PRINCE EDWARD ISLAND

DEPARTMENT OF SOCIAL SERVICES AND SENIORS

Child and Family Services Division

RESIDENTIAL SERVICES REVIEW

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Outline

1.0   Acknowledgments

The Residential Review Project wishes to acknowledge the PEI Department of Social Services and Seniors, Minister Doug Currie and Deputy Minister Sharon Cameron for the initiative of this review and the support of its development.

Special recognition is due to members of the project steering committee for their direction, and support of project activities and for being champions of the process within the organization.

Steering Committee members:

> Rona Brown, Director, Child and Family Services
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The content of this study is a result of the input from a variety of sources who willingly and with enthusiasm contributed to its development.

Sources included:

Staff of Residential Services
Staff of Child and Family Services (east and west divisions)
Supervisory staff of Tyne Valley Child and Youth Development Center
Clinical/Supervisory staff of Provincial Adolescent Group Home
Residents of residential facilities and representative parents
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Glenn Edison, Director of Student Support Services, Department of Education
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2.0   Executive Summary

2.1   Background

In June, 2008 the office of the Minister of Social Services and Seniors commissioned the Division of Child and Family Services to conduct a review of provincial residential resources for children and youth designated under the *Child Protection Act*. This project coincides with a recent review of the *Child Protection Act* and is the result of a consensus by those directly and indirectly involved that the present delivery model is less than adequate in responding to the challenges presented by "high risk" youth and their families.

While the present residential service system does have many positive aspects, the feedback from staff and residents, coupled with the perspective of agencies directly related to the service, leads to the conclusion that the status quo is not an option if a quality and appropriate service is to be provided to this population. The circumstances and challenges presented by residents and their families will require new strategies of intervention, new practices on the part of the delivery system and new initiatives if successful outcomes are to be realized.

The objectives of the study are: 1) to assess the present circumstance relative to residential services for "children in need of protection and in the care of the Director of Child Welfare" in the province by conducting an environmental scan of existing facilities, programs and services; 2) to gain an understanding of alternative possibilities by conducting research of national trends and best practice specific to residential service within child welfare services in other jurisdictions; and, 3) to provide a sense of future direction to the Child and Family Services Division by recommending specific changes to present practice and new initiatives in the provision of residential services to youth within its mandate.

2.2   Review Activities

The activities of the review included: 1) visits to existing residential facilities; 2) focus group sessions with resident staff, Child and Family staff and residents; 3) interviews with key informants, including parents; 4) preparation of resident profiles; and, 5) a review of previous reports relative to Child and Family programs and services and research of national trends and examples of best practice in other jurisdictions.

2.3   Key Findings

The present situation in the province relative to the provision of residential services to youth "in need of protection and in the care of the Director of Child Welfare" is somewhat outdated and in need of an extensive review to meet the challenges of youth today. This situation is not necessarily a reflection on the people who work within the system or a disregard for the positive attributes and initiatives that presently exist, but rather is a result of the every changing challenges presented by today's youth and their families, who are deemed to be in need of the services and supports of Child and Family Services.

To realize the necessary changes in the system one has to take a "holistic" approach in the review process and as the mandate of the review suggests "consider all aspects of the residential service delivery system".

The review then focused on four main components of the system: 1) residential needs; 2) systemic challenges and issues; 3) programs and services; and, 4) personnel resources. Conclusions and recommendations relative to these components are presented for consideration.

2.4   Conclusions and Recommendations

Residential Needs

Issues to be addressed:

- physical condition of existing facilities
- safety of residents and staff
- security and privacy of residents
- geographic location of facilities
- lack of a continuum of placement options

Recommended action:

1. That Child and Family Services follow up on identified issues raised relative to standards of health and safety, as well as standards associated with the functional operation of existing and future residential facilities.

2. That policy and practice be clarified relative to issues of security and the monitoring and management of resident behavior.

3. That Child and Family Services establish a "continuum of residential options" for youth "in need of protection and in the care of the Director of Child

Welfare" including, specialized foster care, emergency placement options, treatment facilities, secure placement/assessment options, various levels of group homes and semi-independent living arrangements.

4. That Child and Family Services establish residential options based on identified geographic needs and in consideration of the need of youth for attachment to family, school and community.

Systemic Challenges and Issues

Issues to be addressed:

- need for internal communication, collaboration and consistency
- ambiguity of roles, responsibilities and relationships within the system
- availability of internal and external support resources

Recommended actions:

5. That all staff either directly or indirectly associated with residential service engage in regular "communication sessions" to establish a mutual understanding of the service and its implications in the "continuum of services" agenda of Child and Family Services.

6. That residential staff and Child and Family workers be given the opportunity to regularly meet to establish the working relationship essential for effective and efficient service delivery.

7. That the Residential Services component of Child and Family Services be administered by a provincial Admissions team, responsible for the processes of intake, case management and personnel and administrative management in the interest of consistency and continuity of service delivery.

8. That a "multi-disciplinary resource team" be established within the jurisdiction of Child and Family Services to support the delivery of programs and services to "children in need of protection" in the care of the Director of Child Welfare, in the interest of maintaining consistency and collaboration within the service delivery system.

Programs and Services

Issues to be addressed:

- lack of collaborative planning
- need for increased transitional planning
- involvement and use of family resources
- involvement and access to community resources

Recommended actions:

9. That Child and Family Services continue to support and expand the practice of collaborative program planning, ensuring the involvement of all significant system personnel and including parents and youth and that a"holistic" model of family intervention be adopted as common practice.

10. That Child and Family Services continue to support and expand the practice of incorporating transitional planning in the collaborative planning process.

11. That Child and Family Services continue to support and expand the practice of involving and utilizing family resources in the rehabilitation process.

12. That Child and Family Services continue to support and expand the formal practice of including community resources in the collaborative program planning process and provide the financial resources necessary for residential staff to pursue such activities.

13. That Child and Family Services enter into formal communication with local service organizations and non profit government agencies in an effort to create additional residential options within various communities throughout the province.

Personnel Resources

Issues to be addressed:

- Human Resource issues re classification, liability
- allocation of staff
- staff working conditions and staff well being
- need for a review of skills sets and qualifications of residential staff
- need for a professional development agenda for staff

Recommended actions:

14. That Child and Family Services review the classification status of residential staff in the interest of consistency and congruence.

15. That Child and Family Services administration clarify policy and procedure relative to the response to allegations by youth and family in the interest of fairness to all concerned.

16. That Child and Family Services conduct a review of staff allocations to existing facilities in the interest of adequate and appropriate staffing for these facilities.

17. That a professional development agenda be established for both full time and part time staff members of residential services that would include exposure to knowledge and strategies to better prepare them to respond to the challenges presented by youth in residential care.

18. That Child and Family Services initiate administrative practices designed to enhance the "quality of work life"for staff.

19. That Child and Family Services institute a communication strategy to inform personnel of related agencies of the Child Protection Act and to outline the role of Child and Family Services relative to that Act.

Children in Need of Service

Discussions generated by this project added a related set of issues for consideration, namely, the needs of a broader population of youth in the province referred to as children in need of service which fall outside the legal mandate of Child and Family Services, but within the realm of responsibility of related agencies of government. These numbers are growing with an alarming rate and the general consensus is that only a coordinated, collaborative and cooperative effort by all parties responsible will effectively respond to this challenge.

Issues to be addressed:

• increasing number of children/youth in the province in need of the

programs and services of various government departments
- increasing number of youth in the province requiring access to more than one particular service
- need for inter-departmental cooperation in responding to the needs of "youth at risk" in the province
- need for commitment at the senior management level to enact an inter-departmental service model

Recommended action:

20. That the Minister of Social Service and Seniors continue to support the mandate of the Inter-Departmental Directors Responsible for Youth Services Committee with representation from the departments of Health, Social Services and Seniors, Office of the Attorney General, and Education to develop a collaborative strategy to respond to the challenges of service delivery to "high risk" youth in the province.

