

SNAKES AND LADDERS:
“A Dialogue”

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Introduction

Children and young people with mental health/behavioural needs; intellectual/physical challenges or psychiatric conditions find their way into mandated services such as youth justice and child welfare; the residential care system; or even the streets because they are disconnected from community resources at the time when they are seeking assistance. The system of service for children and youth in Ontario is complex, fragmented and often difficult to access by youth, family members and service providers alike. Minister Chambers newly appointed to the Ministry of Children and Youth Services (MCYS) requested that the Chief Advocate of Office of Child and Family Service Advocacy (OCFSA), offer a proposed plan for the provision of services to children in Ontario. The OCFSA has struggled for decades to navigate across service sectors, within and across Ministries and between levels of government on behalf of children, youth and families. It is one of the few provincial Offices that is mandated to provide service to young people and their families across jurisdictions within governmental and non-governmental organizations. For this reason, the Office has a unique view that is provided in this report from the perspective of the young people and families that it serves.

The proposed plan described herein, takes into account experiences that have been reported to the Office or witnessed by Advocacy Officers. The Office has intervened in 3,361 cases for the period of April 2004 to March 2005. Also, it has conducted 62 program reviews for the time period of April 2000 to March 2005. In addition, there is a wealth of other sources of information that provide thoughtful reflection and literally hundreds of recommendations to address the challenges in the existing system of children's services in this province. This report considered current and previous policy initiatives of the government, best practice models from the field, relevant research and contemporary literature. A list of sources is appended (Appendix 1). What is worthy of note, is that for the past decade everyone has been saying the same thing, repetitively. A succession of proposed models for service has been lodged with the government and each is consistent in terms of key issues and priorities, principles, policy framework and actions required.

There exists today a readiness in the community that is unsurpassed in previous years. Community agencies express frustration with the pace of bureaucratic process and decision making and are keen to move forward with the transformation of the service system. Broad systemic change will be challenging and community agencies will struggle with organizational and mandate shifts, reallocation of resources, service re-alignment, cross sectoral reconfigurations and workload

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demands. However, the balance has tipped. The level of frustration and despair with the existing system exceeds the fear of change itself.

There is a need for leadership that understands the balance between:

- Decisiveness and Collaboration
- Service centered priorities and Citizen entitlement
- Resource limitations and Service gaps
- Best interest and Economic feasibility
- Bureaucratic intransigence and Public accountability.

This report offers a loose-knit framework for a model of service delivery. This proposed framework serves as a catalyst for discussion about the required changes across governmental jurisdictions and service sectors. It is child focussed; ensures interactions with the child in his/her life space; provides continuity throughout the life span of the child and safeguards the child's rights and best interest.

