



# ANNUAL REPORT

APRIL 1<sup>ST</sup> 2000 - MARCH 31<sup>ST</sup> 2001

# Annual Report of the Office of the Children's Advocate of Manitoba 2000 – 2001

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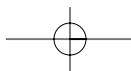
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## A Message from the Children's Advocate of Manitoba

This has been my second year in a three-year term as the Children's Advocate. As an Independent Office of Manitoba's Legislative Assembly, my staff and I continue to develop our role as advocates for children and youth in a system that has begun to undergo historic changes through the devolution of the child and family services (CFS) system. To help meet these emerging needs, the Office of the Children's Advocate (OCA) introduced a significant number of new initiatives. Information on them is contained later in this Annual Report.

Mr. Michael Bear, who began his employment in the OCA in May 1999, accepted the position of the Deputy Children's Advocate. Previously, Mr. Bear was employed by Cree Nations Child and Family Services, a mandated agency providing services to First Nations children, youth and their families in northern Manitoba.

Most importantly, members of the OCA were able to be here for the 1,133 children, youth and their families who requested advocacy services this fiscal year. This represents a 23 percent increase in cases over the previous year. I would like to thank and recognize the efforts of all the OCA staff who have worked hard under challenging circumstances on behalf of the children and youth we served this year. I would also like to acknowledge the hard work of all the natural, community and CFS advocates. We are encouraged by their continued commitment to make our communities a better place for all Manitoba's children and youth.

The process of advocacy often creates tension in the CFS system, as we become involved in cases where children, youth and families often do not agree with the decisions of those in the CFS system or they feel they have not been treated fairly. While we value and work towards creating positive, respectful working relationships with all those involved in the CFS system, our efforts regarding individual cases are centered upon the best interests of the child or youth involved. This makes it necessary and unavoidable for the OCA to be critical of care practices, where warranted.

At the same time, we actively look for opportunities to point out instances when things go right on cases. We express this support to agencies, parents, foster parents, workers, childcare staff and CFS decision makers on a case-by-case basis. We hope that doing this will encourage the replication of positive and proactive practices, thereby improving the overall quality of care for children and youth.

I am inspired every day by the incredible strength, resiliency and dignity of the children and youth with whom our office works. We know that many children and youth can, and do, have the skills to represent their viewpoints on issues affecting them. We also recognize that their voices can sometimes get lost in the large CFS system. At this time, it is especially important that the chorus of many, often more powerful adult voices do not overwhelm the voices of children and youth in the system. This year's Annual Report contains some case examples where the ideas and viewpoints of children and youth have played a central role in finding solutions to their challenges and pointed out areas where changes could be made within the CFS system that would improve the outlook for other children and youth. We ask you to hear their voices.

In accordance with Section 8.2 (1)(d) of *The Child and Family Services Act*, I am pleased to submit my Annual Report for the period between April 1, 2000 and March 31, 2001.

Janet Mirwaldt



# Defining the Office of the Children's Advocate and What We Do

## The Importance of a Children's Advocate

Advocates challenge the system. They point out current practices, policies or legislation that are not meeting needs and expectations. Advocates work for change . . . and change is not always easy for people to accept. Advocacy can create tension.

However, children especially need advocates. They cannot vote. They live in a world where adults make decisions about their lives. They have a voice but they have virtually no legal power to make anyone listen to that voice. Our experiences speaking with children and youth in the child and family services system have shown us they often feel they have no say in what happens to them.

Our mission is to animate their voices and ensure their rights, interests and viewpoints are valued, respected and protected. Our advocacy efforts and services will be child-centred, family-oriented and anchored in the community. They will be delivered in an ethical, culturally sensitive and respectful manner.

## What is the Office of the Children's Advocate?

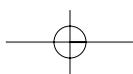
The Office of the Children's Advocate (OCA) was originally created under *The Child and Family Services Act* and proclaimed in 1992. The office operated under the umbrella of the Department of Family Services and the Children's Advocate reported to the Minister of Family Services. In 1996, consistent with legislative requirements, an all-party Committee was established to conduct a review of the office.

On March 15, 1999, in response to recommendations arising from the review, the Office of the Children's Advocate became an independent office of the Legislative Assembly. It currently operates in an arm's length relationship with the child and family services system. It exists to represent the rights, interests and viewpoints of children and youth who are receiving, or entitled to receive, services as prescribed under *The Child and Family Services Act* and *The Adoption Act*. The Children's Advocate is empowered to review, investigate and provide



recommendations on matters relating to the welfare and interests of these children. The Children's Advocate prepares and submits an Annual Report to the Speaker of the Legislative Assembly.

On March 29, 1999, the Lieutenant Governor in Council appointed Janet Mirwaldt as the Children's Advocate on the recommendation of the Standing Committee of the Assembly on Privileges and Elections.





**An  
Overview  
of the Activities  
and Initiatives  
Undertaken  
by the  
Office of the  
Children's Advocate  
in 2000-2001**

## **We Developed a Policy and Procedures Manual For the Office of the Children's Advocate:**

The 96-page document formally lays the framework for the office's principles and practices as well as the manner in which advocacy services will be carried out. It also contains the operational procedures and administration processes for our office. The manual builds upon the accumulated expertise and experiences of the OCA advocates. The Children's Advocate also researched and incorporated elements consistent with the best practice policies and procedures from other child and youth advocates as well as child serving agencies from across Manitoba and Canada. The manual will be introduced on April 1, 2001.

The manual is important because it ensures:

- advocacy efforts will be child and youth focused;
- advocacy services for children and youth across the province will be standardized;
- the gathering, recording and tracking of information will be standardized;
- greater continuity and consistency of advocacy services, particularly during times of staffing transition. The Policy and Procedures Manual will assist in ensuring continuity, particularly during the early portion of the mandate of a new Children's Advocate. The Children's Advocate has the shortest appointment period among all Manitoba's independent officers. The Advocate is appointed for only three years and can be re-appointed for a single additional three-year term.

## **We Introduced a new Case Management Database System For the Office of the Children's Advocate**

In 2000, new computer software was utilized to create an enhanced database for the Children's Advocate Information System (CAIS). The new CAIS will be introduced on April 1, 2001. The original case management database for the Office of the Children's Advocate was created in 1993. Since that time, advances in information technology, combined with the creation of enhanced and updated policies and procedures within the OCA, had rendered the CAIS in need of significant modernization and refinement.

## We Helped VOICES-Manitoba's Youth in Care Publish a Guidebook about Living in Care

Children and youth are alarmingly unaware of their rights in the child and family services system.

Children and youth need to know their rights.

The book, *Moving In, Moving On, Moving Out*, was developed by VOICES – Manitoba's Youth in Care, which is a program supported by the Winnipeg Boys and Girls Clubs and funded by the Department of Family Services and Housing. The young writers' goals were to help other children by answering some commonly shared questions and deal with some of the many emotions that young people might be feeling as they come into care. It is also a powerful tool in helping adults and caregivers understand how children might be feeling as they enter a child and family services system.