2.5 Conclusion

The review process involved a detailed look at all aspects of the residential service system and while the intent of the review was to identify challenges and issues, it is also evident that the present system has many strengths that can serve as a foundation for future improvement initiatives.

The staff demonstrate a high level of interest in the well being of the residents and in spite of various systemic frustrations and limitations, continue to serve the resident population quite well. They contributed enthusiastically and constructively to the review process, a further indication of their genuine commitment to improving the system to the benefit of the youth in their care.

The feedback received in the review is of the highest quality in that it came from those most directly involved in service delivery and those receiving that service and from those directly related to the system, and as such, represents a realistic though diverse perspective. Overall, contributors viewed this process as a positive step in bringing about change and expressed a high degree of optimism that "things will get better".

Consequently, the onus is now on senior management of Child and Family Services to reflect upon the findings of this review and to develop strategies to facilitate desired changes and adjustments in the system. Realizing that "change is a process, not an event" much work will be involved in bringing about these changes and adjustments; work that

will require a focused effort on the part of corporate government. Not to assign such focused responsibility will cause this initiative to get lost in the everyday challenges of service delivery. Such would be a shame for all involved and effected.

Recommended action:

21. That responsibility for the development of feedback and implementation strategies relative to this review be forwarded to the Deputies Responsible for Social Policy and tabled for direction.

Suggested Plan of Action:

It is further suggested that the priorities of the recommendations of this report be the:

1. Appointment of a provincial Admissions team for residential services

2. Formation of a "resource team"

3. Implementation of internal communication and collaboration initiatives

4. Review of Human Resource impacts

5. Development of a corporate "Children in Need of Service" initiative

3.0   Introduction

3.1   Background

In June, 2008 the office of the Minister of Social Services and Seniors commissioned the Division of Child and Family Services to conduct a review of the provincial residential services for child and youth. Basil Haire of Basil Haire Associates was contracted to facilitate the process and in collaboration with an assigned steering committee has prepared this report of findings and recommendations for consideration by senior management.

3.2   Terms of Reference

The objectives of the review are:

1. To assess the present circumstance relative to residential services for "children in need of protection and in the care of the Director of Child Welfare" in the province by conducting an environmental scan of existing residential facilities, programs and services;
2. To gain an understanding of alternative possibilities by conducting research of national trends and best practice specific to residential service provision within child welfare services in other jurisdictions; and,
3. To provide a sense of future direction to the Child and Family Services Division by recommending specific changes to present practice and new initiatives in the provision of residential services to youth within its mandate.

3.3   Review Activities

Activities for the review process included:

1. Visits to existing residential facilities:

    Provincial Adolescent Group Home (PAGH)
    Brackley Children's Treatment Center
    Euston Street Group Home
    Maple Street Group Home
    Tyne Valley Child & Youth Development Center (TVYDC)
    Cardigan House (formerly Scentia Road)
    Cottage 5
    Scentia Road

2. Focus group sessions with: 1) staff members of residential services; 2) Child and Family Services staff; and, 3) residents of existing facilities.

3. Interviews with key informants/groups both within Child and Family Services and with contacts in related youth agencies and services.

4. The preparation of profiles of residents located in existing facilities as of July, 31, 2008, outlining the circumstances of these residents and the challenges they and the service system encounter.

5. A review of reports prepared over the years relative to Child and Family Services in general and residential services in particular; research of models of residential service for youth and research of theory and practice relative to residential services for youth.

4.0   Key Findings

The present circumstance in the province relative to residential services for youth within the realm of responsibility of Child and Family Services is somewhat outdated, disjointed and in need of extensive review. Increased demand for service, increasing complexity of youth and family needs, coupled with increased need for related services, has made it difficult for Child and Family Services to provide an "adequate and appropriate" residential service continuum within its mandate to the "high risk" youth population of the province.

The general consensus of those directly and indirectly involved in service delivery is that the challenges presented by today's "troubled or troubling youth" and their families demand that we rethink all aspects of the present residential service delivery system in an effort to provide effective, efficient and appropriate service and that only a major revamping of the existing system will realize the needed result.

In the "front lines", challenges related to addictions, mental health disorders, overt aggressive behavior, self destructive behavior, involvement in criminal activity, family dysfunction, etc, presented by youth referred to residential care have resulted in the need for those working within the system to adjust their thinking and adapt their modes of intervention accordingly.

It is deemed that the present system lacks the capacity to deal with many of these challenges, not because of a lack of commitment on the part of staff, but because of a lack of the systemic elements that must be attended to if this organization is to be effective in carrying out its mandate. These elements include: 1) the quality and quantity of available residential facilities, programs and services; 2) the functional/operational aspect of the organization; and, 3) the internal and external human resources necessary to effectively meet the needs of the legal mandate and clientelle.

This review is an attempt to address these elements as they relate to the provision of residential services in response to the needs of "high risk" youth and their families.

4.1 Facility Needs, Challenges and Issues

The residential options available at present in the province include:

A) Two provincial level three group homes:

Provincial Adolescent Group Home (9 beds)
- 12 + yrs
- Service for "high risk youth"
- Charlottetown

Brackley Children's Treatment Center (5 beds)
- 6-12 yrs
- Service for "high risk " children.
- Brackley

B) Two provincial level two group homes (residential facilities for "higher functioning youth"):

Euston Street Group Home (6 beds)
- 12+ yrs
- Charlottetown

Maple Street Group Home (6 beds)
- 12+ yrs
- Charlottetown

C) Tyne Valley Child & Youth Developmental Center (11 beds):
- 12+ yrs
- Service to those referred due to extreme behavioral issues
- Tyne Valley

Since April 2008, several high risk youth situations have necessitated emergency responses to create temporary options.

N.B.   Total occupancy on July 31, 2008: 40 residents
- Gender: 23 males and 17 females
- Legal Status: 18 Permanent wards and 22 Temporary wards
- Age range: 9 yrs. 2 mos. to 17 yrs. 6 mos.
- Grade equivalent: Grade 2 to Grade 12
- Aboriginal youth: 4
- Length of residence: 3 mos to 9 yrs. 7 mos.

N.B. **It is important to note that quite often the facilities are "over populated" and that options such as the 72 hour observation bed at the Provincial Adolescent Group Home is occupied by a long term resident.**

It is also important to note that at the time the profiles were developed, there were four referrals on the waiting list, deemed highly urgent.

4.1.1 Physical Condition, Safety

With the exception of Tyne Valley Child & Youth Developmental Center , Provincial Adolescent Group Home, and Euston Street Group Home, the physical conditions of these facilities leaves much to be desired. The Maple Street Group Home facility, in particular, continues to be in need of major repair and since it is a rented facility, negotiations continue with the landlord. It is the understanding that since the inception of this study, some repairs have been carried out but the length of time for such to happen still merits question. It is also important to note that Maple Street Group Home is the only existing residential facility that uses a shared bedroom model.

While the condition of the main building in Brackley is "adequate ", there is concern for the "cramped" quarters experienced by the residents and alternative options for this age group has been and should continue to be pursued.

Concern was raised by both staff and residents regarding safety issues in the existing facilities. In some cases, the facility itself lacks a guarantee for resident safety and privacy and makes it difficult as well for staff to monitor the behavior of the residents. Residents have expressed concern for their physical safety from other residents as well the lack of privacy and security for their personal possessions.

The ease with which residents can "run" from certain facilities was a concern to staff, particularly at the Provincial Adolescent Group Home. This presents not only a supervision and staffing issue, but also a safety issue when residents opt to jump from the second story of the facility.

Attention must also be given to the need for residents to be "protected from themselves" in response to the tendency of some to engage in self destructive behavior. This circumstance presents a serious dilemma for service providers in that present policy or lack of policy "ties their hands" relative to practices of restraint and confinement. Clarification and consensus in this regard will serve the best interest of the residents as well as the interest of the personal safety and security of staff members.

The reality is that certain residents require environments that emphasize security and

safety, and while is should be "the last resort", such environments should be an option. Jurisdictions such as Saskatchewan and Yukon have inter-departmental arrangements with the Young Offenders system to share facilities. Such an option could be explored here on PEI as well.

