people entering residential care. Mental health, behavioural, and crisis services should wrap around the young person and support that person where they are living. The young person should not be forced to move simply because additional supports are unavailable to help them in their current living situation.

Young people and their families must have ongoing opportunities to provide feedback on their service experience, in particular their experience transitioning within sectors, between sectors, and out of residential care altogether. This feedback must be collected in such a way that children, youth and families are assured that their responses will be kept confidential and that no negative consequences will occur if they express dissatisfaction with any aspect of their residential service experience. This will represent one mechanism for integrating the voices of young people and families into the residential service system.

Charged with caring for children and youth when they cannot live at home, the province has a responsibility to not only track basic information about the residential services provided throughout their development but also to collect detailed information on outcomes for children and youth at various points in time (see Chapter 5, Data and Chapter 10, Indicators).

The Ministry of Children and Youth Services can learn a great deal from the OEN experience. MCYS must move toward assigning a unique identifier to all children and youth that is shared across residential services (children and youth mental health, child welfare, youth justice, and complex special needs). This unique identifier could also follow children and youth through the non-residential services they receive. Although this will likely take time and effort to implement in a way that addresses the obvious privacy concerns, the benefits outweigh the risks and it would be a missed opportunity not to explore the Ministry of Education and Ministry of Training, Colleges and Universities' experience.

There is great potential for CPIN to promote cross-sector information sharing and tracking. MCYS could create a module in CPIN that would allow for a limited amount of information to be shared with and accessed by youth justice, children and youth mental health and complex special needs services, while still maintaining the integrity and confidentiality of information in other modules of the system.

It is critical that MCYS develops a method of systematically tracking the movement of children and youth in care within and across residential service sectors. This is consistent with the recommendation from *My REAL Life Book: Report from the Youth Leaving Care Hearings (2012)*, which recommended that the government should develop a computerized tracking system to monitor movement of youth across residential service sectors. This report further recommended that a single case manager should be assigned to follow each child from point of entry into the system to discharge. This is in line with the spirit of our recommendation for a Reviewer position to be part of the Quality of Residential Care Branch/Division.

It is important that service providers work with young people in residential care to champion their voice and the voices of their families and direct care providers, and also to fully understand the entirety of their service history and mindfully coordinate with others in order to facilitate smooth transitions beyond any particular service.

Ministry initiatives to support transition-aged youth (for example Youth-in-Transition workers, Continued Care and Support for Youth program, Ontario Child Benefit Equivalent, postsecondary education supports, and extended health and dental benefits for youth age 21 to 24) are steps in the right direction. The province needs to take responsibility for helping young people who have been in their care to successfully transition to adulthood.

# 5. DATA AND INFORMATION

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## Introduction

How can young people who may need residential services, their families and helping professionals who work with them find out what kinds of options are available and might best meet their needs? How do service providers, the Ministry and the public know how well young people in residential care are doing? What types of planning activities are completed to ensure that high quality residential services are being delivered in an optimal fashion on the basis of the best available evidence? These are the kinds of information and data access questions that are fundamental to the design of any public service delivery system in order to: (1) inform choice and facilitate access to services; (2) monitor service trends and outcomes; and (3) support innovation and implementation of quality of care enhancements and evidence based practices. Access to such information is particularly important in the context of a highly decentralized service system that includes a mix of over 600 locally operated transfer payment agencies, directly operated residential services, and private for-profit and not-for-profit residential service organizations. To build effectively on the strengths of such a diversified service delivery model, it is essential that service users, operators, funders and oversight bodies have access to accurate, relevant and timely information.

Every review of residential services that has been conducted in Ontario has cited the lack of information and data as core concerns. In a 2003 report, the Ombudsman's investigation revealed that "the Ministry did not have the necessary data to decide what level of residential service was required in Ontario for children with special needs and had no set timetable for consideration of this issue" (Ombudsman Ontario, 2003, p.17). The 2006 Children and Youth Residential Services Review conducted by the Bay Consulting Group concluded that "there is a lack of consistent, centralized information for planning and managing the overall system and for monitoring, evaluating and improving system performance and outcomes" (Bay Consulting Group, 2006, p. 86). In the 2012 *My Real Life Book: Report from the Youth Leaving Care Hearings*, it was recommended that the Ministry "commit to collecting and publishing information on how children and youth in care are doing" (Provincial Advocate for Children and Youth, 2012, p. 32). In its 2013 *Blueprint for Fundamental Change*, the Ministry Youth Leaving Care Working Group stressed the critical importance of tracking "outcome data about children and youth in and from care" (MCYS, 2013, p. 20). Most recently, the 2015 Auditor General review found that despite a clear need to better assess outcomes following child welfare services, the Ministry "does not have sufficient information to monitor the performance of the Child Protection Services Program," further noting that the data collected for the newly established child welfare performance indicators "is not sufficient to adequately monitor and assess" performance (Office of the Auditor General of Ontario, 2015, p. 147, p. 150).

In addition to considering the data and information issues raised in previous reports and echoed further in many of our consultations, the Panel reviewed a range of government, agency, association and researcher reports describing residential services and service outcomes, and examined various data collection systems in place across different service delivery and monitoring systems. The Panel also examined several information tracking, outcome reporting systems and research and analysis infrastructures in other jurisdictions in Canada and internationally.

While many of the information and data collection gaps identified in previous reviews were confirmed in our own review, we also came across some very promising initiatives and were generally struck by the rich potential of many existing sources of data. We have therefore tried to focus our review of information and data issues beyond simply identifying gaps but also examining data access, sharing, and analysis issues. In a sector where staff and, to a lesser extent, youth already spend a lot of time documenting, assessing, and responding to questionnaires and information requests, our approach has been to understand whether existing data and information are being used in an optimal fashion, while also identifying important information gaps that may require new forms of data collection.

# Issues

## Access to Information

There are over 600 residential service providers across the province but there is currently no province-wide mechanism for potential users and placing agencies to get information about those services. The Ministry directly operates residential services (e.g., certain youth justice custody and detention centres and the Child Parent Resource Institute), while it also transfers payments to community agencies such as children's aid societies to deliver residential and other services. Some transfer payment agencies (TPAs) responsible for placing children in residential care operate their own internal residential resources, whereas others utilize outside paid resources (OPRs) to provide residential services. Adding to the complexity of the service system, some community agencies use a mix of internal and external residential services.

Children's aid societies are transfer payment agencies that are responsible for caring for children and youth in need of protection. The Panel heard about the challenges that children's aid societies face in locating suitable residential services and ensuring that the services are high quality and well-suited to the specific and unique needs of individual children and youth. This was particularly difficult when the children's aid society relied predominantly on outside paid resource residential services. In some cases, children's aid societies have sought to develop efficiencies by sharing information about the quality of external residential services. For instance, children's aid societies in the Greater Toronto Area have developed and implemented a shared assessment tool for OPR residential service providers. This tool allows for information sharing regarding the OPR program philosophy, client groups served, staffing levels, serious occurrences, and outcomes for children and youth following services. Other children's aid societies share quality assurance managers, which may facilitate sharing best practices for analyzing data about children in care.

In addition to transferring payments to child welfare agencies, MCYS currently provides transfer payments to more than 400 agencies that provide services related to children and youth mental health, some of which provide residential services. Children, youth and their caregivers can access Ministry-funded mental health and complex special needs services by contacting service providers directly or receiving a referral from a school or other health or social service professional. Access to residential services for young people with mental health needs is managed through community tables where children and youth mental health service providers, local child welfare agencies, and other human service organizations are represented, including local hospitals. In the GTA, for example, this mechanism is referred to as Centralized Access to Residential Services (CARS). As with most such community tables managing a centralized access point for mental health residential services, referral to CARS can only be made through professionals and human service organizations, including schools. Outside of that process, there is no list describing mental health service providers that offer residential programs along with detailed information about the type and quality of care offered. Information about mental health service providers is expected to be more readily available through the work of lead agencies and the recently updated Health Care Options website (<https://www.ontario.ca/locations/health/index.php?lang=en>), however these resources provide general information and do not specifically assist families in accessing residential services.

For young people with complex special needs, the Ministry funds transfer payment agencies to coordinate services and in some instances provide respite. A complex system to navigate, we heard that parents have tremendous difficulty locating residential services, and some parents have resorted to accessing protection services through children's aid societies even when no child protection concerns were present but rather the issue was a lack of access to more appropriate residential services. This issue was the focus of a 2005 Ombudsman report and was discussed in our consultations 10 years later (Ombudsman Ontario, 2005). Like in the child welfare and children and youth mental health sectors, there is a lack of information available to children and youth with special needs and their families about residential service options.

The Ministry's 2007 Child and Youth Residential Services Action Plan committed to improving access to information on residential services by developing a public website designed "to provide agencies, families, and ministry staff with a single, integrated database of reliable information" (MCYS, 2007, p.4). Following the 2007 Action Plan, the Ministry started to develop a province-wide public website that would provide "one-stop access to information about

specific residential programs,” but unfortunately this website is not operational (MCYS, 2007, p.4). Families and service providers can access information about respite services provided by agencies funded by the Ministry of Community and Social Services and the Ministry of Children and Youth Services through a central website (respiteservices.com), which is a step in the right direction.

Limits to access to information about residential services are partly a result of the differences in routes for accessing these services. Access to residential services in Ontario is determined largely on the basis of how the need for out-of-home placement is identified (child welfare, youth justice, mental health, complex special needs), the region a young person lives in, and the funding mechanisms in place (direct operated facilities, transfer payment agencies, and outside paid resources). Some resources can be accessed through multiple sources. For instance, parents, child welfare agencies and even out-of-province organizations can access OPR services directly, as long as they have the capacity to cover the costs. Others, such as services run by child welfare agencies or youth justice, are typically only accessed through those systems. As such, each access point maintains its own list of resources. Differences in mandates, funding models and governance structures in many instances explain why access to some residential services is restricted; youth justice custody/detention facilities, for instance, are designed to be accessed through youth justice, which includes a court order. These restrictions, however, do not mean that access to information about the nature, type and quality of residential services in the province cannot be made more readily available to potential users of those services.

Access to services and access to information about services have been identified as important issues needing to be addressed in several previous reports. Throughout our consultations access was also identified as a critical issue, especially with respect to lack of placement resources in some jurisdictions or lack of options for young people with complex special needs. Access to information about resources supports a transparent consumer focused model that gives young people and their families more control over the difficult decisions that often need to be made in placing young people in out-of-home care. While access to information does not necessarily resolve lack of capacity and resources, easier access to information about the full provincial network of service providers can help (1) increase access to resources that service users would otherwise not be aware of, (2) identify service gaps or duplications to support more efficient resource planning, and (3) identify barriers to accessing underutilized services.

The need for information goes beyond simply knowing which residential services exist in the province. Service users would benefit immensely from having access to detailed information about the programming offered within various residential services, the target client group, the certifications of staff and management, and previous client experiences and outcomes. This would allow for service users to understand the quality and specialization of various residential service providers, and could increase the probability of locating a successful match between the child or youth and the residential service. Through our consultations, we learned of the challenges that families and community agencies face in finding residential resources that adequately match the unique needs of children and youth.

### **Monitoring Trends and Outcomes**

Effective oversight of the over 600 residential service providers across Ontario requires both the capacity (1) to ensure that every individual service provider meets provincial standards for quality care (see Chapter 3 Quality of Care) and (2) to track service trends and monitor outcomes to determine at the aggregate level whether residential services are effectively supporting young people. While the youth justice sector and some service providers are reporting information that provides a sense of service trajectories and outcomes, it is not possible at this time to determine the extent to which the current design and delivery system is effectively meeting the needs of children and youth in residential care in Ontario.

The province has no easily accessible and reliable information to answer the most basic questions, for example: What is the age and sex distribution of young people entering residential care? Are there any trends in admissions and discharges broken down by Aboriginal status? What is the average number of placement changes young people experience while in care? Where do young people go when they leave residential care? How well do children and youth in care do on educational and other outcomes? Even where data is collected in these areas, it is not effectively managed and analyzed to provide insight into these questions.



Answering these and other questions requires a comprehensive and integrated approach to collecting data over time from the child welfare, children and youth mental health, youth justice, and complex special needs sectors. It also involves examining existing sources of data to identify how to maximize the utility of these sources by creating user-friendly databases that can be easily analyzed to provide both simple descriptive outputs as well as more complex longitudinal and multilevel analyses. This exercise of transforming existing data sources into datasets rich with information must occur in the context of collaboration across sectors, in order to move toward comparable cross-sector approaches to asking and answering critical questions about children and youth in residential care as well as the quality of care provided by residential services.

Existing reporting on service trends, service provider quality, and child and youth outcomes in Ontario is limited. Available data on children in residential care is typically presented as point-in-time snapshots, with little information on trajectories over time. Trends data, where available, only represent trends over a few years making it very difficult to assess the impact of incremental changes. Data is rarely representative of the population of children living in residential services across sectors and there is no way to track young people between sectors. Random sampling techniques, which can maximize representativeness while limiting the costs and time associated with population-based research, are not commonly employed in the child welfare, youth justice, children and youth mental health, and complex special needs sectors. Finally, issues of the reliability and validity of data are rarely discussed in reports on residential services, and findings are rarely presented with a clear explanation of the research methods and the limitations of those methods.

The province does not systematically collect important information in order to monitor the safety and well-being of young people receiving residential services. MCYS and residential service providers also do not have a method of consistently and publicly reporting on other important issues for children and youth in care, treatment, and custody/detention, including schooling, friends, skills, significant adults and relationships, and satisfaction with services. Even basic demographic and service data that exist are not being fully accessed and analysed.

### **Promising Sources of Data**

There are a growing number of promising sources of clinical data and potentially useful administrative data available in Ontario. A collection of these data sources is listed below with a short description and consideration of the strengths and limitations of each.

- The Ontario Association of Residences Treating Youth (OARTY) reports on clinical data from approximately one quarter of children served by member agencies. The OARTY database includes numerous outcome measures for children and youth that are measured at various time points. However, the specific research methods employed by OARTY are not described in detail, and it is unclear whether outcome measures are collected on a representative sample of children and youth or instead a convenience sample. Further, there is no third-party validation of the outcomes reported by OARTY, which is concerning given that the reports on outcomes are used as marketing tools.
- The Ontario Looking After Children (OnLAC) project uses an approach aimed at raising the standard of care for children receiving residential services. It focuses on seven key developmental areas for children: health, education, identity, family, social presentation, emotional and behavioural development, and self-care skills. OnLAC involves collecting information from young people in out-of-home care in these key areas using the Assessment and Action Record (AAR) data collection instrument. This review is conducted for all young people who are in child welfare care for a continuous 12 months. The Panel heard that the AAR questionnaire is very lengthy, which led to poor response rates and a feeling of burden among professionals, caregivers, and young people who completed them. The Panel also heard anecdotal evidence indicating that appropriate data collection procedures are rarely followed.
- The Ontario Child Abuse and Neglect Data System (OCANDS) is a provincial database composed of administrative data from child welfare agencies. The database is child-specific, event-level, and longitudinal. It is designed to track children from initial report through termination of services. It is currently used to generate data for three of Ontario's five publicly reported performance indicators. At present, 44 of 47 children's aid societies have signed on to participate. However, the database requires complex programming in order to conduct even basic analysis.



- The Crown Ward Review (CWR) is an annual legislated review conducted at CASs across Ontario. A comprehensive file review is completed and young people are provided an opportunity to complete a questionnaire and interview. There is generally a low response rate for questionnaires and interviews, and the review is limited to only those children who have been crown wards for 24 consecutive months. The Panel heard in our consultations that the data produced through the Crown Ward Review is cumbersome and difficult to analyze.
- Serious Occurrence Report (SOR) forms are completed if there is a death, serious injury, physical restraint, missing person, abuse/neglect, complaint, or disaster in a residential service funded by the province. MCYS has developed a new tool that aims to enhance the capacity to examine SORs from across the province. However, the data collection process for SORs is outdated and impedes the ability for province-wide analyses. Residential service operators are required to fax SORs and then MCYS regional offices must manually enter the data to send to MCYS. It is an inefficient and burdensome data collection and management process.
- MCYS developed the Child Protection Information Network (CPIN) to enable timely sharing of critical child protection information among children's aid societies. The Auditor General recently reported that "CPIN implementation has suffered significant cost overruns and delays due to poor project planning" (Office of the Auditor General of Ontario, 2015, p. 161). The Auditor General also found that other jurisdictions using the same case management software have experienced positive results. CPIN has been implemented in only five of Ontario's 47 children's aid societies and six additional CASs are planning on implementing CPIN in 2016. While CPIN holds great potential for collecting and analyzing data about children and youth in the care of a children's aid society, it does not appear that the Ministry has built infrastructure to ensure this occurs. In addition, there are issues of data ownership that will need to be resolved in order for the province to meaningfully analyze trends in the characteristics and outcomes of young people in care at the aggregate level. At present, children's aid societies who have implemented CPIN have agreed that while the information system belongs to MCYS, case-level data belongs to the agency.

### **Limited Analytic Capacity**

There is an enormous amount of fragmented information being collected about children and youth and their placements, but no one has either the mandate or the analytic infrastructure to synthesize the information. Each data collection initiative appears to be conducted independently without coordination with other initiatives. Further, there has been no effort to develop a systematic approach to research and analysis that reduces duplication, maximizes efficiency, and ensures that the data collected is of the highest quality possible.

### **Innovation and Evidence-Based Practices**

While the capacity to monitor service trends and outcomes is the cornerstone of any effective service delivery system, not all questions are appropriately addressed by rolling up information collected on every service and service user. Evaluation research following selected samples of service users can produce rich and detailed qualitative and quantitative information that can guide the development of innovative approaches and support the implementation of evidence based programs. There is a lack of independent analysis of available service data. Information is usually provided by, analysed and presented by the service providers themselves.

Residential services in Ontario do not consistently utilize evidence-based practices and even when such practices are used, there seems to be limited tracking of long-term impact. There are several examples of research initiatives that use high quality approaches to data collection and longer term follow-up, such as the clinical trials of multisystemic therapy (MST) conducted as a collaborative effort of children's services in Ottawa, Simcoe County, Mississauga, and London (Leschied & Cunningham, 1999). More collaborative high quality evaluations are needed to assess the impact of residential services on outcomes for children and youth.

### **Jurisdictional Review**

A number of models are available from different jurisdictions, ranging from specialized within government units, to arms-length government agencies, to university based research centres. Three examples are described in detail below.

- CELCIS (Centre for Excellence for Looked After Children in Scotland) is an organization that conducts research, influences policy, and engages in consultations to improve service delivery. It is primarily funded and monitored by the Scottish Government and also supported by the University of Strathclyde. CELCIS is guided by a Strategic Steering Group (including academics, social workers, and administrators from the field), which provides a connection between CELCIS and University of Strathclyde and develops strategic directions. CELCIS research teams provide specialist support to organizations interested in conducting research and is affiliated with various academic research projects. CELCIS also conducts evaluations. CELCIS produces briefings, comments on government actions, summaries of research, summaries of promising practices around the globe, and reports, and these are published online.
- California Child Welfare Indicators Project (CCWIP) is a collaborative venture between University of California at Berkeley and the California Department of Social Services. The project is housed at the School of Social Welfare and base funding is provided by the state. Data in California are collected at the county level and every county uses the same information system. Aggregate data are made publicly available through CCWIP and refreshed quarterly. Berkeley provides technical assistance and support to counties and the state to understand the performance of child welfare agencies. Examples of performance indicators measured include: maltreatment in foster care; permanency; placement stability; timely caseworker visits and health/dental exams; exit outcomes for youth aging out of care.
- The Center for State Child Welfare Data is housed at Chapin Hall at the University of Chicago and represents a partnership between state child welfare agencies, Chapin Hall, the American Public Human Services Association, and the University of California at Berkeley. The mission of the Center is to use research and technical assistance to promote evidence-based decision making in child welfare. The Center generates knowledge on key issues in contemporary child welfare practice. The cornerstone of the Centre's research program is the Multistate Foster Care Data Archive, a longitudinal data warehouse developed and maintained by the Center that contains decades of state data on approximately 3 million children in over two dozen states who have spent time in foster care. Technical assistance is provided to member agencies to analyze data, and agencies from states across the U.S. can be members. The Center also offers formal training opportunities.

## Implications for Recommendations

An effective province-wide cross-sectoral information and data management system is essential to ensure that Ontario is able to offer young people in residential care the quality of services that they need. Such a system should include (1) a clearinghouse which provides young people, their parents and professionals working with them with information about the full range of placement options that are available to them; (2) a data repository that can be used to monitor services, analyze service trends and track outcomes; (3) a research and evaluation strategy that supports innovation and implementation of evidence-based practices.

### **Existing Information and Data Collection Systems**

Although there currently is very little province-wide information being reported about young people in residential care, the Ministry collects an enormous amount of data about these services. Crown Ward reviews, licensing reports and serious occurrence reports are rich under-utilized sources of data. The Ministry has already developed a province-wide Youth Justice information system (Youth Offender Tracking and Information System). The Ministry is also investing significant resources into the development of CPIN, the province-wide child welfare information management system. CPIN tracks many key indicators that could be used to monitor services, analyze trends and track outcomes. The placement module in CPIN can be expanded to include information about all residential service providers. The deployment of CPIN has been slower than expected and in several of our consultations concerns were raised about its implementation. It is also important to note that CPIN has limited capacity to allow for complex analyses to be conducted with data from pre-existing systems. To analyze long term trends, analysts will need to access legacy systems; OCANDS has the capacity to be used to tap into those legacy systems.

