Commission to Promote
Sustainable Child Welfare

Commission de promotion de la viabilité
des services de bien-être de l'enfance

Future Directions for In-Care Services In a Sustainable Child Welfare System

WORKING PAPER NO 3

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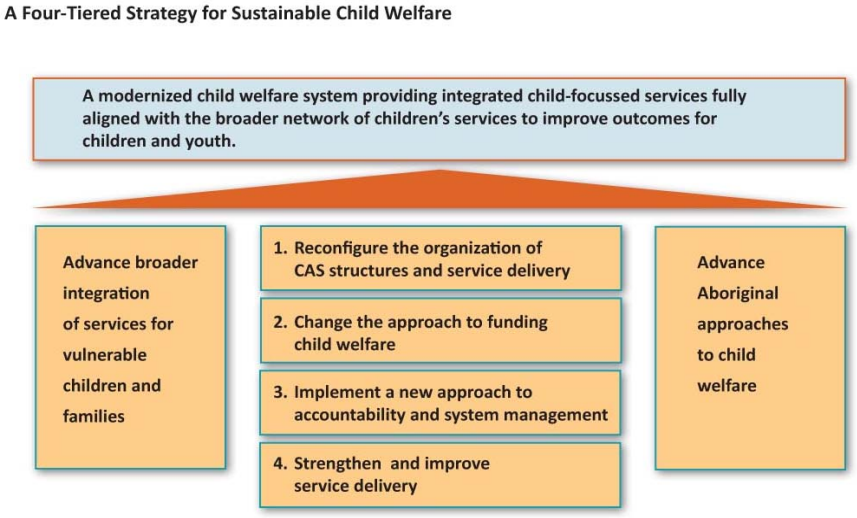
I. INTRODUCTION

In July 2010 the Commission to Promote Sustainable Child Welfare issued its First Report. In this report, the Commission set forth a four-tiered strategy through which to move toward realization of this vision. This strategy is set out below:



The fourth tier of this strategy – Strengthen and improve service delivery – will encompass initiatives relating to direct service and administrative areas. This document addresses initial work on **one** of these areas: *In-Care Services.*

By "In-Care Services" we are referring to any out-of-home placements of children for short or long-term periods. These placements may be in foster care, foster-to-adopt, kin care, group care or other residential care settings. Services may be agency-based or may be provided through contracts with "Outside Paid Resources" or "OPRs"[1].

In-Care Services were identified as an early priority to be examined by the Commission for two main reasons. First, it represents a significant portion – roughly 40% -- of overall child welfare costs and therefore, it is an important area to examine in view of the Commission's mandate of sustainable child welfare. Second, the act of removing a child or children from their home is understandably the most intrusive and disruptive element of child welfare services and introduces new risks and complexities for children and families alike. Hence, examining how this part of child welfare is being delivered and whether there are ways to improve it is in everyone's best interests.

[1] The term, OPR or "Outside Paid Resources" is perhaps an unfortunate terminology as it does little to describe what kind of resources we are referring to and is often confusing to newcomers to the sector. The Commission has had various suggestions around the merits of renaming this grouping of service providers, perhaps to "Independent Residential Service Providers" (IRSPs). For the purpose of this working paper, we are continuing to use the term "OPR". However, consideration is warranted during our action phase on whether this terminology should be revised for the future.

The Commission's work on *In-Care Services* began in April 2010. This Working Paper reports on the result of this work which is referred to as "Phase 1". The paper concludes by setting out the five priorities relating to In-Care services against which the Commission intends to initiate action before the end of its three-year mandate.

Phase 1 was supported by an In-Care Advisory Committee composed of foster parents, leaders from CASs, MCYS and OPRs, and a former youth-in-care. [2] A consulting firm was also retained to support the work and, among other things, undertake an extensive review of the previous studies relating to In-Care Services. The Commission's conclusions from this work have also been informed by the generous insights provided by hundreds of foster parents, OPRs, youth-in-care, CAS and MCYS leaders who met with the Commission during the first several months of its mandate.

In-care services are directly related to several other important CAS functions; permanency (adoption, legal custody, etc.); supporting youth-in-care in their transitions to adulthood; and ongoing protection services to families while children remain in their homes. While discussions relating to Phase 1 of In-Care Services addressed many considerations relating to these and other services, the scope of this work was focused only on In-Care Services.

The Commission to Promote Sustainable Child Welfare was created in November 2009 with a three year mandate to develop and implement solutions to ensure the sustainability of child welfare. The Commission reports to the Minister of Children and Youth Services and will complete its work in the fall of 2012. Further information is available from the Commission's website: www.sustainingchildwelfare.ca.

[2] See Appendix 1 for a list of members of the In-Care Advisory Committee.

II. THE WORK ON IN-CARE SERVICES IN THE BROADER CONTEXT

The work being undertaken by the Commission represents a continuation – not a beginning. Over the last decade, multiple studies and projects relating to in-care services have been undertaken within CASs, within regions of Ontario, and at a provincial level. Most significantly, the Child Welfare Transformation Agenda that was formally launched by the government in 2006 set the policy context for a new era in the organization of all child welfare services.

The Transformation Agenda gave rise to an important shift in the demand for in-care services as a result of policy and legislative changes in three key areas: the introduction of differential response; alternative dispute resolution and a broader array of permanency options for children. Admission prevention and service in their family home became increasingly important in protecting children without the need to admit them to care.

The Transformation Agenda also ushered in increased emphasis on kinship care and kin service, thereby enabling children who need to spend periods away from their own homes to be cared for by members of their extended family with CAS support. Transformation also resulted in heightened recognition of Customary Care as an alternate means for aboriginal communities to identify and provide stable homes for their children and youth.