Recommended Action:

1. **That Child and Family Services follow up on identified issues raised relative to standards of health and safety as well standards associated with the functional operation of existing and future residential facilities.**

2. **That policy and practice be clarified relative to issues of safety, security and the monitoring and management of resident behavior.**

4.1.2 Continuum of Options

Perhaps the greatest concern raised by staff and by those representing related agencies is the lack of a continuum of residential options available in the province. There is concern expressed as well for the "appropriateness" of some of the present placements of residents, who it is deemed are there because "there is no other place for them to go".

Residents themselves have also expressed this concern and often times perceive themselves as not fitting in with the other residents. This mismatch can relate to circumstance, age, gender, presenting condition or location, but whatever the cause, it lends itself to an unpleasant situation for all involved and serves to negate desired outcomes.

While the availability of traditional foster homes in the province seems to be decreasing, the most glaring gap in the continuum of options is in the area of "specialized treatment foster care"; homes that are staffed by people skilled in dealing with "high risk" youth and supported by professional resources. In this regard incentives for individuals in the community to get involved in the provision of such a service must be attractive and as well professional support and skill training must be guaranteed.

Another gap identified was the lack of availability of "emergency placement" options; placement options to respond to the ever increasing incidents of "crisis intervention". Such placement options could and would help to diffuse a crisis situation and allow time for professional staff to accurately assess the situation and make informed decisions regarding intervention.

A need was also identified for "level one" group homes; homes appropriate for youth who require little or no supervision but still "need a place to live", a basic requirement in

support of their attempts towards independence and self sufficiency. "Level one" options would include: 1) supervised residences with a limited number of occupants; 2) supervised/supported room and board; and, 3) supervised/supported apartments.

The challenge in broader terms in this regard is to attempt to provide residential options related to the "realities" of present and future client needs, and to pursue options such a supervised apartments, various levels of group homes, residential treatment centers, emergency placement options, short-term diagnostic facilities and secure environments. Organizations such as The Association for the Development of Children's Residential Facilities in Dartmouth, N.S., Phoenix Youth Programs, and Moncton Youth Residences serve as models in this regard, offering a variety of options to serve a broad scope of client needs.

Placement decisions should be based on the principal of "least restrictive and most appropriate" and include direct and indirect access to services such as family preservation, counseling, in-home services, day care, day programming and treatment, foster care, adoption, family reunification, transitional care and aftercare.

In this context, it is also essential that residential services be viewed as a component of the cadre of resources and services of Child and Family and that this service be included in the case planning process from the outset.

Recommended Action:

3. **That Child and Family Services establish a "continuum of residential options" for youth in need of protection and in the care of the Director of Child Welfare including specialized foster care, emergency placement options, treatment facilities, secure placement/assessment options, various levels of group homes and semi-independent living arrangements.**

4.1.3 Logistics

One of the main logistical concerns raised by both staff and residents had to do with the location of the present facilities and the subsequent access to these facilities. The tendency to "centralize" these facilities causes concern relative to family involvement due to a lack of available transportation and financial resources. Prince County, for example, no longer has a level two group home and limited options for emergency placements.

Another concern raised related to the disregard for proximity to school and community.

Many residents have had to disrupt their contact with school and community to relocate and consequently have been placed at a disadvantage academically and in many cases have had their educational opportunities compromised.

While in the case of residents requiring extensive intervention, a centralized facility is most appropriate, the decision to centralize the "level two" group homes comes into question, particularly in light of the fact that they are located in an urban setting which presents increased access to "high risk" environments. This situation raises many issues concerning monitoring of resident behavior and the negative impact of attempts on the part of staff to initiate change and modification of residents' life style.

Recommended Action:

4. **That Child and Family Services establish residential service options based on identified geographic needs and in consideration of the need of youth for attachment to family, school and community.**

4.2   Systemic Challenges and Issues

As stated before, the system is outdated, disjointed and in need of review, not because of the lack of effort, sense of responsibility or commitment to the well being of the residents by staff, but mainly because of the lack of attention to the essential systemic elements of the organization. These are the elements that contribute to efficiency and effectiveness and result in the provision of efficient, effective and appropriate services to clients and contribute to the "quality of work life" for staff. In this case, these elements need attention in the interest of both clients and staff and indeed in the interest of the reputation of Child and Family Services as a service provider.

4.2.1 Communication, Collaboration and Consistency

The comments from residential staff, as well as the staff of Child and Family Services reinforced the need for an increased effort by both parties to improve communication, to engage in structured collaboration, and to come to mutual agreement relative to consistency of intervention with residents and their families.

Many comments related to the lack of information that is shared both in-house (between and among staff and management) and internally between frontline programs and services of child protection and residential services.

On a larger scale, comments relative to confusion concerning the definition of "a child in need of protection" and a lack of internal consistency defining which youth "qualify for residential services", reinforce the need for communicated clarity for those working in the system.

Many comments indicated a variety of perspectives and opinions relative to the operation of the group homes and the treatment centers. It is quite evident that a lot needs to be done in establishing a mutual understanding of the service, its purpose, its function, its strategies of intervention and its place in the continuum of service.

Recommended Action:

5. **That all staff associated either directly or indirectly with residential service engage in regular "communication sessions" to establish a mutual understanding of the service and its implication in the "continuum of service" agenda of Child and Family Services.**

4.2.2 Roles, Responsibilities and Relationships

Many comments in the focus groups made reference to a lack of clarity and mutual understanding of the different roles and responsibilities within the organization and in particular the nature of the relationship between residential staff and child welfare staff. The need for clarity relative to "legal" responsibility; the appropriate lines of authority, an understanding of the processes of referral, intake and case management and the need for a mutual understanding concerning the interaction with the residential staff and the family was evident in these discussions. Too often valuable time is lost in such an ambiguous and counterproductive environment, and the effectiveness and efficiency of the delivery system is compromised.

Of particular concern relative to the referral process was the ambiguity associated with the "point of entry" into the service. Many felt that the centralized system puts other areas of the province at somewhat of a disadvantage and access practices are done on an "ad hoc" basis with little or no priority consideration. Many stated in this regard that a "single point of entry" would bring consistency and fairness to the service.

Recommended Action:

6. **That residential staff and child welfare staff be given the opportunity to regularly meet to establish the working relationship essential for effective and efficient service delivery.**

7. **That the Residential Services component of Child and Family Services be administered by a provincial Admissions team, responsible for the processes of intake, case management, and personnel and administrative management to ensure consistency and continuity of service delivery.**

4.2.3 Internal and External Support Resources

Significant voids in essential support services were identified as having a detrimental effect on the efforts to provide residential services to "high risk" youth by Child and Family Services. The services of psychiatry, mental health and addiction drew particular attention and in light of the numbers of residents with issues related to those services, attention to this void needs immediate attention.

The services of a multi-disciplinary resource team with expertise in areas such as assessment, clinical intervention, youth counseling, public health, case planning and management, addictions, mental health, etc., would serve the system well and contribute to the efficiency and effectiveness of service delivery. Such a team would not only provide the much needed internal resources to the service system, but also would provide the resources of professional development to staff and contribute to an environment of consistency, continuity and appropriateness within the system.

While the emphasis on demand for related services was a common perspective, there was also the opinion expressed that Child and Family Services should seek to "resource itself" by staffing itself with the support resources necessary to respond to its mandate.

Recommendations for inter-departmental collaboration have been common over the years but with limited results and faced with that reality, it makes sense that Child and Family Services adopt the route of building a cadre of support resources either through reallocation of existing expertise, secondment of resources from other departments or through staffing competitions.
Recommended Action:

8. **That a "multi-disciplinary resource team" be established within the jurisdiction of Child and Family Services to support the delivery of programs and services to "children in need of protection and in the care of the Director of Child Welfare, in the interest of maintaining consistency and collaboration within the service delivery system.**

4.3   Programs and Services

It is quite evident that a discussion of programs and services relative to residential services

cannot be done in isolation. Housing does not stand alone as a separate component of service and, as stated earlier, residential services must be viewed as a component of the cadre of services offered by Child and Family Services, and as such, must be considered in the intake and planning processes of the system.