Service providers also collect a range of important information: the Assessment and Action Records used by child

welfare agencies through the OnLAC initiative and the Partners in Care project conducted by OARTY include a rich amount of information about young people's relationships, education and well-being that can be used to help understand service needs and outcomes. As discussed, these data collection efforts have serious limitations alongside their strengths. In reviewing these various tools we considered the merits of selecting a single assessment tool to be used across all service providers. While a common tool would have some advantages, such as simplifying referral procedures between service providers, and facilitating comparisons of services and outcomes between different service providers, we were concerned that imposing a single assessment tool could (1) undermine clinical approaches that integrate existing tools, (2) be poorly completed by staff who may fail to buy into a Ministry imposed tool, and (3) risk moving the Ministry's role from oversight to administration. These tools nevertheless provide helpful information that include indicators of key dimensions that can be compared across different assessment platforms and analyzed at the aggregate level. MCYS does not intend to mandate the use of any specific assessment tool and the Panel found this to be appropriate.

User satisfaction ratings are one area where new data collection systems may be required. Other jurisdictions, including British Columbia, collect client satisfaction information following the provision of services to children and youth. In Ontario, informal reviews for certain residential services such as shelters are sometimes posted in online forums such as Google Reviews, but there has been no systematic collection of user satisfaction from young people who have experienced residential services. The exception is youth justice, where youth feedback is gathered through a youth experience survey completed with the probation officer following discharge from custody. A parent/guardian experience survey is also used.

### **Legal and Ethical Considerations**

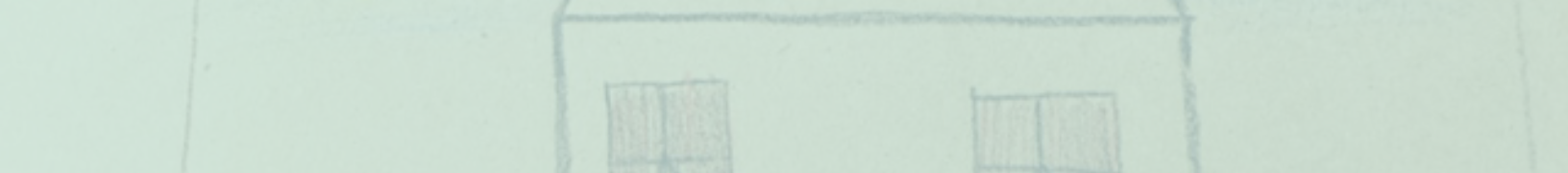
Opening up of access to information about services must be balanced against a range of privacy and safety considerations. Accessing and sharing information about residential service providers was identified as a major challenge in many of our consultations:

- Some placement agencies and licensing staff said that they did not believe they could share information about service providers because of uncertainty about the legality of sharing information and concern about law suits. We were troubled to hear of several examples of placement staff who said that there were some resources that they would not use because of concerns about quality of care, but they were not able to share these concerns with other placement agencies.
- Some service providers raised concerns about the framework and conditions for sharing and protecting what they perceived to be private information about their services.
- Privacy and safety considerations, given the difficult and at times very conflictual circumstances leading to young people coming into care, are also important factors to take into consideration.
- There is a limited tradition of sharing information between child welfare, youth justice and mental health sectors and no unique identifier which would support tracking residential services across these sectors. Issues with respect to accessing education information will also need to be examined.

Some of these issues were examined through the Ministry's recently completed review of the CFSA. Given the Ministry's role in funding residential services and its licensing function, it will be important to ensure that the Ministry is able to access information needed by the proposed Quality Inspectorate to meet its function. A framework will also need to be developed to determine what types of information can be shared at what level of aggregation and with whom.

### **Data Infrastructure Needs**

Given the wealth of existing data and the significant investments that are being made to develop common information in the child welfare sector, we do not think that a new residential services information system is the appropriate way to go. Initiatives like OCANDS demonstrate how programming and data analytics can be used to effectively combine information across different platforms. While some information collection systems require some enhancements – Serious Occurrence Reports are currently faxed into regional offices, Crown Ward Review data are provided to



children's aid societies in spreadsheets, CPIN has limited cross-sector information sharing capacity and there is no comprehensive strategy for using the data to inform policy – we have concluded that a focused investment in developing programming and data analysis capacity would be more effective and expedient than creating new data collection systems dedicated to residential care.

In addition to developing the analytic infrastructure for making better use of existing data, a commitment to a standard and comprehensive set of public reports is a powerful mechanism for ensuring that data are used and for creating incentives for improving data quality. The Ministry is currently reporting on several child welfare indicators and on important trends in Youth Justice. These initiatives could be significantly expanded by including a broader array of indicators. In Chapter 10, we review many of the indicators used in other jurisdictions and present a framework for selecting key indicators that should be reported on an annual basis. We also discuss some of the analytic issues that have to be addressed before reporting publicly on meaningful data comparing service providers.

One of the information and data challenges that will need to be addressed will be finding effective methods to track young people who experience placements across different sectors. The sector-specific information systems that are currently in place fail to provide a good mechanism for tracking and understanding the placement trajectories of these “cross-over” youth. Given that these are some of the most vulnerable young people in residential care, it is critical that enhancements made to existing information systems provide the Ministry with the ability to track and analyze the service trajectories and outcomes for these young people.

Along with enhancing the Ministry's data analytic capacity, service providers and independent researchers also need to be supported to make better use of the data that they produce. Independent researchers should be encouraged to access non-identifying data to conduct more in depth analyses of these administrative datasets. In addition, research studies based on selected samples of young people in residential care are important tools to generate more nuanced and in-depth understanding of the experiences of young people and the outcomes of services.

# 6. HUMAN RESOURCES

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## Introduction


Residential services across sectors rely substantially on human resources for the purpose of meeting the needs of young people. From a budgetary perspective, human resources account for 80% to 85% of operating expenditures (Gharabaghi, 2009). Evidence with respect to quality of care considerations strongly suggests that relational practices, based on highly skilled human resources, provide for the best and most sustainable outcomes for children and youth living in residential services (Holden, 2009). Over the course of the past ten years, demands for ever more complex evidence-based interventions, inter-disciplinary collaboration and family systems-oriented approaches to being with young people in residential services have accelerated across sectors, and service providers across sectors are working hard to embed such practices and approaches within their programs. This places significant pressure on human resources involved in residential service provision to keep pace with the increasing complexity and demands of the work.

Outside of the directly operated youth justice sector, the lack of standards for hiring qualified staff members in residential care settings has resulted in significant variations in the qualifications, levels of experience, compensation, training, and employment conditions of front line staff across sectors. In many instances, this leads to the recruitment of under-qualified individuals as staff members. This frequently results in poor retention and high turnover rates of those under-qualified individuals, creating further instability for the children and youth in their care. Across all of the sectors of the residential service system, promotional standards are often unclear and supervision, in the context of relational and clinical practice, of staff members is inconsistent and inadequate. In addition, training is often limited to in-house mandatory training related to health and safety, policies and procedures and other themes and issues that are not directly related to the everyday experience of young people in out-of-home care.

The human resources typically associated with residential care services include the following:

- **Residential care front line staff (group care)** – individuals hired to provide group therapeutic intervention, implement treatment plans, develop and support Plans of Care and use every day support and nurture as a foundation for developing pro-social, healthy and stable norms, behaviour and capacities amongst young people as part of a team of such workers. In the context of youth justice, these workers also provide supervision and security related to the legal status of custody or detention. Such positions are either full time or part time and typically operate on a rotating shift schedule.
- **Relief or casual workers** – individuals hired to replace members of the regular team on shift when the latter are sick, on vacation, attending training or otherwise unavailable.
- **One-to-one workers** – individuals hired to specifically support identified young people (often with developmental needs in need of arm's length or in sight supervision, often for safety reasons and sometimes with therapeutic goals attached).
- **Residential Supervisors** – individuals with responsibilities related to the staffing and scheduling of the program, the supervision (variably defined) of front line, relief and one-to-one staff, and the administrative and programmatic elements of the program. These positions typically also are the main conduit of collaboration and communication with clinical and other services either internal to a larger agency or external in the community.
- **In-home foster care support workers** – individuals hired to support parenting, caring and behaviour management in foster homes, often to prevent placement breakdown, but sometimes as planned and on-going support. These positions are typically based on set number of hours allocated to individual foster homes.
- **Foster parents** – individuals who provide care and a home (sometimes temporarily and sometimes with a view to adopt) in their own homes for between one and four young people in care.





Many other kinds of positions play significant roles in residential services, including management staff within the larger agency, owners and operators in the private sector, as well as clinical staff, teaching staff, administrative staff and custodial, maintenance and kitchen staff.

## Issues

In Ontario, there are currently no legislated pre-service educational qualifications for residential staff in group care settings (other than in directly operated youth justice secure custody settings) or foster care settings. Residential services (other than youth justice custody services) can hire any person, regardless of educational credentials, who can pass the police record check for the vulnerable sector (only required at time of hire), and who has the capacity to complete a series of mandatory orientation and training requirements.

The orientation period and on-going in-service training of residential staff in group care settings (other than directly operated secure custody settings) are largely unregulated, with the exception of the following mandatory annual or triennial certification requirements:

- Completion of an MCYS-approved crisis intervention package, including physical restraint components (Preventing and Managing Aggressive Behavior - PMAB, Understanding and Managing Aggressive Behavior - UMAB, Therapeutic Crisis Intervention - TCI, Crisis Prevention/Intervention - CPI or Behavior Management System - BMS) and annual re-certification. The minimum training hours for the initial certification is eight (8) hours, and for the recertification is four (4) hours.
- Standard First Aid and CPR certification, in practice required for all front line staff but technically (as per licensing regulations) only for specified ratios of staff teams, with triennial re-certification.
- Completion of on-line Workplace Hazardous Materials Information System (WHMIS) certification.
- Completion of review of residential Policy & Procedure (P & P) manual within the first 30 days of hire, and sign off that P&P Manual has been reviewed annually thereafter.
- Training in the use of fire extinguishers.

The quality of staffing, both with respect to pre-service education and in-service training, has been cited consistently by reviews, reports, inquests, and other studies of residential services in Ontario as inadequate. In 2006, the Bay Consulting report noted:

*The presence of appropriately trained staff was seen as a key element in service quality and an area where there were inconsistencies across programs and services.... Training was continually mentioned as an area that required attention and upgrading to ensure staff were able to deal with the complex needs of the residents. ... Some service providers (including Outside Paid Resources (OPRs) and Transfer Payment Agencies (TPAs) have a role in setting expectations and standards for residential providers in on-going staff training.*

The report went on to recommend that MCYS should “clearly define quality requirements to help shape staffing considerations such as competencies and training. This might require financial support, particularly in regard to levels of compensation.” (p.83).

Also in 2006, MCYS released *A Shared Responsibility: Ontario's Policy Framework for Children and youth mental health*. The framework identified the strengthening of human resources in children and youth mental health and addictions across service settings as a core priority. Ontario's comprehensive mental health and addictions strategy, *Open Minds, Healthy Minds*, released in 2011 as a follow up to *A Shared Responsibility*, again cited training, and also the “building of attractive career choices and pathways for people who work in mental health and addictions” as important strategic directions.

*The Blue Print for Fundamental Change to Ontario's Child Welfare System*, released in 2013 in response to My Real Life Book produced by youth in collaboration with the Provincial Advocate for Children and Youth, repeatedly cites the skills, competencies and related education and training as priorities. The Blueprint outlines the competencies required



for caregivers (and other professionals) (p.10), and specifically with respect to residential care, cites the proper training and qualifications of staff as an essential priority (p.18).

The Ontario Centre for Excellence in children and youth mental health (2013) conducted a review of evidence related to best practices in residential care settings, and identified a range of approaches that are supported by research evidence, all of which place great emphasis on staff qualifications and on-going training in complex contexts, including trauma-informed care, developmentally-focused programming, comprehensive and integrated programming, and relationship-based programming. Evidence-informed approaches include Positive Peer Culture, Sanctuary Model, Stop-Gap-Model and Teaching Family Model (pp.7-8).

The Foster Parents Society of Ontario (2015), children and youth mental health Ontario (2016) and major TPAs such as Kinark Child and Family Services (2015), Robert Smart Centre (2015) and Youth Services Bureau (2015) all have emphasized the increasing use of evidence-based practices in residential services, and the significant complexity of the everyday work. As a result, they all have cited staff development, training and education as core priorities.


Research literature and various reports and documents are replete with emphases on the importance of pre-service and in-service professional development. Whenan, Oxlad and Lushington (2009) demonstrated that training caregivers before and during care is one of the most important indicators of a caregiver's well-being. According to several studies, group care workers must create an intricate balance of moderate control, therapy and community involvement to achieve the best outcomes for child and youth behavioural development. In order to achieve this balance, workers must possess the adequate training and skills as well as supports (Knorth, Zandberg, Harder, & Kendrick, 2008). Gharabaghi (2009) points out that there is enormous variation in training amongst private residential service providers in Ontario, and that much of the training in children and youth mental health and child welfare is not focused on the life-space context of residential care service provision.

*While Children and youth mental health Centres and Children's Aid Societies invest significantly more money in training than do OPRs, much of it is focused on clinical pathologies and system issues rather than skills required to work with the day to day reality and experiences of children and youth in residential care (p.175).*

In another study, Gharabaghi (2010) reviewed training events at 130 discreet residential group programs in Children and youth mental health (CMH), Child Welfare and Private Residential Services in Ontario, and found continuous training related to specific disorders or pathologies, as well as safety-related procedures, but very infrequent training opportunities related to therapeutic alliances, team work, residential milieu work and family dynamics and parenting, amongst other themes (p.99).

The Panel raised questions about human resources through the consultation process, and received feedback in this respect from all levels of the residential service system, including young people, front line staff, supervisors and middle management, and executive management. Overwhelmingly there is concern in all sectors about the capacity to attract well qualified staff due to comparative employment conditions in non-residential services such as schools and hospitals, and to retain such staff given limited training and professional development opportunities and ad hoc career mobility processes. Residential group programs in the North and in rural areas in particular are challenged to attract qualified staff.

The Panel heard repeatedly about the inequities in the compensation of residential staff working in directly operated, transfer payment funded and private per diem operated programs. Public sector (children and youth mental health and child welfare) hourly compensation is sometimes as much as three times higher than in the private sector, where such compensation is near, and sometimes at, minimum wage. Benefits are scarce in the private sector, with some service providers not covering sick leave, providing minimum vacation allotments, and no extended health coverage. In many settings front-line residential care positions can be described as precarious employment, generally characterised as poorly paid, insecure, unprotected and with insufficient income to support a household. In the public sector, residential staff members are generally covered for extended health care, receive well above (between three and six weeks) minimum legislated vacation allotments and are covered for sick leave. As one front line residential staff in the near North put it, "if I wanted to make money, I would work at Tim Horton's".



Training in residential services appears to vary significantly. Some service providers are very focused on staff development and provide a range of in-house and external training opportunities, often focused on current client profiles. Others, however, cannot afford to pay for training, whereby the cost of training is primarily related to the replacement cost of the staff who are unable to work their shifts while in training. In general, there is a great emphasis on in-house training, with much less external training provided across all sectors. We heard from the management groups of several service providers that evidence-based practices were in place, but then were unable to confirm this with staff groups, who seemed unaware of what such practices might be. In several instances, the representation on human resource development given by management groups did not match the responses of front line staff.

This was also true in the context of supervision. Many front line staff described supervision as infrequent, and when it took place, as not very organized or targeted toward any particular goal. Many supervisors and even senior managers across all sectors were unable to describe a 'supervision model', nor were they able to describe the skills or attributes of an effective supervisor. In Child Welfare, Children and youth mental health, and Privately Operated Residential Services, no agency we spoke to identified a well-defined process for promotion to the supervisory level other than frontline experience, and no agency required qualifications for supervisor positions that exceeded those for front line positions. Training for supervisors, across systems, is limited and we did not hear about initiatives to develop or find training related to providing supervision to staff.


Of particular concern to the Panel is what we heard about relief and casual staff as well as one-to-one staff hired under Special Rate Agreements (SRA). These staff are often exempt from the same level of agency-specific qualification required of regular staff, and are almost always excluded from agency training programs, clinical staff meetings, and the supervision process. Even in settings where SRAs are common and several young people are subject to one-to-one workers at the same time, these workers often appear to not be part of any development or oversight regimen of any kind.

In the context of foster care, the Panel heard from foster parents that support provided by most CASs to their foster parents is minimal, and in the case of several CASs, such support is decreasing due to budgetary pressures. Foster parents in private per diem operations had more positive assessments of the supports they receive and also of the responsiveness of their agencies in the context of special circumstances that might arise from time to time. While we heard many compelling stories from foster parents in both public and private organizations that speak to the level of commitment and dedication to young people, we also heard clearly a very high level of frustration on the part of foster parents with respect to their feelings of disempowerment, peripheral roles in decision-making about the young people they care for, and institutional processes and requirements that make it impossible to care for young people in ways that reflect family contexts.

During the Panel's consultations, foster parents regularly stated that rules for "parenting" are agency-dependent and therefore vary. For example, some foster parents claimed that their foster children were unable to participate in class photos at school and others claimed this was not an issue. In addition, some foster parents were allowed to take their foster children boating or let them drive a golf cart and other foster parents were not permitted to do the same. Foster parents indicated that such rules sometimes come from their agency (either a private per diem operator or a CAS) and sometimes from the Children's Services Worker from the placing CAS. The inconsistency of rules and regulations across agencies in relation to the responsibilities of foster care parents is of concern to the Panel.

From management groups, we heard that foster parents are aging, and the recruitment of foster parents continues to present major challenges. Eligibility criteria for who can foster, and in particular criteria related to the capacity to provide foster children with their own bedrooms, results in challenges for some cultural communities, in particular Aboriginal communities. This is also the case in regions where real estate costs are very high, and therefore extra bedrooms are scarce.

With respect to training requirements, the Panel heard that while CAS-based foster caregivers must complete the PRIDE training modules, OPR-based foster caregivers are not required to complete this training, and may in fact be denied access to this training if they chose to complete it. While some OPRs provide an alternative, typically in-house developed training schedule, others do not. There is no consistency across OPRs or between OPRs and CASs in terms



of the training required of foster parents. In-service training opportunities appear to be more available and better attended in OPR foster care than in CAS foster care.

Compensation for foster caregivers also varies significantly across CASs, amongst OPRs, and between OPRs and CASs. Typically, OPRs provide higher per diem compensation to foster parents than CASs, and furthermore often provide additional funds for foster parents who can then purchase supports as needed, usually with the assistance, and sometimes through the resources, of the home agency.

## Implications for Recommendations


The Panel is concerned that ever-increasing demands related to the claim of greater complexity of child and youth profiles in residential services, the evidence-based interventions required, and the challenges associated with navigating systems both within larger organizations and between service providers embedded in different sectors are incongruent with the current lack of regulation in terms of pre-service qualifications for residential staff. The evolving context of residential care service provision in all sectors demands more highly qualified staff with an in-depth understanding of the fundamental models, approaches, theories, children's rights, cultural and system contexts of residential service provision. After many years and many calls for the introduction of formal, pre-service post-secondary educational qualifications for residential staff, it is time to make a move in this direction.

The Panel has a long term vision of designating a diploma or degree in Child and Youth Care Practice as the mandatory pre-service requirement for all residential staff. Child and Youth Care Practice is the only field that is explicitly built on the foundations of relational practices, life space intervention, and ecological and developmental perspectives. With 22 college-based diploma programs and two degree programs, including one about to be launched at the graduate level at Ryerson University, Ontario is well served with graduates in this discipline, with reasonable geographic coverage across the province. However, the Panel is cognizant that the implementation of this vision will take time. In the short and medium terms, therefore, the Panel would like to ensure that all staff in residential services across all sectors hold at minimum a college diploma in a field in the human services. The Panel would not be satisfied with lesser levels of qualifications similar to, for example, the Personal Support Worker context, where post-secondary certificates are required.

Furthermore, the Panel is very concerned that significant numbers of staff employed in relief or casual positions or in one-to-one positions to care for particularly vulnerable young people are often exempt from even the minimal qualifications currently required of full-time staff, as well as from in-service training and supervision. Therefore, the Panel seeks to eliminate any differentiation in required qualifications for any staff who are directly engaged with young people, regardless of employment context.

Given frequently high turnover of front line staff in residential group care, and the challenges associated with ensuring staff teams are able to manage the complexities of young people's needs while also maintaining their own well-being and capacity to act as therapeutic supports, the supervisory position(s) in any residential group care setting is/are of critical importance. The absence of any criteria that acknowledge this central importance in the appointment of supervisors in residential group care is disturbing. Supervision has long been recognized as a vital component of providing high quality residential service to young people. The potential for harm to occur to young people (and also to staff) in environments where an appropriate, child and youth-centered, relational practice informed supervision model either is absent or poorly executed is high. The Panel therefore will move to recommend standardized, high quality, and externally provided certification for eligibility to serve in supervisory positions in residential group care across sectors.

While post-secondary education requirements for residential group care staff, including relief and casual staff as well as one-on-one staff, will elevate the quality of staffing, the Panel recognizes that such pre-service education does not provide sufficient preparation to work effectively, and in accordance with the principles of relational practices, life space intervention, and an emphasis on care, therapeutic practice and the engagement of youth voice in a residential group care context. Therefore, the Panel will move to recommend, in partnership with the Ministry of Training, Colleges and Universities, the development of training modules for new workers, similar in concept to what is already



in place in the directly operated youth justice sector, as well as in the context of child welfare-based child protection workers. Furthermore, the Panel is concerned that in-service training activities and professional development opportunities for residential group care staff vary significantly across sectors and service providers, and therefore will move to recommend verifiable standards related to on-going training and professional development with a mix of in-house and externally facilitated opportunities in order to mitigate the over-embedding of organizational cultures in the everyday practices of staff.