Another significant dimension of Transformation was its focus on the central role of "permanency" in child welfare. Greater emphasis was placed on the importance of CASs pursuing all available options for achieving long-term stability for children and youth including remaining with or returning to their families of origin. Legislative and policy changes were introduced to enable openness arrangements for adopted children to remain connected to their families of origin. These changes also introduced the option for children and youth to be subject to a legal custody order with the ability to return to the society for support later on for things like support to pursue post-secondary education.

Work on Transformation also gave rise to a range of new tools and approaches for bringing evidence-informed practice to ensuring children are safe and are being supported in their growth and development. A new strength-based risk assessment tool replaced a previous risk-based assessment tool for identifying children and youth in need of protection along with minor changes made to the eligibility spectrum tool. The Ontario Practice Model consisting of SAFE, PRIDE[3] and ONLAC were introduced. SAFE and PRIDE were implemented province-wide as tools for both supporting and assessing prospective adoptive and foster homes. The Ontario Looking After Children (ONLAC) model was introduced to provide a framework and data to support a collaborative method for planning, recording and measuring the progress and development at each age level of a child or youth in the care of child welfare.

[3] SAFE (Structured Analysis Family Evaluation) is a comprehensive set of home study tools for evaluation of prospective foster and adoptive homes. PRIDE (Parent Resource for Information, Development and Education) is the required curriculum for prospective foster and adoptive parents. Both were introduced as requirements in 2006/07 – however, they are currently not required for the selection and training of OPR-based foster parents.

In its First Report, the Commission set out a vision for a sustainable child welfare system that recognizes the multi-faceted nature of the Transformation Agenda and builds on many of its dimensions. This vision is:

> *A future in which a modernized child welfare system functions as one of many programs working together to provide integrated, child-focused services fully aligned to improve outcomes for children and youth.*

This concept of child welfare as one of multiple programs was depicted graphically in the diagram below. The notion here is that the child and family should always remain in the centre and that services should be integrated and coordinated to enable vulnerable children and families to receive the supports they need when they need them.

Figure 1

An Integrated System for Ontario's Vulnerable Children

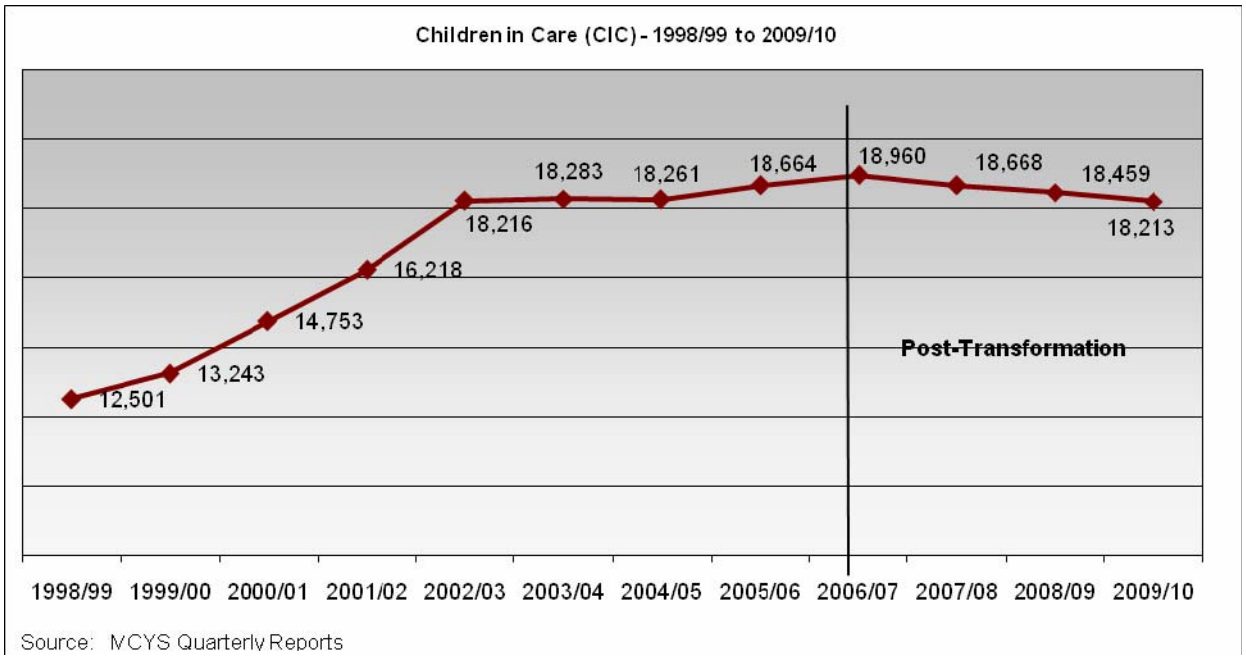
This concept of "child and family at the centre" must be at the forefront in all of our work on sustainable child welfare -- whether thinking of services aimed at preventing children from coming into care, services that support children at home with their families, services supporting youth transitioning to adulthood, services supporting adoption and permanency, and services supporting children and youth in-care, the focus of this particular working paper.

III. IN-CARE SERVICES IN ONTARIO TODAY

Trends and Profile of In-Care Services

Children in care represent only a portion of the total children supported by CASs each year. In 2009/10, over 26,700 children in Ontario received in-care services from a CAS. That same year, almost 110,000 families – and therefore, many more children -- were served by a CAS.[4]

An examination of trends in the number of children in care at any given time is shown in the graph below. The chart below illustrates the number of children in care at the end of each fiscal year. As shown, there was a steady increase in the number of children in care up to 2006/07 followed by a modest decrease in the number of children in care since the start of the Transformation Agenda.