Research shows that "relationships, education, housing, life skills, identity, youth engagement and emotional healing are key areas that determine how successful a youth is likely to be in the transition process and these are built on a foundation of financial support." (The Welfare of Canadian Children: Its Our Business).

This serves to reinforce the need for the development of an integrated service delivery model that responds to the "seven pillars and the foundation" and implies that the responsibility for program and service delivery lies with all components of the system. It also implies that the system must be collaborative in its approach with "client centered" strategies being the highest priority.

It is also the expressed opinion of many that an integrated model of residential care, youth counseling /support and intense family therapy be developed if success is to be realized. Such a model demands that a holistic approach to family intervention be adopted and that all aspects of family dynamics be addressed simultaneously.

4.3.1 Collaborative Program Planning

Unfortunately, many comments received in the review process related to a lack of involvement by key players in the planning and intervention/ maintenance processes. Front line workers often find themselves excluded in discussions and decisions; youth themselves often lack the opportunity to participate, which is a violation of their basic rights; and, often times, management staff are excluded or their input is disregarded.

It is evident that often times planning is done on an "ad hoc" basis and in response to crisis. While crisis is a reality of service to high risk youth, it is imperative that the system must strive to adopt a crisis management mode rather that a management by crisis disposition.

What is needed essentially, is the establishment of common practice for all concerned to be included in the planning and maintenance processes so that quality and appropriate decisions can result. Residential services should not be viewed as a last resort but rather should be viewed in the context of a holistic service model.

Recommended action:

9. **That Child and Family Services continue to promote and expand the practice of collaborative program planning, ensuring the involvement of all significant system personnel and including parents and youth and that a "holistic" model of family intervention be adopted as common practice.**

4.3.2 Transition Planning

A significant number of the youth presently in residence are of an age where they are asking the question; "What is going to become of me?". For many the opportunity to return to their birth family is not available and in a couple of cases, present residents have "out grown" the mandate of Child and Family Services.

Staff, residents and parents have identified the need for residence programs to be highly focused on preparing for transition both within the present system and indeed to the eventual exiting from the system. Identified program elements designed to prepare youth for independence and future success included strategies for 1) behavior management and modification, 2) emotional safety and well being, 3) academic achievement, 4) semi-independent residential options and 5) life skills. Needless to say these elements should constitute the "curriculum of intervention" and the "agenda of staff-resident interaction".

Recommended action

10. **That Child and Family Services continue to promote and expand the practice of incorporating transitional planning in the collaborative program planning process.**

4.3.3 Family Resources

As presented in the resident profile data, there is significant and valued involvement by the families of the residents and it is common practice to utilize the resources of immediate and related family members in the rehabilitation process.

This is commendable and certainly should be maintained as common practice since the principle objective of intervention by Child and Family Services is the best interests of the child.

This can include, if deemed to be in the best interests of the child, the obligation on the part of those in the system to 1) support a positive working relationship with the family, 2) maintain and nourish that relationship, 3) provide the family with the supports necessary

to cope with the reality of a "high risk" youth and 4) provide on-going support in the process of transition back to the family environment.

The implication then is that the family be very much involved in the planning process, the nature and strategies of interventions, program maintenance and transition strategies and that communication between the staff of both residential services and Child and Family Services be on-going, collaborative and consistent.

Recommended Action;

11. That Child and Family Services, if deemed to be in the best interests of the child, continue to promote and expand the practice of involving and utilizing family resources in the permanency planning and rehabilitation process.

4.3.4 Community Resources

One of the concerns raised by resident staff was the lack of resources available to them to access the programs and services of the community as well as access to opportunities in the community for residents to participate in community-based activities or to gain experiences to enhance their life skills and their quality of life in general.

Presently, such initiatives as done on an "ad hoc" basis by creative and interested staff members. What seems to be lacking is the "formal" practice of exposing residents to the opportunities of the community and the availability of the financial resources to support such initiatives.

Apart from the traditional options of sports and recreation and youth social organizations like the Boys and Girls Club and Generation XX, there are 16 different programs and services available for youth in Prince County, 15 such services in Queens's County and 4 in King's County. These organizations provide a variety of services to youth including pre-employment skills training, job search, counseling, life skills and training to support various industries.

Formally communicating and linking with these organizations on behalf of the residents would add considerable value to the efforts of Child and Family Services and certainly add value to the transition planning process.

In addition, there are presently available in the community, services particularly related to a population with various limitations and disabilities. Some of the resident population present such limitations and access to the programs and services of organizations such as Community Connections in Summerside and Canadian Mental Health- PEI would serve to augment the interventions of Child and Family Services.

Having identified specific needs for additional resident options, Child and Family Services could also appeal to service organizations and non governmental organizations of the community to collaborate in the development of these options. Traditionally in this province, service organizations and NGO groups have been very supportive of the creation of programs and services for various sectors of community and continue to be a valuable resource to community development.

It is quite apparent that the multitude of needs presented by the "at risk" youth of today can only be met with the cooperation of a variety of resources included those of the community. The adage "it takes a community to raise a child" is true for all youth and hence the need for community to be involved in the efforts of Child and Family Services is apparent not only from the point of view of responsibility but also from the point of view of adding value to the options.

Recommended Action:

12. **That Child and Family Services continue to promote and expand the formal practice of including community resources in the collaborative program planning process and provide the financial resources necessary for residential staff to pursue such activities.**

13. **That Child and Family Services enter into formal communication with local service organizations and non profit government agencies in an effort to create additional residential options within various communities throughout the province.**

4.4   Personnel Resources, Challenges and Issues

Based on feedback from the focus groups and from the author's experience in meeting with staff members, it is quite evident that the sense of genuine interest in the well being of the residents and a firm commitment to quality programs and services are definite assets of the present service system. Staff are to be commended for their willingness to persevere in spite of challenging circumstances and conditions imposed by both residents and their families and organizational limitations.

The staff and those related were quick to acknowledge that the challenges presented by "high risk" youth and their families require that the personnel resources of the system are in need of review in the sense that the experience of the past can only serve as a foundation for the development of new insights, skills and practices if the youth are to be adequately served. In addition, consideration must be given to the professional credentials necessary within the system to respond to these challenges. This reality has implications

for recruitment and hiring practices and the need to rethink the needs of the service delivery system in the context of present and future realities.

As well, the "quality of work life" of personnel can no longer be taken for granted in that the service to these youth is extremely stressful by times, resulting in the need for the system to attend to the well being of the staff as well as to that of the residents. This can be done by developing a system that both acknowledges the worth of its staff but also by developing a system that is efficient and supportive so as to not add frustration to an already stressful situation.

4.4.1 Human Resource Issues

Several items of a human resource nature came to light in the review process. Frustration was expressed with regard to the variance within the resident worker classification. Casual staff indicated that they have not had a raise in some time and as well their casual service time is not recognized in competition, consequently diminishing the potential for permanent employment. Concern was also raised relative to the "range of qualifications" of both regular and casual staff and the tendency to just fill a void with little or no regard for quality of service. Residents in particular saw this issue as one in need of attention.

Of particular concern to front line staff was the issue of liability. The disposition of certain residents leads often to accusations that are investigated but in the investigative process staff often feel that their position is not fairly presented or defended. Even when accusations are deemed unfounded, the stress created is detrimental to staff well being and moral and staff must sense a security in the process and a faith in the organization that they serve.

Recommended Action:

14. **That Child and Family Services review the classification status of residential services staff in the interest of consistency and congruence.**

15. **That Child and Family Services administration clarify policy and procedure relative to the response to allegations by youth and or family in the interest of fairness to all concerned.**

16. **That Child and Family Services administration conduct a review of staff allocations to existing facilities in the interest of adequate and appropriate staffing of these facilities.**

4.4.2 Professional Development

To respond to the challenges presented by "high risk" youth and the dynamics of families

the need for on-going and specialized professional development was identified by residence staff. As research would indicate, the impact of "front-line" staff in the rehabilitation process is without question the most significant and hence the importance of the quality of the interaction between resident staff and residents cannot be underestimated..