Snakes and Ladders

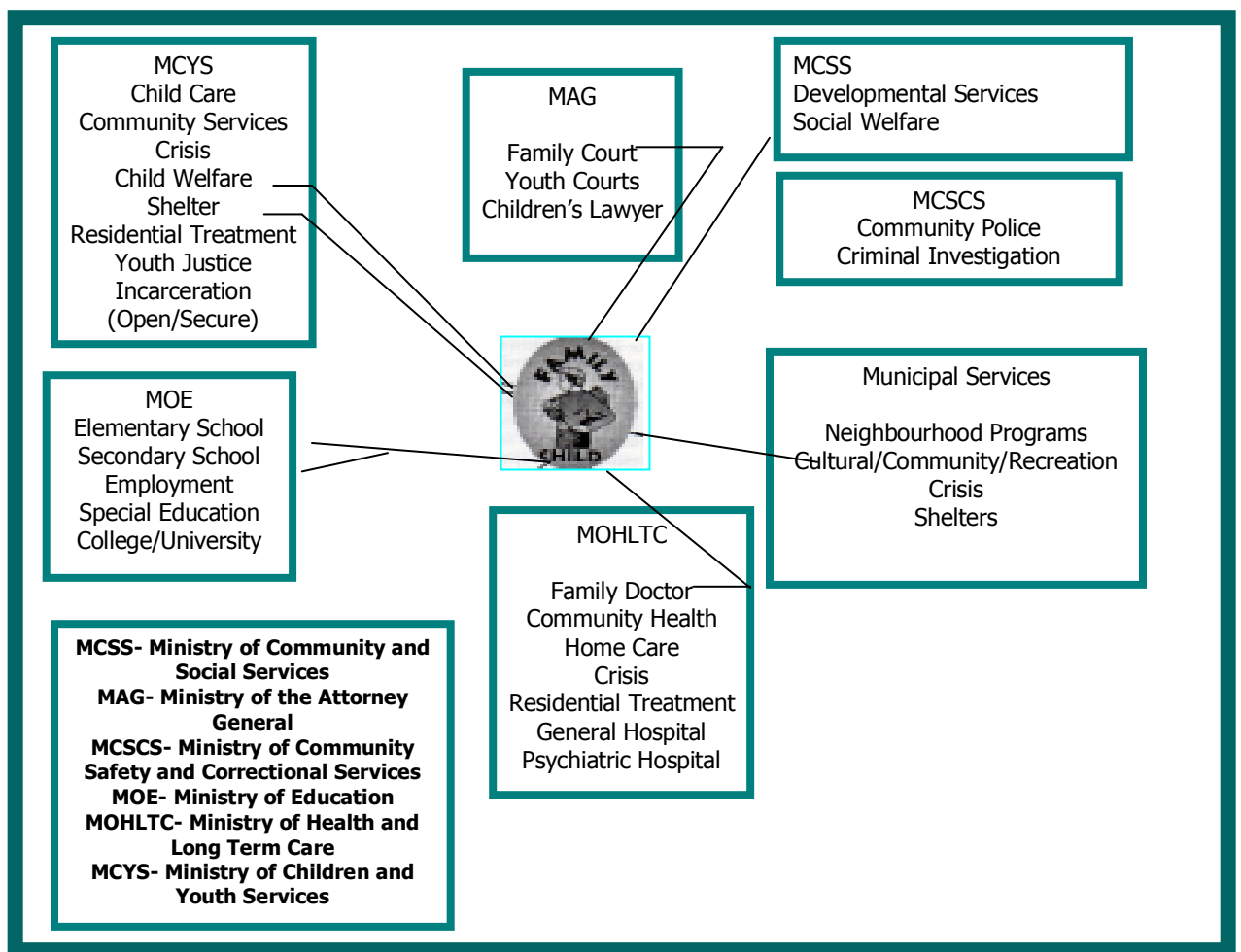
Over the past decade, children have presented with a greater complexity of needs. They often have neuro-developmental disorders, medical complexity, cognitive/behavioural impairments, and neuro-psychiatric problems. Ontario provides an abundance and wide range of services to children. It is world renowned for its expertise and advanced understanding of children at risk. The clinical capacity in Ontario to understand and assess these children is excellent but intervention strategies do not presently appear to keep pace with this knowledge. This is partly attributed to a system of service which is complicated, multi-faceted and fragmented.

Many agencies have become service-centric and self-serving in an effort to compete for and protect diminishing resources. The agency in effect becomes the client and the needs of the child become over-shadowed by the needs of the agency. Furthermore, demands for accountability, in some circumstances have led to the mistaken bureaucratization of service delivery.

When a child is born to a family, he or she necessarily enters the health, education, neighbourhood and children's service system. In many situations, the child also

receives support from the justice, social welfare and/or the developmental service system. The governmental structure configures resources for children across 6 ministries. This 'silo' approach confounds the ability for service integration, collaboration or accessibility. Parents are often overwhelmed and rendered powerless when attempting to engage these many systems in order to properly care for their child.

In order to facilitate easier access to services and more responsive support programs, the current government created a Ministry for Children and Youth Services. Nonetheless, a critical lack of equity and accessibility to programs and resources across ministries continues. Families still seek or receive services for their children from up to 6 different ministries (see below).



Furthermore, within the children's Ministry there remains the development of policy in "pockets", albeit under the same Ministry. For example, policies related to child welfare, youth justice, children's mental health, special needs, residential care etc. are often developed in isolation of one another. Interestingly, it is often the same child, who crosses all these "policy pockets", for whom each Unit is planning.

Another confounding factor is the shifting of mandates. With the introduction of the Youth Criminal Justice Act and child welfare reform, there has been a re-definition of authority and mandate. This has resulted in children and youth being turned away from mandated services. This has led to legislated and regulated barriers to service responsiveness. A significant safety net has been removed with limited alternatives or replacements. This also reinforces the ability for agencies to retrench and become exclusionary at intake in an effort to protect the organization. A child's specific need is more easily reframed as someone else's responsibility.