As of March 2010, over half of the children in care were teenagers as noted in the statistics below[5]:

- Aged 0 to 5 ➔ 20%
- Aged 6 to 12 ➔ 24%
- Aged 13 to 15 ➔ 23%
- Aged 16 and over ➔ 33%

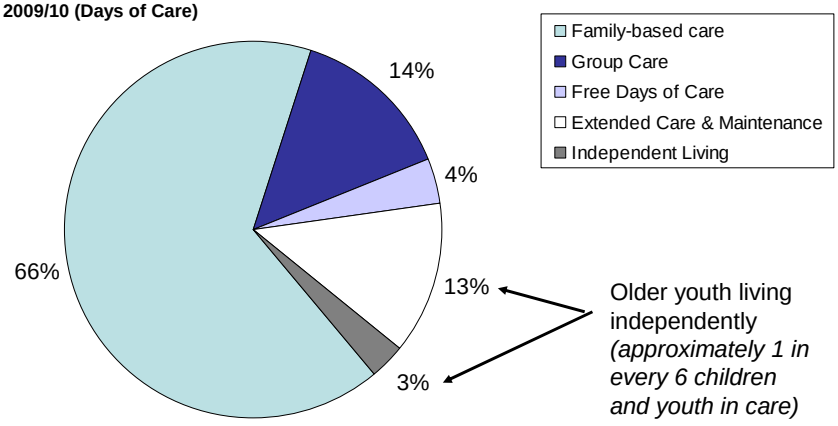
[4] MCYS 2009/10 Q4 Quarterly Report. Calculated using: Total Completed Investigation – Cases Transferred to Ongoing + Ongoing Cases Served.

[5] OACAS 2009-2010 Children in Care and Permanency Survey Fact Sheets

CASs support children and youth in care in a number of settings. Figure 3 shows the total days of care provided across the multiple categories reported to MCYS by CASs. An important dynamic to appreciate in the "days of care" provided relates to services to older youth who are living independently or being supported through "Extended Care and Maintenance Agreements" (available to youth between the ages of 18 and 21)[6]. As illustrated, one in six (or 16%) days of care are for this group of older youth.

Figure 3

Source of In-Care Services: By Setting
2009/10 (Days of Care)



Source: MCYS 2009/10 Q4 Report

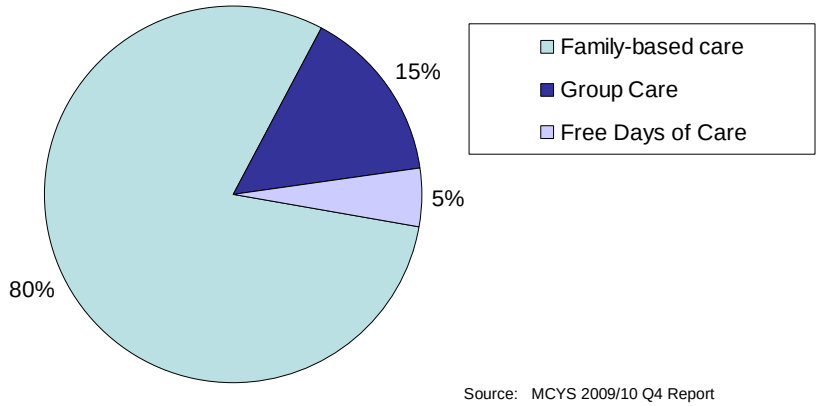
Figure 4 shows the distribution of in-care days for children and youth who are *not* in independent living arrangements or on ECM Agreements.

As illustrated, the vast majority of the days of care provided – 80% -- are in family-based settings. This category includes children and youth in agency-run or OPR-run foster homes as well as children and youth in kinship care with members of their extended family. The remaining days of care are in group care settings and a very small proportion are "free days of care", meaning care provided in hospitals, children's mental health, youth justice, or other settings.

[6] It should be noted that some youth on ECM agreements remain in their foster care settings by entering an arrangement directly with their foster parents to continue to live there until they reach 21.

Figure 4

Source of In-Care Services: By Setting
Excluding Older Youth in ECM or Independent Living
2009/10 (Days of Care)

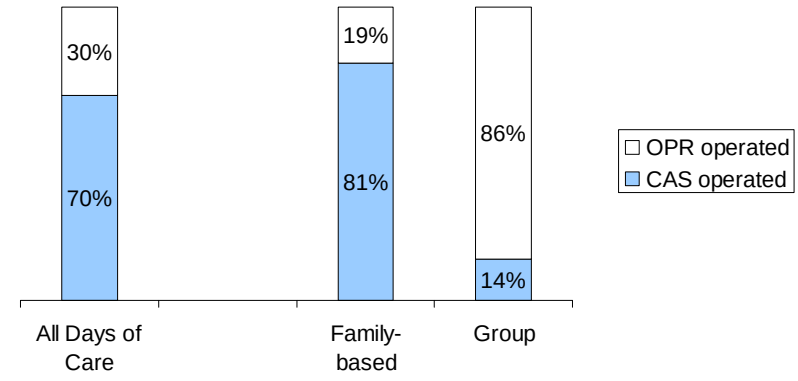


Source: MCYS 2009/10 Q4 Report

Family-based care and group care are delivered in Ontario in two ways: agency-based (ie. by CASs) or independently based (ie. through contracts with licensed OPRs). Currently, there are 8,200 licensed foster care homes and 12,100 foster care beds across Ontario. The majority are operated by CASs while the balance is operated through OPRs. Approximately 900 of the foster care homes are Kinship Care homes[7]. Of the 355 group homes in the province, the majority are operated by OPRs.[8] The actual mix of days of care between OPRs and CASs and by type of setting is summarized in Figure 5.