Feedback in the review process indicated that the quality of staff performance in this regard varied with some staff being highly skilled while others lacked not only the skill but also the disposition to interact effectively with residents. It is evident that a combination of nature and nurture is an essential mix for staff to be effective and both need attention in both the hiring process and the professional development agenda.

Exposure to the basic principles of interaction with "high risk" youth , skill development in the areas of behavior management and behavior modification and insight relative to the various social, emotional, developmental, intellectual and dependent circumstances of these youth as well as insight relative to family dynamics will serve to equip staff to meet the challenges presented and give consistency to strategies of interaction.

Recommended Action:

17. **That a professional development agenda be established for the staff of residential services that would include exposure to knowledge and strategies to better prepare them to respond to the challenges presented by youth in residence.**

4.4.3 Quality of Work Life

The nature of the "business" of caring for this particular population is in itself highly stressful and the interests of staff should not be overlooked. Working in the environment of child protection in general and residential care in particular is fraught with internal and external obstacles and frustrations.

The organizational responsibility is to diminish those obstacles and frustrations through specific strategies of recognition and appreciation, the provision of opportunities for staff to engage in personal wellness activities and attention to the processes of efficiency and effectiveness in the way the organization does business.

The principles of "Quality of Work Life" include adherence to the concepts of staff appreciation, staff involvement in decision making, concern for personal well being and opportunities for personal and professional growth. Organizations that adopt those principles achieve excellence in performance.

Recommended Action:

18. That Child and Family Services initiate administrative practices designed to enhance the "quality of work life" of staff.

5.0 Relations with Related Agencies

As stated previously, a major cause of concern for those working within the Child and Family Services system was the lack of communication and collaboration other government agencies involved in the delivery of programs and services for youth.

The lack of "guaranteed support" from these agencies has been discussed and dealt with earlier but the fact still remains that there is a need for a concerted effort to open the lines of communication with those agencies to assure a mutual understanding of the mandate and services of Child and Family and the clarify ambiguity concerning the expectations of those various agencies. The converse is also true in this regard in that the personnel of Child and Family Services need to understand the mandates and parameters of related agencies and services.

Conversations with representatives of Health, Education, Youth Justice and Mental Health revealed two main issues: 1) The lack of understanding of the mandate of Child and Family Services relative to the *Child Protection Act* and the parameters of the *Act*, and; 2) the need for an understanding of the mandates of those agencies on the part of Child and Family Services.

Recommended Action:

19. That Child and Family Services initiate a communication strategy to inform personnel of related agencies of the *Child Protection Act* and to outline the role of Child and Family Services relative to the *Act*.

5.1 Children in Need of Protection vs. Children in Need of Service

Perhaps the most significant conclusion drawn from conversations with representatives of related government agencies was the fact that, while the resources of Child and Family Services respond to the needs of a specified number of youth, there exists an ever increasing number of youth in the province who are "in need of service" but who do not fall under the mandate of the *Child Protection Act*.

The resources of Youth Justice, Education, Mental Health, Addiction Services, Public Health and Psychiatry as well as those of Child and Family Services are constantly being challenged to respond to this population and as one contact put it; "the numbers are not

getting any smaller".

While these agencies must function within their various mandates, it is imperative that a collaborative strategy be developed to respond to the population of youth "in need of service". The "silo" approach of agencies operating in isolation focusing on specific issues has not worked nor will it work. What is needed is a pooling and a realignment of existing resources and the design of a holistic service delivery model that would result in enriched intervention and serve to eliminate the waste of duplication, and inefficiency.

This will require a commitment on the part of related youth agencies to contribute to this initiative; a commitment that goes beyond the good will of individuals in the system to a level of administration that would commission such an outcome.

Recommended Action:

20. **That the Minister of Social Service and Seniors continue to support the mandate of the Inter-Departmental Directors Responsible for Youth Services Committee with representation from the Health, Social Services and Seniors, Office of the Attorney General, and Education to develop a collaborative strategy to respond to the challenges of service delivery to"high risk" youth in the province.**

6.0   Summary

The task of a review of the residential services component of Child and Family Services has proven to be both interesting and challenging to say the least. While the intent of the review was to focus on improvement , adjustment, adaptation and change, one has to appreciate as well the positive aspects of what has been achieved by this service. The commitment and dedication of the staff is evident throughout and many initiatives have added value to the experience of residents. But, having said that, it is obvious that the status quo is not an option for this service given the every changing demands and expectations placed upon the service and those working in it.

The review has looked at all aspects of the service; the facilities, the processes, the programs and the personnel and recommendations have been made accordingly. Input to the process has come from a variety of perspectives; staff, residents, parents, related agencies, community, thus providing the opportunity to consider residential service in all its components and complexities.

Parents talked about the value of the service as a support to them personally as well as a

support to their child. The residents talked about the importance of the "interpersonal" aspect of their experience in the group home. Staff admitted to their need to become better equipped to respond to the needs of the "youth of today" as well as the importance of efficiency, effectiveness, collaboration and communication in the delivery of quality service.

It goes without saying then that the design and development of a residential service for youth must be based on those three perspectives; the youth, the family and the staff and if quality service is to be realized, equal attention must be given to those three elements.

It is also imperative that the service model be based on 1) a sound philosophy, supported by well enunciated policy and consistent procedures and 2) that programs and practices be youth and family-centered, supported by internal resources and collaborative partnerships with public and community agencies.

In this regard, there is much work to be done and realizing that "change is a process, not an event", the redesign of the residential service system will need concerted attention over an extended period of time. To do justice to the system and to respect the genuine enthusiasm and commitment of all who contributed to the process, a focused effort on the part of corporate government and senior officials in followup to the recommendations of this report is required.

Such an initiative on the part of Senior Management will both bring credibility to this review process and will immediately bring consistency, continuity and collaboration to the residential service system.

Recommended Action:

21. That responsibility for the development of feedback and implementation strategies relative to this review be forwarded to the Deputies Responsible for Social Policy and tabled for direction.

6.1   Plan of Action

It is recommended that the following initiatives be implemented as priorities in response to the recommendation of this review:

1. Appointment of a provincial Admissions team for residential services.

This team will provide consistency and efficiency to the residential services component of Child and Family Services and serve to facilitate the recommended

actions of this report.

2. Formation of Resource Team

This team, highly recommended by review participants will both serve as a resource to the system and, as well, will provide the "clinical direction" that the system as a whole needs. This resource could be assigned to the total population of "children in care", thus broadening its scope of influence.

3. Communication/ Collaboration Initiatives

Practices associated with communication and collaboration will serve to diminish the ambiguity that presently exists in the system and will help to establish some "common" philosophies and consistent practices to the benefit of the population it services.

4. Human Resources Review

Such a review will serve to deal with the human resource issues identified by the participants in the review process.

5.. Children in Need of Service Initiative

It was the consensus of the "Directors'" group that the challenges of "children in need of services" in this provinces can only be met with a collaborative, cooperative model of service delivery. The Minister of Social Services and Seniors can be a catalyst in this regard and can cause such collaboration to occur. A significant impetus in this regard is to provide this group with a formal mandate to address the challenges relative to such a large portion of our youth population.

APPENDIX "A"

FOCUS GROUP NOTES

Consultation Process- Residential Services
Administration and Staff
June 19, 2008

DISCUSSION SUMMARY

Strengths:

- Staff establishes relationships with clients that last into adulthood.
- The program helps clients develop life skills and personal growth.
- The program helps to establish personal boundaries and safety issues.
- The centers promote a safe, caring environment.
- The centers provide support to caretakers and act as a guide to other forms of treatment.
- Team work is prevalent.