Funding is attached to agencies, service delivery systems or types of service. This intensifies the "silo" effect and impedes the development of substantial collaboration and meaningful partnerships across Ministries, sectors and agencies.

Resource limitations and instability in funding has led to higher caseloads. This impinges on the ability to engage in quality interactions with children and families, encourage meaningful client participation in decision-making and relationship development with high risk youth. Furthermore, meaningful community engagement and collaboration is seen as a 'luxury'. Opportunities for pro-active and preventative interventions are also diminished. Reactive, more intrusive approaches become the norm. Attention is not paid to the broader social issues or root causes of the presenting needs of the child or family such as poverty, unemployment, social withdrawal etc. A perpetuation or even exacerbation of the problem is the result. Non-governmental, community agencies tend to be more flexible in their delivery of service. Perhaps this is due to their non-mandated status and their dependency on shorter term funding agreements.

Worthy of note, there are numerous metaphors used in the community to illustrate the complexity of the service network and the consequent difficulty in accessing these services. The most familiar is a dense **labyrinth** that one navigates without a map. A second metaphor used by many service providers is the game of **Snakes and Ladders**; one negotiates steps successfully up the ladder of service in the development of a care plan but quickly faces slippage or detours down the snakes back. There is eventual success but the game is frustrating and challenging particularly for those who are not privy to the rules. Finally, young people and families associate their experience of seeking service with that of a **spider's web**. The point of entry into the web is often the point that one begins to recognize the trap. The more one attempts to navigate the web, the more ensnared one becomes. Movement across or within the strands is obstructed or

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deterred by the keeper of the web. One becomes frustrated, angry and finally immobilized.

These comments or observations about 'what is not working' are certainly not conclusive or exhaustive.

Fundamental Principles

The delivery of services to Ontario's children should provide the following:

- A 'w'holistic approach to the child.
- A child centred approach
- Opportunities for prevention and early intervention
- Services that are matched and responsive to the needs of the child
- A continuum of service delivery that is accessible across a young person's life span
- A balance between the rights and the best interest of the child
- Fully integrated services across service and funding sectors
- Services that are equitable, focus on strengths and resilience, and engage young people in decisions that affect their lives

Features of Good Practice

The report, *Voices From Within: Youth Speak Out* (1998) identified components of good practice in residential care. These are applicable to the range of programs and services to children in Ontario and serve as a fundamental baseline for the purposes of this report. These include the following:

- Therapeutic-rehabilitative practice
- Community and family involvement
- Milieu care
- Safety and security
- Respect

In each of these five components, a series of expectations that contribute to effective fulfillment of good practice is outlined (see Appendix 2).

As indicated earlier, there are several policy initiatives of the Government, best practice models in the field and research evidence in the current literature about preferred practice. The Ministry of Community and Social Service created a document "Making Services Work for People: A new framework for children and for people with developmental disabilities, April 1997." The purpose of this framework was to "restructure the way services were delivered to children and people with developmental disabilities". Features of this framework, however are amenable to all children's programs and services.

The new service delivery model included the following features:

Co-ordinated information: Families and individuals seeking services (and others, such as doctors or school counsellors) will have an easy way to find out about services that are available from one source.

The source will have information about all ministry funded children's and developmental services and include or provide referral to information about other services and supports (child care, relevant health, municipal and school board funded services, supports funded by the voluntary sector)

Fewer access points: Families and individuals have help to gain access to services that are the most appropriate to respond to their needs. An access point is a specific service provider or collaborative intake process that determines which specific families or individuals will receive services.

Case resolution function: A mechanism for families or individuals with extraordinary needs, where services are needed on an urgent basis and the families or individuals are having difficulties in gaining access to services.

Single Point of Access to residential services and supports: A single agency carries out a brokerage function to decide which specific individuals will gain access to residential services and supports provided by other service providers.

The OCFSA wholeheartedly supports the direction of government in the creation of case resolution mechanisms in each community to offer facilitated access to the broad range of resources and services to families. In theory, the idea of local planning processes ensures that families have a neighbourhood service that is easily accessed and represents the idiosyncratic needs of the local community culture. The concept of a 'single point of access' is beneficial because it implies that young people and families can obtain service by calling one agency rather than making numerous calls.