Figure 5

Mix of Family-Based and Group-Based Care by Operator
2009/10 Days of Care



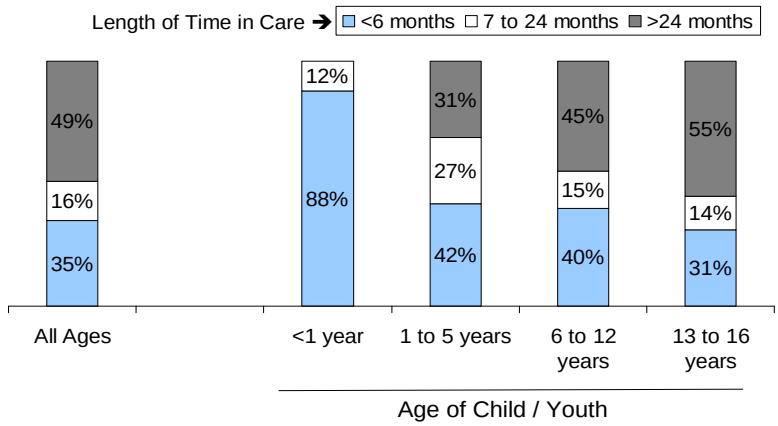
Source: MCYS 2009/10 Q4 Report

[7] 2009/10 Q4 MCYS Quarterly Report
[8] Bay Consulting (2010), *Profile of the Child Welfare System in Ontario*.

The length of time a child or youth is in care varies widely. As part of Phase 1 of the Commission's in-care work, Steve Lough & Associates undertook a survey of children in care over the two year period ending March 31, 2010. Six CASs were included in this sample representing a mix of northern and southern rural and urban, large and small agencies. The sample did *not* include an aboriginal CAS. Together, the CASs in the sample account for 20% of the province's total children in care. The findings from this survey are shown in Figure 6.

Figure 6

Length of Time in Care – Overall and By Age
Based on a survey of six CASs



As illustrated, roughly one-third of children are in care less than 6 months while half of children are in care for more than 24 months. Younger children tend to spend shorter time in care than older children. Note that these results do not capture the number of times that children or youth are readmitted to care.

Variations in In-Care Services

In-Care Services account for approximately 40% of overall child welfare expenditures. However, there is significant variation across CASs in spending and utilization patterns of these services. As examples, in 2008/09:

- The proportion of total agency expenditures on In-Care Services ranges from a low of 18% to a high of 59%.
- For eleven CASs, less than 10% of their days care was delivered through OPRs while seven CASs had over 40% of their days care delivered through OPRs.

- In 2008/09, the lowest agency average for days care per child was 121 days while the highest was 271.

Foster parents report a wide range of variations in their relationships with CASs

- There is variation among CASs in the role of the foster parent as part of the "team". Some foster parents report that they are actively involved in decisions relating to school, permanency, etc. Other foster parents report that they feel largely left out of processes affecting the children they are parenting. Similarly, there are significant differences in the level of information shared with foster parents and on approaches to confidentiality.
- Foster Parent Associations (FPAs) exist in all CASs but the relationship with the agency and the level of funding support to the FPA varies by agency.
- Representation of foster parents on CAS Boards ranges from no representation to ad hoc membership by foster parents to the President of the FPA being automatically a member of the Board.

As would be expected, given the different needs of individual children, there is significant variation in per diem costs of in-care services. Some dimensions of these differences, however, relate more to different remuneration mechanisms for agency-based versus OPR-based services. Other differences may reflect varying CAS philosophies and/or financial capacity:

- Rates for OPR providers are negotiated by MCYS Regional Offices but OPRs have latitude to negotiate "special rate agreements" with individual CASs for services that extend beyond what was included in the MCYS negotiated rate. CASs are left as "price takers" often without clarity on what the MCYS negotiated rate includes. OPRs also have concerns about the current process, most notably the infrequency of rate reviews.
- Rates for agency-based foster parents are determined by individual CASs. Some foster parents report that their agencies commit to predictable annual increases in per diem rates to foster parents. Other foster parents indicate that their per diems have remained unchanged for a number of years.
- Some agencies have a tiered system of per diems which funds different foster homes at different levels depending on their level of specialized skills and services. Other agencies use a single per diem approach for all foster homes with adjustments made based on needs of individual children or with specialized supports provided to individual children as needed.
- There is wide variation in the "reimbursables", "entitlements", and "allowances" available to foster parents for clothing, birthdays, graduations, respite, mileage, and other incidental costs of caring for children.

Regional availability and organization of in-care services also varies across the province resulting in variations of the mix of In-Care services that are used from one agency to another. Treatment foster care is one example of this variation:

- Some agencies have developed specialized programs with their foster parents for delivering treatment foster care.
- Four agencies – Durham, Northumberland, Kawartha- Haliburton and Hastings have collaborated to develop a regional model for delivering treatment foster care.
- Some agencies deliver treatment foster care through OPRs.
- Some agencies have collaborative relationships with their local children's mental health provider to deliver treatment foster care.