- The staff work well in the community while dealing with a high level of supervision.
- The centers provide a positive, structured environment.
- The centers provide service to the "whole" youth in the context of family and community.
- The centers provide strong family intervention and resource services.
- The centers provide a professional and well educated staff.
- The centers have a supportive management that promote innovation.
- The commitment and caring level of the staff is a definite strength.
- The staff is "diverse" with new and different perspectives.
- There is a high level of communication between group homes.
- Staff consistency and program consistency is a strength.
- The staff is made up of different personalities, so a youth can always find someone to relate to.
- Staff are flexible and adaptable to respond to youth and family needs.
- All clients are treated equally regardless of race etc.

Question 1. Identify challenges presented by youth/families

- Learning disabilities
- Anger issues; violence.
- Addictions; children of addiction.
- Physical and sexual and emotional abuse.
- Neglect.
- Sense of entitlement.
- Lack of support system. (Significant adults).
- Family financial issues.
- Family lack of transportation to take part in programs.
- Many of the clients are permanent wards with little to work towards.
- More and more parents emotionally abandon kids, wanting a quick fix.
- Some parents see the residential service as a stigmatizing service or give up on accessing service due to difficulty getting access.
- Poor parent role models.
- Very few extended family resources; few kinship options.
- More transient families; more blended families.
- More international family cultures.
- Defiant, rebellious youth.
- Youth feeling a sense of abandonment.
- Youth with limited success as students.

- Youth in need of attention.
- Youth with undiagnosed and untreated mental illness.
- Youth involved with criminal behavior.
- Youth lacking boundaries and structure.
- Youth are a flight risk.
- Youth who cannot be around other youth due to the risk they pose to others.
- Youth with limited cognitive ability.
- Youth who have difficulty conforming to cultural boundaries.
- Lack of parenting skills.
- Parents lacking a commitment to change.
- Families with internal conflict. (Addictions, mental health
- Youth and parents attempting to sabotage the case plan.
- Parents who are defensive/not cooperative with Child and Family Services.
- Mobile family life style makes it difficult to keep track of outcomes
- Clients require higher level of care than we are equipped for.
- Youth often mis-diagnosed.
- Parents are not held accountable and don't work with staff.

Question 2. Identify internal/external issues and challenges

Internal:

- Information gets lost in shift changes.
- Information can get lost from management to floor staff.
- Some social workers are not aware of facilities set-up.
- Lack of financial resources.
- Staffing issues.
- Lack of secure space.
- Lack of a safety room.
- Lack of safety bracelet for level 2.-
- Lack of services for older youth (16+).
- Residential services cannot provide services re addictions and mental health.
- Having clients "stuck" in one place for long periods of time.
- Lack of placement for permanent wards.
- Information and communication between Child and Family and Group Home.
- Lack of respect between C and F and GH.
- Different ages groups housed in same class in school programs.
- Casual staff included in staff meetings.
- Cut off age for "children in care" too young.
- Finding sufficient and qualified staff.
- Work is becoming more specialized; more treatment focused..

- The transition process is cumbersome or "non existent".
- Case managers need to put more effort into their responsibilities.
- Lack of consistency within the group home-shift to shift; worker to worker.
- Youth are separated by distance.
- A lack of discharge planning and other services being involved when youth transitioning from group home.
- Residential services staff not involved in decision making process.
- Police transporting youth present some issues.
- Lack of a "centralized" system of service options.
- Lack of social worker involvement or availability.

External:

- Inconsistent police/psychiatric/mental health/addiction/education services.
- Access to appropriate education settings when traditional options don't work.
- The need for better communication between all agencies involved in services to youth.
- Lack of attention to follow-up.
- The lack of therapeutic approaches when dealing with families.
- Wait time for assessments too long.
- Youth who should be served by Justice are using our services.
- Lack of long-term psychiatric facility for youth.
- Youth Justice system too lax.
- A sense that no one wants to deal with high risk youth because of risks, liabilities, anxiety.
- Other agencies refusing to support Residential services work with youth.
- An ever-changing definition of "youth in need of protection".
- Lack of community support for activities.

Question 3. Identify staff challenges/needs

- Needed; more resources with mental health/addictions issues.
- Continued training re addictions, secondary trauma, cultural diversity .
- Attention to staff "wellness" and mobility opportunities.
- More opportunities to "get together" to share ideas.
- Shared information between group homes re. Roles and responsibilities.
- Fear of litigation..
- Team building (ropes program).
- Staff are concerned re their professional careers and personal safety.
- Lack of support from staff, administration.
- Staff are dealing with youth who don't fit within the context of their group home.
- Lack of communication between casual and permanent staff and management and front line.
- Inadequate staff and financial resources.

- Staff lacks the "tools" to deal with clientelle
- Staff feeling undermined and micro-managed resulting in hesitancy to act and often increasing risk.
- Case managers often have little or no understanding of residential care.
- Lack of clarity re roles and responsibilities.
- "Risk management" impedes common sense and service delivery.
- Facilities and work environment lack "safety, cleaniness" etc.
- Lack of money for activities.

THREE POINTS: Recommendations

- ✓ There is a need for "higher needs" beds.
- ✓ Staffing issues need to be addressed.
- ✓ Issues of liability need to be addressed.
- ✓ Access to safe/secure environment.
- ✓ Communication between all government agencies and all levels.
- ✓ There is a need for a "secure" addictions facility.
- ✓ Front line staff need to be involved in decisions.
- ✓ Internal communication needs to be addressed.
- ✓ Focus on proper placement.
- ✓ Focus on health and well being of residential services staff.
- ✓ The increased demands of clients and families call for new improved and specialized services.
- ✓ Mental Health, Addictions and transition planning need to be addressed.
- ✓ Repair/improve Youth Justice Act.
- ✓ Level 1 group homes needed.
- ✓ Review re teen pregnancies.
- ✓ Lack of a CARE program.

FOCUS GROUP NOTES

Consultation Process: Staff of Child & Family Services
June 23, 2008

DISCUSSION SUMMARY

Strengths:

- Quality, skill of staff is exceptional.
- Staff individually have made excellent connections with youth.
- Great effort is made to incorporate clinical work with families in all group homes.
- Different levels of services exist to meet the needs of youth.
- Staff exhibit a high level of flexibility to meet the needs.
- Staff deliver a "holistic" approach besides behavior modification.
- Well-trained staff/connected to youth.
- Parents group program available at PAGH..
- An experienced staff.
- A staff committed to kids.
- A "home: environment as opposed to an institution.
- A nurturing staff, particularly at Brackley.
- The 72 hour room well utilized.
- Flexibility re options (eg. Cottage 6).
- Parents and kids get a break.
- Staff know where to find kids when they run.
- Not a high staff turnover.

- Staff advocate for kids.
- Good at case planning and follow-up.
- A willing to take kids in and make adjustments accordingly.
- Ample staff so they don't burn out.

Question 1. Challenges presented by youth/families

- More severe problems (FASD)
- Repeated running.
- Youth are used to "free" life style.
- Hygiene issues.
- Subcultures in the group homes when friends run with friends.
- Youth are challenged academically, socially, behaviorally etc.
- Transitioning youth back into community with life goals.
- The family expects the service to "fix" the youth.
- Lack of support for the youth outside the family.
- Teen pregnancy.
- Circle of violence within the family.
- Various forms of abuse.
- Personal safety.
- Youth and families present multi-dimensional needs.
- Some kids don't want services or support.
- Parents may not want to work with staff in following the case plan.
- Lack of consequences for youth particularly re criminal Justice system.
- Behavioral issues.
- Stigma of having a child in a group home wears on family.
- Family financial issues re transportation etc,
- Youth running-not wanting to be in care.
- Non contractual youth including permanent wards.
- Complexity of substance abuse ingrained into the culture of the family.
- Peer influence within and outside the group home.
- Parents losing their right to parent.
- Complex psychiatric issues presented by youth.

Question 2. Internal/external issues and challenges
Internal:

- Location of present facilities.
- General lack of knowledge about our Acrt, particularly "in need of protection".
- Lack of internal consistency defining which youth qualify for residential services and who is in need of protection.
- PAGH has younger and younger permanent wards with serious psychiatric issues.