The current per diem rate setting process in the OPR sector provides for no planned increases to ensure that operators can adjust staff salaries at least in line with increases in the cost of living. Recruitment for staff in the private sector is significantly disadvantaged compared to other employment opportunities for child and youth care practitioners in residential and non-residential settings. Given that private residential group care represents by far the largest group care sector in Ontario, the structurally embedded obstacle to the hiring of qualified staff within this sector is highly problematic. The Panel will therefore move to recommend a re-assessment of the per diem rate setting process to take account of the need to address compensation inequities for group care staff.

With respect to foster care, the Panel believes that a modernization of foster care in Ontario is needed. Such modernization will require a collaborative process involving a range of stakeholders, including foster parents themselves but also young people and staff supporting foster parents, in order to ensure that fostering in Ontario is consistent with current system capacity and needs. The Panel therefore seeks to ensure that pre-service training for foster parents is consistent across the province, and additionally that criteria for eligibility to foster be considered in relation to the full diversity of potential caregivers and what they can offer to young people, without material obstacles that in effect exclude valuable foster resources from being recruited.

In addition to the modernization of foster care in Ontario, the Panel believes that a provincial recruitment strategy for foster care parents is needed. In the current residential system, the recruitment of foster care parents is agency-based. Every agency that offers foster care services is recruiting foster care parents individually and not in collaboration with other agencies. It is an inefficient way of raising the profile of foster care, and therefore of attracting new and younger caregivers to this incredibly valuable pursuit. A provincial recruitment strategy for foster caregivers will provide a consistent and meaningful understanding of fostering across the province. The Panel has confidence that this provincial recruitment strategy, along with the modernization of foster care in Ontario, has the potential to create a renewed and vibrant foster care system.



# 7. YOUTH JUSTICE: SECURE AND OPEN CUSTODY/DETENTION

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## Introduction

The Ministry of Children and Youth Services' 2013-2018 Strategic Plan indicates that the ministry is accountable for the provision of youth justice services, including: "a continuum of diversion, community and custodial programs for youth who are, or are at risk of being, in conflict with the law to: improve outcomes; reduce re-offending; prevent youth crime; hold youth accountable; and contribute to community safety." The provision of services to youth in conflict with the law is governed by the *Youth Criminal Justice Act* (YCJA) and the *Child and Family Services Act* (CFSA).

The Youth Criminal Justice Act, federal criminal justice legislation that applies to youth aged 12 to 17 at the time of offence, was proclaimed in 2003. The legislation embeds the recognition of the greater dependency and reduced maturity levels of young people. Principles of sentencing include deterrence (added as a principle in 2012); rehabilitation; denunciation (added as a principle in 2012); proportionality; incapacitation (use of custody as a last resort) and restoration.

As indicated in documents provided to the Panel by MCYS, the Ministry provides the following, as required by the YCJA: prevention and diversion; alternatives to custody and community-based interventions; the provision of rehabilitative programs for youth who are under supervision and care; services and supports targeted to specific populations and reintegration programs for youth being released from custodial sentences into the community. Given the legislative direction that the use of custodial sentences be reserved for serious repeat offences, serious violent offences and failure to comply with non-custodial sentences, the *Youth Criminal Justice Act* has had a profound impact on youth justice services in Ontario and indeed, across Canada.

## Issues

### System Capacity

With the implementation of the *Youth Criminal Justice Act* (YCJA), there is a decreasing reliance on incarceration for youth on the part of the courts, and the Ministry has developed a broad and extensive range of community-based alternatives to open and secure custody and detention. The Ministry reports that there were over 400 community based programs across the system in 2014. According to Ministry statistics provided to the Panel, custody admissions declined by 72% between 2003 and 2014 and detention admissions declined by 33% in the same period (MCYS, nd). Secure custody/detention beds have been reduced from 1,113 province-wide in 2003 to 544 in 2014. Of these 544 available beds, less than 300 youth were in secure custody/detention per day in 2014 (MCYS, nd). Open custody/detention beds have been reduced from 1,022 in 2003 to 395 in 2014 and to 332 in 2016. Average counts over the month of September 2014 ranged from 95-116, and in September 2015 from 117-136 (MCYS, nd). The proportion of youth receiving a community sentence following a finding of guilt has increased eighteen percent and over 8,000 youth were diverted from formal court proceedings in 2013-2014. In 2013-14, 28,981 youth were served in the community. Ontario's youth crime rate has decreased by 46% between 2003 and 2014 (MCYS, nd).

At the Panel's request, Youth Justice Services conducted a snapshot of counts in every open and secure custody and detention facility across the province between November 8-10, 2015. Secure custody counts over those three days ranged from a high of 52 to a low of 2, with directly operated facilities operating at approximately 50% capacity over this period and serving a mix of custody and detention (with the exception of RMYC which serves predominantly detention), and transfer-payment facilities operating at a range of 18%-92% capacity over this period with most facilities serving those with detention (MCYS, nd). There appears to be some regional disparity in utilization rates across secure custody facilities. There is also a disparity with gender dedicated facilities for female youth experiencing

more consistent underutilization. During the three-day period snapshot, facilities in the East operated at an average 40% capacity, in Central Ontario at an average of 47% capacity, in the North at an average 49% capacity, and in the West at an average of 57% capacity (MCYS, nd).

Open custody counts at transfer payment facilities over the November 8-10, 2015 window showed a similar pattern of utilization. Utilization at most facilities during this time was 25%-50%, with a low of 8% and a high of 87.5% (MCYS, nd). Regionally, the highest utilization was in Toronto (56%), followed by the Central and Eastern regions (35% and 32% respectively), and the lowest utilization was in the Northern and Western regions (28% and 27% respectively) (MCYS, nd).

All operators of open and secure custody facilities we spoke with acknowledged the low and declining counts and excess capacity across the system. A number of the facilities that we visited had only one or two young persons in custody with a full staff complement. One operator advised us that one of their open custody residences had been empty for a period of five weeks at one point.

Some operators expressed that they fully expected that their facilities would be closing. Others indicated that they would like to have the opportunity to re-purpose their custodial resources to provide residential services to a broader group of at risk youth. According to documents received from the Ministry, two open custody facilities are currently listed as being re-profiled from open custody to reintegration facilities on a pilot program basis (MCYS, nd). Interest was expressed in the two reintegration housing pilots and the potential to convert open custody residences to reintegration housing where there is a demonstrated need. Transitional housing for young people being discharged from open and secure custody was also mentioned as a possible initiative. Other potential groups include youth on probation at risk of homelessness and youth requiring a residence to be candidates for bail consideration (MCYS, nd).

We explored with stakeholders the potential for open custody residences with low counts to be used to house child welfare and other non-youth justice engaged youth, together with youth serving open custody sentences. The prevailing feedback was that this would not be appropriate. Although the Provincial Advocate for Children and Youth, and other stakeholders, commented that often these young people do cross over between the youth justice, child welfare and children and youth mental health systems, they felt it was inappropriate to send a young person who has not committed a crime to a custodial setting. It could be perceived as punishment and be stigmatizing. The exception to this perspective was expressed by some Aboriginal partners in the North, who indicated that, in the absence of other solutions, they would be receptive to co-locating their youth in order to keep them closer to home.

Several people we spoke with indicated that the excess capacity is “the elephant in the room” and there have not been any systemic opportunities to bring operators together to discuss strategies and solutions. Services are reported to be delivered differently by each region and province-wide meetings to discuss options to re-purpose, rationalize capacity, break down barriers to the use of community resources and other strategies for more effective use of resources to meet the needs of young people, would be welcome.

### **Two Distinct Service Delivery Systems**

Historically, the provision of youth justice services in Ontario was split between two provincial government ministries: the Ministry of Correctional Services for youth aged 16 and 17 at the time of their offence and the Ministry of Community and Social Services for youth aged 12 to 15 at the time of their offence (MCYS, nd). Secure custody and detention for the older youth were provided through directly operated correctional facilities while these services for the younger youth were contracted out to transfer payment agencies (MCYS, nd).

With the proclamation of the *Youth Criminal Justice Act* in 2003 and the creation of a new Ministry of Children and Youth Services, a decision was made to integrate the two service delivery systems and transfer responsibility to the new ministry. At the current time, there are six directly operated secure custody/detention facilities and 14 secure transfer payment operated facilities in Ontario (MCYS, nd). With few exceptions, the Ministry continues to operate the two legacy systems in secure custody and detention as two quite distinct service delivery systems: directly operated and transfer payment operated services (MCYS, nd).

During our consultations, the Panel consistently heard feedback from managers working in secure custody/detention that the directly operated (DO) and transfer payment (TP) operated systems are very siloed. There is some movement

of young people across these systems and professional development opportunities provided by the Ministry are accessed by transfer payment staff. Nevertheless, opportunities are ad hoc rather than systemic and the management of the systems is not integrated.

There is no mechanism to bring the full resources of the two systems together to ensure that meeting the needs of young people is optimized. The Panel was advised that there are not consistent standards for the hiring, training and compensation of staff working in the two systems. There is no mechanism to ensure consistency of practice across the two systems. We were advised that there is no systemic mechanism for sharing best practices or having strategic conversations about challenges in the system. It was reported that, while there used to be occasional meetings of the TP and DO sectors, this was discontinued.

The Panel asked whether there would be any barriers to fully utilizing all secure custody/detention facilities on a systemic basis to ensure the best placement of a young person in accordance with his or her needs. We were advised that there is a perception, which is not borne out in reality, that the DO facilities take the highest risk youth while the TP facilities take easier-to-manage, lower risk youth. The position was advanced that, in reality, both are equipped and capable of supporting the full range of youth and have had experience in doing so. A review of offender profiles across facilities, provided by the Ministry, provides support for this position.

### **Relationship Custody**

Youth Justice Services reports that they are committed to the use of a relationship custody approach, directed at fostering respectful, caring relationships between staff and young people and enabling staff to provide effective, evidenced based interventions to benefit youth. Documents provided to the Panel indicate that strategic priorities include enhanced staff training on the use of a relationship custody approach for staff working in directly operated youth centres. It is evident that efforts have been made to implement relationship custody in both directly operated and transfer payment operated facilities.

Through the Panel's direct observations as well as through reports from the Provincial Advocate for Children and Youth, the degree to which this has been effective appears to be inconsistent (PACY, nd; PACY, 2012). Some secure custody centres appear to struggle with mitigating the total control context of custodial cultures and processes and experience challenges in optimizing relationship custody. Other facilities appear to be more able to institute relationship-based care. There is some indication that the size of the facility contributes to a youth-centred, therapeutic focus and the ability to establish positive relationships with young people, with smaller facilities often more able to accomplish these objectives.

The Panel visited several open and secure custody/detention facilities. Managers, program staff, front line staff and young people were interviewed in each case. In some cases, the views of managers, program staff and front line staff varied in their assessment of the degree to which they were able to implement relationship custody in their facility. While all identified the effective use of relationship custody as desirable, we heard that there are implementation challenges in some cases.

The challenges in fully implementing and optimizing relationship custody were reported to include:

- the size of the facility and the ability to work with the numbers of young people housed there
- the legacy of the adult correctional system's approach to managing youth in conflict with the law and the inability for some to shift to a less authoritarian, youth-centred culture
- the numbers of high risk, gang-affiliated youth
- peer-on-peer violence
- the need to focus on significant security controls in order to ensure the safety of youth

It was suggested that the opportunity to document, develop standards for relationship custody, and share best practices across TP and DO sectors, would be of assistance.

Young people that we spoke with indicated that their experiences varied. They indicated that they always knew whether a staff member genuinely cared about them. Some staff made a particular effort to express an interest in the youth, to build trust and respect, listen to them and to establish a relationship. As indicated in the report *It Depends Who's Working* released by the Provincial Advocate for Children and Youth, young people reported that their experience in custody varied according to which staff were working. The staff in some facilities were described by young people as being more caring overall and the youth experience at that facility was more positive as a result.

### **Roy McMurtry Youth Centre**

The largest secure custody/detention centre, the Roy McMurtry Youth Centre (RMYC), is a purpose-built facility that opened in 2009 to house both male and female youth in the Greater Toronto Area (GTA) with a total capacity for 192 youth in separate and apart smaller cottage style units. Each unit has the capacity to house 12 youth (MCYS, nd). In mid-2013, the female youth were transferred to Syl Apps Youth Centre. In 2014, despite a capacity for 96 males, the average resident count was 64. At the time of the snapshot of counts taken between November 8-10, 2015 the count was 52 (MCYS, nd). In spite of the lower count, the centre continues to house a much higher number of youth than any of the other secure custody/detention facilities in the province.

According to statistics for male youth in 2013-14 provided by RMYC, the vast majority of youth are in secure detention (397 of 421 admissions) versus custody (21 of 421) (MCYS, nd). The average length of stay is very short on average (detention: 32 days; custody: 71.3 days), for an average length of stay of 37.8 days. Categories by offence types were: Serious Violent Offences (264); Weapons (63) and Administration of Justice, which includes failure to comply with non-custodial sentences (103) (MCYS, nd).

The Panel met with senior leadership at the Ministry and with managers, program staff, front line staff and youth at RMYC. We also heard from youth that we met with at other facilities about their experience at RMYC and other stakeholders who expressed their perspectives on the largest youth centre in Ontario.

We heard that, in spite of the vision that RMYC would be a state-of-the-art, modern, dedicated youth centre serving GTA youth, offering a therapeutic, youth-centred environment and the best evidence-based rehabilitative programming, challenges have been experienced from the outset. The RMYC was staffed at the time of opening through a combination of staff with experience working in the adult correctional system and new hires, who often did not have experience working in a secure custody/detention youth justice context. The Panel heard that challenges were experienced in some cases, with staff from the adult correctional system who had difficulty adjusting to a youth-centred, rehabilitative model. Some of the new, inexperienced staff struggled to confidently manage the peer-on-peer violence and the gang-related issues.

The size of RMYC and the composition of the resident population have proven to be challenging. Although data was not made available to the Panel, the RMYC management team and senior management at MCYS reported that there are a significant number of gang-affiliated youth at the centre, many of whom must be kept separate from opposing gangs to ensure their safety. Many youth are reported to come from high needs/high risk or priority communities with significant systemic challenges including poverty and lower levels of education and employment. A significant number of youth are reported to have had significant prior involvement with the youth justice system and score highly on criminogenic risk factors.

In 2013, the Provincial Advocate for Children and Youth released a report entitled *It Depends Who's Working* based on reviews conducted at RMYC from 2009 to 2011. The report's key finding is that staff make or break the youth experience and that this underpins every aspect of life at the facility. He indicates in his report that staff qualities such as warmth, empathy, genuineness, respect and flexibility have been shown in the literature to reduce recidivism so the ability to establish relationships with young people on this basis is important.

Many positive relationships were reported by youth with one or more front line staff at Roy McMurtry Youth Centre but there was reported to be a wide variation in how staff treat youth. The Provincial Advocate for Children and Youth indicated that there was an emphasis on the use of restraints and containment rather than de-escalation and problem solving and that relationship custody was used in a varied and unpredictable way. He also highlighted concerns about



safety as a result of incidents of peer-on-peer violence; allegations of excessive use of force by staff on the part of 20% of youth who reported being physically restrained; limited access to family; and wait lists for programs (PACY, 2013).

Young people we met with in other locations, who had been at RMYC, generally reported that their experience was less positive there than at other facilities. Some indicated that they felt unsafe due to the peer-on-peer violence and that the heightened focus on security and control as a result of these issues as well as the sheer numbers of youth, led to a very rules based environment with higher use of restraints and secure isolation than at other youth centres.

Dedicated efforts have been made by the Ministry and the Centre's senior management team and staff over the past few years since the centre opened in 2009, to address the challenges, including increasing staffing, enhancing staff training, reducing the count, providing further family visiting flexibility and expanding program offerings (MCYS, nd).

There is an extensive on-site school program offered by the Peel District School Board, including a skilled trades program. While many youth are disengaged from community schools and have records of suspension and expulsion, the Panel was advised of some good examples of educational successes. Keeping gang members separated while at school was reported to be challenging. In addition to the school program, RMYC provides individual and group programs to address education, rehabilitation and reintegration goals as well as criminogenic risk factors (MCYS, nd).

In March 2014, the EPIC Centre was opened to provide dedicated learning space for life skills, cognitive behavioural programs, employment and financial literacy, substance abuse and anger management programs. Statistics provided for the EPIC Centre indicate that enrolment numbers are low compared to counts. Given the high numbers of detention youth and their short stay at RMYC, the delivery of programming is challenging. Nevertheless, the Panel was pleased to see this expansion in programming and noted that since opening, a total of 586 programs, and 676 services and activities have been completed (MCYS, nd).

### **Secure Isolation**

The use of secure isolation for a number of secure custody/detention centres, remains challenging. Under the CFSA, secure isolation of a young person is permitted when the behavior of the youth presents imminent risk of serious harm to another person/property and when no method less restrictive is practicable to manage his/her behavior. It is not permitted to be used for punishment. Youth under the age of 16 cannot be kept in secure isolation for more than 8 hours in any one day or 24 hours in a week, and youth 16 years of age or over can't be held over 72 hours unless approved by a Provincial Director. Anytime a youth is kept for more than one hour, there are protocols for reviewing the youth in isolation at prescribed intervals. While in secure isolation, youth retain all of the rights they have under the CFSA.

The Office of the Provincial Advocate for Children and Youth of Ontario published a systemic review of secure isolation in Ontario youth justice facilities in 2015, following an Auditor General's report that spoke to the use of secure isolation. The review found that while there is a general trend across the province of declining use of secure isolation (particularly among directly operated facilities following the Auditor General 2012 report), a pattern of high use continues to be observed in some facilities, and more so in directly operated facilities than in transfer payment facilities (PACY, nd). The Advocate could find no patterns of resident profile, size of facility, or other indicators that would explain the variance in application of secure isolation (PACY, nd).

The review also noted that the conditions for confinement for the use of secure isolation were being inconsistently applied across facilities, with some young people being held longer than the maximum periods, and that the conditions of confinement did not reflect the basic rights of young people (PACY, nd). Specifically, the Advocate cited feedback of youth who had experienced isolation that spoke to concerns about basic needs being met while in isolation – such as access to fresh air, hygienic practices and supplies (showers and toileting), adequate food – and the lack of mental stimulation (PACY, nd). A further examination of the conditions of confinement particularly when the time period is longer, was recommended. The review indicated that the implications of secure isolation can be severe, potentially causing serious mental health issues including anxiety, depression, anger, increased risk of self-harm and suicide, and may be especially harmful to people with mental health disorders. An increasing body of



literature showing that secure isolation can change brain activity and result in symptoms within seven days was cited to underscore this point (PACY, nd). Further, a review of international literature by the Advocate revealed consensus that secure isolation not be used at all with adolescents because of the potential implications for mental health and safety.

Our consultations echoed many of the concerns of the Ministry, the Advocate and international experts. Stories about the significant variation in secure isolation practice across secure custody facilities in frequency, duration and conditions were consistent with the data in the Advocate's review. The facilities we visited that make minimal use of secure isolation were clear that establishing rapport and effective relationships with youth; a rehabilitative, youth-centred culture; working to de-escalate youth who are acting out; and engaging with youth, make a significant difference in the need to use secure isolation. Once in secure isolation, actively engaging with youth to move them out of secure isolation at the earliest opportunity and back to their units, reduces the duration of time in secure isolation. We found that conditions also vary amongst facilities, with some taking steps to ensure they are not punitive but just safely contain youth until they have calmed down and then they are removed at the earliest opportunity. Young people themselves confirmed that their experience has been consistent with this review, with some facilities using secure isolation much more readily than others. Analysis of the 2014 secure isolation placement data shows that 23% of the secure isolation placements lasted for 24 hours or more.

### **Reintegration Supports**

MCYS documents related to the provision of youth justice services provided to the Panel support their commitment to the provision of reintegration programs and supports for youth being released from custodial sentences into the community. This is mandated by the *Youth Criminal Justice Act* and is critical to any gains made while in custody being sustained when the young person is reintegrated into the community (MCYS, nd).

The Ministry is piloting two reintegration centres for this purpose. The Panel visited one of these residences. It opened in March 2015 and is described as a supportive reintegration residence that provides transitional housing and programs for up to 5 male youth between the ages of 16 to 20 referred by their probation officers on a voluntary basis. The program serves young men who are at risk of involvement with the justice system or are involved with the justice system and are experiencing homelessness or living in unsafe or unsustainable housing. Individualized plans are developed with each youth to meet their particular needs and residents must attend school, work, training or day treatment programs. They are connected to community resources in mental health, addictions and other areas as needed.

The Ministry also initiated assignment of probation officers for all youth in detention as part of the Youth Action Plan in 2012. The probation officer works with the facility staff and the youth, on a voluntary basis, to develop a release plan and identify community supports.

Some secure and open custody facilities employ reintegration workers whose responsibilities include helping young people to successfully reintegrate and be connected to their families/caregivers and communities. This, however, is not a consistent practice across facilities. The Panel observed and heard that reintegration supports were often absent or inadequate to meet the needs of youth through an effective community reintegration process.

The Panel consistently heard that there is a need for more reintegration support for young people leaving custodial settings. While some facilities had reintegration workers, others did not. Even when there was a reintegration worker position, we almost always heard that the resources were stretched and not adequate to provide the necessary transition supports to bridge custody and community. It was particularly noted that there is often a gap in family involvement and that additional resources are needed to engage families and provide them with the necessary skills and access to programs to support the return of the young person back home.

## **Implications for Recommendations**

### **System Capacity**

Despite previous efforts by the Ministry to match the capacity for custodial beds to demand, as the numbers of young people receiving open and secure custody dispositions has declined dramatically since the *Youth Criminal Justice Act* was proclaimed, there remains very low occupancy in many secure custody/detention and open custody/detention

facilities, with regional variations noted previously in this chapter. Until such time as the DO and TP operated secure custody/detention systems are integrated, it will be difficult to optimize the use of excess capacity therein but this should be undertaken to best meet the needs of young people and to maximize efficient use of resources.