In practice, there have been a number of difficulties in the implementation of the case resolution process. Families have reported:

- That they are often excluded from this process;
- That there are no clear terms of reference for these mechanism;
- That their children's needs usually exceed the local community's capacity and therefore they are not able to provide what is needed;
- That the essential inter-ministerial community partners are not part of this process;

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- And in some regions, case resolution does not exist.

Equitable provision of case resolution mechanisms across the province is required. Local, flexible funding arrangements that are stable need to be developed to offer autonomy at the community level in the provision of services to young people.

Case management is a service, usually provided by a professional who is either mandated or takes on the role of identifying the needs of a young person and co-ordinating appropriate services to meet the need. Examples of mandated case managers are children's aid workers and probation officers. Other types of case managers can be workers from community agencies, schools, mental health or any other social service agency. Availability of community case managers is a concern. Many young people and families who would benefit from case managers don't have them, and the people who are trying to help these families don't know about case managers or how to access them. They are faced with long waiting lists and in some cases, this resource is not available in their local community. Many families rely on their case manager to assist with accessing resources. Effective case management is even more important with those families of high-risk special needs children/youth. Parents are simply too exhausted to take the necessary steps to access services needed.

There are numerous models throughout the province that illustrate best practice principles described herein:

- Wrap-around programs in which a system of service is tailored to the needs of the child and essentially wrapped around the child and family in their milieu;
- Therapeutic foster care in which children can live in a family centred milieu but be supported with clinical resources to enhance the success of the placement;
- Attendance centres which offer alternatives to custody and plans and programs are again tailor made to the needs of the young person in their own community;
- Mobile crisis units which provide outreach to young people at the time of critical need in their own environment;
- The Safe Bed Network which makes available through the community, residential support to young people with developmental challenges at the time of critical need and so on.

All of these programs were created as alternatives to the more intrusive models of service and are responsive to the young person at critical life points. These models are designed to engage young people through interactions in their life space. Young people are more amenable to this type of intervention that honour a holistic

approach that maintains attachments, early and decisive intervention, service brought to the youth, an ecological approach, programming geared to the specific needs of the youth, non-punitive interventions, mentoring, and respect.

Best practice necessarily ensures a continuum that offers services from early intervention and prevention to intrusive tertiary intervention or residential care. Volumes have been written about the need for an inclusive continuum. Early intervention and prevention is required to reduce the need for mandated services that are more intrusive. There is an inappropriate reliance on residential services in Ontario. Residential services should be viewed as the equivalent to hospitalization and use in chronic or acute situations only. Residential care disrupts the family, takes the onus off the family to resolve underlying dynamics or dysfunction, and interrupts critical attachments. Residential resources are extremely costly and there is limited incentive on the part of the community or service provider to discharge to alternative resources. Residential programs rely often on under-qualified staff and these programs are often under-staffed to meet the range of needs of the client group.

A fully developed continuum of services, such as wrap-around, day treatment, foster care, attendance centres, mobile crisis centres, etc., must be established in each community in order to increase the likelihood that residential care will only be used as a last resort.

Young people who have experienced out of home placements speak about the impact of multiple, increasingly restrictive placements. Youth describe the progression of their movement through each system from the least to the most intrusive environments. Multiple moves, frequent changes in workers and subsequent inconsistencies in care are attested to by youth. The placement continuum for young people is often from foster care to group care to residential treatment to open custody to secure environments. The impact of this movement on the lives and well being of young people results in attachment disorders, oppositional defiant behaviours, a poor sense of self worth and an overall mistrust. There is a clear trajectory from the children's care system to the youth justice system. These youth have been dubbed "Cross-Over Kids".