- Staff turnover.
- Lack of services for developmentally delayed youth.
- Lack of coordinating re decision making between residential services staff and case workers re placement.
- Lack of resources for particular children (15-18 yrs).
- Lack of "in-house" professionals to work with youth and families.
- Lack of resources to met "high risk" population.
- Communication between staff of residential services and front line staff and management needs to improve.
- The need for our own intervention team. (Eg. Crisis intervention team -Halifax.)
- Wages for one-on-one worker; integration into child and family staff.
- More prevention services..
- Children at developmental turning points are in limbo.
- Service lacking for parents/kids.
- Provide services of a proactive nature rather than a reactive.
- Needed; secure treatment.
- A need to further engage parents in the process.
- Funds needed to provide "homey" facilities.
- Funds for activities.
- Inappropriate placements.
- The need for uniformed services across the Island.
- No parent/infant homes available.
- Out of control addicted youth cannot be served in a residential facility.
- Expectations are different in Child and Family Services as a legal guardian.
- Can't access 72 hour bed after 10:30 P.M.
- There are gaps in the continuum of care.

External:

- Dealing with the school system.
- Needed; more community-based options for education.
- Risk management strategies when dealing with kids in school/community.
- Lack of support from other services (eg. Family Income).
- Youth Justice Act lacks consequences.
- A facility is needed to deal with mental health/addiction issues.
- Community pressure/political pressure/ youth Justice pressures are often unjustified.
- Translation services lacking.
- Need for psychiatric, addictions, pediatrics etc.
- Inadequate services from Mental Health and Addictions in Montague.
- There is a general lack of understand of the mandate of C and F.
- Other services terminate when kids are admitted.

Question 3. Staff challenges/needs

- There is a need fo a secure assessment option.
- Communication/collaboration needs to be ameliorated with case workers.
- Th casual list is always stretched.
- A lack of risk assessment policy/procedures within residential services.
- Lack of level one options.
- Lack of a harm reduction drop in.
- Lack of staff to do outreach in family homes.
- Getting youth in care too late.
- Difficulty in accessing services to families.
- Family transportation issues.
- Communication among staff within group home difficult with shift work etc.
- More training and education needed for staff.
- Staff moral and safety needs to be addressed.
- Outreach services to bridge gap when kids go home.
- Outreach services for kids on the street-crisis drop in center.
- Over night housing.
- More information re and use of community-based resources for youth.
- Protocol required for youth in crisis between C and F staff and G H staff.
- More supports needed through addictions, Justice, etc.

THREE POINTS: Recommendations

- ✓ A more collaborative approach between community agencies such as education, justice, counselling services, mental health, addictions for youth and families.
- ✓ Crisis services including a safe place for youth and appropriate support services from a macro level.
- ✓ Focus on "secure treatment" section of the Child Protection Act.
- ✓ Crisis Intervention Team-multi disciplinary resources part of case plan.
- ✓ Allocating resources for client needs rather than putting kids in places they don't fit.
- ✓ Services for children in need; not just in need of protection.
- ✓ Creation of shelters and secure treatment/assessment facilities.
- ✓ Outreach workers.
- ✓ Role clarification; communication improvement.
- ✓ Review of Youth Services Act to correlate services and reduce gaps.
- ✓ In-house Youth Services Team.
- ✓ Level 1 group home needed.
- ✓ Emergency placement options.
- ✓ Incorporate a multifaceted assessment.

FOCUS GROUP NOTES

Consultation Process: Staff of Child & Family Services
June 27, 2008

DISCUSSION SUMMARY

Strengths:

- Number of staff fair for the size of the province.
- The fact that we do have a residential services option.
- Information is shared.
- A central system allows for exchange between regions.
- Connection with Child and Family Services.
- A site for "on the job training" for students of Holland College.
- Different levels of homes to respond to different needs.
- Quality of staff (always available, accommodating, caring, involved).
- Generally accessible on short notice.
- Willing to be flexible.

Question 1. Challenges presented by youth/families

- Child and family situation has deteriorated to crisis level by the time we are involved.
- Not enough preventative treatment.
- Reactive vs. Proactive.
- Cognitive challenges of family; families caught in patterns of behavior they will have a hard time changing.
- Low social-economic status.

- Increased addictions- more serious drug use issues.
- Increased violence.
- No services for 16-18 year olds.
- Home located distant from family and community.
- Education issues.
- Families need to become part of the Child Welfare system in order to access residential services.
- Child's behavior issues are more severe.
- Services are not up-to-date to meet child's needs.
- Lack of consistency in home environment.
- Residents experience a "culture shock" when entering group home environment.

- Because the system is primarily "crisis based" families do not get a chance to deal with the underlying issues, all the history etc.
- The negative influence of "peers" both in the group home and in the community.
- The need for families to understand the nature of their problems.
- Addictions/ mental health issues.

Question 2. Internal/external issues and challenges

Internal:

- Preventative vs. crisis based service.
- Punitive vs. therapeutic approach to intervention.
- Lack of access to support services (eg. Addiction, mental health).
- Lack of outreach services.
- Lack of a consistent intake process and roles and responsibilities.
- Displacement of youth from their home and community.
- More saying "we can make the fit" instead of "do they fit?".
- Gaps in transition between group home and home.
- Families not aware of the assessment results..
- Lack of preventative programs.
- We need to identify "supports" before residential placement.
- Lack of a "holistic" system of support for the child.
- Lack of family related training.
- Lack of foster parent training.
- Lack of "in-house" supports. (Eg. Psychiatry in Tyne Valley).
- No continuous training to help the staff "grow" and learn how to better serve kids.
- The need for proper training in a "chosen" model of intervention.
- Lack of program flexibility.
- Lack of staffing.
- Lack of communication at times.
- Location and scarcity of facilities.

- Lack of funding for "therapeutic" group homes.
- Issues of liability re co-ed facilities where staff sleep at night.
- The need for a "treatment team" with representation from mental health, addictions etc.
- Lack of clarity re roles and responsibilities in the residence.
- The need for clarity re the term "treatment".
- The need to clarify the differences in levels of the various residences.
- The need for gender specific group homes.
- The need for clarity re who's responsible for the case plan.
- The need for regular meeting with all partners.
- The need for regular communication from group home.
- Training need for residential therapeutic–therapeutic.
- There is a lack of relationship building with youth; an emphasis on responding.
- There is a need for "specialized" training.
- There is a lack of "smaller" options for children.
- There is a lack of communication between Child and Family workers and staff of residential services.
- A lack of policy to protect a child in care for abuse of staff.
- Central resources in Charlottetown make it difficult to service youth outside of Charlottetown- transportation; school continuity' visitation etc.

External:

- Addiction/mental health services often inaccessible.
- There seems to be a stigma attached to children from the residential system. They are suspended more quickly than other students.
- Quicker access to assessment services and feedback.
- The tendency of related agencies to "dump and abandon".
- The new administrative structure distanced us from related resources. (Eg. Mental Health, Public Health, Addictions).

Question 3. Staff challenges/needs

- A lack of training policy.
- Confusion about "unspoken" policies.
- Staff turnover makes it difficult to build relationships.
- Lack of programs available when children leave.
- Will we house them or help them?
- Sometimes we treat the kids like they are in prison.
- We need to have more understanding of loss and grief.
- Staff are dealing with issues they are not trained for.
- The staff have to accept all levels of kids because there is no placve for them.
- One size fits all. No individualized plans for kids.

- There appears to be the belief that the same rules fit all- individual needs are not taken into consideration.
- Child and Family staff don't have residential services as a part of their orientation.
- If we really valued the youth would we not pay more attention to their physical well being?
- Tyne Valley retains a "jail-like" quality.
- The staff needs training in ADHD, FASD, Attachment Disorder etc.
- The staff need more support from their managers.
- Reactive vs. Proactive; always focused on crisis and not able to plan.
- The need to promote the concept of "family", to integrate the staff as family, to normalize a child's life.