Optimizing the use of open custody beds in particular to meet the needs of young people has proven challenging. The principles of providing care in proximity to home; maintaining gender-dedicated residential care; proximity to courts given the number of detention youth and concerns about the propriety of housing young people who are not serving open custody dispositions in open custody residences, are difficult to reconcile.

The need to re-imagine how open custody residences can support the range of needs of youth justice-engaged youth is evident. Reintegration support for young people being discharged from open and secure custody in the form of structured and stable supportive housing with programming and community reintegration support (particularly for youth transitioning out of secure custody) could assist in their successful transition. In addition, supportive housing for youth on probation, and youth requiring a residence to be candidates for bail consideration, could be considered. Low occupancy open custody residences could be converted to general youth residences for the full spectrum of youth in conflict, or at risk of being in conflict, with the law. This would require a review of Ministry policy and an openness to removing barriers to such a practice.

There may also be opportunities to convert low occupancy open custody residences to child welfare group homes or children and youth mental health beds if there is a demonstrated shortage of such beds. As the Ministry has not undertaken a bed mapping exercise across sectors, this is not known.

In some cases, the best course of action may be to close open custody residences and reinvest the resources elsewhere in residential services for young people. While there are options for the conversion of low occupancy open custody residences, this should not be undertaken if there is not a clear, demonstrable demand. Wherever possible, youth in conflict with the law should be supported in the community.

### **Two Distinct Service Delivery Systems**

With few exceptions, the Ministry continues to operate the two legacy systems in secure custody and detention as two quite distinct service delivery systems: directly operated and transfer payment operated services, without seeming to maximize quality of care, best practices and efficiencies across the system.

An integration of the two systems into one harmonized system could bring the full resources of both systems together to enhance opportunities to meet the needs of young people in secure detention and custody. Best practices identified in both DO and TP could be scaled up across the system and consistency of standards and practice could be achieved. Opportunities to optimize the implementation and practice of relationship custody could be realized. A common pre-service training curriculum could be developed and delivery could be harmonized in collaboration with both systems.

### **Relationship Custody**

The degree to which relationship custody has been effectively implemented is uneven across secure custody/detention facilities. A number of barriers have been identified to realizing the full potential of a youth-centred culture that is underpinned by respectful, caring and flexible relationships between staff and young people.

These barriers need to be addressed and best practices in relationship custody should be shared across all operators in an integrated system of secure custody/detention.

### **RMYC**

The Ministry and the RMYC senior management team have clearly made many efforts to mitigate the challenges inherent in the RMYC environment. Such measures have included reducing the count, adding more staff, providing additional staff training, introducing more programming, and reviewing and amending policies and practices to address various issues raised.

While they are to be commended for these efforts, and progress has been made, challenges remain. It is difficult to fully mitigate the impact of the size of the facility and the concentration of youth with gang-affiliations in one centre. In turn, these conditions create a heightened focus on safety, security and control to the detriment of the full realization of the potential of relationship custody.

### **Secure Isolation**

The use of secure isolation varies significantly across secure custody/detention facilities in terms of both frequency and duration as well as conditions while in secure isolation. This is of significant concern to the Panel and we are reassured that the Ministry shares these concerns and is working to address the issues raised by the Provincial Advocate for Children and Youth. It is clear that sustained efforts will be required by the Ministry to address inconsistencies in practice in youth justice services, mitigate the impacts on youth of secure isolation, develop alternatives to the use of secure isolation, share best practices and ensure that practices are consistent with the Ministry's policy directives and legislation.

### **Reintegration Supports**

The importance of reintegration supports, including housing where applicable, are recognized by the Ministry for the success of young people in conflict with the law. While there are some resources in place in this respect, they are not consistently available and generally described as insufficient during our consultations. There is a need to ensure that strong reintegration supports are in place for young people transitioning from custodial settings, particularly from secure custody. This will optimize and sustain gains made from participation in evidence-based and evidence-informed programs while in custody and will support the young person in reintegrating into his/her community. Reintegration and after care programs are also essential to reduce recidivism.

# 8. FIRST NATIONS, MÉTIS AND INUIT YOUNG PEOPLE IN RESIDENTIAL CARE

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## Introduction

Young Aboriginal people across Canada and in Ontario are entering residential care at alarming rates. The very term “residential care” echoes the destructive history of forced placement of First Nations, Métis and Inuit young people in residential schools. Aboriginal communities have been advocating for a much wider range of out-of-home care options, in particular ones that recognize traditional extended family and community care practices. Communities have also been advocating for interventions and programs that will reduce the need for out-of-home placements, both with respect to more services for young people and their families and programs addressing the socio-economic conditions that undermine the well-being of Aboriginal families. The recent Canadian Human Rights Tribunal (CHRT 2016) ruling confirms that the overrepresentation of First Nations children and youth in child welfare out-of-home care is at least in part a result of discriminatory Federal policies that have led to the underfunding of these types of family and community based prevention services.

While many of the issues identified through our review have significant implications for Aboriginal youth, families and communities, the Panel recognizes that a fuller engagement and partnership process specific to First Nations, Métis and Inuit youth placed in out-of-home care is required. This Chapter discusses the issues specific to Aboriginal communities that arose during our consultations. We heard from a number of Aboriginal youth and services providers about the critical importance of developing policies and services in partnership with Aboriginal people that will address the unique needs of these youth and their communities.

## Issues

### Overrepresentation of Young Aboriginal People in Residential Care

Throughout our consultations we heard many service providers and community organizations express concern about the overrepresentation of First Nations, Métis and Inuit youth in residential care, especially in the child welfare and youth justice sectors. Aboriginal youth comprise 3.4% of the Ontario youth population but have represented approximately 9% of youth admissions annually since 2008/09 (Youth Justice Services Division, 2015). The overall number of self-identified Aboriginal youth admitted to detention or custody has declined by 20% from 2003/4 to 2012/13, albeit at a lower rate than the overall decline in youth in detention or custody; as a result, the proportion of Aboriginal youth admitted to detention or custody has increased during the same period from 10% to 12%. (calculations based on slide 6 of Youth Justice Services deck entitled *The Youth Criminal Justice Act and Programs and Services for Aboriginal Youth In Ontario*, June 2015).

The Ministry generally does not report on trends with respect to Aboriginal youth involved in the child welfare sector. According to information collected as part of the annual Crown Ward reviews, the Ministry reported that in 2013 15.5% of Crown Wards were identified as Aboriginal. The report to Canada’s Premier’s on Aboriginal children in care states that “in Ontario 3% of the child population under age 15 is Aboriginal, and 21% of the children in care are Aboriginal children living off-reserve”. In a recent analysis of people identified as foster children by respondents to the 2011 National Household Survey, Sinha and Wray (2015) examined disparities between the rates of Aboriginal and Non-Aboriginal foster children. In Ontario, First Nations children were 12 times more likely to be identified as foster children than were non-Aboriginal children: 3.1% of First Nations children were identified as being in foster care compared to 0.25% of non-Aboriginal children. Similar disparities have been noted in the Ontario Incidence Study of Reported Child Abuse and Neglect which found that 9% of investigations involved Aboriginal children, whereas less than 4% of the Ontario’s children and youth are Aboriginal (Fallon, Van Wert, Trocmé, et al., 2015).

Given the extent and persistence of the problem of overrepresentation, the Panel was surprised that there was limited reporting and analysis with respect to young Aboriginal people in residential care. The youth justice sector has made important strides in disaggregating youth justice statistics on the basis of Aboriginal status as identified by youth; disaggregated trend data are not, however, available from the child welfare sector. The first two recommendations from the recently released Truth and Reconciliation Commission report speak to the critical importance of documenting and understanding problems related to overrepresentation for First Nations children and youth (1) reported to child welfare because of neglect and (2) placed in out-of-home care (Truth and Reconciliation Commission of Canada, 2015).

Monitoring rates and patterns of overrepresentation is very important. Without such analyses important differences over time and between groups are easily missed. Failure to disaggregate statistics by placement type, can for example mask important differences with respect to the use of kinship, customary and other forms of alternative out-of-home placements. Placements in Aboriginal foster homes may need to be distinguished from placements in non-Aboriginal homes. Tracking changes over time can identify incremental shifts in practices and policies that may not be otherwise noticed. In Alberta, for example, using provincial child welfare placement data, Alberta's Child and Youth Advocate was able to show that while the overall number of placements had plateaued and was starting to decrease, what was actually happening was that the number of non-First Nations placements had been decreasing while the number of First-Nations placements was continuing to increase at an alarming rate. The policies and programs that had been developed to help curtail out-of-home placements appeared to be having their desired impact for non-First Nations children and youth but were not effectively reaching First Nations children and families. As confirmed by the recent Canadian Human Rights finding of discriminatory practices, the systematic Federal government underfunding of on reserve community based family support services is one of the drivers of this over-representation of young First Nations people in residential care.

### **Access to Appropriate Services**

In addition to concern about over-representation, inadequate access to appropriate services for Aboriginal youth was identified in many of our consultations as a pressing issue. Concerns ranged from the lack of residential services in reasonable proximity to young people's communities, to the limited access to cultural programming or spiritual guidance, to concerns about racist attitudes or insensitivity to the historical context of Aboriginal young people.

The lack of residential placement options in reasonable proximity to young people's communities was frequently mentioned as an issue needing urgent attention. One Northern agency described its extensive efforts to "repatriate" young people placed in residential settings in the South of the Province. In addition to concerns that these young people were being cut off from their families, friends and communities, staff talked about the challenges inherent in providing any kind of oversight with respect to the quality of care or the appropriateness of treatment.

The cultural appropriateness of some residential settings were issues raised by several of the young people, staff and foster parents the Panel spoke to. Several Aboriginal youth found that menus rarely included any of their traditional foods; this was a particular concern for several Inuit youth who craved fish. Even non-Aboriginal youth talked about how much their Aboriginal peers missed "home food". Limited access to cultural programming was noted by several young people and staff, and the lack of spiritual support was of particular concern given its potential importance for some of these young people. These concerns echo several of the themes that emerged from the Feathers of Hope youth consultation where First Nations youth spoke to the critical importance of connecting "First Nations young people to their culture and identity and de-coloniz[ing] [their] minds" through stronger bonds with family, opportunities to learn their languages, participate in community ceremonies, and to incorporate traditional knowledge in health, healing and education systems.

Comments about perceived racism or lack of cultural and historical awareness pointed to the critical importance of developing resources either run by Aboriginal communities or staffed by people who were adequately trained and supervised to provide appropriate support and care. We spoke to several young Aboriginal people who felt well-supported by staff who encouraged traditional healing practices and appeared to understand some of the challenges they faced as young Aboriginal people. We were concerned, however to hear about less positive experiences, especially



one situation where two youth were forbidden to speak together in their native language. While there are situations where it could be important for staff to be able to monitor conversations between youth, alternative measures should have been developed given our history of abusive restrictions on indigenous languages in residential schools.

More generally we heard from a number of service providers and organizations about the importance of continuing to adapt legal, regulatory and funding structures that support Aboriginal communities' control over their services. Métis organizations spoke in particular about the lack of legislative and funding mechanisms specific to Métis communities and young people. Many child welfare services are already delivered in the province by First Nations and urban Aboriginal organizations, but these organizations report that they lack resources to fully meet the needs of their communities. In the youth justice sector an Aboriginal dedicated secure detention/custody facility in Fort Frances and an open detention/custody residence operated by Ininev Friendship Centre, provide services to Aboriginal Youth in Cochrane and James Bay Coast. We were encouraged to hear about Aboriginal community organizations that describe collaborative partnerships with child welfare agencies that allow them to effectively incorporate Aboriginal approaches. While developing more culturally appropriate resources closer to their communities is urgently needed for young Aboriginal people who are currently in residential settings, the Ministry, the Federal government and Aboriginal leaders must continue to work together to find more effective mechanisms to support Aboriginal communities to develop their own responses to their needs. Models of prevention, protection and care need to be re-thought.

The lack of appropriate supports and services goes well-beyond residential care. Many of the themes identified in the Panel consultations were also reflected in the Feathers of Hope First Nations youth consultation. Issues of identity, culture and language were identified as being at the core of many of the challenges faced by First Nations youth. Lack of access to quality education, mentorship, role models, sports and recreation were concerns raised for youth living in First Nations communities.

## Implications for Recommendations


The overrepresentation of young Aboriginal people in residential care and limited access to appropriate services are pressing issues. While Aboriginal organizations, service providers and the Ministry are involved in a number of initiatives to address these issues, we were very concerned by the persistence of the issues that were raised about the experiences of young Aboriginal people placed far from home, community and culture.

The timeframe and composition of the Panel – as several of the organizations we met with pointed out the Panel did not include an Aboriginal member – did not allow for the extent of discourse and partnership required to appropriately address these questions. Building on the Ministry's Aboriginal Children and Youth Strategy, a fuller discussion in the context of a partnership process specific to First Nations, Métis and Inuit youth placed in out-of-home care is recommended.

Tracking residential service trends specific to First Nations, Métis and Inuit children and youth must be a high priority. Aboriginal communities are entitled to know how well young Aboriginal people in out-of-home care are doing and the Ministry must have this information to monitor the effectiveness of initiatives designed to reduce overrepresentation and to keep young Aboriginal people closer to their communities. The disaggregated data available from youth justice facilities demonstrates that this is information that can be systematically collected.

A number of recommendations emerging from other chapters of our review have implications for Aboriginal youth and communities that may need additional consideration:

- Aboriginal representation should be considered in determining the membership of the proposed advisory council to the Quality of Residential Care Branch/Division and ensuring that there is effective engagement of Aboriginal partners in the new Branch/Division.
- The Concept Statement that all service providers will be asked to provide as part of their license renewal should in principle allow Aboriginal service providers to articulate approaches that best reflect their unique service models. The importance of being able to reflect the different priorities of Aboriginal service providers should be considered in setting the parameters for these concept statements.

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- Increasing standards for staff qualifications is another area where it will be important to partner with Aboriginal service providers in identifying the qualifications that best meet their service delivery models. In some instances, this may require consideration of specific types of expertise, for instance elders or spiritual guides. Targeted funding to support capacity building and recruit qualified staff may be needed.
  - As noted in the introduction to this chapter, the very concept of “residential” care may need to be revised, given the historical context of the term “residential”. A broader array of care options, such as customary care and kinship care, have already been developed, but other models may need to be considered. The matching of training and caregivers in these expanded models of care will need to be considered.

# 9. UNIQUE CONTEXTS AND GEOGRAPHIES

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## Introduction

Throughout its consultations, the Panel was interested in the experiences of residential care on the part of young people who identify their life context in unique ways. In particular, the Panel had opportunities to talk with young people who identify as Black Youth, as Lesbian, Gay, Bi-Sexual, Transgender, Queer, or 2-spirited (LGBTQ2S), as well as those who have been identified by the system as having complex special needs. In addition, the Panel repeatedly heard about young people recruited into the Sex Trades. While there are additional unique contexts that might have been explored (such as Muslim youth, individuals who experience both hearing and speech impairments, or others), we are commenting in this chapter in particular on the experiences of Black Youth, LGBTQ2S youth, young people identified as having complex special needs, and in general terms, young people recruited into the sex trades. The Panel believes that the experiences of the young people who identify as living in unique contexts indicate a need for residential services across sectors to significantly enhance their capacity to engage and be engaged by the rich diversity amongst young people they come into contact with.

Currently, the residential services system in Ontario includes few programs and services specifically targeted towards young people with unique life circumstances related to their culture, racial identity or gender context. A frequently cited commitment to treating all young people the same is an insufficient response to the needs and strengths of particular racialized, gender-identity or complex special needs youth. Treating young people with different life circumstances related to their culture, racial identity or gender context, “the same” as others fails to treat them equitably. The social, political, economic and cultural contexts of families and communities that serve as life spaces for these young people must be taken into account when designing service responses to their needs. Young people who identify as Black Youth or as LGBTQ2S provided clear feedback to the Panel that their identities and aspirations fall outside of the normative structures of residential care. They often feel unsafe, unwanted and abandoned by what they characterize as a hetero-normative service culture in the context of LGBTQ2S, and ‘white’ service culture in the context of Black Youth.

The two official languages of Canada are English and French, and French is recognized as an official language in Ontario in the courts and in education. It is therefore important that, in the residential services system of Ontario, there are service providers who offer adequate programs and services that meet the unique needs of Francophone youth. According to MCYS (2014), one in four Francophones in Ontario are under the age of 25 and almost one in two young Franco-ontarians live in Eastern Ontario, close to the Quebec border. In the past, Francophone youth in Ontario have expressed that they find it challenging to speak French in many situations (MCYS, 2014). In addition, Francophone youth described various contexts, outside of the residential system including movies, music, internet and television, that often impact their choices in relation to spoken language (MCYS, 2014). As a result, maintaining a Francophone identity can be challenging for youth.

In the Panel’s consultations, we heard that services and programs offered in French are limited. Young people, foster parents and service providers indicated that there are insufficient services and programs that both offer and promote French language, education and placements. One set of foster parents advised that the young person in their care was sent to a service provider who told them that they could not speak in French, their primary language. Also, foster parents described situations to the Panel that included longer waiting lists for mental health services and counselling in French. For Francophone youth to be able to embrace their identities, the Ministry must ensure that there are sufficient French speaking services, education and placements for these young people.

In consultations with service providers, the Panel was concerned by the clear articulation on the part of young people, front line staff and management groups of a lack of safety for LGBTQ2S youth in some residential contexts,

and in particular in a larger custody context. The Panel was also impressed with the clarity and concern expressed by representatives of Black Youth service providers or advocacy groups, who provided examples of deeply embedded systemic racism. Young people themselves provided many examples from both group care and foster care of losing placements, of being criminalized, and of being stereotyped due to their identity. Few service providers in any sector were able to point to any form of innovation, specialized response, or meaningful engagement of LGBTQ2S or Black Youth in particular. While the Panel is aware of several child welfare initiatives in the area of community engagement in particular with Muslim communities in some regions, such initiatives were mostly absent with respect to these groups. One notable exception with respect to Black Youth was an initiative taken by Peel Children's Aid Society (CAS), with a designated management staff coordinating community-based activities focused on cultural and Black identity themes. The potential for agencies across sectors to learn from these initiatives appears not to be fully taken up by other organizations.

Young people identified as having complex special needs are largely voiceless and clearly vulnerable in Ontario's residential services system. The Panel did not have confidence that these young people can be assured of the upholding of their rights under either the *Child and Family Services Act* (CFSA) or the United Nations Convention on the Rights of the Child (UNCRC). The Panel was told by MCYS Regional Office program supervisors that placement decisions for these young people are often driven by the preparedness of (usually private, for profit) service providers to admit the child and by the financial considerations pertaining to any given placement option. The use of Special Rate Agreements (SRA), involving one-to-one staffing sometimes for 24 hours per day, appears to be utilized as a means of convincing a service provider to accept these children and as a 'treatment' feature by the service provider. The Panel is concerned about the inadequacy of oversight, accountability and transparency pursuant to the everyday experiences of these young people, who typically are less able to advocate for themselves or to file complaints as part of frequently very technical complaint procedures.

## Issues

### Black Youth

Black Youth are overrepresented in child welfare and youth justice services particularly in large urban areas (Peel Children's Aid Society's Annual Report, 2013; Toronto Star, 2015; McMurtry & Curling, 2008), and often find themselves placed in what the system considers to be the most intrusive, and often the most containing, type of service – residential group care programs. The Panel recognizes that the genesis of such over-representation falls outside of the residential sector itself, and requires fundamental change, at much earlier stages of young people moving through the child welfare and youth justice systems. In their report titled, *Roots of Youth Violence*, McMurtry & Curling (2008) accentuate the systemic racism, poorly developed cultural competency, and on-going stereotyping of Black Youth, their families and their communities.

Throughout our external research and consultations, the Panel recognized this as an issue of continuing concern, with currently few initiatives underway to create fundamental change. Program and service initiatives in some CASs are beginning to identify some best practices for child welfare responses to Black Youth in care; the Ontario Association of Children's Aid Societies (OACAS) has taken note of the need to act in this regard, and the Panel was impressed by the presentation of the OACAS representative as well as the African-Canadian Legal Clinic; however, the transfer of such knowledge and experience at selected CASs across the system appears to be limited. Of concern are not only the disadvantages encountered by Black Youth while in residential services, but also the lack of action to celebrate and enrich the cultural and racial strengths and opportunities embedded in being a Black Youth.

The Panel was especially struck by the overrepresentation of Black Youth at the Roy McMurtry Youth Centre in Brampton, a secure custody/detention facility serving Greater Toronto Area youth. In contrast, in a Panel visit to Syl Apps Youth Centre, all young people encountered in the Oakville facility were white. This observation, notwithstanding its coincidental possibilities, nevertheless reflects feedback received by the Panel that Black Youth are significantly under-represented in mental health and treatment-oriented services and overrepresented in containment-focused facilities. The Panel recognizes that multiple systems are involved in the placement process of young people, and that particularly in the context of youth justice, initial placement of young people is outside of the control of youth justice custody facilities.

At the level of everyday experience, the Panel noted that Black Youth living in group care reported that their experience of having their everyday needs, including, for example, the provision of appropriate hair products and culturally relevant food, was variable. Some young people reported that their group homes or foster homes were culturally responsive while others indicated that this was not the case. Of particular concern to the Panel were the responses of Black Youth in foster care, which were more variable, with some youth reporting experiences of overt racism, rejection of racial identity, and imposition of dominant culture values and customs.