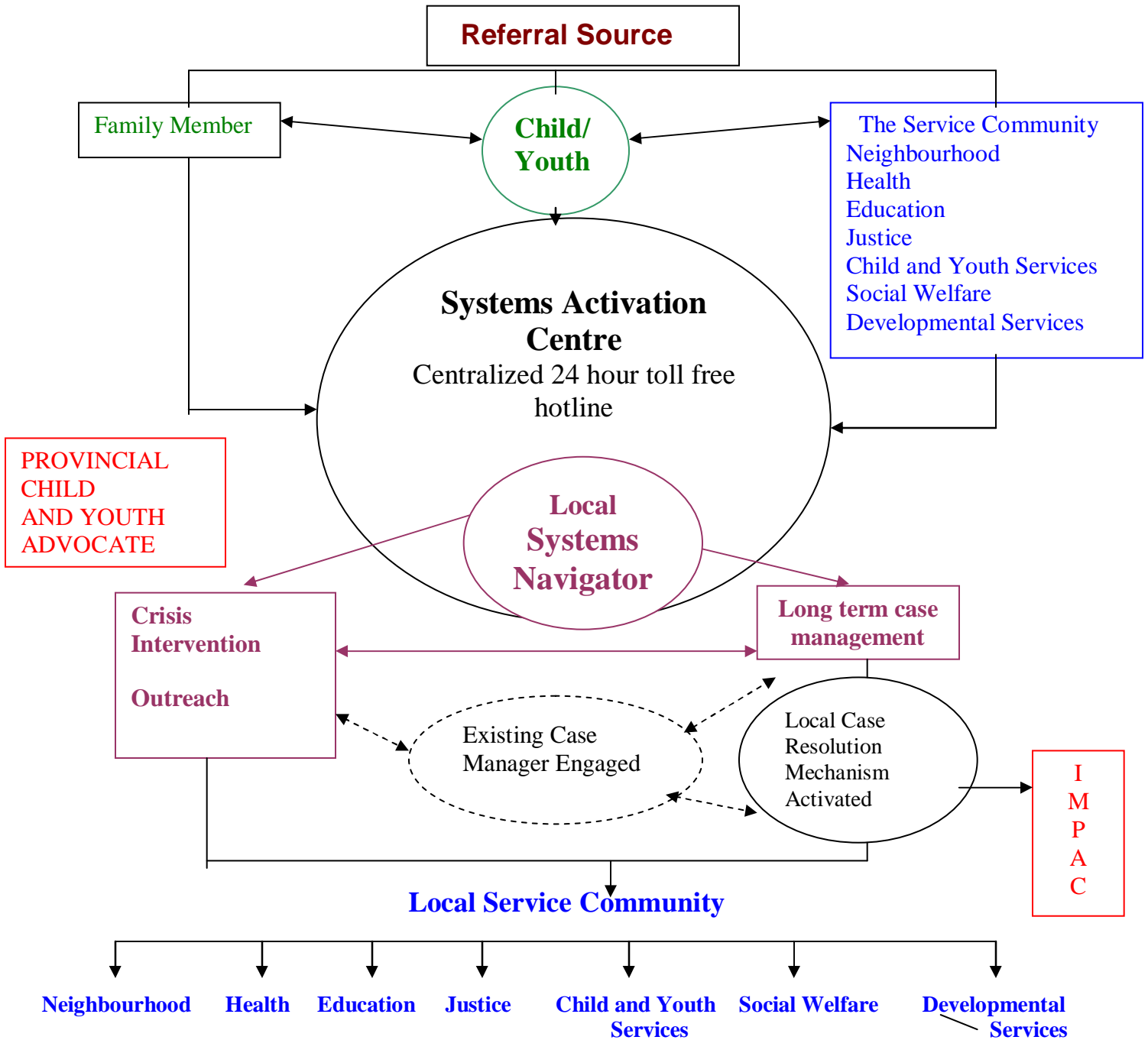
Considerable research and policy development has focussed on the school as the "Hub" for service delivery to children, youth and their families. This would facilitate early intervention and prevention; easier access to services if they are coordinated or operate out of the school environment; milieu/life space care; mentoring/role-modelling and equitable provision of service. The program that operates cooperatively between the local school board and the child welfare agency in Owen Sound is an exemplary example of this model.

Finally, there can no longer be ‘tinkering’ with or adjustments to the existing service network. It is no longer suited to the needs of children and families in this province. In many ways, the system itself interferes with good service delivery and frustrates families and service providers alike. Transformation efforts need to be decisive, cross sectoral, inter jurisdictional and embrace the principles and components of good practice.

Proposed Model

A flow chart illustrates the central components and their interaction in the proposed model of service delivery for children in Ontario. See the attached diagram.