The OCA was very pleased to have funded the first printing of the guidebook. Departmental staff will distribute the guidebook to children and youth in care and are committed to funding a second printing. The Minister and his departmental staff have demonstrated a commitment to this valuable and innovative program that we acknowledge and applaud.

## We Helped Introduce The Right Way Program to Manitoba

The Right Way Program is an interactive training workshop designed by Save the Children Canada to provide children and youth with information about their rights. The workshops also provided an opportunity for young people to develop the self-advocacy skills necessary to speak up about their rights in a manner that is both responsible and respectful of others.

The pilot program was funded by Save the Children Canada and administered through the Office of the Children's Advocate. A Youth Advocate was hired on a 13-week term position in March 2001 to administer The Right Way Program and deliver the workshops to children and youth. The Manitoba workshops were conducted at residential youth facilities and community-based agencies serving children and youth.

## **We Assisted the Department of Justice to do Focus Group Discussions for Youths on Services to Children Under 12**

In March 2001, as part of a Department of Justice initiative, the Office of the Children's Advocate assisted in conducting youth focus groups regarding services to children under 12. Young people between the ages of 12 and 20 who had been involved with the justice system participated. Some also had experiences with the child and family services system. They were asked to share their views and make recommendations on issues and initiatives affecting children under 12 when conflicts bring them into crisis situations at school, with the police, and with Child and Family Services.

Our office strongly advocates that children and youth can make a valuable contribution to improving the services that impact upon their lives. People simply have to be open to listening to them. We thank the Minister of Justice and his Department for listening to these young people and considering their views regarding services to children under 12.

## **We Maintained Our Commitment To Have An Enhanced Presence in More Communities Outside Winnipeg**

Despite limited resources, members of the Office of the Children's Advocate made a concerted effort to get to communities outside Winnipeg. This year, advocates visited and worked with community members in Beausejour, Brandon, Cross Lake First Nation, Dauphin, Gimli, Grand Rapids, Hollow Water First Nation, Nisichawayasihk Cree Nation, Norway House Cree Nation, Pine Creek First Nation, Portage La Prairie, Pukatawagan First Nation, Pauingassi First Nation, Rolling River First Nation, Roseau River, Sagkeeng First Nation (Fort Alexander), Sandy Bay First Nation, Selkirk, Shamattawa First Nation, Skownan First Nation, Sprague, The Pas, Opaskwayak Cree Nation, Thompson, Winkler and York Factory First Nation.

## The Need for OCA Advocacy in Northern Manitoba

The Office of the Children's Advocate applied to the Manitoba Legislative Assembly for funding to conduct a feasibility study regarding OCA advocacy services for children, youth and families in northern Manitoba. Funding was granted over a two year period ending March 31, 2002.

The feasibility study is part of an ongoing commitment by the OCA to provide accessible advocacy services throughout Manitoba. The study began at the end of the 2000-2001 fiscal year. Interviews and consultations are being conducted with community groups and individuals throughout northern Manitoba to receive views on the state of OCA services in northern Manitoba; to help determine whether a need exists for a greater level of OCA services in northern Manitoba; and whether northern communities support changed or expanded services by the OCA. Details of the report and its findings will be included in next year's Annual Report.

### ***SPECIAL REPORT:***

## The Use of Hotels as Emergency Placements

In May 2000, The Office of the Children's Advocate (OCA) completed a special report on Winnipeg Child and Family Services and their use of hotel rooms as emergency placements for children and youth. The report originated from a complaint made to the OCA in June 1999. The complaint focused on the number of children placed in hotels by Winnipeg Child and Family Services (WCFS) and the quality of care being provided. Further information is contained on page 39 of this Annual Report.



**Systemic  
Initiatives  
Undertaken  
in Manitoba  
in 2000-2001**

## Section 10 (1) reviews.

In last year's Annual Report, the OCA pointed out the backlog of Section 10 (1) reviews. Under Section 10 (1) of *The Fatality Inquiries Act*, it is a statutory requirement that the Chief Medical Examiner conduct case audit reviews concerning children and youth that were known to the child and family services system prior to their deaths. These case reviews relate to the "quality or standard of care or services to" a child, parent, guardian or sibling of a child known to a child and family services agency within a two year period proceeding the death of the child<sup>1</sup>. As a result, both the Department of Family Services and Housing and Manitoba Justice committed to reviewing the process in which these reviews were carried out.

Manitoba Justice, the department responsible for the Office of the Chief Medical Examiner, immediately responded to the concerns raised by the OCA and committed additional resources to deal with the backlog. Two full-time staff members were seconded until June 30, 2001 to assist the single existing staff person in reducing the backlog. Later, a third person was contracted to participate in the reviews. Funding for the two full-time seconded positions has been extended until March 31, 2002.

Manitoba Justice also initiated a working group to examine the operational and structural concerns and to provide government with options for future directions in this important matter.<sup>2</sup> The OCA was a member of this working group. The working group submitted their findings to government in March 2001.

## Devolution of the Child and Family Services System in Manitoba

Over the last year, the Province of Manitoba, with the leadership of the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak, and the Manitoba Metis Federation has undertaken to restructure and improve the child and family services system. This collaborative effort has become known as devolution.

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<sup>1</sup> The Fatality Inquires Act.

<sup>2</sup> Findings of the Working Group on The Fatality Inquiries Act. Respecting Section 10(1) Reviews of Child Deaths. (February 2001), p. 1.

The purpose of devolution is to create a system that recognizes and respects the province's cultural diversity and returns to First Nations and Metis communities their right to develop, deliver and control their own child and family services. The restructuring is to create a services delivery system that will "protect and honor children by building and empowering community, family and personal capacity through the delivery of holistic, restorative, integrated, preventative, supportive and protective services."<sup>3</sup>

The restructuring process has been divided into five stages of work or phases. Working groups were established to develop proposals and make recommendations that have resulted in a conceptual plan. Full implementation of the new system is expected to be completed in the fall of 2003.

### **Why change?**

It has been widely recognized that the child and family services system has not served Aboriginal children, youth and families well. While mandated First Nations child and family services agencies have been created throughout the province over the last two decades, their services were restricted to First Nation communities. Manitoba Metis children, youth and families were not afforded the opportunity to develop their own child and family service agencies and were required to receive services from the mainstream agencies.

Overall, the child and family system was a system where Aboriginal people had little or no voice, yet Aboriginal children and youth accounted for the vast majority of children in care. According to 1996 census information, Aboriginal children and youth (up to age 19) represented 20.7% of Manitoba's total child population, yet they currently (2000-2001) represent 78% of the children in care. Eighty-four percent of permanent wards in Manitoba are of Aboriginal descent, the majority of whom live in foster care.

In comparison to the general population, these Aboriginal children and youth often face higher, sometimes shockingly higher, risks of infant mortality, disabilities, educational disruption, adolescent pregnancy, incarceration, and suicide.<sup>4</sup>

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<sup>3</sup> AJI-CWI, Strategic Design Principles, October 2000

<sup>4</sup> McDonald, R., et al. (2000) First Nations Child and Family Services Joint National Policy Review. Final Report Assembly of First Nations/Department Of Indian And Northern Affairs Development., Ottawa Canada.