THREE POINTS: Recommendations

- ✓ Consider a model of practice that focuses of therapeutic; where do kids best fit and how can they be best helped
- ✓ The service should be supported by a professional support staff.
- ✓ Create a variety of options and resources in more regions.
- ✓ Better communication; clear case plans with clarity of roles and responsibilities of everyone involved (group home workers, managers, social workers, child, family. Community).
- ✓ Need for transitional homes; high structure to no/low structure when transitioning back home/foster home. More life skills transitions for youth 16+.
- ✓ More funding for more options, treatment, staffing , training, facilities in all regions of the Island..
- ✓ More staff would have more time to manage cases rather than respond to crisis.
- ✓ Better planning and clearer communication.
- ✓ The need for a multi-disciplinary approach—a treatment team.
- ✓ Planning and informed decision making for the most appropriate residential placement for the youth (pre-admission conference if possible.
- ✓ More individualized services and treatment plans.
- ✓ Therapeutic residential services.
- ✓ Policy and Philosophy identified and staff trained accordingly.
- ✓ Access to services island wide.
- ✓ Needed; a continuum of care with prevention, acute and follow-up.
- ✓ Increased services front end.
- ✓ Increased follow-up activity.

FOCUS GROUP NOTES

Consultation Process: Youth Residents (24 participants)

August 4, 2008

DISCUSSION   SUMMARY

Group Discussion Agenda

1.   (10:30-10:45)   Welcome and Project Introduction
                           Rona Brown

2.   (10:45-11:00)   Project Overview
                           Basil Haire

3.   (11:00-12:00)   Group Discussions
                           Feedback and Summary
                           Wrap-up

4.   (12:00-1:00)   Lunch

Step One: Identify strengths and/or positive experiences you have as residents in residential Services..

Step Two: Outline some negatives that you experience.

Step Three: Present recommendations for improvement in the present system.

SUMMARY NOTES

Strengths:

1 With the exception of a positive endorsement relative to Provincial Adolescent Group Home (PAGH), there were not any positive comments offered by the "older" participants.

2. The "younger" group identified:

- bunny rabbit
- toys
- bike rides
- special outings (like this)
- treats
- Shining Waters
- beach
- pool
- Food (getting to pick choice)

Issues:
(Younger group)

- facilities (rooms too tiny)
- rather share bedroom with girls
- don't like windows because of trees and shadows.
- don't like staying in room until 9
- don't like sharing bedroom
- they don't buy good presents for birthdays (cake no good)
- don't think kids should do laundry

(Older group)

- inconsistent behavior of staff
- restrictions on use of money
- the need for privacy and safety of "stuff"
- more free time
- age span too wide in home
- the need for consistency re consequences
- facility (Maple Street is a slum
- the need for consistency re privileges
- the need for transportation
- the need for protection from other residents
- nothing happens to those who don't follow rules
- inconsistency between staff and residents re smoking location
- lack of respect from staff

Suggestions:

(Younger group)
- have more outings
- more sleep overs
- no red blocks, blue blocks (reward system)
- get up whenever you want
- want to be able to pick TV shows (TV in room)
- want internet access
- need a big screen TV
- want to go home when you want to
- want to buy and wear what I want
- want to play hockey
- want more time with friends
- want more one-on-one time with staff
- each star should be 75 cents instead of 10.
- want to be able to go out to eat more often
- to do homework whenever we want
- staff should be more supportive
- later bed time for those who are good
- overnight weekends at home
- start off first of school with family, foster parents

(Older group)
- lockers for personal effects
- consistent behavior from staff
- consistent rules, regulations and consequences
- group home for "older" residents.

- help with transition planning
- staff better trained to help residents
- staff to focus more on "interacting" with residents
- "treat us like young adults not children"
- the need for more one-on one workers for individual contact and support.

Facilitators' Observations:

- youth expressed concern about bedtime rules for age groups i.e. 13 yr. olds having to go to bed at 8:30.
- frustration of complying with rules and no exit plan from facility.
- appears to be double standards i.e. youth who run but has no circumstances.
- one youth commented on the use of restraints at Brackley and how that model was effective compared to other group homes he had been in.
- discussion on restraints and youth feeling that they are being used unfairly.
- there was consistent reference to one staff member at one group home who the youth describe as "being out to get them".
- need to have a range of beds that include exit plans for youth.
- frustration expressed re bed monitoring during the night.
- youth referred to Corrections staff being used to staff group homes i.e. physical size and strength.
- youth described punishing them for extended periods of time.
- youth described Euston and Maple Street group homes as needing significant physical upgrades.
- youth feel that social workers do not believe them/listen to them when they express their concerns about the group homes.
- youth mentioned how staff are often on the phone talking to their friends and unavailable to youth.
- described double standards i.e staff have better T.V. than youth.
- consistent discussion re consistent standards and rules among group homes.
- one youth mentioned being "roughed up" by temporary staff.

APPENDIX "B"

RESIDENT PROFILE SUMMARY
(for one day only)

JULY 31, 2008

A. **Number of residents profiled:**

- Male   23
- Female   17
- Total   40

B. **Age range:**

- 9 years, 2 months to 17 years, 6 months.

C. **Terms of involvement in residential service:**

- 3 months to 9 years, 7 months.

D. **Legal Status:**

- Permanent ward: 18 = 45 %
- Temporary care: 22 = 55 %

E. **Aboriginal youth:**

- 4

F. **Grade Equivalent:**

- Elementary (Grade 2- 6)   6
- Intermediate Junior High (Grades 7-9)   21

- Senior High (Grades 10-12)   13

G.   Prescribed medication:

- 27 out of 40 = 68 %

H.   Reason for Residential Service (multiple listings for most residents):

- Attachment Issues   13
- Developmental Issues   9
- Parent/Child Conflict   27
- Conduct Disorder   11
- Self Harm   8
- Violent Behavior to Others   16
- Suicidal Behavior   7
- Depression   7
- Sexual Abuse   2
- Sexual Behavior   7
- Criminal Behavior   9
- School Difficulties   16
- Medical Issues   3
- Identified Disability   2
- Fire Setting   3
- Other (listed at random)
  - Domestic Abuse
  - Runner
  - Stealing (Criminal Behavior)
  - Substance Abuse
  - Abuse by Parent
  - Cognitive Limitations
  - Parents Mental Health/ Addiction
  - Fetal Alcohol Syndrom
  - Personality Disorder
  - Defiance Disorder

I.   Family /Significant Others Involvement (multiple involvements in some cases):

- Mother   27
- Father   14
- Blended Family   4
- Siblings   26

- Aunt   11
- Uncle   5
- Cousins   3
- Grand Parents   19
- Others:
  - One-on one worker   4
  - Foster parents   5
  - Step Father   2
  - Family Preservation Worker   1
  - Newcomers Association   1
  - Community Youth Worker   1
  - Family Resource Worker   1

J.   Professional Assessments:

- Psychometric   9
- Education   16
- Addictions   6
- Mental Health   15
- Psychiatric   18
- Sexual Deviance   2
- Medical/Pediatric   11
- IWK   5
- No Assessment Done   5

K.   Specific Diagnosis from Assessment:

- ADHD   9
- Conduct Disorder   3
- Depression   3
- Cognitive Impairment   2
- Anxiety   2
- Obsessive Compulsive Disorder 2
- Tourettes Syndrome   1
- Bipolar Disorder   1
- Aspergers   1
- No Diagnosis   14

L.   Placement Needs:

- Family   16

- Foster Home   18
- Semi-independent Living   1
- Supported Living Arrangement   4
- Supervised Room and Board   2
- Mental Health Facility   1

M.   Residential Service Challenges:

- Life Skills   27
- Employability Support   4
- Employment   5
- Addiction Treatment   6
- Financial Support   3
- Mental Health Support   17
- Transitional Support   21
- Supports for Disabilities   5
- Other:
  - School   3
  - Specialized Foster Care   3
  - Family Counseling
  - Parental Support

APPENDIX "C"

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