Delivery of Services to Ontario's Children: Proposed Model



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Components of the Proposed Model

Referral Source

Referrals can be made by the child/family, relatives or any professional across all service sectors including: neighbourhood, health, education, justice, child and youth services, social welfare, and developmental services. See Appendix “3” for a full (although not exhaustive) list of the possible referral sources. This model encourages referrals from resources, supports and service providers that are outside of the mainstream sources of referral. Police officers, day care staff, neighbours, teachers, grandparents, crown attorneys, judges, clergy and other persons central to a young person’s life can make a referral. Essentially anyone with concerns about the well being of a child and the need for interventive support can activate the system. Note that referrals can only be made to the Systems Navigator with the consent of the child or guardian.

System Activation Centre

The initial contact to the Systems Activation Centre would be through an Ontario-wide “1-800” number where the caller is immediately connected with the Systems Navigator in their local community.

Systems Navigator

The Systems Navigator functions as a highly specialized service co-ordinator who is attached to the child rather than the service system. The role of the Systems Navigator is to ensure that the young person is able to access all necessary supports and resources necessary to meet their needs. This means that the Systems Navigator understands all service sectors, including voluntary and governmental, is able to match the system to the needs of the child and has the capacity to mobilize community resources. A key feature of the Systems Navigator is the ability of that person to remain involved and co-ordinating necessary services for the child or family from birth until the child is firmly ensconced into the adult service system and across all service sectors.

The Systems Navigator has the potential to be involved with any child/family who are having difficulty accessing services, or are unsatisfied with the limitations of the service they are receiving, However, it is assumed that many young people and families will be satisfied with the level of service they are receiving.

Core Functions:

The Systems Navigator assumes the role of safeguard, mentor and broker as follows:

Safeguard

- Universally available
- Attached to the child not the service
- Able to recognize the wholistic needs of the child
- Offers stability through the continuity of the relationship

Mentor

- Consistent, stable, adult contact that models pro-social behaviour
- Child-centred; responsive to the child
- Offers voice and empowers the child
- Establishes an ongoing relationship with the child and the family

Broker

- Independent of the local system
- Knowledge and understanding of all service sectors: voluntary and governmental
- Able to locate and mobilize community resources to meet the child's unique needs
- Able to navigate effectively through the bureaucratic/administrative requirements and barriers

Process:

When the Systems Navigator initially engages with a young person, he/she will assess the urgent needs and presenting issues. **Crisis intervention** supports will be provided as required. If there are barriers to service provision, the System Navigator will negotiate the appropriate level of service across the spectrum of services. 'Natural resources' such as extended family, neighborhood supports, teachers etc. will be engaged in the first instance as required. If **outreach services** are needed to circumvent a crisis situation, this will be provided with the support of the 'natural resources', the Systems Navigator and the service community. Services are 'wrapped around' the young person in his/her life space. The goal is to provide early intervention and in so doing prevent the need for mandated services. Existing case managers will be notified, engaged and respective roles determined from the onset.

In many case situations, the young person has complex needs and requires the support of **long term case management**. When this is established with the cooperation of the existing case manager, a referral is made to the local case resolution mechanism and that process is activated and monitored.

Existing Case Manager

Case management is a service, usually provided by a professional who is either mandated or takes on the role of identifying the needs of a young person and co-ordinating appropriate services to meet the need. Examples of mandated case managers are children's aid workers and probation officers. Other types of case managers can be workers from community agencies, schools, mental health or any other social service agency. This service is immediately activated by the Systems Navigator to ensure service continuity and to prevent duplication. Both the case manager and the Systems Navigator work collaboratively in the best interest of the young person.

Local Case Resolution Mechanism

Case Resolution and Access mechanisms already exist in 56 locations in the province of Ontario. In order to ensure the integrity of the framework for service, the following critical features need to be included in all case resolution and access mechanisms:

- Meaningful inter-ministerial representation including school boards, youth justice, hospitals, community agencies, adult mental health and developmental services;
- Formalized terms of reference and protocols;
- Independent staff person;
- Commitment and leadership provided by Ministry regional office staff
- Client centred approach;
- Well articulated authority and accountability;
- Financial resources to operationalize the developed plans;
- Standardized tool to identify high risk children and youth

Interministerial Provincial Advisory Committee (IMPAC)

The Interministerial Provincial Advisory Committee (IMPAC) is made up of members with clinical and program expertise in the areas of child welfare, children's mental health, developmental disability, young offenders, education, health, family treatment and children's rights. There are representatives from the Ministries of Community and Social Services, Health, Education and Training, and

Children and Youth Services. There has also been an attempt to have geographic representation from across the province.