First Nations agencies often work in communities characterized by poverty, high unemployment, "deplorable housing, marginal access to services" and poor public health conditions, all of which impacts on the families who live in those communities.<sup>5</sup> These agencies have long operated under funding structures that did not take into account, or address, these larger issues faced by many communities. This has all had a profound impact upon families who receive child and family services.

At the same time, research literature, public inquiries and individual testimonials have largely focused on the negative, but unintended, outcomes of child welfare intervention. These included foster care drift, disruption of family and community ties, "separation of siblings, ... and, for many children, more discontinuity than any child could reasonably tolerate without some negative outcomes".<sup>6</sup>

Change is clearly needed. Devolution is an opportunity for change for all children, youth and families involved in the child and family services system.

The Office of the Children's Advocate (OCA) works with many children and youth who have received services from both First Nations and mainstream agencies. One young person who has received services from both told the OCA that she viewed devolution as a positive step. She stated that if Aboriginal agencies could provide services to her no matter where she lived, it would help to reduce one barrier she faces everyday: racism. This young person told us that receiving services from an Aboriginal agency, perhaps from a worker who shared, or better understood, her background, would lessen the constant requirement of having to explain herself or justify her beliefs. She went on to state that no matter which agency would be helping her, she would still require services. She would still need to see a social worker on a regular basis. She would still need a placement that met her needs. She would still need adequate financial support to finish school. She would still need access to her family and community. She would still need to be involved in any decisions made about her life.

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<sup>5</sup> Laboucane-Carriere, J. (1997) Kinship Care: A Community Alternative To Foster Care. Native Social Work Journal, Laurentian University Press, v. 1, n. 1, p. 46.

<sup>6</sup> Kufeldt, K, et al. (2000) Looking After Children. Final Report. Social Development Partnerships of Human Resources Development Canada, p. 10.

This young person eloquently outlined the issue for the majority of children and youth in the system. Beyond the governance structure, there must be equity of service and improved outcomes for children and youth in the CFS system.

**We now have an opportunity to improve outcomes.  
But are we expecting to generate new outcomes from old practices?**

The new system created through the devolution process will require a shift; not merely in specific program intervention but in the collective strategies that we develop on behalf of children and youth. New strategies need to emphasize our collective community role and responsibility in the raising of our children and youth. We require a common approach among all child caring services (health, education, justice and child and family services), a common language, a common understanding on what needs to be provided on behalf of children and youth, and a basis for common action. We need to purposefully provide all children and youth with the relationships, opportunities and experiences they need and deserve if we are to improve their welfare and, hence, their outcome.

Children and youth have long been telling us:

- They require the opportunity to develop a consistent and sustaining relationship with an adult caregiver.
- They need to be safe from abuse, neglect and exploitation.
- They need to live in environments (families and communities) that provide stability and predictability.
- They require services that meet their individual needs while focusing on their strengths, not their perceived weaknesses.
- They need to have contact with, and be connected to, their families, communities and culture.
- When the adults in their lives are making decisions about their lives, young people need to have a say.
- When leaving the system, they may need services that will support them beyond the age of 18.
- They need to be, and are entitled to be, treated with respect and dignity.

Young people have pointed the way. Clearly the question is: will we listen to them?

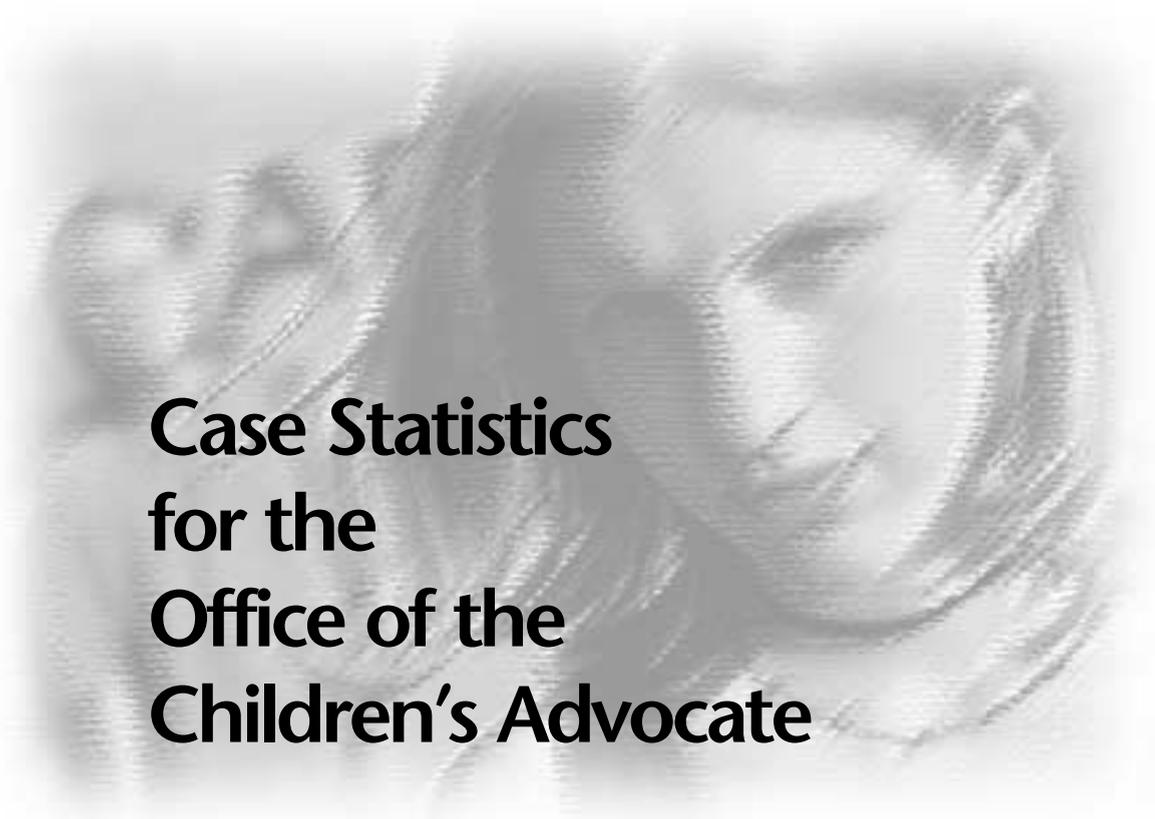
### **How does the OCA fit into the devolution process?**

The OCA has been supportive of the devolution process with respect to Phase 1 and 2 and has participated in some of the working groups related to various aspects of the devolution process.

The devolution process will affect hundreds of children, youth and families, many of whom may request our services during a time of unprecedented transition and change. In this new system, there is a need for a strong, independent, impartial, and ever-present Office of the Children's Advocate; one that is available and accessible to all. Adequate resources devoted to the OCA are a fundamental requirement for ensuring equity of accessibility to advocacy services for children and youth.

Currently our resources in the Office of the Children's Advocate are limited to four advocacy officers who provide services throughout the entire province. Our total staff complement is seven, including the Children's Advocate. We are based in Winnipeg. A limited budget prevents extensive travel and the location of an advocacy office outside of Winnipeg. Our current resource level will not ensure equity of accessibility to advocacy services for all children and youth throughout the province of Manitoba. In order to provide services, both during and after devolution, our resource level must be increased.