Unique In-Care Dynamics for Aboriginal Children and Youth

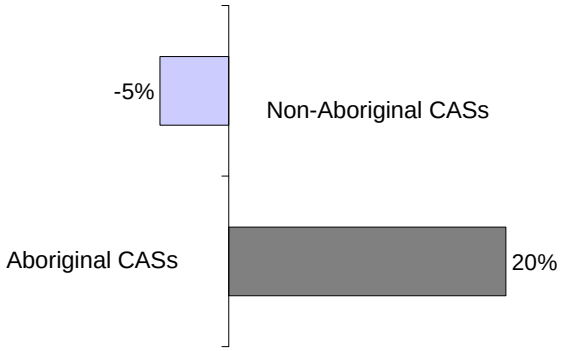
Aboriginal children are overrepresented in the in-care population. Although Aboriginal children comprise just 2.5% of the total Ontario child population, they represent approximately 14% of children in care.[9]

Whereas the population of children in Ontario has been relatively unchanged in recent years, Aboriginal communities are experiencing very high rates of growth of their child populations. Between the 2001 and 2006 census periods, the number of Aboriginal children reported increased by 20%.[10].

The combination of population growth and difficult socioeconomic conditions has resulted in a very different trend for Aboriginal children in care than the trend discussed earlier for Ontario as a whole. Figure 7 illustrates the contrast between children in care in non-Aboriginal agencies and children in care in Aboriginal agencies since 2005/06.

Figure 7

Change in the Number of Children in Care 2005/06 to 2009/10



Source: MCYS Quarterly Reports. Note that data is not available on the number of Aboriginal children served by Non-Aboriginal CASs. Hence, the Aboriginal statistic here represents only children in the six designated Aboriginal CASs.

[9] Ministry of Children and Youth Services (2009) Aboriginal Child Welfare in Ontario briefing to the Commission.

[10] Statistics Canada. *2006 Census*.

The majority of Aboriginal children in care are placed outside of their communities, often with non-Aboriginal families and often hundreds of kilometres from home. Aboriginal leaders cite housing as a major barrier in many communities to the availability of foster placements for children. SAFE and PRIDE are also seen as presenting significant barriers to enabling more of their children to remain in their communities and with aboriginal families. Many aspects of these tools are seen as inappropriate and even offensive to Aboriginal communities. Several standards are viewed as being impractical standards for foster homes in Aboriginal communities. As examples, the requirement that a foster child have his/her own bedroom is impractical in most communities. Similarly, the use of a woodstove, the primary source of heat for many remote Aboriginal communities can be a disqualifying factor for a foster home.

Of fundamental concern among Aboriginal leaders is the continuing cultural and community impact arising from the sheer number of Aboriginal children who are in care in homes outside their own communities. *These concerns are shared by the Commission.*

There are significant and unique considerations that will need to be addressed to ensure that Aboriginal children who need to be in care for periods of time receive the support they need while remaining connected to their families, communities and culture.

IV. ENVISIONING THE FUTURE SHAPE OF IN-CARE SERVICES IN ONTARIO

Characteristics of In-Care Services in a Sustainable Child Welfare System

As with all other dimensions of child welfare, in-care services should be grounded in the broader context of keeping children safe while enabling them to experience belonging, a sense of place, and permanency. Being "in care" should not be viewed as an end in itself. Nor should it be viewed as an "evil" to be avoided. Rather, in-care services should be seen as an integrated part of a range of child-focused services meeting the needs of children and youth who at some point in their lives need to live outside of their family of origin.

As with the Commission's vision for child welfare, the future vision for in-care services is one that will be strengthened by a cohesive province-wide framework. Similarly, the vision of the child and family in the centre that is core to the Commission's overall work must be inherent in the organization and delivery of in-care services. The objective should be a range of services delivered across the province that result in a consistent experience for children and youth and that are equitably available. As noted earlier, the future shape of In-Care Services should also reflect the continuing evolution of the directions initiated by the Transformation Agenda.

Against this backdrop, the Commission envisions a future in which In-Care Services have five overall characteristics. These characteristics are inter-related. Realization of any one characteristic hinges on realization of the other five characteristics.

- ***Focused on enabling kids to be kids*** ➔ We know from the literature and from experience that it is through the normal routines and moments of day-to-day life that children and youth actually live their lives. Being "in-care" must not stand in the way of letting kids get on with being kids. "In care" services must promote growth, development, and resilience of children and youth through supporting their health, safety, learning, play, social connections and sense of place.

- ***Family-based care*** ➔ There is broad consensus that – in <u>almost</u> all circumstances — family-based care offers the best environment in which to realize the goal of "enabling kids to be kids". As children and youth differ greatly in their needs, family-based care should take a variety of forms. This requires the ongoing availability of a range of family-based settings across the province.

- ***Stability, attachment, and permanency*** ➔ Today's best practice research points to attachment and permanency as core to healthy child development – and therefore, these concepts must be central to the delivery of in-care services. Attachment hinges on creating environments where children can develop meaningful relationships with a primary carer(s). Permanency for children and youth can take the form of: returning home to their families of origin; realizing permanency through adoption or legal custody (with their foster families, extended family, or unrelated family); or realizing permanency through building life-long connections to

enable a smooth transition to adulthood. In-care services in Ontario must help children and youth build positive attachments and social networks, minimize the number of disruptions they experience, keep them connected to their communities and their cultures, and open doors to whatever form of permanency works for them.

- ***Adaptive to the diverse and changing needs of children*** ➔ Since the needs of children change over time, the in-care system needs to be effective in bringing to children the kind of supports they need and, as much as possible, avoid having to move children in order to access supports.

- ***Support for foster parents*** ➔ Foster parents are the backbone of an effective in-care system. The goal of family-based care hinges on the system's ability to recruit, develop and retain individuals who can bring the kind of specialized parenting skills essential to supporting vulnerable children and youth. Consideration must also be extended to valuing and recognizing the special contributions made and challenges faced by children of foster parents.