Presently, IMPAC is advisory to the Office of Child and Family Service Advocacy (Advocacy Office). The Committee is chaired by a Community member. Cases are those which Advocacy Officers have been unable to resolve by means of local or provincial resources. Those cases presented to IMPAC represent: a) a crisis requiring, immediate clinical consultation; b) a situation which is interministerial in nature and requires intervention across Ministries; and / or c) a case which represents broader systemic issues identified by the Advocacy Office. When the local case resolution mechanism is unable to resolve the needs of a complex case situation locally, it may refer to IMPAC through the Office of the Child and Youth Advocate (Advocacy Office).

Office of the Child and Youth Advocate

Advocacy services are available and accessible at any point in the cycle of service provision identified in this model. Family members, young people and service providers can seek advice at the point of referral to the System Navigator. Advocacy resources may be provided to the local Systems Navigator at anytime. The local service community, case managers and the local case resolution mechanisms may continue to seek the advice, support and intervention of the Advocacy Office.

Expected Outcomes

If the model of service delivery to children in Ontario was implemented as described herein, there would be a number of favourable outcomes. These are outlined below:

- Increased equity and accessibility to service
- Range of alternatives to residential care
- Re-allocation of resources to alternative services
- Early intervention and prevention
- Continuity of service
- Community mobilization and reorganization
- Efficient use of current system of service
- Identification of gaps in service
- Community accountability across service sectors and levels of government
- Enhanced accountability to the child and family

- Periods of transition targeted (i.e. critical life points, child to adult services; institution to community)
- Potential critical situations diverted
- Fewer Cross-Over Kids

APPENDICES

1. Sources of information
2. Components of Good practice
3. Local Community Resources

SOURCES OF INFORMATION

Consultations

Jamie Emerson, Executive Director, Peterborough Youth Services, Peterborough, Ontario. 2005, August 15.

Management Staff, Women's Community House, London, Ontario. August 25, 2005.

Kim Snow, Assistant Professor, School of Child and Youth Care, Ryerson University, Toronto, Ontario. August 11&12, 2005.

Kevin Sullivan, Supervisor, The Treatment Foster Care Program for the Children's Aid Societies of Durham, Kawartha-Haliburton and Northumberland, Cobourg, Ontario. September 15, 2005

Meetings and Symposia

Consumer Reference Group, the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Children's Hospital of Eastern Ontario). Meetings held on March 11-12, 2005 & April 11, 2005.

Crossover Kids Expert Symposium. Conducted by the Sparrow Lake Alliance on January 16, 2004 in Toronto, Ontario.

Offord, Dan. The Civic Community. Presentation to the Annual Meeting of the Sparrow Lake Alliance on April 27, 2002.

Stuart, Carol, Director and Associate Professor, CCYC804: Integrated Case Management, Module 3: Approaches to assessment and planning & Module 4: Leadership and teamwork in case management. Ryerson University, School of Child and Youth Care.

Reports and Documents

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Components of Good Practice in Residential Care

Voices From Within, April 1998

1) **Therapeutic-Rehabilitative Practice:**

- Child Centred
- Holistic approach that maintain attachments
- Active case management-single case manager
- Continuity of care, within and across service sectors
- Comprehensive-multi-disciplinary assessment
- Early and decisive intervention
- Intensity of intervention based on evolving needs
- Services to kids, not kids to services
- Rigorous monitoring of care plan
- Discharge and follow up care

2) **Community and Family Involvement:**

- Active participation of child in all aspects of care plan
- Opportunities for family healing ranging from supportive to intrusive in home intervention
- An ecological approach
- Programs accountable to communities
- Structures for peer support and advocacy
- Communities embrace each child
- Integrated Services

3) **Milieu Care:**

- Qualified, mature and well trained staff
- Hands on supervision provided to caregivers
- Adequate staff-youth ratios
- Adequate support to front line staff
- Team practice
- Stable, experienced caregivers
- Reinforcement of meaningful staff-youth interaction
- Positive role modelling
- Active, structured, relationship orientated programming
- Programming geared to meet the specific needs of each child