# Case Statistics for the Office of the Children's Advocate

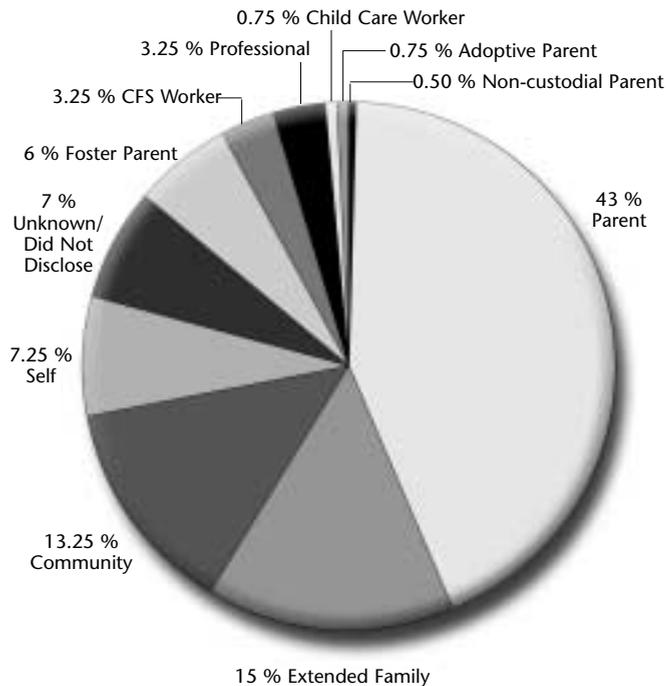
## Case Statistics

	<u>1999-2000</u>	<u>2000-2001</u>
Files remaining open from previous fiscal year	89	125*
Files opened – Information & Self-Advocacy Assistance	483	591
– Advocacy Intervention	437	542
Total files opened	920	1,133
Total files closed	854 (884*)	1,084
Files Remaining open at fiscal year-end	155 (125*)	174

Requests for advocacy services (1,133) in the 2000-2001 fiscal year increased by almost 23 percent over the previous fiscal year (920). There was also an increase in the number of complex cases. At the same time, staff levels in our office remained the same this year, resulting in an increased number of cases being carried over into the 2001-2002 fiscal year.

### Who contacted us in 2000-2001:

Over 70% of the people who contact the Office of the Children's Advocate are families and community members. Parent initiated contacts made up 43% of our calls.

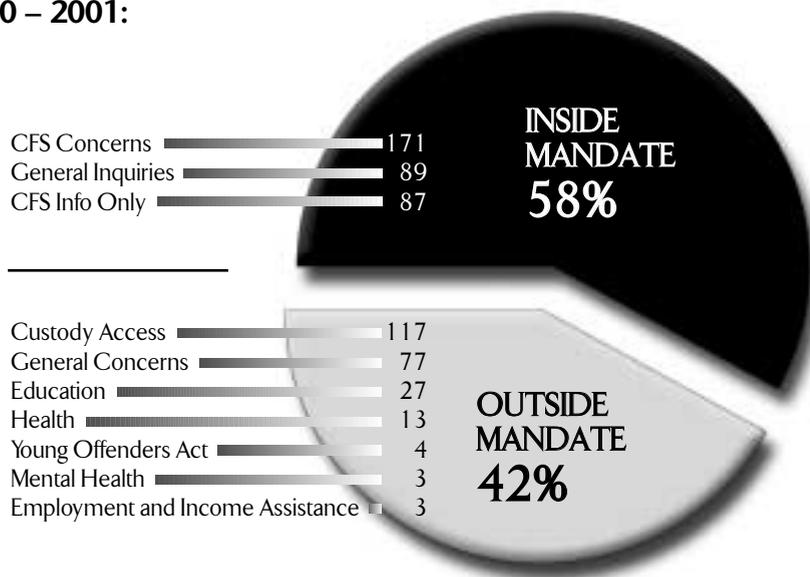


\*In the last Annual report, it was reported that 155 files were carried over. Casework had been completed on 30 of these files prior to March 31, 2000 but paperwork had not been completed. As no casework on these files was carried over into the 2000-2001 fiscal year, the number of files closed in 1999-2001 has been changed from 854 to 884. Files remaining opening at the end of fiscal year 1999-2000 has been modified from 155 to 125.

## Information and Self-Advocacy Assistance Cases (ISAA Cases)

This year, the Children's Advocate opened 591 ISAA cases, an increase of 18% over the previous fiscal year. These cases can fall within or outside the mandate of the Office of the Children's Advocate.

### What people contacted us about between 2000 – 2001:



As a result of our Advocacy Assessment Officer's work in providing information, support, referral and self-advocacy strategies to callers through our ISAA services, we were able to resolve 347 cases at intake.

Over 40% of the ISAA calls we received were outside of our mandate to provide direct assistance, meaning the Office of the Children's Advocate did not have the authority to respond to these requests. In these instances, we attempted to refer individuals back to the appropriate government department or agency as well as to other advocates who might be able to assist them.

## Advocacy Intervention Cases (AI cases)

This year, the Children's Advocate opened 542 AI cases, an increase of 24% over the previous year.

### Children and Youth We Served Who Required Advocacy Intervention: 2000 – 2001

	<u>Male</u>	<u>Female</u>	<u>Total Age Group</u>	<u>Percentage</u>
0-2 years	35	23	58	10.7%
3-5 years	28	47	75	13.8%
6-10 years	65	66	131	24.2%
11-12 years	36	29	65	12.0%
13-15 years	70	59	129	23.8%
16-18 years	39	44	83	15.3%
Over 18 years	0	1	1	0.2%
<b>Report Total</b>	<b>273</b>	<b>269</b>	<b>542</b>	

We served virtually equal numbers of males and females. Of the seven age group categories identified, almost half (47%) were from two distinct age groups: children between 6 and 10 years old and teens between 13 and 15 years old.

The majority of children with whom the OCA worked were in the care of a CFS agency: 21% were permanent wards; 11% were temporary wards; 14% were in care under an apprehension status; and 10% were under a Voluntary Placement Order.

## Where are these children living?

Of the 542 Advocacy Intervention cases opened by the Children's Advocate in fiscal year 2000-2001:

Fifty-four percent of the children and youth we served resided in a care arrangement, approved, supervised and funded by the CFS system.

AWOL (from Care)	3
Group Home	22
Hotel/Motel	24
Non-Relative Foster Home	195
Receiving Resource	11
Relative Foster Home	20
Residential Care (Secure)	10
Safe House	8
	<b>293</b>

Forty-three percent of the children and youth we served were in the community. They may or may not have received CFS services.