## **LGBTQ2S**

Some young people identifying as LGBTQ2S told the Panel that residential services in Ontario are not safe for them. They told stories of being ridiculed and rejected by caregivers (especially in foster care) and evicted, discharged and, in some cases, traumatized by their experiences in the system. While some young people expressed general satisfaction with caregiver responses to their identity, the Panel was disturbed by the confirmation of staff and management in one setting that being LGBTQ2S would not be safe there. The lack of activity to mitigate these issues is incongruent with Ontario's values and significant efforts to ensure respect for the rights and well-being of the LGBTQ2S community.

In its consultations, the Panel also heard that young people identifying as LGBTQ2S in the homeless youth shelter system are significantly overrepresented. The Panel had opportunities to hear the stories of some young people involved with the homeless youth service system in Toronto, and heard that the services these young people encountered were inadequate, leading inevitably to the continuation of homelessness upon aging out of the system.

During its consultations with service providers in all residential care sectors, the Panel was not presented with any initiatives that are focused on creating fundamental change pursuant to the experiences of LGBTQ2S youth. While the Panel has since been informed by MCYS of an initiative in this context that aims to produce a resource guide and training materials for the child welfare sector in particular, it is nevertheless concerning that no service provider spoke to any initiatives related to the LGBTQ2S community, nor did the Panel hear about MCYS initiatives until the final days of its work.

## **Complex Special Needs**

Within the residential services system of Ontario, there appear to be few mechanisms to ensure that the inherent rights and well-being of young people identified as having complex special needs are attended to. Many of the past and present youth engagement initiatives implemented across the residential system of Ontario unfold at the exclusion of young people identified as having complex special needs. The Panel found no evidence that these young people have a voice and some agency in influencing major decisions impacting their lives. Additionally, placement decisions related to these young people are often made based entirely on bed availability and provisions for Special Rate Agreements. The Panel is concerned that the human resource context of Special Rate Agreements (one-to-one staffing) unfolds with limited consideration of necessary staff qualifications and supervision (see also Chapter 6 – Human Resources).

During our consultations, the Panel heard that unlicensed programs are emerging across Ontario, often operated on a for-profit basis, seeking to house these young people. While there may be merit in the small setting approach embedded in this model of service provision, the oversight, accountability and standards related to these operations rests entirely with placing agencies, who often are challenged to communicate amongst each other and to ensure sufficient presence in the settings. This is troubling, and further exposes young people identified as having complex special needs to circumstances of disempowerment, a lack of agency and voice, as well as dependence on profit-oriented professionals.

## **Sex Trades**

According to the Toronto Star (2015), an increasing number of young people are impacted by the rapidly growing sex trade. Throughout the Panel's consultations, we heard from service providers that the sex trades represent a major threat to young people currently living in group care and foster care across the province. These residential services are said to be "recruitment grounds" for young people becoming involved with sex trades.

The Panel recognizes that this is an emerging issue with no co-ordinated approach to respond to it. Service providers across sectors are developing agency-specific responses to this threat, but there is no provincial or even inter-agency



coordination of such efforts, resulting in an ad hoc approach to addressing this disturbing emergent trend. The Panel did hear of a more significant and forward-looking approach being developed by Covenant House in the Greater Toronto Area (GTA), including outreach, community-based programs and a trauma-informed residential setting specifically focused on victims of the sex trades. This is an encouraging initiative, but scaling up to meet what appears to be a very rapid increase in the number of young people being recruited will be challenging. Leadership will be required to ensure that system responses across geographies are coordinated.

### **Unique Geographies**

The geography of Ontario presents significant challenges pursuant to the distribution and accessibility of residential services for young people across the province. Vast distances between communities in the north of Ontario make it very difficult to ensure that young people have access to residential services close to home. The Panel identifies with the particular challenges for northern Aboriginal communities, who are forced to send their young people vast distances to the south for programs and services. Even in the more populated south of the province, there are significant differences and challenges for residential services related to the recruitment of qualified staffing, the mitigation of isolation of young people while living in rural residential services, and issues related to the high cost of real estate in urban areas where diversity in foster care resources is urgently needed.

The Panel understands the challenges associated with vast distances. It is generally not desirable to provide residential services to young people outside of their home communities, and at distances where family connections become difficult to maintain or support. It is also understood that whenever young people are served in residential care far from their home community, reintegration becomes enormously challenging, and the sustainability of whatever services were received becomes precarious. The Panel heard from parents involved with a children and youth mental health facility, for example, that the experience of their children while living in the residential services offered by this facility was excellent, but these services ultimately made little difference to the family or the young person because upon discharge, appropriate supports in line with the facility's recommendations simply were not available in the home community.

Many service providers located in rural areas of Ontario face challenges recruiting qualified staff. The Panel heard repeatedly that front line residential staff in group care programs are often individuals using these positions as a stepping stone to other careers, often policing. Farm- or nature-based programs typically are able to recruit very young staff members who stay for a short while before the life style of isolated work contexts no longer fits.

While all of these issues and challenges are understandable and therefore predictable, the Panel does not believe that these unique geographies provide cause to lessen the expectations related to quality of care, qualifications of staffing, and requirements for service providers across all sectors to demonstrate on-going developmental growth and learning. Since young people have very limited input into where they receive residential services, it is incumbent upon the service system and central leadership through government to ensure that the quality of experience is maintained regardless of the geography of the placement.

## **Implications for Recommendations**

Significant leadership is required in order to create fundamental change in child and youth residential services across sectors and across the province. Notwithstanding efforts on the part of some service providers to become more responsive to the needs of young people in unique contexts, the overall level of competence and activity in this context is insufficient, uncoordinated, generally ad hoc, and therefore unsustainable and unlikely to create change. Consistent with Ontario's commitment to social justice and egalitarian values, there is an imperative to address the needs and experiences of these young people.

There is a need to enhance the cultural competence of all residential services in relation to the diverse identities and developmental contexts of young people, in partnership with young people themselves. The development of measurable indicators in conjunction with the enhancement of cultural competence will work to ensure visible progress in this area.

The Panel is concerned about the challenges related to moving between residential services and non-residential

supports, programs and preventative interventions in the specific contexts of young people focused on their gender, racial, or ethnic cultural identities.

The residential services system must ensure the protection and maintenance of the rights and well-being of all young people, and specifically those who are identified as having complex special needs. The voice of young people with complex special needs must inform the provision of these services.

Co-ordinated approaches to respond to emerging issues, such as the sex trades, are required. This will require a significant focus on capacity-building mechanisms to enhance inter-sector collaboration and rapid response to issues and trends that put extremely vulnerable young people at imminent risk of harm.

Currently, there does not appear to be sufficient demographic data on the self-reported identity of young people living in residential care to meaningfully plan around the needs of particular cultural, racialized or other groups, or the emergence of new groups based on demographic changes (eg: Muslim youth). In partnership with the relevant community, consideration must be given to develop capacity for data collection and reporting in a transparent manner on the number of young people impacted within specific groups.

# 10. RECOMMENDED SERVICE AND OUTCOME INDICATORS

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## Introduction

One of the tasks included in the Panel's terms of reference was the identification of "key indicators that would make it possible to evaluate the effectiveness of programs and services across service providers and sectors". Many of our recommendations hinge on the Ministry's ability to gather such information. The importance of accessing and analysing the right indicators is not only a concern for the Ministry, but has been raised in all previous reviews. The framework and indicators presented in this chapter were developed on the basis of a review of indicators that are currently reported by the Ministry or by some residential service providers or are being reported in selected jurisdictions across Canada and internationally.

## The challenge of collecting, measuring, and understanding indicators

There are many potential pitfalls in moving from a situation where there has been very little province-wide information available – and virtually no data comparing residential service providers with each other – to one where key indicators are used to "evaluate the effectiveness of programs and services across service providers and sectors". These include (1) finding an appropriate measure or indicator, (2) ensuring that the information collected is accurate, (3) minimizing the response burden and data collection costs, (4) interpreting the results in their appropriate context, and (5) ensuring that services are not inappropriately incentivised to maximize good rankings on indicators at the cost of other important unmeasured dimensions. The challenge of dealing with these issues is particularly complex in a sector where the use of psychometrically validated measures varies significantly, where there has been very limited public reporting of data, and where there isn't enough information available to establish contextualized baselines for setting performance targets.

## Principles for selecting indicators

Given the challenges inherent in developing meaningful and useful indicators, the Panel has approached its review and recommendations on the basis of several principles:

1. **Indicators clearly linked to objectives:** Indicators should be developed and selected on the basis of an outcomes framework that clearly articulates the short and long-term objectives of residential care.

Reporting on what can be easily measured runs the risk that less important – or possibly even misleading – easily measured indicators end up incentivising service priorities in directions that do not reflect the objectives and values that should be driving services. Indicators should be selected on the basis of a framework, or logic model, that clearly articulates the link between the indicator and the desired outcomes.

2. **Incrementalism:** Developing a top down set of indicators that also requires the creation of new information systems runs the risks of escalating costs and implementation resistance.
  - a. Where possible integrate data across existing databases.
  - b. Develop indicators that can be generated using the range of different clinical tools used by local service providers. Imposing a single tool risks undermining its effective clinical use.
  - c. Make full use of available data before requiring the collection of new data.
  - d. Use sample surveys and research studies to address complex questions rather than attempt to collect extensive information for every young person in residential care. With methodologically sound sampling procedures,

small sample exploration provides for more meaningful and accurate information than whole population studies that are often fraught with corrupted data, poor management of data extraction processes and ethical issues related to research practices.

3. **Understanding before benchmarking:** Extensive analysis and reporting should be completed to ensure that indicators are robust and truly reflect the objectives they are intended to measure. Most indicators are indirect measures of the intended outcomes and objectives. Before using indicators as benchmarks or performance targets:
  - a. conduct extensive trend and contextualized comparative analyses at the provincial level
  - b. report publicly
  - c. support use of indicators in service providers' local planning processes

## Existing Outcomes Frameworks and Reported Indicators

The Ministry, along with most jurisdictions across Canada and internationally, has been putting increasing emphasis on developing methods to track and report on outcomes for young people in residential care. The Ministry's Strategic Plan for 2013-2018, *Growing Together*, articulates four overall goals: 1) Children and youth are resilient; 2) Children and youth have the skills and opportunities needed to shape their own lives; 3) Children and youth have a voice; 4) Children and youth experience high-quality, responsive services. While these goals map well to the overall goals that should guide a residential services delivery system, they need to be translated into a more specific set of objectives that reflect residential care processes.


Building on the Ministry's Strategic Plan, the Youth Justice Outcomes Framework identifies four specific outcomes: 1) improved functioning and positive social behaviours, 2) increased skills and abilities, 3) increased youth engagement with supports and 4) decreased re-offending. Nine indicators have been selected to measure these outcomes, although other than the recidivism indicators, most are still under development and will require the introduction of new data collection instruments.

For the child welfare sector the Ministry is currently publicly reporting on five "performance indicators" in three key areas: 1) safety, 2) permanency and 3) well-being. Safety is measured on the basis of two indicators of recurrence of investigation. Permanency is tracked on the basis of two additional indicators: days of care, by placement type and the time it takes for a young person to be reunified, placed in a permanent alternative home or discharged from care; and well-being is measured for young people in long-term care who report on the quality of their relationship with their caregiver. Additional performance indicators are being developed in collaboration with the OACAS and with the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO).

The three domains of safety, permanency and well-being are similar to domains reported on in a number of jurisdictions across Canada and internationally (e.g., Quebec, British Columbia, Alberta, California). Jurisdictions vary considerably with respect to public reporting on these indicators. The most longstanding source of reports is generated by the U.S. Department of Health and Human Services through their Child Welfare Outcomes Report to Congress. The 2010-2013 document reports on seven indicators, including comparative state-level data, focusing primarily on safety and permanency. A number of jurisdictions also report on well-being indicators. These focus most often on educational outcomes, such as grade-level (e.g. British Columbia) or math and reading scores (England) and in some instances health (e.g. immunization and dental exams, substance misuse - England).

Surprisingly, we were unable to find many examples of system-wide publicly reported data on well-being indicators in Ontario. Well-being indicators are more frequently reported in sub-populations followed through specific assessment initiatives. A growing number of residential care providers are tracking outcomes using a range of self-report measures. For instance, Ontario's Looking After Children (ONLAC) assessment tool which is completed with many young people in long-term care includes a number of well-being indicators.

Most of the outcomes framework we reviewed focused on sector-specific systems level outcomes, specifically ones related to child welfare systems and youth justice. While many of these, especially permanency and educational



outcomes, relate well to the types of indicators that could be tracked for young people in residential care, we found fewer examples of reported indicators that monitor quality of care and the everyday experience of young people. The American Association of Children’s Residential Centers has developed a promising framework based on four types of indicators: practice/process indicators, functional outcomes, perception of care and organizational indicators (American Association of Children’s Residential Centers, 2009). While the AACRC framework is a helpful conceptual model, it has not yet been implemented as a data reporting framework.

## Quality of Care, Continuity and Outcomes

Three key dimensions need to be monitored in order to capture the experiences of young people in residential care: (1) the quality of care provided and experienced in the homes young people are living in, (2) the extent to which residential services are leading to stable long-term caring living arrangements, and (3) the extent to which young people are reaching their educational, vocational and relationship aspirations. While quality care is fundamental, tracking service trajectories is equally important: a disconnected series of high quality placements is unlikely to serve any young person well. Conversely, while many outcomes tracking systems focus on permanency and stability, a long-term stable placement in an unsupportive home is likely to do more harm than good. Finally, it is important to evaluate the extent to which high quality care leading to stable long-term caring living arrangements actually leads to the positive outcomes. Many young people who enter residential care have needs and gifts that may require more than good care.

Building on the recommendations developed in the Panel report, we have identified a set of indicators designed to monitor the quality of care provided within every placement, track service trajectories across placements, and assess short and long term outcomes for young people. We have tried as much as possible to identify indicators that are already being measured or could be feasibly measured using existing data systems, however some indicators will require the introduction of new data collection systems. For each indicator we identify potential data sources, suggest a timeframe for implementation, and, where available, provide examples of jurisdictions that currently report on similar indicators.

Indicators should be initially reported and treated as descriptive indicators rather than evaluative. It is important to report as quickly as possible on a range of indicators to ensure transparency and establish confidence in the residential care system through public reporting without imposing an arbitrary set of performance indicators that oversimplify and potentially distort service and program priorities. Through public reporting the quality of the indicators will improve over time, while trend and comparative analyses and multi-method studies will help to determine their appropriate contextualized interpretation as potential performance indicators.

The recommended list is not intended to be an exhaustive list of relevant indicators. One of the functions of the Quality of Residential Care Branch/Division’s Advisory Council will be to recommend gathering additional information as required. For instance, the suggested indicators related to education do not include more detailed information about the educational supports being provided to young people, such as homework support, peer to peer support or tutoring. Similarly, the proposed family support indicators only track amount of contact; a survey of family perspectives on the support they receive may be important to develop eventually. A growing number of programs are tracking outcomes from youth using various self-report instruments; consideration will need to be given to how to best use these data to assess program success.

## Quality of Care

Quality of care measures are designed to monitor the quality of care for each residential service provider. Indicators to track quality of care can be generated by the Quality Inspections, Serious Occurrence reports and exit surveys of young people leaving a facility.

### Safety

Safety is a core priority for all residential services. Serious Occurrence reports track many Indicators of safety, including rates of injury, physical or sexual abuse by peers or caregivers, and running away.



Data Source	Timeframe for reporting	Examples from other jurisdictions
Serious Occurrence Reports	Within one year	<p>Proportion of children in care who are abused or neglected (U.S Department of Health and Human Services, 2014: See Measure 2.1)</p> <p>Children in care who were the subject of a substantiation (Australian Government, 2015: See Box 15.11)</p> <p>The number of children reported missing for more than 24 hours (UK Government, 2015: See Paragraph 65)</p> <p>Fatalities of Children in Care (British Columbia, 2015a)</p>

**Program Coherence: Does the program match its stated objectives?**

As part of the Concept Statements that will be required to accompany all licenses, service providers will be asked to describe their program objectives at the program and the client level. Service providers will also be asked to provide evidence relative to measurable indicators related to each program and client-level output and outcome. The quality of care inspectors will assess the extent to which the program elements are indeed in place to meet the stated program objectives, on the basis of their review of the residence’s program schedule, staff background and training, and interviews with residents and staff. These assessments can be summarized in the form of simple Likert scale ratings for each element, producing a composite overall score.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Quality Inspection Reports	Within two years	OFSTED Inspection Reports (UK Government, 2016 & UK Government, 2015: See Paragraphs 151-161)

**Staff Qualifications, Experience and Stability**

Indicators of the quality of staff that could be easily reported during inspection visits include (1) the proportion of full-time, part-time and relief staff with above minimum required human services credentials, (2) the median years of staff experience working with young people, (3) the median years working in the specific residential setting (turnover rate), (4) the proportion of staffing hours covered by full-time staff; and (5) staff satisfaction with their work environment.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Quality Inspection Reports	Within two years	See AACRC Framework (2009)

**Staff Development**

Quality inspections should include information about (1) the amount of on-going training provided, documenting separately in-house and external training, (2) the frequency of supervision, and (3) the qualification of supervisors.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Quality Inspection Reports	Within two years	Evidence of local arrangements for all carers of looked-after children and young people to receive ongoing high-quality core training and support packages that equip them to provide warm, nurturing care (NICE UK, 2013: See Quality Statement 1)

### School Attendance, Vocational Training and Employment

For school aged young people, supporting daily attendance at school, or vocational training or employment, is a minimum expectation for quality care. The proportion of young people in Section 23 classrooms is also important context information to track. This indicator does not assess the quality of education or training nor educational outcomes.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Reviewer reports	Within two years	Age-Appropriate Grade of Children and Youth in Care (British Columbia, 2015b: See Performance Indicators 5.16, 5.21, 5.26)  Percentage of looked after children achieving level 2 or above (Math, Reading & Writing, and Attainment Gap) (UK Government, 2014: See Chart 1 and Chart 6)

### Restrictiveness

The restrictiveness of different settings will vary on the basis of the quality of staff, of supervision, of programming and the types of young people in the setting. A range of indicators can be tracked to reflect the restrictiveness of a specific setting, these include the use of restraints, psychotropics, isolation, one-on-one shadowing and police interventions.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Serious Occurrence Reports and Reviewer Reports	Within two years	Use of psychotropic medication among youth in foster care (California Child Welfare Indicators Project, 2016: See Measure 5a.1)

### Family Support

For young people for whom family contact is appropriate, the extent to which a facility supports family contact can be tracked by documenting the number of days of contact, differentiating between home visits, face to face visits and other contact (phone, skype, etc.).

Data Source	Timeframe for reporting	Examples from other jurisdictions
Reviewer reports	Within three years	N/A

## Youth Perception of Quality of Care

The Quality Inspectorate should have a simple web-based or app-based survey that all young people are asked to complete when they leave a residential setting. This should include their perceptions of the following:

1. Youth feel safe and respected
2. Youth feel staff / foster-kinship parents care about them as individuals and are interested in their future
3. Youth develop or maintain healthy friendships with youth in the community
4. Youth's unique educational needs are being met
5. Staff / foster parent(s) actively support and encourage connection to family, community, culture and sexual identity, spiritual needs
6. There is a consistent adult in the youth's life who cares about them
7. A range of athletic, cultural, and social activities are organized and youth's individual hobbies, sports or artistic interests are supported
8. Someone spends regular time with youth to help them understand and cope with sad or bad things that have happened to them
9. Young people are asked to participate in decisions about their care and about the daily activities in the residential setting

Data Source	Timeframe for reporting	Examples from other jurisdictions
New exit survey (build on new YJ survey)	Implement survey within one year, report publicly within two	Quality of the caregiver and youth relationship (Ontario Looking After Children study) Client satisfaction (Australian Government, 2015: Under development, see Box 15.7 & 15.8) Looked-after children and young people experience warm, nurturing care (NICE UK, 2013: See Quality Statement 1)

## Continuity of Care

Tracking trajectories of care across residential services provides critical information about the residential service delivery system. These indicators could be tracked either through a dedicated residential care CPIN module that would be used for all young people in residential care, or by combining data from the Youth Offender Tracking and Information System (OTIS) system and CPIN.