- Care givers highly skilled in crisis management
 - Clear consistent rules and expectations
 - Compliance to a well articulated care philosophy
- 4) **Safety and Security:**
- Effective, consistent and safe behavioural intervention
 - Care givers well trained in a continuum of intervention strategies
 - Non-punitive interventions
 - Skilled crisis management
 - Integrity of authority
 - De-escalation as primary intervention in crisis situations
 - Standardized practice within and across service sectors
 - Debriefing of all aggressive incidents
 - Internal and external review of all serious occurrences
 - Adequate staffing resources to contain volatile and dangerous behaviours
 - Independent and impartial complaints processes
 - No retribution for reporting complaints
 - Comprehensive screening of care givers
 - External accountability mechanism ensuring compliance
- 5) **Respect:**
- Rights are respected
 - Rights are attached to the child not the institution
 - Rights are not attached to responsibilities or behaviours
 - Children are treated as individuals
 - Diversity is valued and respected
 - Care givers role model respectful interactions
 - Language promotes a health care culture
 - Care givers do not collude through inaction

Potential Referral Sources/Local Community Resources

Child and Youth Services

- Daycare
- Subsidized daycare
- Early years centres/Best Start programs
- Autism/IBI programs
- In-home programming support for children
- Respite support
- Out of home respite
- Family centres
- Outpatient children's mental health
- Supervised access centres
- Family Service Organizations and counselling agencies
- Youth shelters
- Local child welfare agencies
- Foster care
- Group care
- Youth in independent living arrangements (E.C.M. or student welfare)
- Residential treatment program
- Inpatient children's mental health
- Children's treatment centres
- Secure treatment
- Crisis lines
- Mobile Crisis Units
- Domestic violence shelters
- Office of Children's lawyer
- Office of Child and Family Service Advocacy
- Associations and Support Groups
- Advocacy Organizations (DCI, National Youth in Care)
- Youth Groups

School

- Elementary and High Schools
- Section 20 schools
- Day treatment
- Alternative learning centres
- Employment training
- Special education

- Residential schools
- Provincial schools
- Demonstration schools
- Students Associations
- Parents' Associations (eg PTA)

Health

- Family doctor /general practitioner
- Walk-in Clinics
- Family Practice clinics
- Medical specialists
- Psychological/Psychiatric Services
- Occupational Therapists/Industrial Therapists/Speech and language Therapists
- Ontario Association for the Learning Disabled
- Services for Deaf
- Services for the Blind
- Services for Medically fragile children.
- Community Care Access Centres
- Health (community and specialized clinics)
- /Links
- Emergency services
- Mobile crisis unit
- Assertive Community Treatment Teams
- Outpatient treatment
- Disorder clinics
- Hospital-based Day treatment
- Addictions day treatment
- Addictions in-patient treatment
- Regulated health professionals
- In-patient adolescent unit
- In-patient paediatrics
- Long term adolescent rehabilitation services (physical and psychiatric)
- Adolescent crisis units
- Psychiatric hospitals
- Children's hospitals
- Public Health
- Community based sexual and reproductive health programs for women and youth

Social Welfare

- Ontario Works
- Ontario Disability and Support Program
- Assistive Devices Program
- Special Services at Home
- Assistance for Children with Severe Disabilities
- Job training and employment

Developmental Services

- Foster and group care
- Facilitated home share
- Associations for Community Living
- Institutions
- Sheltered workshops
- Extend-a-family
- Respite Services

Neighbourhood Services

- Neighbourhood subsidized housing
- Neighbourhood support services
- Shelters (homeless)
- Public health
- Legal clinics
- Recreation centres (Parks & Recreation)
- Ethno-cultural services
- Immigration and settlement services
- Diversity services
- Food bank
- Crisis services
- Community centres
- Volunteer organizations
- Community drop-ins
- Faith groups and churches
- Brownies/ Scouts/ Guides/ Cubs
- Friendship centres (urban Aboriginal services)
- Boys & Girls clubs
- Cadets
- General youth groups/organizations

Justice

- Police
- Community service agencies
- Courts (programs)
- Lawyers
- Crown attorneys
- Legal clinics
- Extra judicial sanctions/diversion
- Judges
- Alternative to Custody programs
- Probation/youth worker/after care worker
- Attendance centres
- Community Service Orders
- Open custody
- Secure custody/ detention
- Intensive supervision and support
- Offender services
- Community justice agencies
- Family Court clinics
- Community policing vs. investigative services
- Victim services
- Mediation
- Family court
- Youth court