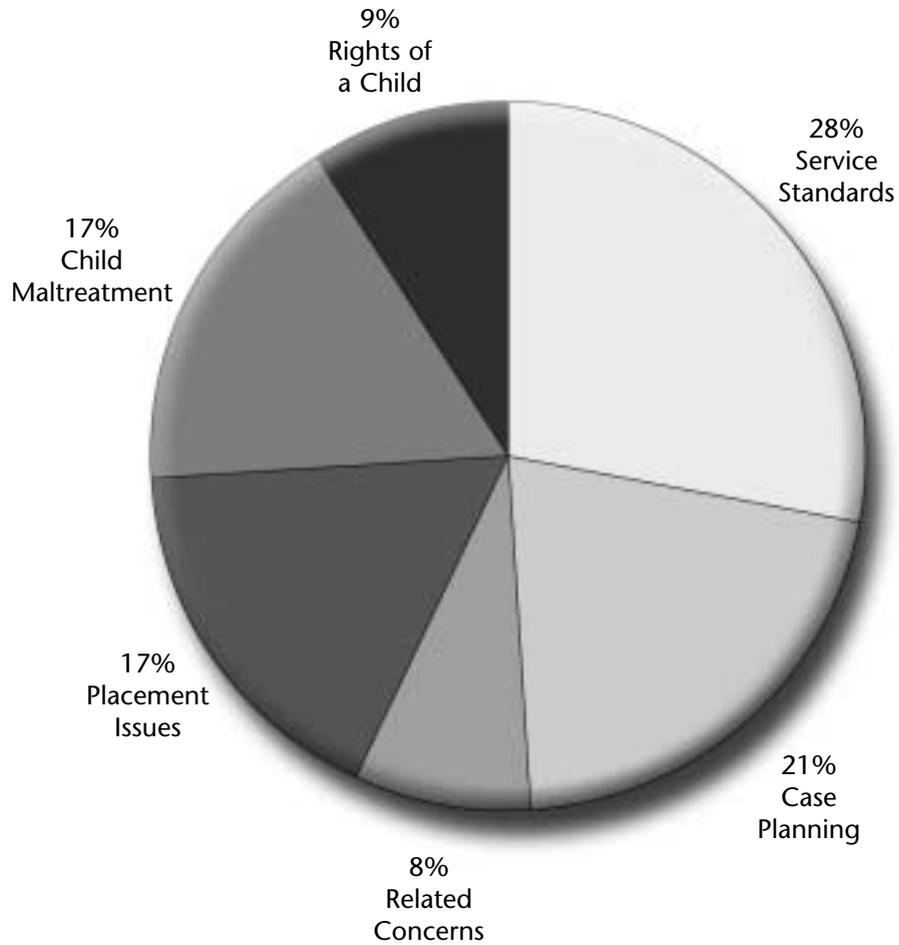
On Own	8
With Parents/Guardians	117
With Relatives/Friends	62
Would Not Disclose/Unknown	32
Other	15
	<b>234</b>

Three percent of the children and youth we served were placed in other child/youth facilities. They may or may not have received CFS services.

Hospital	5
Treatment Centres	2
Youth Corrections	8
	<b>15</b>

## Case Themes

A review of all requests for ISAA and AI services revealed a total of 1,729 reported concerns. These concerns can be grouped into six distinct areas as shown in the pie chart below. More detailed information involving these six areas of concern can be found on the next page.



## Case Themes by Case Category

<b>I) Service Standards</b>	<b>ISAA</b>	<b>AI</b>	<b>Sub-total</b>	<b>Total %</b>
Disagree with CFS involvement	95	118	213	
Refusal of service	25	58	83	
Worker professional conduct/practices	13	21	34	
Change of worker	2	10	12	
Contact by worker	12	22	34	
Access to services	25	38	63	
Non-compliance with service standards	9	34	43	
Agency requested review	0	1	1	
<b>Total</b>	<b>181</b>	<b>302</b>	<b>483</b>	<b>28%</b>
<b>II) Case Planning</b>				
Lack of case planning	33	84	117	
Lack of permanency planning	16	23	39	
Reunification planning	3	4	7	
Lack of treatment planning	7	33	40	
Access to child in care	110	53	163	
<b>Total</b>	<b>169</b>	<b>197</b>	<b>366</b>	<b>21%</b>
<b>III) Placement Issues</b>				
Quality of placement	117	136	253	
Child alleges abuse in care	1	22	23	
Child AWOL	5	9	14	
<b>Total</b>	<b>123</b>	<b>167</b>	<b>290</b>	<b>17%</b>
<b>IV) Child Maltreatment (out of care)</b>				
Protection concerns/general care	85	134	219	
Allegations of child abuse	26	44	70	
<b>Total</b>	<b>111</b>	<b>178</b>	<b>289</b>	<b>17%</b>
<b>V) The Rights of the Child</b>				
Child not involved in planning	18	20	38	
Rights not respected	19	33	52	
Child's views not considered	20	35	55	
Legal representation for child	10	2	12	
<b>Total</b>	<b>67</b>	<b>90</b>	<b>157</b>	<b>9%</b>
<b>VI) Related Concerns of Children</b>				
Education	33	11	44	
Health	14	7	21	
Mental health	9	23	32	
Financial	24	6	30	
Special needs	3	14	17	
<b>Total</b>	<b>82</b>	<b>51</b>	<b>144</b>	<b>8%</b>

ISAA = Information and Self Advocacy Assistance Cases

AI = Advocacy Intervention Cases

**Why wouldn't you just listen?**

please give me the chance to voice my thoughts

And my concerns about my **hopes** and dreams

Ask what I want to do and how I feel about some of your suggestions for my life.

**People** say that it's my right to **voice** my thoughts and my **concerns**

Do you even care about what I want or how I feel about things.....anything

**To** me it feels like you just **say** and do what you **think** is best for me

Leaving me feeling like I can never be the person I want to be...

**people** tell me that it is my **right** to play an active role in **decisions** regarding my future and **myself**.

But no, you make my decisions for me, because you say I'm not responsible enough to do it on my own

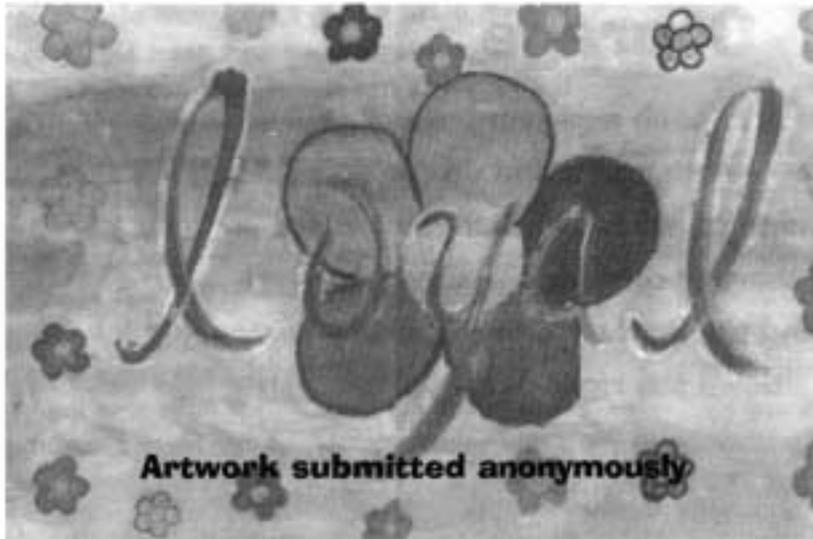
**What** do you see me **doing**, what do you hear me **saying** that makes you **feel** this way about me?