### Stability

The number of placement changes should be tracked for all young people in care, excluding family visits, summer camps or respite placements. Although this is often measured on an annual basis (# of moves in a year) we recommend that it also be tracked over a 3-year period.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN	Within one year	<p>Proportion of children on an order exiting care after less than 12 months, who had one or two placements (Australian Government, 2015: see Figure 15.7)</p> <p>In First Year of Current Episode of Care - CYIC That Did Not Move (British Columbia, 2015b: See Performance Indicator 5.11)</p> <p>Average moves in care within 36 months of placement (Quebec, Trocmé et al., 2013: See Figure 8)</p> <p>The percentage of children in care for 24 months or longer who experienced two or fewer placement settings (U.S Department of Health and Human Services, 2014: See Measure 6.1c)</p>

### Permanence

Tracking permanence includes tracking where young people end up when they leave residential care, and how much time they spend in temporary care and stability of reunification or alternate “permanent” placement. Rates of breakdown in permanent placements, adoptions, guardianships or family reunifications should be tracked as well.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN	Within one year	<p>Of all children reunified with their parents or caretakers at the time of discharge from foster care during the year, what percentage were reunified in less than 12 months from the time of entry into foster care? (U.S Department of Health and Human Services, 2014: See Measure 4.1)</p> <p>Proportion of children reunified within 36 months of initial placement (Quebec, Trocmé et al., 2013: See Figure 10)</p>

### Home-based Care

For young children there is growing evidence that group care should be an option of last resort. Several jurisdictions report on the proportion of young people under 12 in home-based care. This should be tracked in Ontario as well. The placement where the young person has spent the most time should be used in instances where a young person has been in multiple placements.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN	Within one year	<p>Proportion of children aged under 12 years in out-of-home care who were in a home-based placement (Australian Government, 2015: see Figure 15.9)</p>

### Proximity to Home

Young people placed near their home communities are better able to maintain important ties with family, friends and their communities. Distance to home is a simple indicator of the residential system’s ability to support these ties. When a young person has been in multiple placements use the average distance relative to the time spent in each placement.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN	Within one year	<p>Percent of all children looked after living more than 20 miles from their Local Authority boundary (UK Government, 2015: See Paragraph 33 and Chart 5)</p> <p>Distance in miles between a child’s removal address and placement address at 12 months (California Child Welfare Indicators Project, 2016)</p>

### Keeping Siblings Together

For sibling groups who are placed in out-of-home care it is important to track the extent to which siblings are placed together. This indicator would record the proportion of sibling groups in care who are kept together. For very large sibling groups use the proportion of young people who are placed with at least one other sibling.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN	Within one year	<p>Proportion of children who are on orders and in out-of-home care at 30 June who have siblings also on orders and in out-of-home care, who are placed with at least one of their siblings (Australian Government, 2015: See Box 15.17)</p> <p>Count of sibling groups in foster care who are placed with all or some of their siblings (California Child Welfare Indicators Project, 2016)</p>

### School Changes

In addition to maximizing placement stability, every effort needs to be made to minimize school changes for young people in residential care. For all school-aged children this indicator should measure the average and median number of school changes during their spell in care, including suspensions and expulsions.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN and OCANDS	Within two years	Percentage of looked after children with a permanent exclusion compared to all children (UK Government, 2014: See Chart 10)



### Aboriginal Care

In addition to tracking placement rates to First Nations, Métis and Inuit children and youth, the proportion of young Aboriginal people placed in Aboriginal care should be tracked. This will require asking family-based placements self-identify their Aboriginal identity. Group homes operated by Aboriginal organizations would also count as an Aboriginal match. Operationalization of this indicator should be developed in partnership with Aboriginal service providers.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN / OTIS	Within two years	Aboriginal Children Cared for by Aboriginal Communities and Service Providers (British Columbia, 2015b: See Performance Indicator 5.61)  Children in out-of-home care placed with relatives/kin by Indigenous status (Australian Government, 2015: See Table 15A.23)

### Ethno-Cultural/Religious Matching

For ethno-cultural or religious communities that have raised concern about the placement of their young people, placement rates and placement matching rates should be tracked. The Panel heard from several members of the Black community that this was a priority concern. Operationalization of this indicator should be based on consultation with the concerned communities.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN / OTIS	Within two years	NA

### Cross-Over Youth

In addition to tracking placement changes and charging rates (see “restrictiveness”), it is important to report separately on the proportion of youth moving from child welfare or children and youth mental health to youth justice facilities to ensure that youth justice placements are not being over-used to place young people whose behaviour is seen as problematic in CW or CMH placements.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN / OTIS	Within two years	NA

## Outcomes

Key outcomes should be tracked for young people who spend more than 18 months in out-of-home care. Some of this information could be tracked by the Reviewers. Some long-term outcomes could be tracked through data matching with other information systems or through follow-up surveys with a sample of young people who have left care.

### Educational Achievements

Indicator measured through school records, such as high-school graduation, credit and grade-level attainment, grade level relative to age, EQAO scores, or successful transition from section 23 classes to mainstream.

Data Source	Timeframe for reporting	Examples from other jurisdictions
CPIN, reviewers and Ministry of Education	Within three years	NA

### Employment

A key long-term outcome that could be tracked through regular follow-up surveys of random samples of young people who have left care. Data matching could also be considered to track social assistance use, a proxy indicator of employment.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Post-care survey and data matching	Three years	Youth Discharged from Care and Subsequently Claiming Income Assistance (IA) (British Columbia, 2015b: See Performance Indicator 5.36)

### Youth Crime

Recidivism rates are already being tracked for secure custody youth serving dispositions of six months or greater in the Youth Justice system. YJ convictions (while in care or post-care) should also be tracked for all other youth who spend at least 18 months in child welfare or children and youth mental health residential care.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Youth Justice	Within one year	Proportion of youth in care involved with YJ (Quebec, Trocmé et al., 2013) Looked after children convicted or subject to final warning (UK Government, 2014: See Chart 14)

### Life Success Follow-Up Survey

On a cyclical basis a random sample of young people who spent at least 18 months in out-of-home care should be surveyed to assess their educational and vocational outcomes, employment, housing, connection with family and friends.

Data Source	Timeframe for reporting	Examples from other jurisdictions
Follow up survey	Every three years	Follow up with former foster youth at age 26 on outcomes such as homelessness; perceived social support; current school enrolment and postsecondary drop out; progress paying back student loans; employment, income and benefits; physical and mental health; pregnancy and parenthood; criminal justice system involvement; life satisfaction (Courtney et al., 2011)

# RECOMMENDATIONS

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The Panel's recommendations are designed to create a strong foundation for ensuring excellence in residential services across sectors. At the core of its recommendations is the conviction that the experience of living in out-of-home care for young people is often life-altering and has a major impact on the future life prospects for young people. Therefore, the Panel urges MCYS and all stakeholders in residential services to work towards a future in which well qualified and highly motivated child and youth care professionals, foster parents, and professional staff work in high quality settings that are accountable and transparent in partnership with young people and their families in order to ensure the highest possible quality of care, every day experience, and healthy outcomes.

Children and youth have been clear in what they seek: safety, respect, encouragement and love. The Panel stands with children and youth involved in residential services across Ontario and fully endorses these modest demands.

The Panel recommends that:

1. The Ministry create one unified, integrated governance structure within the Ministry (a Quality of Residential Care Branch/Division) to provide systemic oversight and accountability for all residential services through mechanisms that have at their core, the foundation and elevation of quality of care. The new structure is envisioned to have four core components: Quality Inspectorate; Data Analytics Reporting Unit; Continuity of Care Unit; and, an Advisory Council.

Subsections a-d below provide additional detail on the functions envisioned for each unit.

- a. **A Quality Inspectorate**, replacing the current licencing function, which the Panel heard overwhelmingly is inadequate and does not assess quality of care. The new Quality Inspectorate would be comprised of inspectors whose responsibility it would be to licence and inspect all residential service providers in accordance with quality performance indicators recommended by the Panel and as may be developed by the Ministry. The current licencing function would be subsumed under the new Inspectorate as a set of baseline indicators that would be required but not sufficient. The position requirements of inspector would be substantively different from those of the current licencing specialist position requirements in the focus on quality, and will require an HR transition plan. It is envisioned that regionally based quality of care branches of the Inspectorate would report jointly to the corporate Quality of Care Inspectorate and to regional directors. Further information with respect to the new Quality of Care function is contained in Chapter 3 on Quality of Care.

On an annual basis, each service provider would also be required to provide a Concept Statement to the Ministry, outlining their services and self-reported areas of strength or expertise. The inspector would assess the extent to which the assertions of service providers about strengths can be supported by evidence, having access to clinical expertise as necessary. The inspector would measure and assess quality through on-site inspections, paying particular attention to the voice of young people, families, caregivers and front-line staff. The Concept Statements of service providers and the reports of inspectors would be posted by the Quality Inspectorate in such a way that all placement agencies could review and access the reports when making placement decisions.

- b. **A Data Analytics and Reporting Unit** that would be the central repository and data analytics unit for all sources of data and information relative to residential services, including but not limited to all Serious Occurrence reports from service providers and licencing and quality of care assessments, including performance against indicators, completed by Quality of Care inspectors. The capacity to bring together all sources of data and information and to conduct high level aggregate data analysis will create a powerful tool for the Ministry in determining and reporting publicly on the performance of the system and in assessing the progress of young people. More information on this function is found in Chapter 5 on Data and Information.
- c. **A Continuity of Care Unit**, staffed by Reviewers whose responsibility it would be to monitor placement changes and trajectories of children and youth in residential services. Whenever a young person's placement was

changed, it would be required that the decision maker notify the Continuity of Care Unit. The Reviewer would have information about the full placement history for each young person as well as other relevant data such as Serious Occurrence Reports, assisting the decision maker to have the full context for the young person's trajectory through care. This would benefit the decision maker in ensuring that placement changes were thoughtful and necessary, having regard to the number of placements the young person has experienced.

It is envisioned that all young people in long term care (i.e. 18 months or greater) would be monitored by the Continuity of Care Unit. The Panel recommends that the current Crown Ward Review Unit be integrated into the Continuity of Care Unit. The Reviewer would also be notified when a young person was moved from child welfare or children's mental health into a youth justice custody/detention facility in order to assess concerns about the criminalization of young people in care. The Panel envisions that the Continuity of Care Unit would be responsive to concerns that currently the Ministry is unable to track young people across sectors, seriously impacting the Ministry's ability to understand youth's trajectories through residential care and outcomes following these services. This unit would also respond to concerns that pathways through care are currently disjointed, unpredictable and may result in significant placement disruption. Further information is found in Chapter 4 on Continuity of Care.

- d. **An advisory council** to provide access to clinical expertise and lived experience (children and youth, families, caregivers including foster parents and front line workers). In Chapter 2 on Voice, the Panel has expressed concerns that the voices of young people, as well as front line caregivers, are not adequately listened to or used to inform policy changes and enhancements to the quality of services provided in residential care. Accordingly, the Panel envisions that a properly comprised advisory council actively participates in the design and development of the new Quality of Residential Care Branch/Division, and then continues to add value to the ongoing functions of the Branch/Division.

Please see Appendix 1 for a sample organizational chart for illustrative purposes.


- 2. All service providers across sectors submit to the Quality of Residential Care Branch/Division a completed Concept Statement (for sample Concept Statement see Appendix 2) each year.
- 3. Residential care descriptors such as "treatment" or "specialized" be eliminated in both group care and foster care.
- 4. The placement of young people in a residential service be based on a match between the needs and strengths of the young person and the strengths and demonstrated capacities of the program as per the validated Concept Statement pursuant to that program.
- 5. Key capacities for understanding the experiences of all those with experience in residential services at both a single point in time and over time be developed, including:
  - a. A mechanism developed by the Quality Inspectorate to provide opportunities for all young people to report on their experiences in any placement, post discharge.
  - b. A systematic sample based survey be administered every 2 years to gather feedback from foster parents, and front-line staff about their experiences in residential services.
  - c. The capacity to track the trajectories of young people who receive residential services. This could be in the form of a unique residential service client identifier or a residential service information module common to all sectors.
  - d. The capacity across residential services for data collection and reporting in a transparent manner, based on the principle of self-identification by children, youth and service providers, and in partnership with the appropriate group:
    - i. residential service trends specific to First Nations, Métis and Inuit children and youth across all residential service sectors.
    - ii. the number of young people in out-of-home care within specific cultural, racial, faith, or gender groups (including trans).



6. The Ministry create a third category of customizable licenses for services that fall outside of the existing two categories to ensure that children in out of home care only be placed in licensed residences, and to mitigate against young people being placed in unlicensed programs that often have untrained live-in staff supported by one to one workers under Special Rate Agreements, with limited oversight over quality of care or even safety considerations.
7. The impact of licensing as a mechanism to ensure oversight and accountability be maximized by:
  - a. Enabling a broad range of designates to conduct unannounced inspections at any time.
  - b. Creating more meaningful consequences for non-compliance through progressive consequences, potentially beginning with administrative monetary penalties of graduating levels, and ending with broader criteria for the removal of a license.
  - c. Enabling a common approach to the interpretation and application of licensing standards through centralized training and access to clearinghouse decisions.
8. A centralized, publicly accessible, web-based directory of all licensed service providers across the province be created to maximize opportunities for system planning, placement decisions, and oversight of a decentralized approach to residential services. It is recommended that the directory include several key elements:
  - a. Basic organizational information (as appropriate) such as whether there are multiple residences within or across regions owned by a single operator, contact information, and information pertaining to the capacity of the residence(s).
  - b. A concept statement, updated annually by each licensee and validated by the Ministry, which articulates the strengths and abilities of the service provider.
  - c. Any information related to the license status of the provider, including status, terms and conditions, inspection report.
9. A commitment to accountability through public reporting (in addition to the publication of licensing information) be facilitated through:
  - a. Annual progress report from the Quality of Residential Care Branch/Division
  - b. Public reporting of Recommended Service and Outcome Indicators
  - c. An independent study assessing the quality of care, continuity of care and outcomes of children and youth in out-of-home care at a defined period of time (e.g. Every 5 years) to be presented to the Legislature by the Minister of Children and Youth Services to provide an external complement to internal oversight mechanisms.
10. A comprehensive review of current per diems across the province and the per diem rate setting and review process for both transfer payment and privately-operated service providers be undertaken by the Ministry, with particular attention paid to the variation in rates across Ontario for similar services, increases in cost of living and the necessary adjustment of staff salaries aligned with such increases, as well as the cost implications of the recommendations related to human resources.
11. The use of Special Rate Agreements (SRAs) be subject to rules and regulations aiming at higher levels of accountability and more effective child and youth centered practice. To this end:
  - a. The number of young people with SRAs, in any one residential program, be limited to two.
  - b. Where SRAs involve the use of one-on-one workers, such agreements be reviewed every 30 days with a view to reducing the intrusiveness to children and youth.
  - c. The hourly compensation for workers assigned to young people on a one-on-one basis be equitable in relation to other residential staff.

- d. The pre-service educational qualifications for one-on-one workers under SRAs be the same as for all other residential care workers.
  - e. Training focused on quality practice be required for all one-on-one workers by service providers.
12. Dedicated funding for research about residential services in Ontario be established and managed by the Ministry.
13. A requirement for pre-service credentials be introduced whereby all front line staff in residential care must have completed at minimum a college level diploma in a human service discipline. The requirements for these credentials encompass any person engaged in paid employment activity focused on children and youth in residential services at any level, excluding any person employed solely for functions that do not involve interaction with residents such as kitchen and maintenance duties.
- a. Current staff members in residential settings have up to five years to meet this requirement.
  - b. MCYS move towards establishing child and youth care practice as the required credential for residential work over the course of the next ten years.
  - c. Pre-service credential requirements apply to full-time, part-time, and designated one-to-one staff in group care as well as to workers assigned to foster homes or family-based care.
  - d. Modified requirements are to be developed for Aboriginal people taking into account local resources and contexts in partnership with First Nations, Inuit and Métis communities.
14. Eligibility for supervisory positions in residential services be contingent on completion of a certificate. Such certificate shall be based on a curriculum specifically designed to enhance the capacity of supervisors to support staff in the provision of therapeutic care based on relational practices.
- a. The supervisory certificate should be developed through a partnership of the child and youth care academic sector and the residential services field.
  - b. Such certificate must be obtainable only through community colleges or universities, and cannot be delivered by service providers themselves.
  - c. Current supervisory positions in residential services must complete the certificate within two years after its establishment and availability.
15. A two-week new worker training program be developed for all front-line residential service positions (with the exception of youth justice – see below) based on core competencies including life-space interventions, strength-based relational practice, ethical decision making and the unique context of Aboriginal, LGBTQ2S, Black youth and other groups.
- a. The New Worker training should be developed through a partnership between the child and youth care academic sector and the residential services field.
  - b. The New Worker training is to subsume existing mandatory training for residential front-line staff including in particular crisis prevention and intervention training.
  - c. A review of the Youth Justice training program for front-line youth services workers be conducted to ensure that relevant content from the new residential services curriculum be incorporated and that cross training in relational practice/relationship custody be incorporated for both directly operated and transfer payment based staff.
16. A provincial strategy be developed to modernize foster care in Ontario, including a provincially driven recruitment strategy for new foster parents. The strategy must include:
- a. A strong voice for foster parents on an on-going basis.
  - b. Provisions for foster parents from different organizations to come together regularly.

- c. An emphasis on clarifying rules and procedures for fostering.
  - d. Measures to address barriers, including ones of resource for the recruitment of foster parents from Aboriginal and other uniquely situated communities.
17. PRIDE training be extended as a requirement to all public and private foster parents.
  18. The two separate systems of secure custody and detention (directly and transfer payment operated) be harmonized and integrated into a single system to ensure that the placement and transfer process considers the entire array of resources to meet the needs of youth, resources are maximized, training is standardized and best practices are shared and scaled up system-wide.
  19. Consideration be given, where demand is demonstrated, to converting youth justice open custody residences with excess capacity to youth residences serving the full spectrum of youth justice-engaged youth requiring stable housing including: open custody youth; youth transitioning from open and secure custody requiring reintegration support; youth on probation; and youth for whom a stable residence is required to qualify for bail.
  20. A review of the remaining excess capacity in youth justice open custody and detention as well as secure custody and detention be conducted and excess capacity be rationalized. Any savings accrued should be reinvested in residential services for youth, to address areas in which there is inadequate investment.
  21. Standards and best practices from all operators with respect to relationship custody be documented and form the basis of training for all youth justice open and secure custody and detention staff in both transfer payment and directly operated facilities.
  22. The Ministry ensure that the frequency and duration of Secure Isolation is minimized as required by legislation and policies and that conditions in Secure Isolation are not punitive. This will require that the Ministry sustain its current efforts on an ongoing basis.
  23. The impacts of size of the facility and gang-affiliations of some of the youth at the Roy McMurtry Youth Centre be mitigated by transferring out youth with secure custody sentences of 30 days or more, as well as youth on long term detention (who would be returned for purposes of Court appearances), to the closest and most appropriate youth justice secure custody and detention facility with capacity. Such transfers should be considered using a case management model in the best interest of the youth.
  24. Supports and resources be enhanced to support positive outcomes and the successful transition into, between, and out of residential services, including after care and reintegration into the community.
  25. Recognizing the current provincial initiatives to support youth in transition from out of home care, the Panel recommends the continued exploration of extending the age to which residential services are funded.
  26. A separate process with Aboriginal peoples be conducted, consistent with principles of self-determination, to determine the best options for supporting Aboriginal children and youth requiring out-of-home services. The scope and mandate should be developed in partnership with Aboriginal service providers and communities.
  27. MCYS establish an advisory committee to enhance cultural competence of all residential services in relation to the diverse identities and developmental contexts of young people.
    - a. All cultural competence initiatives must unfold in partnership with young people.
    - b. Mechanisms must be developed to ensure visible progress in this area.
  28. The Ministry mandate residential service providers to clearly articulate the cultural, gender, racial, and other identity rights of young people.
  29. A strategy be developed by the Ministry to ensure that the rights, well-being, and participation of young people identified as having complex special needs are promoted.

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30. The Ministry develop a strategy for the identification of emerging issues, such as the sex trades, and the rapid response to such issues in a co-ordinated cross-sectoral and provincial manner.
  31. MCYS create a mechanism for ensuring equitable access to non-residential supports for Black youth, LGBTQ2S youth and other groups living in residential care.
  32. In collaboration with the school board, a specific plan be developed by service providers for every young person in relation to their school-based learning and where applicable transition from section 23 to community schools.
  33. Young people who experience mental health or other crises while in residential care receive services where they live. Additional services and supports should be provided to the young person in order to prevent a change of placement.

# PHASING OF RECOMMENDATIONS

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The Panel recognizes that our recommendations will require a process that includes inherent dependencies and changes that will need time to be fully implemented. Strong and sustained leadership, action planning, rigorous tracking and monitoring of progress will be required. Initial implementation will need to begin immediately for some recommendations and be completed in a shorter time frame while others will take longer to be fully implemented. Grouping some of the key recommendations thematically, the Panel has endeavoured to provide advice with respect to a phased implementation strategy.

**Theme: Ensure that an integrated, horizontal governance structure rooted in quality of care rests within the Ministry of Children and Youth Services to facilitate the systemic oversight and accountability for all residential services (see Recommendations 1, 2, 3, 9, 10, 11, 19 & 20).**

**Recommendation:** The creation of the new Quality of Residential Care Branch/Division within MCYS is a foundational recommendation of the Panel, and initial steps need to be taken immediately to begin the design and development of this structure.

**Key Dependencies:** A key dependency upon which implementation of this recommendation rests includes striking the Advisory Council (recommendation 1D) immediately and ensuring their active participation to make certain that lived experience informs the design and development of the new Branch/Division. While the Panel has provided an option for this new structure, this will need to be tested and modified as necessary with the advice of the Advisory Council. The necessary government approvals will then be required and human resources strategies undertaken to staff the new structure.

The review of excess capacity within the youth justice secure and open custody and detention system should be an early deliverable in order to leverage potential funding to support the new structure. Similarly, conducting the reviews of per diem rates and rating setting processes and Special Rate Agreement usage may contribute to the identification of funding sources. Having said this, funding offsets or new investments should be sought early in order to expedite the establishment of the new structure and its key functions.

**Timeframe for Initial Implementation and Ongoing Execution:** It is expected that 12 to 18 months will be required for the new structure to be operational. It is understood the recommendations that rely on the functions envisioned for the Quality Inspectorate, the Data Analytics and Reporting Unit, the Continuity of Care Unit – such as creating and validating concept statements, public reporting of progress/service and outcome indicators/quality of residential care, tracking trajectories of care – are contingent on the operationalization of the Branch/Division.

**Theme: Ensure that key governance mechanisms, such as licensing, are strengthened to increase their value in the oversight and accountability of operators (see Recommendations 6, 7 & 8).**

**Recommendation:** Recommendations to strengthen the impact of licensing of residential services – such as the creation of a third category of license, and providing for unannounced inspections by a broad range of delegates – are critical to empowering the Ministry in its oversight of residential services.


**Key Dependencies:** Implementing recommendations related to licensing likely need to be enabled through legislation, regulation or policy and should be considered in the upcoming CFSA Review and Amendments.

**Timeframe for Initial Implementation and Ongoing Execution:** Pending the necessary approvals, this is expected to occur within the next six months.