Getting More Specific -- What Should Stay the Same? What Should Change?

One only needs to spend time talking with a cross section of foster parents, CAS workers, and current and former youth-in-care to recognize that today's in-care services already have many strengths and exhibit many of the characteristics that have been outlined. As noted earlier, implementation of the Transformation Agenda has had a significant impact on moving in-care services towards these characteristics.

Nonetheless, during this initial phase of work on In-Care services, the Commission has frequently been reminded that today's in-care services have multiple short-comings. The discussion that follows highlights both the strengths and short-comings of today's in-care services. This discussion does not purport to provide a comprehensive inventory of every aspect of in-care services. Rather its purpose is to bring more definition to what tomorrow's in-care services should look like – thereby providing a backdrop for priority-setting on where to focus near-term Commission, MCYS, and sector efforts relating to In-Care Services.

The In-Care Experience

What Should Stay the Same?

- ✓ For children and youth, the opportunities to develop a range of meaningful and ongoing relationships with foster parents, CAS workers and group home staff.
- ✓ For foster parents, the opportunity to build strong and lasting relationships with children and youth and the intrinsic rewards of making a difference in the lives of children.

- ✓ For birth families and kin, avenues to maintain connections with their children confident in the knowledge that they are happy and cared for in homes that are meeting their needs.[11]
- ✓ For child welfare staff and volunteers, the ability to bring their expertise and commitment to creating positive connections with children and youth.

What Should Change?

- Reduce the obstacles and experiences that prevent children and youth in care from feeling like "a normal kid".
- Reduce the disadvantages experienced in other public systems such as education, police, and health care by children and youth in care.
- Reduce the sense of stigma and feeling of being "pathologized" that children and youth in care sometimes report.
- Enhance the ability of foster parents to fulfill their day-to-day role as parents to these children while continuing to respect the role of the CAS as the "legal parent".
- Continue to increase avenues to support and strengthen connections to birth parents, kin, and community while children and youth are in care.

Organization and Availability of Services

What Should Stay the Same?

- ✓ The broad variety of settings available for children and youth.
- ✓ The innovation and creativity among CASs and other service providers around accommodating the diverse needs of children and youth
- ✓ Access to agency-based and other in-care services, such as OPRs.

What Should Change?

- Increase the differentiation and create clearer definitions for settings and types of care to more fully leverage the different skill sets of various providers.
- Expand the number of kinship homes and supports for customary care.
- Expand the range of settings that respond to the unique cultural and language needs of children and youth.
- Realize more consistent service availability (both the types of placements and access to specialized supports like children's mental health) across Ontario communities to reduce the number of children and youth who need to move placements and/or relocate outside their communities in order to receive the support they need.
- Increase the availability and consistency of respite supports for foster families.

[11] The Commission recognizes that there are some extreme cases in which it is not in the best interest of the child(ren) to retain any continued connection to their family of origin.

Management and Delivery of Services

What Should Stay the Same?

- ✓ CAS day-to-day responsibility and authority to make placement decisions and provide continuity to children in care.
- ✓ Provincial coordination of SAFE and PRIDE
- ✓ Multiple inter-agency protocols in place between CASs and between CASs and other parties.

What Should Change?

- Ensure more consistent engagement of and support for foster parents as core members of the child's team.
- Establish SAFE and PRIDE as common standards for in-care settings *allowing for appropriate alternatives, exemptions and accommodations for Aboriginal communities.*
- Define and formalize regional arrangements for foster care recruitment, training, and common approaches to fostering.
- Confirm what defines good outcomes for in-care services -- and capture and report on results.
- Shift to fewer, outcomes-based standards and guidelines.
- Reduce the administrative burden on front line workers and on in-care providers, thereby freeing up time to develop meaningful relationships with children, foster parents, and birth parents.
- Develop an approach (or approaches) to rate-setting and remuneration for all in-care service providers that is efficient, fair, transparent, and based on consistent province-wide ground rules.
- Shift licensing, Crown Ward reviews, and other risk management mechanisms to focus on quality rather than compliance and paperwork.
- Establish a provincial framework and expectations for quality and service standards that is consistent across agency-based and OPR settings.
- Improve timeliness and availability of ONLAC and other data.
- Expand on existing efforts to increase the evidence-base for best practices in in-care services and encourage research and ongoing innovation.

Roles - Who Does What?

A final word is required relating to roles and "who does what" when it comes to in-care services. For most children living in birth, adoptive or legal custody families, the roles and responsibilities of the parent(s) are reasonably clear and are all-inclusive. For a child in care, multiple players share different aspects of the "parenting" role. It is imperative that all of

these players are uniformly oriented around meeting the needs of the child and clear about the differential contribution of each of these players.

Discussions during Phase 1 of this work gave rise to a number of role considerations that should be addressed as all parties move forward together to strengthen in-care services. Several of these considerations have been inferred in the earlier sections of this discussion but a few should be highlighted:

- ✓ For **foster parents**, there is a need for more clarity around the scope of their role as the day-to-day parents of children and youth in care and as members of the broader team working to achieve permanency and best outcomes for these children and youth.

- ✓ For **CASs**, increased attention will be required to realize the full potential of foster parents in the pivotal role in supporting children and youth in-care. There are also opportunities in some regions for CASs to increase collaboration amongst themselves and between CASs and other local service providers.

- ✓ For **OPRs**, there is a need to clearly define the unique contribution that can be made in supporting children with exceptional complex needs while complementing the roles played by CASs and by children's mental health providers.