If you would just give me a chance to share how I feel then maybe we can meet along the way.

**Even** if you **don't** want to **hear** me **out**

Please could you just take the time to listen to what I want to say?!!!

Christine - youth in care



The material on this page appeared on page 31 of Moving In, Moving On, Moving Out, a guide about living in care written for youth in care by youth in care. It is reprinted in the Annual Report of the Children's Advocate with the permission of VOICES – Manitoba's Youth in Care.

# Hear Our Voices: Case Summaries that Give Meaning to the Experiences of Young Manitobans

Our experiences in the Office of the Children's Advocate have shown that children and youth are at a particular disadvantage when in disagreement with the CFS system. Often, their voices are not given equal weight. Youth report that they are seldom included in case planning that would allow them to have "a say" in decisions made about their lives. The vast majority of the time, they are told where they will live, where they will go to school, when they can see their parents or siblings, and when or if, they will be allowed to return home. Should they disagree, they are often labeled "difficult" or "uncooperative".

This section of the Annual Report includes some summaries of cases where adults and professionals in the child and family services system listened to what children and youth had to say and, in doing so, improved the quality of life for these young Manitobans. We think it is also important to note that most of the solutions were not costly or financially impractical to the system, demonstrating that listening can cost nothing, yet means so much. A minimum amount of information has been included in the cases profiled in this section of the report to protect the identities and privacy of all those involved.

## Disagreement with CFS involvement

As we reported last year, a majority of calls received from the community in this category concerned a parent, guardian or caregiver's disagreement with CFS involvement. Such disagreements centered on whether the agency or regional office had cause to either investigate a complaint of child maltreatment and/or remove children from the familial home.

Following our initial contact, the Office of the Children's Advocate often concurred with the agency's decisions. However, disagreements between families and workers persist as there is a lack of effective dispute resolution processes that would help all involved reach a more productive resolution.

Last year, we called for mediation in child and family services. A mediation process would allow families and agencies the opportunity to work towards resolution. Following a mediation process, if resolution cannot be achieved, the cases could then be moved into the court system, if necessary. In any mediation process, children and youths must be represented separately from parents or agencies as their interests often differ from the adults in their world.

### **CASE EXAMPLE:**



### **The Right to Disagree from a Youth's Perspective**

The OCA became involved with an adolescent male who was refusing to return to his parent's home. The family had long, continuous involvement with the CFS system. The adolescent, along with several siblings, cycled in and out of care. According to the young person, his life was characterized as constant movement from his parent's home to care as a result of his parent's continual substance abuse. The youth's time in care was characterized by multiple moves between placement resources, never having the opportunity to stabilize.

His worker told him that he would soon be returning to his parent as the parent had attempted to take the necessary steps to resolve the issues. The youth adamantly refused to return home. He said he felt unattached to his parent or siblings and felt "unsafe" in the familial home. As the youth could not identify a specific incident when he had been recently placed at risk by his parent, the agency stated to him he had no choice in the matter. His worker stated to the OCA that the youth was being "unco-operative" with the agency plan.

### **The Outcome:**

The OCA respectfully disagreed with the agency. The youth's concerns were legitimate considering the family's long history of difficulties. The OCA and the youth recognized the parent's recent achievements but questioned the appropriateness of forcing the youth to reunify before he was ready. Though it appeared that the parent had addressed the issues that resulted in the continual breakdown of the family, the youth had never had the opportunity to address his concerns. The OCA recommended that the youth remain in care and that reunification planning be formulated. The plan would include the youth's opinion in order for the parent to adequately address the youth's fears of returning home. In time, the agency agreed. They allowed the youth to remain in care and began working with both parent and youth. This youth eventually made the decision to return home. His decision was honoured by the agency.

## **Case Planning**

As reported last year, we found child-specific case planning was largely absent in the majority of cases in which we were involved. Permanent or long-term wards in care under a Temporary Order or a Voluntary Placement Agreement (VPA) were particularly vulnerable as they would be exiting or leaving the child and family services system upon reaching the age of 18, the age of majority. Such planning is commonly known as transitional planning and can be as important to the future of a child as protection planning.

For many youth, reaching the age of majority does not require them to leave home. Many young adults live at home with their family as they continue on their path to independence. However, youth in care are required to leave care at age 18. Many have few resources to support independence. Youth often refer to this process as "aging out". This process is not always related to the "maturational process coinciding with the achievement of developmental skills, but of an inflexible criterion unrelated to readiness, qualities, achievements or accomplishments of the youth"<sup>7</sup> Youth in care do not have the benefit of continued support. For many, transitional planning can simply become a referral to Employment and Income Assistance.

Transitional planning becomes much more difficult if the young person has exceptional needs in the form of an intellectual, physical or psychiatric disability that would require ongoing support from the systems serving adults. Many of these youth and their families may be eligible for services provided by the Department of Family Services and Housing including Community Living Programs, Residential Care Services, Day Services and Support Services.

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<sup>7</sup> Leslie, B., & Hare, F. (2000) Improving the Outcomes For Youth in Transition From Care. Ryerson University, Toronto, Ontario, Canada

In Manitoba, youth who are permanent wards can be extended in care beyond their 18th birthday, up to the age of 21. Youth in care under a Temporary Order or a Voluntary Placement Agreement cannot be extended in care. Extension of wardship for permanent wards can be granted in exceptional circumstances, dependent upon the needs of the youth. Some are extended for educational reasons. Others are extended for the continuation of support services when the youth does not meet the criteria for adult services.

First Nations youth who are living on reserves do not qualify for adult services provided from the province and must rely on the limited services provided by the federal government through the Department of Indian and Northern Affairs Canada and the Medical Services Branch. First Nations CFS Agencies have complained to the OCA that these departments do not provide services consistently. Many of these young people find themselves in a jurisdictional vacuum between the federal and provincial governments.

The cases known to the OCA are primarily ones where youth in care with exceptional needs have few community or family supports once they reach the age of majority. Often, these youth cannot or do not return to their familial home but they still require ongoing care, supervision and support. The transition of these youth from child and family services to adult services can become convoluted, as the youth must move from one system to the other. Currently young people who require adult services from the Department of Family Services and Housing through their Community Living programs must meet prescribed and predetermined criteria. A child and family services worker must apply for adult services prior to, or on, the child's 16th birthday so that the adult services program providers can secure the required resources.

In the cases where the OCA was involved, we found that transitional planning for youth that have exceptional needs were hampered by a variety of factors.

- Workers were unaware of the process and procedures surrounding transitional planning.
- Applications for adult services were not completed prior to the youth's 16th birthday.
- Applications were not completed in a timely fashion for those who were 16 years of age or older prior to coming into care.
- Many parents of youth with exceptional needs who entered their children into care under a VPA were unaware that their children could not be extended in care under this care status.
- Workers were unaware of the full ramifications of a VPA status as it related to extensions of time in care.