**Theme: Ensure the active engagement of all communities who provide and access out-of-home care for children and youth, and the voice of all those with lived experience in residential care (see Recommendations 1d, 5, 16, 27, 28, 29 & 31)**

**Recommendation:** The initial and ongoing engagement of young people, foster parents, front line staff and





caregivers and those with diverse identities and developmental contexts and their communities underlie several of the recommendations of the Panel. Mechanisms to provide opportunities for those with lived experience to give feedback and contribute to the design and delivery of residential services also underpin several recommendations.

**Key Dependencies:** Key dependencies upon which the implementation of these recommendations rest include: striking the appropriate committees for ensuring cultural competence; developing strategies for the future of foster care and addressing emerging issues; developing feedback mechanisms for young people, their families and front line staff.

**Timeframe for Initial Implementation and Ongoing Execution:** It is expected that these engagement processes begin immediately and that the first wave be completed within 2 years. It is understood that the development of some of the feedback mechanisms are contingent on the operationalization of the Branch/Division. It is expected that engagement is an ongoing process that will be reflected in the operations of the Quality of Residential Care Branch/Division.

**Theme: Ensure quality in the delivery of residential services by raising the standards for front line staff and additional training for those providing care to vulnerable young people. (see Recommendations 13, 14, 15, 17 & 21).**

**Recommendation:** The creation of new pre-service qualifications and new worker training for all front line staff, increasing training provided to supervisors to strengthen supervisory practice and extending PRIDE training to all foster parents are foundational recommendations of the Panel.

**Key Dependencies:** Key dependencies for implementing these recommendations are: the development of training curricula (see Appendices 3 and 4 for recommended theme areas to be included), the development of a process to recognize existing pre-service credentials and support existing workers to meet the new standards; and, ensuring appropriate levels of funding to support the enhanced requirements/ qualifications.

**Timeframe for Initial Implementation and Ongoing Execution:** Initial steps need to be taken immediately to begin the process of bringing all staff up to required levels. It is expected that all new requirements be fully implemented within 5 years.

**Theme: Ensure that the experience of young people in out-of-home care is considered holistically and as a journey, which is supported by: data and information; communication between service providers; coordination and integration of service delivery; and, resources and support for periods in, between, and after care (see Recommendations 1c, 5, 18, 24, 25 & 33).**

**Recommendation:** Recommendations that support a focus on better understanding and supporting the transitions that a young person might experience into, between, out of, and after residential care need to be an immediate focus for the Ministry. From a structural perspective, this includes the recommendation that secure custody and detention systems be integrated into a single system.

**Key Dependencies:** Tracking the trajectories of young people in residential care is dependent upon developing capacity of the Data Analytics and Reporting Unit within the Quality of Residential Care Branch/Division, the development of key mechanisms such as a unique residential service client identifier or a residential service information module common to all sectors, and developing the appropriate mechanism for self-identification of First Nations, Métis and Inuit children and youth and young people in out-of-home care within specific cultural, racial, faith, or gender groups (including trans) in partnership with the appropriate group.

**Timeframe for Initial Implementation and Ongoing Execution:** Tracking trajectories and strengthening continuity of care can begin once the new Branch/Division is operational and will be ongoing. Beginning the process of integrating the direct operated and transfer payment secure custody and detention systems into a single system can begin immediately, and should be completed within a 12 month period.

**Theme: Ensure that key information about residential services is collected, analyzed and made transparent to contribute to informed decision making and system planning, and to the accountability of individual service providers and the system overall (see Recommendations 2, 3, 8, 9 & 12).**

**Recommendation:** The creation of an online directory that contains all information that would be of benefit to placing

agents is a key recommendation of the Panel.

**Key Dependencies:** Key dependencies for the implementation of this recommendation include the operationalization of the new Branch/Division (making available such information as the validated Concept Statement), and on legal and privacy enablements to posting licensing inspection reports.

**Timeframe for Initial Implementation and Ongoing Execution:** It is understood that some work has already been done to catalogue residential services on a regional basis and it is expected that this work would continue, be augmented with additional components as available, and be updated as part of the ongoing operations of the Quality of Residential Care Branch/Division. The legal and privacy assessments required in order to consistently make available licencing information, including licensing inspection reports, should begin immediately. Information sharing and transparency can be enhanced in the short term, making available such pertinent information about service providers as currently exists. This can be augmented with further information (such as validated concept statements; performance on key indicators) in the future. Accordingly, this work can begin immediately and be augmented within the next 12 to 18 months.

**Recommendation:** Commitment to accountability through public reporting (in addition to the publication of licensing information) be facilitated through an annual progress report from the Quality of Residential Care Branch/Division, public reporting of Recommended Service and Outcome Indicators, funding for independent research, and an independent study assessing the quality of care, continuity of care and outcomes of children and youth in out-of-home care at a defined period of time (e.g. Every 5 years) to be presented to the Legislature by the Minister of Children and Youth Services.

**Key Dependencies:** Implementation of this recommendation is reliant upon some components of the new Branch/Division, in particular the Data Analytics and Reporting Unit.

**Timeframe for Initial Implementation and Ongoing Execution:** Public reporting can begin once the new Branch/Division is operational and will be ongoing.

**Theme: Ensure that practices in custody and detention sentences support the consistent treatment and best interests of young people in conflict with the law.**

**Recommendations:** Recommendations around the use of Secure Isolation and the placement of youth at the Roy McMurtry Youth Centre need to be an immediate and ongoing focus for the Ministry (see Recommendations 21, 22, & 23).

**Key Dependencies:** There are no known dependencies to monitoring the use of Secure Isolation as the Ministry already has current efforts in this area. The recommendation to transfer youth with secure custody sentences of 30 days or more, as well as youth on long term detention (who would be returned for purposes of Court appearances), out of RMYC and to the closest and most appropriate youth justice secure custody and detention facility with capacity may depend upon having sufficient classification and transfer staff and bailiff capacity. The focus on integrating best practices in relationship custody could be an early deliverable in the process of integrating the transfer payment and direct operated systems of secure custody.

**Timeframe for Initial Implementation and Ongoing Execution:** Monitoring and reviewing the use of secure isolation is currently underway and must be sustained on an ongoing basis. The practice of transferring appropriate youth out of RMYC should be considered immediately, with a strategy implemented in the next 6 - 12 months. The integration of best practices in relationship custody and training of all staff in both transfer payment and directly operated facilities should begin immediately and be implemented within the next 12 months.

**Theme: Ensure that the best options for supporting Aboriginal children and youth requiring out-of-home services be determined in full partnership with Aboriginal peoples (see Recommendation 26)**

**Recommendation, Key Dependencies and Timeframe for Initial Implementation and Ongoing Execution:** A separate process with Aboriginal peoples be conducted, consistent with principles of self-determination, to determine the best options for supporting Aboriginal children and youth requiring out-of-home services. There are no known dependencies to beginning this process, therefore the partnership process should be initiated within the next 12 months and completed within the next 2 years.

# FINANCIAL IMPLICATIONS

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The Province of Ontario is in a period of fiscal restraint and the government is taking steps to fulfill its commitment to balance the provincial budget by 2017-18. Mindful of this context, the Panel has endeavoured to identify both areas where we believe investment is required as well as potential cost savings and offsets. As the Ministry costs out our recommendations, we recognize that there will be investments required to create a new structure within the Ministry to provide integrated oversight of residential services, the Quality of Residential Care Branch or Division. Offsetting the costs of the new structure will be the integration of all funding currently associated with the licencing function into the Quality Inspectorate and the integration of the current Crown Ward Unit into the Continuity of Care Unit. There may also be areas of duplication between the new Quality Inspectorate and the quality assessment functions performed by some Children's Aid Societies.

The Panel's recommendations in the area of Human Resources will require an investment in precariously employed front-line OPR group home workers in order to attract, retain and appropriately compensate these workers for the very challenging work that they do. It is in the Province's interest to ensure that qualified, trained and prepared staff are supporting some of the Province's most vulnerable children and youth. If our recommendations to raise the bar on educational credentials and training are accepted for front line staff and supervisors, there will be a cost associated with that. At the same time, the Panel believes that rationalizing the wide variation in per diem rates across the province will at the very least ensure consistency and better value for money and ensuring increased rigor and oversight of Special Rate Agreements may yield savings that could be re-invested.

The Panel has also recommended that some funding be set aside in order to conduct research in the area of the Ontario residential services sectors. It is important to strengthen the research knowledge of Ontario residential care provision across sectors, with specific attention to generating evidence of effective practices at all levels of service provision, and in particular with respect to the themes reflected in the recommended Service and Outcome Indicators. It is anticipated that an offset can be identified within the Ministry's funding envelope for this purpose.

There is also a significant opportunity to rationalize the excess capacity in both secure custody/detention and open custody/detention beds in Youth Justice Services. The Panel has recommended that these resources be first re-invested in creating community-based youth residences that serve the full spectrum of youth-justice engaged youth, where demand can be demonstrated. After this is undertaken, the Ministry should assess where to best reinvest remaining resources from this initiative. The Panel strongly recommends that these resources be retained and reinvested to address the gaps in residential services that have been identified by the Panel and for which recommendations have been made that require investment.

# CALL TO ACTION

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When young people must face the enormous burden of living life away from home, saddled with often traumatic experiences of abuse, neglect, and abandonment, they rely on out-of-home care settings to provide them not only with the necessities of life, but also with the love, nurture, sense of belonging and safety that will allow them to grow, to dream and to excel. There is no room for complacency and mediocrity in the provision of residential care to some of the most vulnerable members of our society. Collectively and collaboratively we must ensure that the experience of young people in out-of-home care and their long term outcomes are such that the opportunities for a rich and meaningful life are just as real for young people facing enormous adversities as they are for those living in the relative comfort and safety of their family homes.

There is an urgent need to address the existing and longstanding challenges in the current model of residential service delivery in Ontario. Notwithstanding the efforts of many dedicated public servants, human service professionals and child and youth serving organizations across the Province, and many years of seeking advice and commissioning reports, change has been very slow. It is time to shift gears. To improve residential services, we must act boldly; to move efficiently and with purpose; and to focus our energies on the core of the matter – the everyday experience of young people on the one hand, and improving their outcomes on the other hand.

We look to the Ministry of Children and Youth Services to provide leadership in residential services commensurate with what is at stake – the lives of young people. In its role as steward of the system, the Ministry must be equipped to provide the overarching, integrated oversight for its large and complex residential services system. It must hold accountable all service providers entrusted with the care of young people to provide consistently high quality care. MCYS must ensure transparency within all processes related to the residential care system – the well being of young people facing adversity is a priority concern for Ontarians; public dissemination of what happens in residential services serves as the most compelling incentive to provide the highest quality of service. This will require a renewed effort to collect meaningful data, to analyze such data in real time, and to use the feedback of transparent dissemination for constant service and system improvement.

The transformation of residential care for young people requires strong, sustained, integrated leadership and a relentless focus on implementation. It will require that all players inside and external to the Ministry work together. This will be a journey, building on the momentum of initiatives that can be implemented immediately and staying the course to ensure that longer-term initiatives are executed as well.

The Panel was encouraged by assurances that the political and senior executive level of the public service are aligned in their commitment to change in this sector. We also heard from many others at all levels of the organization as well as external partners about the need for change and their sense of optimism that the timing for this review is right. The Ministry has a solid track record of transformational change in child welfare, youth justice and children and youth mental health. It is now time to build on that experience to make a difference in the lives of the 17,000 vulnerable children and youth in out-of-home care in the Province.

Residential services in Ontario will improve when caring adults engage in a meaningful partnership with young people themselves, who bring to our expert knowledge the lived experience that breathes life into real change.

With energy and purpose, let us commit to change.  
With young people, let us make that change happen now.  
Because young people matter.

The Residential Services Review Panel, February 2016

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# GLOSSARY OF TERMS

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**Accreditation:** A review process focused on quality indicators in which certification rests on an assessment of meeting standards.

**Models of residential care provision:** In the context of residential care, a theoretical framework used by governing bodies or service providers to implement strategies that strengthen service delivery and efficacy.

**Open custody and detention:** Residences where youth sentenced to a term of open custody under the *Youth Criminal Justice Act* (YCJA) or remanded into open detention are court-ordered to live under supervision. Open custody and detention residences are designated under the YCJA.

**Secure custody and detention:** Secure facilities where youth sentenced to a term of secure custody or ordered into secure detention by the Courts under the Youth Criminal Justice Act, are held.

**Compassion fatigue:** Profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate while providing care for young people in need of empathy and compassion.

**Vicarious trauma:** The process by which caregivers experience secondary trauma responses as a result of being exposed to the traumatic experiences of young people. One's fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to trauma.

**Self-care:** Refers to the care provided "for you, by you." This care occurs when one identifies their needs and takes the appropriate steps to meet them. This can be achieved by engaging in activities that nurture those needs.

**Private group care:** Privately operated residences that provide residential care, programs and services to young people.

**Private foster care:** Foster care provided by private organizations. The placement of the child or youth is normally arranged through a children's aid society.

**Public group care:** Residences that provide residential care, programs and services to young people. Could include residential services provided by children and youth mental health service providers and children's aid societies, usually funded through transfer payments..

**Public foster care:** Foster care usually provided directly through children's aid societies.

**Licensing Specialists (checklists):** MCYS-hired staff in regional offices who conduct annual licensing inspections using a checklist. The licensing process includes a physical inspection, reviews of policies and procedures of the licensee, file reviews and interviews with the licensee, staff, residents and a sample of foster parents and foster children.

**Relational practice:** A theoretical orientation focused on the relationship between caregivers and young people; relationships and attachment are fundamental tools for developing social competence and enhancing healthy development for children and youth.

**Plans of Care:** The process through which caregivers and case managers work with children, youth and sometimes their families to develop plans, goals and measurable milestones for young people in care. Crisis intervention package: An approved curriculum that trains staff in the prevention of crises and in physical interventions; five such packages are currently approved by MCYS.

**Outside paid resources (OPRs):** This term originated in early CAS budget forms to refer to purchase of residential services from a supplier outside of the CAS itself. It has come to be synonymous with providers of residential services who receive payment on a per diem basis. While most such providers are for-profit, private operators, there are also a number of transfer payment and not-for-profit providers who offer services on a per diem basis.



**Transfer payment agencies (TPAs):** An approach to funding service providers whereby a set amount of funds are transferred to the service provider on an annual basis, as distinct from per diem funding, which is based on a set fee for each young person per night spent in a bed. Most transfer payment agencies are incorporated non-for-profit organizations that receive funding from government, typically on an annualized basis, to provide programs and services. In this context, examples of transfer payment agencies are Children's Aid Societies (CAS), children and youth mental health agencies and many youth justice secure and open custody/detention agencies that are not directly operated by MCYS.

**Life-space (context/relationships):** A primary method of intervention in Child and Youth Care practice which uses the setting to promote change and development. Interventions include strategies which occur as a result of planned environmental design, routine daily activities, relational interventions and momentary interactions. The therapeutic use of daily life events in residential or other settings where there is a shared life space with clients. Daily life events are used by the practice team to help the young people gain understanding of their life experiences.

**Special Rate Agreements (SRAs):** Costs paid by the Placing Agency on behalf of the child in care that is not covered in the per diem rate, due to the extraordinary needs of the child. These needs may be associated with physical, health, developmental or emotional challenges that require higher than normal staffing, dietary costs and equipment.

**Per diem rates:** The MCYS-approved per day rate which an operator can charge the placing agency for a child occupying a bed in the program.

# APPENDICES

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## **Appendix 1**

Vision for New Quality of Residential Care Branch/Division within MCYS

## **Appendix 2**

Concept Statement Template for Service Providers

## **Appendix 3**

New Worker Training & Refreshers

## **Appendix 4**

Supervisor Certification

## **Appendix 5**

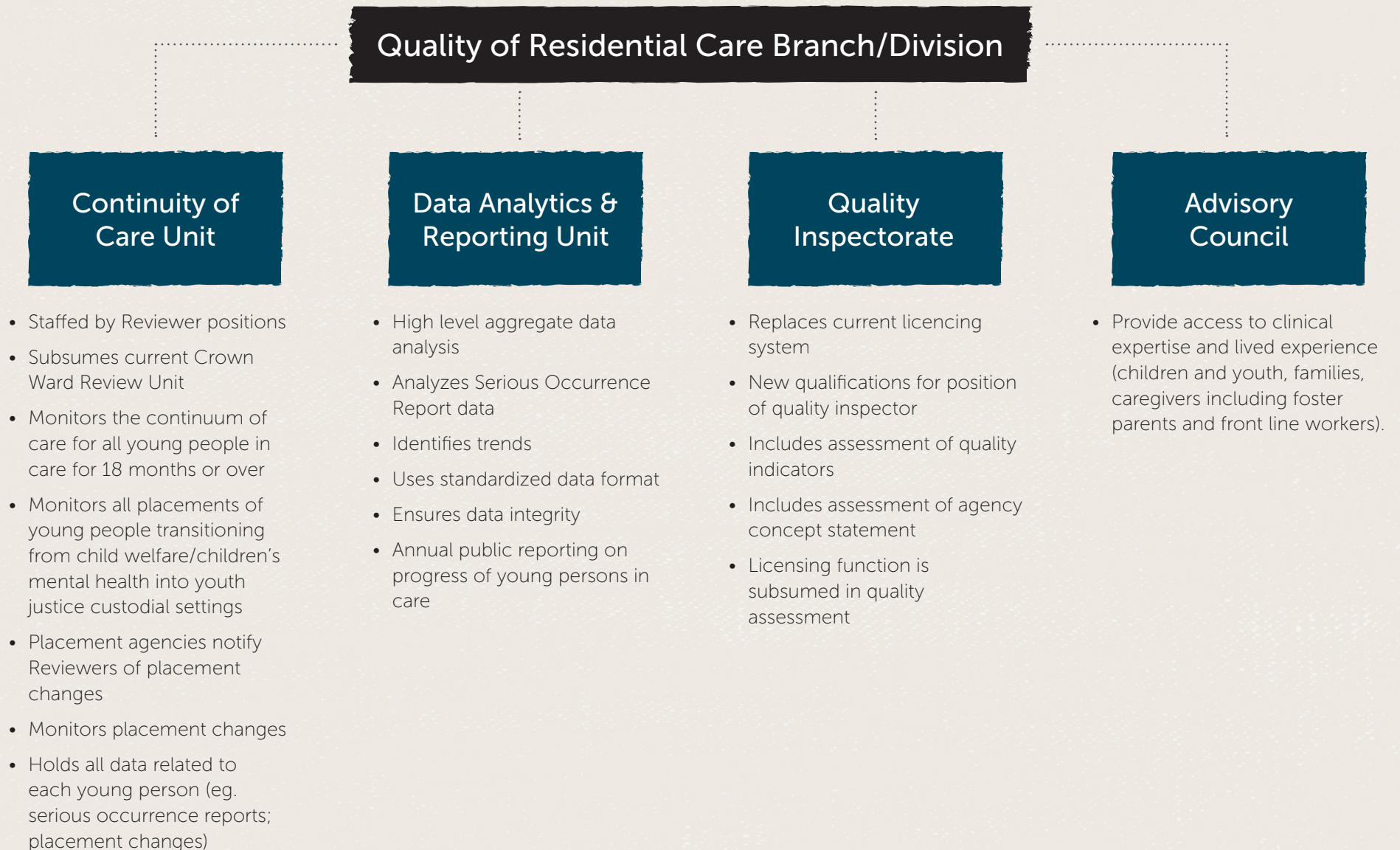
Residential Services Review Panel Consultations

## **Appendix 6**

Bibliography

# Appendix 1: Vision for New Quality of Residential Care Branch/Division within MCYS

Acts as integrating mechanism across all sectors to avoid silos, focus on quality of care, raise standards, encourage consistency, monitor continuum of care for individual young people, analyze aggregate data trends, and foster a culture of continuous quality improvement



# Appendix 2: Concept Statement Template for Service Providers

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*Descriptive Information about the Organization*

**Name, address, contacts, programs and services offered:**

**Specific Program to which this Concept Statement applies:**

**Mandate and Vision of Program:**

**Description of Program:**

*Include #of clients, gender, ages, physical infrastructure, staffing ratio, #of staff, additional clinical resources, etc.*

**Youth Profiles:**

*Define the profiles of young people who can best be served in this program; provide specific information about developmental and clinical profile, family constellation and need for participation, externalizing behaviours*

# Concept Statement Template for Service Providers

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## **Exclusions:**

*Describe who the program cannot serve well. List excluding factors (eg: fire setting, physical aggression, sexual offending)*

## **Theoretical framework for service delivery:**

*What informs the design of this program? (eg: attachment theory, trauma-informed care, resilience, strength-based, narrative, etc.)*

*Explain how this relates to the Youth profile the program seeks to serve.*

## **Use of Evidence-Based Practice:**

*List all evidence-based practices and clearinghouse references; explain how these relate to the youth profile the program seeks to serve*

## **Use of Best Practices:**

*List all approaches and interventions that are considered best practices, and provide rationale for why these are considered best practices and references.*

## **Youth Voice and Participation:**

*Describe all aspects of young people's participation in the governance, design, operation and individual-level case planning in this program.*

*Provide a list of measurable indicators for these initiatives.*



## Concept Statement Template for Service Providers

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### **Staff Qualifications:**

*List all staff (FT/PT/Casual & One to One), their pre-service qualifications and their training and PD records for the past five years; explain how qualifications and training records relate to the client profiles the program seeks to serve and to the program and client-level objectives defined below.*

### **Supervision:**

*Describe the supervision process for all front line staff; indicate the supervision model in use, and why this is the appropriate model in relation to the goals and objectives of the program and the types of young people served. Also include the qualifications and training of the supervisor.*

### **Program Objectives – program-level outputs and outcomes:**

*Describe what this program seeks to accomplish; what difference will it make in the lives of the young people; identify measurable indicators related to each program-level output and outcome.*

### **Program Objectives – client-level outputs and outcomes:**

*Describe what change is expected in clients; what areas of young person's life will be impacted in what ways, and what indicators are used to measure this change.*

### **Progress Data from the past 12 months:**

*Listing each of the indicators identified for this program, provide data related to program-level and client-level outputs and outcomes.*

### **Analysis of Activity over the past 12 months:**

*Explain the data above in relation to what has worked and what has not worked. Provide clear explanations for any circumstances where the data does not indicate positive movement.*

### **Children's Rights:**

*Describe how young people are informed of their rights and how rights reinforced on an ongoing basis. Please attach any material used in helping young people understand their rights.*

### **Behaviour Management/Intervention:**

*Describe the approach to behavior management within the program. Include descriptions of point and level systems, token economies and frequently used consequences (withdrawal of privileges, early bed times, grounding).*

**Crisis Management and Physical Intervention:**

*Describe the approach to crisis prevention/intervention. Include policies and practices related to the use of physical interventions, debriefing and restorative practices.*

**Community Involvement:**

*Describe all community partnerships that are directly related to this program and provide a list of community involvements of every young person over the past 12 months. Provide a list of measurable indicators for these initiatives.*

**Unique Identity:**

*Describe all initiatives related to support and special provisions in the context of gender identity, racial identity, cultural competence, vegetarian/vegan lifestyles and other. Provide a list of measurable indicators for these initiatives.*

**Education:**

*Describes all initiatives and supports related to school-based performance and everyday life-based learning. Provide a list of measurable indicators for these initiatives.*

## Appendix 3

# New Worker Training & Refreshers

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### **Description:**

A mandatory two week training course required of all direct service staff hired to work in residential care settings such as group care and foster care support, including full time workers, part time workers, relief or casual workers and workers hired to perform one to one supervision under Special Rate Agreements. The New Worker training certificate must be completed prior to deployment in any residential care setting, and a biennial (every two years) two day refresher course must be completed thereafter.