- ✓ For **MCYS**, there is a need to bring stronger and clearer overall system leadership and goal setting while placing less focus on compliance and operational audits. MCYS can work with the Youth Justice, Children's Mental Health, and Developmental Services sectors to clarify roles and strengthen supports and integration with the child welfare sector. Moreover, MCYS is positioned to play a stronger role in working across other Ministries (eg. Education) to reduce barriers that are experienced by children in care.

- ✓ For **MCYS, CASs, OPRs**, and their respective membership organizations, there are opportunities to increase and accelerate innovation, collaboration, research, and knowledge exchange within and across sectors.

V. THE COMMISSION'S PRIORITIES

The Commission has less than two years remaining in its mandate during which efforts will be placed against all dimensions of our four-tiered strategy set out earlier in its June 2010 "First Report". Work planning is currently underway to define the priorities across this four-tiered strategy that have the highest potential to propel the sector toward the vision of sustainable child welfare.

Specific to In-Care Services, five priorities have emerged from Phase 1 against which the Commission intends to initiate action and change before the end of its mandate. Work planning will address the question of what role the Commission will play on each of these priorities and where leadership may come from elsewhere: MCYS, OACAS, and other leaders in the sector.

The five priorities are:

1. Normalizing the Experience for Kids
2. Strengthening Foster Care
3. Establishing a Framework for the Organization and Management of In-Care Services
4. Defining and Strengthening Inter-relationships with other Sectors
5. Increasing the Proportion of Aboriginal Children receiving services in their communities

1. Normalizing the Experience for Kids

In conversations with children and youth-in-care and their foster parents and CAS workers, the Commission has been troubled by the number of times we have heard about the obstacles to "being a normal kid". There is no doubt that many of the checks and balances that have been created to prevent the risk of harm to children in care have resulted in unintentional consequences. Youth talk about not being able to go to a sleep-over until their foster parent can get their worker to get police checks on all the adults that live in the home they will be staying at. Sixteen year olds talk about how much they would like to have a key to the house like their friends do. Foster parents talk about how the frequent "I'll have to check with your worker about that" responses they give their children undermines and under values their role as day-to-day parents to their foster children.

We need to engage children and youth in identifying the various processes and barriers that stand in the way of "feeling like a normal kid". In parallel, we would benefit from hearing from foster parents about the barriers that stand in their way of fulfilling their day-to-day role of parents to children in care. Having identified these issues, we need to thoughtfully examine where the opportunities lie to re-set the balance between our objectives of risk management, the responsibilities of CASs as the "legal parents" of children in care and the goal of enabling children and youth in care to experience day-to-day life the way their peers do.

2. Strengthening Foster Care

Directly related to normalizing the experience for kids is the need to revisit the role of foster parents and identify strategies for strengthening foster care across the province. Foster parents are the backbone of a system that positions family-based care as the predominant setting for meeting the needs of children and youth in care. Therefore, the Commission is concerned by the number of foster parents who feel undervalued, not treated as part of the team, and not being fairly compensated for the costs of supporting the foster children in their homes. We are also concerned by the messages we have heard from some foster parents and CASs about increasing challenges with recruiting and retaining foster parents. It is a mixed picture, for other foster parents told us of the satisfaction they take from their role as foster parents and how their local CAS has earned foster parent's commitment and loyalty through close partnerships. We were impressed by the recruitment campaigns led by some CAS and innovative partnership models that are being developed.

Given this mixed picture, the Commission intends to work with the sector, foster care providers, and MCYS on strategies that will strengthen foster care across the province. The scope of this work could:

- Identify models of foster care "best practice" in those CASs where foster parents and children report high levels of satisfaction and consider models and practices that should be adopted system-wide.
- Determine whether there are dimensions of foster care that could be better enabled at a regional or provincial level (eg. Recruitment? Training? Other?)
- Clarify the role of foster parents and set guidelines for their level of involvement with care teams, birth families, adoptive families, etc.

3. Establish a Provincial Framework for the Organization and Management of In-Care Services

The availability of services and how decisions are made to place children in one setting versus another varies across CASs. The configuration, range and location of in-care services seem to be more a matter of historical circumstance than the result of conscious planning or adaptation to the changing needs of children, families and communities. The mixed provision of in-care services – by CAS, by independent providers, and by sectors like children's mental health - has the potential of offering a range of possible options for children in care, but in practice appears to fall short of its potential to consistently do so.

There is also an absence of province-wide information on the need for and available capacity of in-care services. This limitation no doubt contributes to a number of issues in how services are planned, organized, funded and delivered across the province.

There are ongoing efforts being made by different stakeholders – OACAS, MCYS, FPSO and LOFF, OARTY and ORCA[12] – to establish common practices, examine issues, and make improvements. However, from a Commission's arms-length perspective, the aggregate activity is unlikely to deliver a child-focused system of care, where children's needs are met by a personalized service response, transparently and fairly paid for, in a province-wide regulatory framework. In the end, it is vulnerable children and youth who suffer from this lack of a system. Variations in quality, access, interpretation of standards, and even variations in costs of services all have an impact on how effectively we as a province are meeting the needs of vulnerable children and youth.