**CASE EXAMPLE:****"Where will I live?"**

A young man, who was turning 18 within a matter of weeks, was referred to the OCA as he was unaware of what would happen to him when he turned 18. The young man had been in the care of an agency for a number of years under a Voluntary Placement Agreement (VPA). His parent still held legal guardianship but was unable to provide any support to this young man due to difficult life circumstances.

The young man had exceptional needs and required ongoing educational, vocational and adult mental health services. According to his caregiver and professional staff in the education and child mental health system, this young man required a structured living environment and the continuation of his ongoing supports following his 18th birthday. He, according to those working with him, did not possess the life skills to live independently.

The young man's case had been transferred to several workers prior to his 18th birthday. None, inclusive of his current worker, had applied for adult services. The current worker stated to the OCA that the transitional plan called for the young man to be placed in a room and board situation in a different geographical location from where he resided at the time. This would have also resulted in the loss of his educational/vocational programming. The young man involved did not agree with this plan and wanted to remain in his current placement and continue with his programming.

**Outcome:**

The OCA contacted the agency and found that the agency did not apply for adult services in a timely manner. The OCA acknowledged that the youth's wardship could not be extended. However, the OCA recommended that the agency had an obligation to extend his funding and continue his current living arrangement and community supports to allow for effective transitional planning. The agency agreed to continue their support to the youth so that appropriate transitional planning could be completed.

## Quality of Care

The majority of calls to the OCA in this category are received from adults who are concerned about the quality of care a child and or youth is receiving when placed by an agency. Children and youth do not normally initiate calls to the OCA with respect to the quality of care that they are receiving. When we have asked some youth why they believe that young people do not raise issues about quality of care, they have stated they are:

- unaware that they can raise concerns;
- unaware of whom they should raise concerns with, particularly if they are in foster care; or
- are fearful of the alternative care arrangements they may find themselves in if they complain.

The alternative might mean moving to a hotel, a shelter, or out of their community.

### **CASE EXAMPLE:**



### **For Your Own Good**

The OCA became involved in a case where a pre-adolescent child was placed in a residential care facility for a 16-month period. The guardian agency found itself in conflict with the care facility surrounding the child's assessment and resulting clinical diagnosis, the residential facility's ongoing care management of the child, and the discharge planning for the child. The child was discharged from the care facility prior to the OCA involvement.

#### **Outcome:**

The OCA involvement focused on the case plan as it related to the best interests of the child. In conducting the review, the OCA found that the guardian agency's case plan effectively addressed the child's ongoing needs and ensured the child's effective reintegration into her community.

As part of our review, we also looked at the period of time the child spent in a residential care facility. We found that the child was physically restrained on 33 separate reported incidents over a 16-month period. On five reported occasions, she was physically isolated due to aggressive behavior. The OCA acknowledged that childcare staff used such intrusive measures as they felt that they needed to protect the child, other residents, staff and property. The OCA believed that the behavior was part of a pattern of negative peer interaction in the facility that was not adequately addressed

to the knowledge of the OCA. As well, the OCA acknowledged that the care facility, as per provincial protocol, reported each incident internally to their own organization, to the guardian agency, and to the Department of Family Services and Housing. The OCA, however, remained concerned that such intrusive measures had to be consistently used to manage the child.

The OCA communicated our concerns to the Department of Family Services and Housing. We were informed that the department had instituted a tracking mechanism that would allow the department to track the use of intrusive measures in care facilities by placement name and child name. It was expected that this tracking tool would enable the department to determine when, and if, concerns are evident and then become involved as required.

Despite the improved tracking system, the OCA remains concerned about the use of intrusive measures in the child and family services system. This office has heard from young people who talk about the threat and use of physical restraints or isolation. We are not suggesting that situations do not exist when intrusive measures may be required, however, the OCA recommended that the department review the use of intrusive measures in residential care facilities. As the tracking system exists, such a review may now be possible. We further suggested that any review focus on the child or youth's perspective about intrusive measures. The OCA recommended that the department expand their tracking of intrusive measures to all care facilities including foster homes.

## Child Maltreatment (out of care)

Cases in this category known to the OCA typically involved families receiving services from a CFS agency or families who had once had involvement with an agency. The CFS agency provided protection services, likely through a child protection investigation, but had not deemed the risk to the child as being great enough to allow them to remove the child from the home. Those who contacted the OCA were concerned with the agency assessment of risk to the child or youth or were in clear disagreement with the assessment of acceptable risk. As required by law, the OCA reported child protection concerns to the proper authorities.

Often, when the OCA contacted the agency workers, they told us that they had investigated the complaint, but could either not substantiate the allegation or the investigation findings were inconclusive. Follow up with the family often ranged from "diversion" to outside community-based services, the addition of agency supports or closing the file.

While investigating a complaint, the agency will often look at the motivation of the person who is calling to complain. They do so to ensure that the complainant is not being malicious. The OCA believes that this is a prudent practice. However, we have found that agencies often have pre-assumptions about the callers' motivations that may create bias. Collateral professionals are often accused of being "over involved". Non-custodial parents are often accused of attempting to create or change custody agreements. Adolescents who complain about child maltreatment are at serious disadvantage as their complaints are often viewed in the context of "parent-teen conflict". Young people are often accused of "being difficult".

### **CASE EXAMPLE:**



## **The Right to be Heard**

The OCA became involved with a female adolescent who stated that she had left home as she was feeling unsafe. She advised that she had recently contacted her local CFS agency and told them that she had left the family home, complaining that her parents had been using excessive physical punishment with her and her siblings. The youth informed the OCA that due to her parent's past disciplinary practices, the agency had been previously involved with the family. She advised that the agency had deemed her concerns to be historical, as they believed that these concerns had already been dealt with in the previous encounters.

The youth found shelter with an adult in her community. The substitute caregiver confirmed that the parents were aware of their child's whereabouts. The parents had refused to assist the youth and, in fact, had moved to a new community without the youth. The youth and the adult caregiver appealed to the local agency. The agency advised that the youth should return to her parental home and that any information surrounding the risk to the remaining children in the home would have to be investigated by another CFS agency that had jurisdiction in the community where the family now lived.

The OCA reviewed the agency's decision in this matter and found that the agency possessed information that confirmed a history of excessive use of physical force. In the past, the agency had attempted to address the issues with the family by providing support services. Despite the documented history of physical force, the agency stated that the adolescent was being difficult and disruptive and that she had the "responsibility" to return home and "work out the issues" with her family. Clearly the youth's motivations were suspect by the agency.

**Outcome:**

Later, the youth reported to the OCA that one of her siblings had complained about a current incident of excessive physical force being used by the parent. The OCA reported the allegation to the CFS agency that had jurisdiction in the family's new community. The second CFS agency investigated and substantiated the complaint. This agency agreed to provide teaching and support service to the family and work towards reunification of the family in a manner that would assist the family to learn alternatives to excessive physical force.

## Children's Rights

In the cases we reviewed, the OCA found that children and youth were generally unaware of their rights or entitlements in the CFS system. Children and youth must rely heavily on the adults in their world to inform them of their rights, particularly their right to speak to the Children's Advocate. Printed material about OCA services is not routinely provided to children and youth by those in the child and family services system. Partly as a result of our efforts to speak directly to those who are providing the services, the front-line workers, we are seeing an increasing openness by the workers to the concept of children and youth accessing a Children's Advocate.