### **Purpose:**

To ensure that all workers involved in residential care provision are informed by and committed to working from an empathy-based perspective that is framed by the theoretical and practice elements of relational practice, life space intervention, ethical decision-making and child and youth participation, engagement and rights.

### **Structure:**

The New Worker training course is to be delivered by the post-secondary education sector in partnership with the field. It is critical that the course be neither delivered nor owned by the field or any agency within residential care systems across sectors. Instead, the course must be delivered by the post-secondary education sector with a focus on child and youth care practice in particular, as the most relevant conceptual and practice elements envisioned for excellence in residential services are elements of the discipline of child and youth care practice.

Ontario's post-secondary education sector offers 22 diploma and two degree programs in Child and Youth Care Practice, geographically spread across the province with excellent capacity to deliver such training, where applicable in partnership with institutional continuing education units (for example, the Chang School of Continuing Education at Ryerson University). It is envisioned that the training course is available to newly hired practitioners at least once per month at an institution at reasonable distance to the new employee.

The cost of such course should not exceed \$500 per person, and residential service providers should be responsible for cost-sharing this cost at a minimum 50/50 split with prospective employees who do not yet have such certification. Certification is transferable across employers and sectors. Employers can create more competitive recruitment strategies by covering the full cost of the course.

### **Sample Curriculum:**

The ten-day curriculum is envisioned to include the following elements:

- Understanding the context of young people placed in residential care
- Empathy and the development of Self
- Relational practice – theory
- Relational practice – practice elements
- Life-space intervention
- Children's rights and child and youth participation / engagement
- Unique cultural, identity and lifestyle contexts
- Ethical decision-making, the use of supervision, team work
- Crisis Intervention certification

### **Refresher training:**

A two day training program every two years, with a curriculum that captures the core elements of the New Worker training but seeks to incorporate the practice experiences of workers in order to bring the concepts of the new worker training to life.

## Appendix 4

# Supervisor Certification

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### **Rationale:**

The Panel strongly recommends the development of a supervisor certification program in order to ensure that individuals with responsibility to provide supervision are qualified to do so and able to provide such supervision meaningfully and directly related to life space practice settings. Supervision is a core component of effective child and youth care practice in residential settings. The supervision process should ensure at least four continuous dynamics:

1. Workers are provided with clinical guidance in their practice with children and youth in the every day context of residential care;
2. The residential setting is fundamentally oriented toward relational practices and the empowerment and participation of young people in their every day experiences;
3. Practitioners are supported in their experiences of working with very vulnerable young people in such a way that their resilience in relation to compassion fatigue, vicarious trauma and burnout are mitigated;
4. Practitioners have real and meaningful professional development and career planning goals that ensure on-going learning and skills development.

The current approaches to appointing individuals to supervisory positions are ad hoc in most cases and across sectors, with standards and required qualifications either absent or geared solely toward positive performance in front-line positions. This is not adequate given the pivotal role of supervisor positions in residential services.

### **Description:**

A supervisor certification process must be developed that ensures that anyone appointed to such a position is trained and has demonstrated competence in the following areas of practice:

1. In-depth understanding of relational practices, including clinical, therapeutic and practice approaches;
2. Capacity to support and coach front line practitioners in their capacity to deliver high quality services to young people and to maintain their relational engagement within the broader context of empathy;
3. A thorough understanding of leadership in the context of collaborative team-based approaches to serving young people in residential services.

### **Structure:**

The Panel envisions a multi-module certification program offered through recognized leaders in the field of child and youth care with clear capacity to offer training for supervisors at the highest possible level. The minimum education level for the delivery agents of the certification program should be a university-based degree in child and youth care practice. The Panel furthermore recommends that existing supervisors be required to complete the certification process within the first year of its availability; newly hired or promoted supervisors must complete the certification prior to beginning work in formal supervisory positions in any context of residential service provision.

The specific curriculum of such program should be developed in partnership between the field and recognized leaders in the field of child and youth care practice. MCYS should provide leadership in ensuring that a small group of such individuals is constituted in order to proceed with the development of this process as soon as possible.



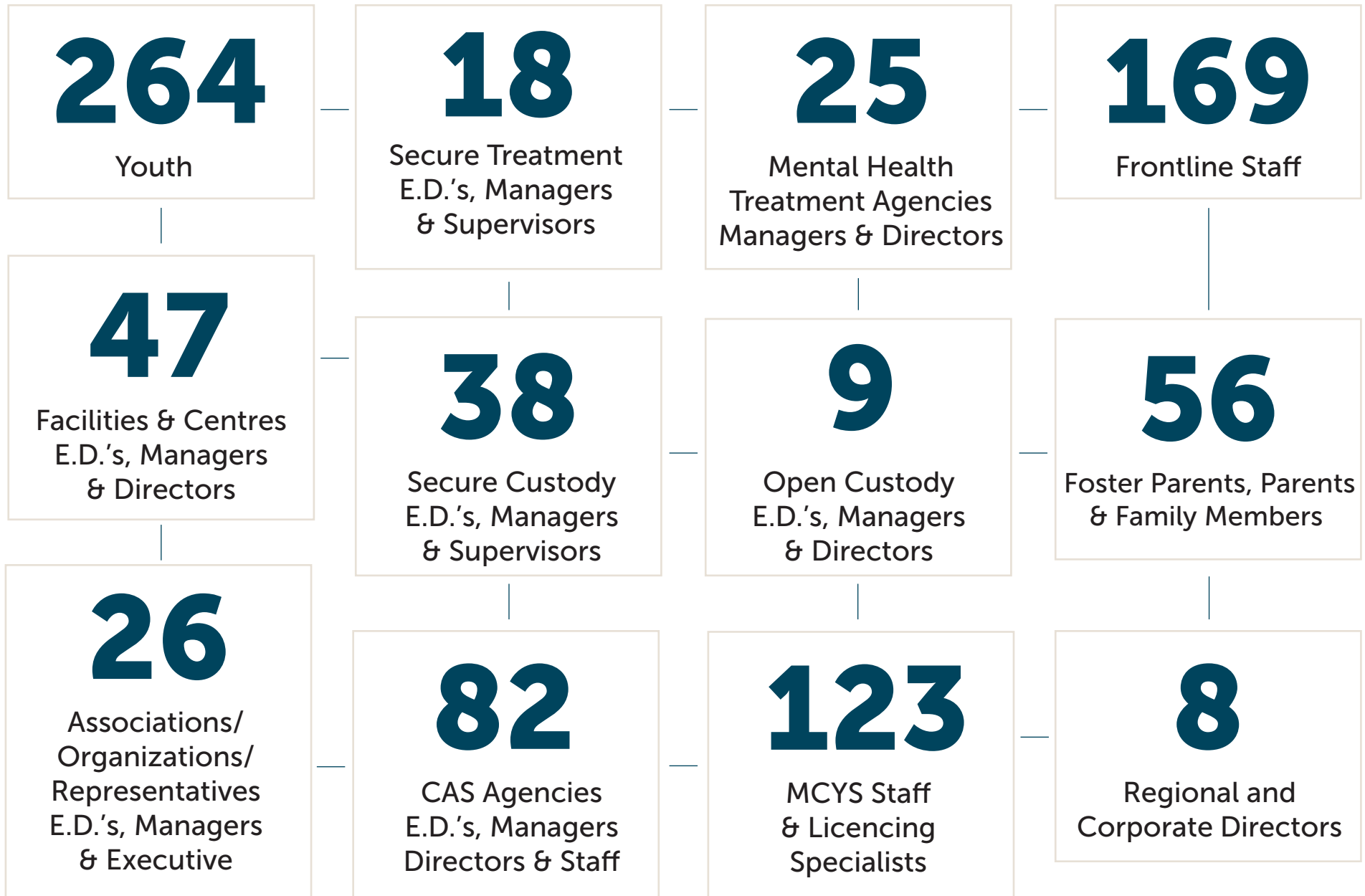
Appendix 5:

# Residential Services Review Panel Consultations

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August 20th, 2015 – January 25th, 2016

The Panel consulted with:



Across  
**12**  
Cities in Ontario





## 264 Youth - 30 Associations/Organizations/Representatives

Tungasuvvingat Inuit, Ottawa .....	4 youth
Peel Children’s Centre, Mississauga .....	4 youth
Ottawa Youth Engagement .....	23 youth
J.J. Kelso, Thunder Bay .....	4 youth (Lunch & 1-1 conversation)
Kairos Community Resource Centre, Thunder Bay .....	2 youth
Thunder Bay Youth Engagement .....	16 youth
LGBTQ2S Youth Engagement Toronto .....	4 youth
Syl Apps, Oakville .....	5 youth (1 Treatment / 4 Secure Custody)
Roy McMurtry Centre, Brampton .....	7 youth
Child & Parent Resource Institute (CPRI), London .....	8 youth
Genest Secure Facility, London .....	1 youth
London Youth Engagement .....	22 youth
Sudbury Youth Engagement .....	29 youth
Toronto Youth Engagement .....	37 youth
Sundance (St. Lawrence Youth Association), Kingston .....	2 youth
Kingston Youth Engagement .....	10 youth
Youth Amplifiers (PACY) .....	11 youth amplifiers (two consultations)
YouthCan Consultation (OACAS) .....	8 youth
PACY Round Table (Bayfield) .....	45 youth
Murray McKinnon, Oshawa .....	1 youth
Harold McNeil (SRR) Integration Centre, Oshawa .....	2 youth
Enterphase, Oshawa .....	6 youth
Child in Care by teleconference .....	1 youth
Arrell Youth Centre (Banyan Community Services), Hamilton .....	5 youth
New Mentality (CMHO) .....	1 youth
The Village (Peel CAS) .....	3 youth
Former Child in Care .....	1 (Teleconference)

## 169 Frontline Staff

Tungasuvvingat Inuit – Youth in Transition Worker – Ottawa .....	1 staff
Peel Children’s Centre, Mississauga .....	8 staff
Ottawa/Cornwall Region CAS/OPR’s .....	8 staff
Dilico Anishinabek Family Care – Thunder Bay .....	6 staff
CAS Thunder Bay .....	25 staff
Thunder Bay Children’s Centre .....	1 staff
Syl Apps, Oakville .....	4 CYW
Roy McMurtry Centre, Brampton .....	12 YSO & YSM
Child & Parent Resource Institute (CPRI), London .....	8 staff
London CAS .....	7 staff
Genest Secure Facility, London .....	4 (Youth Service Officers, Two Teachers)
Sudbury Group Home .....	3 staff
Sudbury CAS & Kina Gbezhgomi Child & Family Services, Sudbury .....	4 staff
Peel CAS .....	11 staff
Sundance (St. Lawrence Youth Association), Kingston .....	1 staff
Frontenac CAS, Kingston .....	21 staff
Murray McKinnon & Harold McNeil (SRR), Oshawa .....	5 staff
Durham CAS, Oshawa .....	13 staff
Toronto CAS .....	7 (Children Service Workers, Foster Care Resources Workers & Resource Support Worker)
Toronto Catholic Children’s Aid Society .....	8 (Placement Worker, Residence Worker, Short Term Child in Care worker, Child in Care Workers)
Hatts Off, Hamilton .....	11 staff
Peel CAS – 1 staff .....	Diversity Manager
Nurse Practitioner from Secure Custody .....	1 Nurse Practitioner



## **47 E.D.'s, Managers & Directors**

<b>Ottawa Inuit Children's Centre</b> .....	4 (ED, Coordinator, Recreation Coordinator, Coordinator of Youth Carving & Art Program)
<b>Tungasuvvingat Inuit, Ottawa</b> .....	1 (Coordinator)
<b>Youth Services Bureau of Ottawa</b> .....	5 (ED, 3 Directors & 1 Assistant Director)
<b>Dilico Anishinabek Family Care, Thunder Bay</b> .....	4 (2 -Assistant Director, 2 Program Managers)
<b>Child &amp; Parent Resource Institute (CPRI), London</b> .....	3 (Managers)
<b>Sudbury Group Home Operators</b> .....	5 (Owners/Operators)
<b>Kerry's Place, Brampton and Mississauga Community Living</b> .....	7 (Directors and Service Managers)
<b>Hatts Off, Hamilton</b> .....	11 (ED, Supervisors & Directors)
<b>Stewart Homes</b> .....	1 (Teleconference)
<b>Pioneer Youth Services</b> .....	1 (Teleconference)
<b>Enterphase</b> .....	1 (Teleconference)
<b>Community Living Toronto</b> .....	1 (Teleconference)
<b>Carpe Diem Residential Therapeutic Treatment Homes for Children</b> .....	1 (Teleconference)
<b>Good Shepherd Centre</b> .....	1 (Teleconference)
<b>Batshaw Youth and Family Centres</b> .....	1 (Teleconference)

# Panel Consultations - **Mental Health Treatment Agencies**

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## **25 E.D.'s, Managers & Directors**

<b>Robert Smart Centre, Ottawa</b> .....	3 Rep (ED/Service Mgr & Coordinators)
<b>Peel Children's Centre</b> .....	4 (Manager, 2 Supervisors & 1 Clinical Director)
<b>Thunder Bay Children's Centre</b> .....	3 (ED and 2 Program Managers)
<b>Syl Apps, Oakville</b> .....	15 (Directors, Coordinators, Managers, Psychiatrist,
.....	Psychologist, Clinical Director, Nurse, Recreation
.....	Therapist, Guidance & VP Program Services)

# Panel Consultations - **Open Custody**

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## **9 E.D.'s, Directors, Managers & Supervisors**

<b>Kairos Community Resource Centre, Thunder Bay</b> .....	1 (Manager)
<b>Northern Youth Services, Sudbury</b> .....	4 (ED & Management Staff)
<b>Murray McKinnon &amp; Harold McNeil, Oshawa</b> .....	4 (ED & Directors & Supervisor of Harold McNeil)



## Panel Consultations - **Secure Custody**

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### **38 E.D's, Managers & Supervisors**

J.J. Kelso, Thunder Bay .....	2 (ED & Manager)
Syl Apps, Oakville .....	15 (Directors, Coordinators, Managers, Psychiatrist, Psychologist, Clinical Director, Nurse, Recreation Therapist, Guidance & VP Program Services)
Roy McMurtry Youth Centre .....	13 (YCA, DYCA, Managers, Coordinators, Nurse, Psychometerist, Social Worker, Chaplain)
Genest Secure Facility .....	2 (Director & Assistant Director)
Sundance (St. Lawrence Youth Association), Kingston.....	3 (Management)
Brookside Youth Centre .....	1 (Teleconference)
Arrell Youth Centre (Banyan Community Services) .....	2 (Program Director and CEO Banyan)

## Panel Consultations - **Secure Treatment**

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### **18 E.D's, Managers & Directors**

Robert Smart Centre .....	3 (ED/Service Manager & Coordinator)
Syl Apps, Oakville .....	15 (Directors, Coordinators, Managers, Psychiatrist, Psychologist, Clinical Director, Nurse, Recreation Therapist, Guidance & VP Program Services)

## 82 E.D.'s, Managers, Supervisors & Directors

CAS Ottawa .....	3 (ED, Service Director & Manager of Services)
Family & Children's Services of Renfrew County .....	1 (Director of Services)
CAS Thunder Bay .....	10 (Managers)
CAS London .....	10 Staff (3 Service Directors, 7 Supervisors: Native
.....	Services, Resources, Recruitment, Kinship, Placement and
.....	Ongoing Services, Service Director of Resource & Permanency)
Sudbury CAS & Kina Gbezhgomi Child & Family Services, Sudbury .....	8 (Managers)
Peel CAS .....	4 (ED and 3 Managers)
Frontenac CAS, Kingston .....	7 (Managers)
Durham CAS, Oshawa .....	12 (ED, Directors, Supervisors: Family Care program, Kinship,
.....	Foster, Placement, Quality Assurance)
Toronto CAS .....	8 (Directors and Managers)
Toronto Catholic Children's Aid Society .....	9 (Managers & Supervisors)

### *CAS – Consultations by Phone*

Toronto Catholic Children's Aid Society .....	1 staff
Grey Bruce Children's Aid Society .....	1 staff
Waterloo Children's Aid Society .....	2 staff
Muskoka/Simcoe Children's Aid Society .....	1 staff
Windsor/Essex Children's Aid Society .....	2 staff
Hamilton Children's Aid Society .....	1 staff
Prescott (Vailor) .....	4 staff
York Region Children's Aid Society .....	1 staff



## 26 Associations/Organizations

Ontario Association of Residences Treating Youth (OARTY) – 2 Meetings.....	9 (August – 4 members and October – 5 members)
Centre of Excellence for Children and Youth Mental Health (OCE) .....	1 (Executive Director)
Ontario Residential Care Association (ORCA) .....	3 (1 by teleconference)
Ontario Association of Children’s Aid Societies (OACAS) .....	5 (E.D., Analysts & Specialists)
Provincial Advocate (PACY) .....	1 Group Consultation with Advocate, Youth & PACY Staff
Association of Native Agencies (ANO).....	4 Executive Directors of 4 agencies
LGBTQ2S Advisory Group – Group Consultation/Meeting .....	1 Group Consultation with LGBTQ2S Youth & Agency Staff
CMHO/Kinark Forum – Toronto.....	Conference and Meeting with CMHO/Kinark Staff
Kinark.....	4 Management
Ministry of Education.....	1 Staff
Ministry of Health & Long Term Care .....	3 Staff
Youth Justice Ministry Representatives .....	1 meeting with YJ Staff
Children’s Mental Health Ontario (CMHO).....	4 (CMHO CEO, Kinark CEO, Windsor Hospital VP, ..... Turning Point ED)
ANCFSAO .....	5 (ED’s from 5 agencies)
Métis Nation of Ontario.....	2 Staff
Ontario Native Women’s Association .....	1 Staff
Ontario Federation of Indigenous Friendship Centres .....	1 Staff
Ontario Association of Child & Youth Care .....	3 (President & Board Members)
Youth Justice Ontario .....	1 member
OACAS .....	1 (OACAS Project Manager of “One Vision, One Voice”)
African Canadian Legal Clinic .....	2 Staff (Policy & Research Lawyer)
Alberta Child & Youth Service .....	1 Staff
University of Toronto .....	1 Staff
Ontario Ministry of Training Colleges & Universities (TCU) .....	3 Staff
Health Quality Ontario (HQO) .....	1 (Director of Policy & Strategy)
Covenant House Toronto.....	1 (Executive Director)



## Panel Consultations - **Foster Parents/Parents/Family**

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### **56 Foster Parents, Parents & Family**

Ottawa CAS hosted .....	14
Child & Parent Resource Institute (CPRI), London .....	10 (9 Family & Parents & 1 CYW Worker/Advocate)
London CAS hosted .....	5 Foster parents
Kingston CAS hosted .....	12 Foster Parents
Foster Parents Association of Ontario .....	3 Members/Foster Parents
Hatts Off .....	8 Foster Parents
Foster Parents .....	2 (Teleconference)
Adoptive Parent .....	1 (Teleconference)
Family Member .....	1 (Teleconference)

## Panel Consultations - **Regional and Corporate Directors**

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### **8 Regional and Corporate Directors**

Regional and Corporate Directors .....	8
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## 123 Licencing Specialist/Program Supervisors

Licencing Specialists .....	67 specialists
Program Supervisors .....	29 (28 in person and 1 Teleconference)
Field Worker Application for Licencing .....	3 staff
MCYS Staff .....	2 staff
Crown Review Unit .....	1 staff
CPIN Training .....	2 staff
Centralized Access to Residential Services - C.A.R.S. ....	2 staff
Ministry of Education Early Learning Division .....	1 staff
SOR Tool Demo .....	1 staff
MCYS Corporate .....	4 staff – Licencing
Central Region .....	1 staff
Toronto Region .....	1 staff
North Region .....	1 staff
MCYS & MCSS North Region .....	2 staff
East Region .....	2 staff
Ministry of Community & Social Services .....	2 staff
MCYS .....	1 staff
ADMS .....	4 ADMs

## Appendix 6

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