The Commission believes that there needs to be a better alignment of roles and responsibilities of the various players involved in "in-care services" across the province. The Commission will look to supporting MCYS in leading the charge in developing a better framework for ensuring the planning, configuration, delivery and regulation (licensing) of in-care services across the province. This framework should:

- Clarify and align the respective roles of MCYS head office, MCYS Regional Offices, CASs and OPRs with respect to the planning, delivery, and regulation of in-care services.
- Establish systems for more adequately assessing the needs of children and youth in-care and how best these can be matched to appropriate in-care services. This must also address current short-comings with timeliness and access to ONLAC data.
- Examine regional and local availability of services and put in place strategies to address areas of over-supply and areas where there are gaps.
- Re-examine licensing to ensure common standards are in place for all in-care settings and to ensure that licensing decisions move the system toward an appropriate regional balance of service availability.
- Re-examine rate-setting and remuneration processes for both agency-based and independent providers of in-care services to ensure an approach that is fair, rational and consistent for in-care service providers and that optimizes value for money across the province.
- Address the need for more consistent screening and training of foster parents and other direct care providers for children in both agency-based and OPR-based settings.

Recently, the OACAS, through the Local Directors Section Executive Provincial Project Committee, completed an extensive analysis of the Children in Care Standards and relevant foster care licensing regulations. There has also been considerable work underway within MCYS relating to residential services for children. These initiatives, together with insights

[12] OACAS (Ontario Association of CASs); FPSO (Foster Parent's Association of Ontario); LOFF (League of Ontario Foster Families); OARTY (Ontario Association of Residences Treating Youth); ORCA (Ontario Residential Care Association)

from previous reports that were examined during Phase 1 of this work, should be factored in to the development of a more clearly defined framework for in-care services.

4. Address Barriers for Children and Youth in Care in Accessing Services in Other Sectors

Youth in care, foster parents, and CAS workers have expressed their frustration at the barriers they have encountered in accessing services in other sectors, particularly relating to education, children's mental health and health care.

The Commission has heard multiple examples of children being moved to a new placement in another region only to wait days or weeks at home while the CAS negotiates with a new school board for an "out-of-district" child to be admitted. Conversely, we have heard of children and youth who move to a new placement but wish to remain in their previous school encountering barriers because they no longer live in the community. We have also heard of schools insisting that CASs pay for one-on-one assistants in the classroom as a pre-condition for admitting a child with complex medical or behavioral needs.

Barriers are also sometimes encountered when attempts are made to access children's mental health services or to have the home care or hospital supports they may require for complex medical needs.

Often the underlying source of the barrier is financial – but sometimes it also reflects attitudes, misunderstandings and biases relating to children and youth in care and to the role of CASs. Regardless of the source of the barrier, once again, it is the child or youth who suffers. Delays occur. Needs are not met. And the subtle message "you are different" gets reinforced in the minds of these vulnerable children and youth.

Later in its mandate, the Commission intends to engage MCYS, CASs, and leaders from other sectors in identifying the various barriers that exist. The goal will be to develop strategies to reduce these systemic barriers to access and to more fully realize the notion of child-focused services on which the Commission's work is based.

5. Increase the Proportion of Aboriginal Children and Youth Receiving Care in Their Communities

In its conversations with leaders of Aboriginal CASs and of Aboriginal communities, the Commission has consistently heard a conviction around the importance of enabling Aboriginal children and youth to grow up surrounded by their communities and their cultures. The Commission shares this goal.

During the course of Phase 1 work, MCYS was undertaking a more focused examination of in-care services' needs for children and youth served by Tikinagan and Payukotayno. The results of this work need to be examined and a broader discussion initiated with the Aboriginal Advisor to the Minister of Children and Youth Services, leaders from Aboriginal communities and

leaders from CASs serving Aboriginal children and youth. The aim is to identify the most constructive next steps to addressing the barriers that are resulting in the removal of such large numbers of Aboriginal children and youth from their communities and their cultures.

* * *

The Commission invites feedback on this Working Paper and suggestions on how positive change can be realized relating to the five priorities set out for In-Care Services. Feedback may be directed to: info@sustainingchildwelfare.ca.

Appendix 1

Members of the In-Care Advisory Committee

CASs	**Brian Flint**, Manager, Children's Resources, Family & Children's Services of St. Thomas & Elgin County **Raymond Lemay**, Executive Director, Prescott-Russell Services to Children & Adults **Christine MacPhee**, Director, Residential Services, Durham Children's Aid Society **John Raymond**, Executive Director, Timiskaming Child and Family Services **Shane Renaud**, Chair, Windsor-Essex Children's Aid Society **Janie Ryan**, Director, Foster Care and Adoption Services, Children's Aid Society of Toronto **Chris Steven**, Executive Director, Family & Children's Services Niagara **Barbara MacKinnon**, Executive Director*, Children's Aid Society of Ottawa
Foster Parents	**Robin Doornink**, Foster Parent Association (Toronto) **Tim Cronin**, Foster Parent Association (Waterloo)
MCYS	**Sally Johnson**, Regional Director **Gabe Minor**, Manager, Children in Care
Other	**Robert Sherwood**, Executive Director, White Rabbit Child Care Ltd (Hamilton) **Terry Stevenson**, President – CEO, Quinte Children's Homes (Belleville) **Cameron MacLeod**, Executive Director, Roberts Smart Center (Ottawa)
Representatives of the OACAS Children in Care Standards & Licensing Project	**Rocco Gizzarelli**, Project Chair* **Rory Gleeson**, OACAS Staff* **Rhonda Hallberg**, Project Consultant*
Commission	**Ene Underwood**, Commissioner **Hasmik Beglaryan**, Manager** **Trish Malone**, Manager*** **Ross Tanner**, Senior Program – Policy Analyst
Consulting Support	**Steve Lough** **Michael Schiel** **Andrew Hamilton**

* participated in the last meeting
** from April to July, 2010
*** from July 2010 to present

Appendix 2

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