**CASE EXAMPLE:****What happens  
when you listen and hear**

An adolescent female had previously complained to a CFS agency that she was a victim of excessive physical discipline by one of her parents. The agency investigated and completed a safety plan with the youth and her family that allowed the youth to return home. As part of the plan, the family was to seek their own family counseling. The agency was to monitor the family's progress.

The family did not follow through with counseling. The home situation deteriorated to the point that the youth believed she was in danger of physical violence again. The youth, searching for help, was reluctant to contact the agency, as she believed they did not follow up on their promise to monitor. She felt that failing to do so had contributed to the difficulties she was now experiencing.

### **Outcome:**

The OCA found that the agency had investigated this young person's concerns and safety planning had been completed in the past. The agency had entered into a verbal agreement with the non-offending parent to seek out and initiate family counseling. No further follow-up was made. Following the consultation with the OCA regarding the new complaint by the child, the worker acknowledged that, in hindsight, the physical safety components of the allegation had been initially addressed but the psychological implications were left to a family ill-equipped to deal with the resulting fallout.

The agency worker agreed to meet with the youth and the OCA. He acknowledged the youth's frustrations, anger and fears. The worker discussed planning with the youth, successfully mediated the youth's position with her family, and arranged for ongoing services. Through his willingness to hear this young person and his openness to accept her right to access advocacy services, the worker provided this youth with a forum to be heard and the opportunity to help guide the agency's intervention.

We acknowledge this worker's willingness to hear the youth and accept her right to advocacy services. This is one example of the many child and family service workers whose openness and willingness to work in partnership with children, youth, their families, and the OCA creates positive change for all involved. While discussing planning for the best interests of children, youth and their families with the OCA, one agency director said it well when he stated that "there is room at the table for all".

## **Related Services**

The Office of the Children's Advocate receives calls from the community requesting our help in areas where we have no authority to act. Children and youth using services in other systems are not afforded the right to access the services of the Office of the Children's Advocate to help them in these systems as our mandate is restricted to one system: the child and family service system. Children and youth receive services from many different provincial government departments and funded agencies. Expanding the mandate of the Office of the Children's Advocate would ensure that these children and youth could receive advocacy services from the OCA when needed.

# The Use of Hotels as Emergency Placements for Children and Youth

## Introduction

The use of hotels as emergency placements for children has been a long-standing practice of CFS agencies. A review of *The Child and Family Services Act*, its regulations, and the provincial standards manual shows that hotels can be used as places of safety. Standard 411 states that hotels can be used in an emergency where no other placements are available. Placements should not exceed 14 days without an internal review being conducted. Criminal record/child abuse checks on care providers must be completed. Supervisors must authorize the placements. Social workers must visit the children within two days of placement. Monthly reports to the Director must be provided.

As a result of community-based complaints, the Children's Advocate investigated aspects of Winnipeg Child and Family Services' (WCFS) use of hotels as emergency placements for children and youth. Two reviews on the subject were produced and sent to WCFS and the Department of Family Services and Housing.

## The First Review on Hotel Use

In May 2000, the OCA completed a review on WCFS and their use of hotel rooms as emergency placements for children and youth. The review originated from a complaint made to the OCA in June 1999. The complaint focused on the number of children placed in hotels by the WCFS and the quality of care being provided.

The Children's Advocate contacted the then Director of the Child and Family Services Support Branch in June 1999. The director at the time when the complaint was lodged shared concerns about the continued use of hotels. We discussed the issue and agreed to examine the issue jointly between the Department of Family Services and Housing, WCFS and OCA.

The OCA, along with two staff members from the department and two senior management staff of WCFS, met between October 1999 and May 2000 to review the situation. During this process, it became apparent that the primary difficulty in creating a report was the lack of available statistical data to track the children and youth placed in hotels.

Information on hotel usage and the children and youth placed in the hotels was requested. The Children's Advocate was told that the information did not exist in the detail required, as hotel placements were not routinely entered on the Child and Family Services Information System (CFSIS). As well, the CFSIS system categorizes hotel placements as "untracked facilities" and the system could not break down the data into reliable reports. While we could not get the information from the case management system, we were able to retrieve information from their Executive Accounting Office as payments were required for hotel rooms used as placements for children and youth. Data was gathered covering almost five years from April 1, 1995 to January 11, 2000. The OCA produced a summary of our findings in May 2000 and submitted it to the Department and Agency.

### Included in the Children's Advocate's findings:

- 2,553 individual children and youth were placed in hotels by WCFS between April 1, 1995 and Jan. 11, 2000.
- Children and youth in care spent a total of 61,190 days in care in hotels between April 1, 1995 and January 11, 2000.

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*Note: The Children's Advocate requested further information on the use of hotels across the province as recently as February 2001 and were informed that the information was still not fully available. Therefore, to our knowledge, the data supplied to the Children's Advocate through WCFS's Finance and Administration Services is the only information compiled on the use of hotels by WCFS that existed at the time the Children's Advocate's Annual report for 2000-2001 was written.*

- The Agency calculated that the 1999 per diem for the hotel placement averaged \$305 per child, yet the hotel placements offered almost no resources for treatment or care of a child.
- Children under the age of 12, a majority of which were under the age of 5, were most likely to be placed in hotels. Most of these children were male.
- Older adolescents were the least likely to be placed in hotels. Adolescents generally remained there for shorter periods of times than those under the age of 12. Adolescents placed in hotels were predominately female.
- The average length of stay was 18.12 days per child.
- Approximately 20% of children placed in hotels were re-admitted into hotels in that same year.
- Children re-admitted into hotels were re-admitted an average of 2.5 times in that same year. These children stayed an average of 40 days over the multiple admissions and they accounted for 50-60% of the total days in hotel care in that year.
- Children who experienced multiple admissions during one year stood a greater chance of being re-admitted in subsequent years. These children accounted for approximately 14.5% of all hotel admissions tracked over the period reviewed.
- It appeared that staff members caring for children and youth placed in hotels were not likely to be Agency staff. They were employees of private companies contracted by the Agency to provide the service in the hotels.
- The Agency and Department were unable to access statistical data regarding the use of hotel placements given the technology available to them at the time.

### The Response by WCFS:

The Agency responded to the Hotel Review on June 19, 2000. In a letter to the Children's Advocate, Agency management stated:

- *"We concur fully with the recommendation that we develop a better means of collecting child placement data relevant and pertinent to timely case and program planning. To date, we have been hampered in this regard by restrictions placed on access to appropriate software"* and expected to develop a database and create an automated system to be operational in September 2000.
- *"the data you (The Children's Advocate) have provided, together with some profile data that we (WCFS) have assembled, has already informed us with respect to further placement resource planning"* and
- that *"the Agency has developed an action plan designed both to reduce admissions to care and to decrease utilization of emergency placement resources, inclusive of hotels"*.

## The Second Review on Hotel Use

In June 2000, the OCA received further community complaints regarding the use of hotels by WCFS and the quality of care. The OCA again initiated a review into the complaint.

The OCA entered into the two hotels mentioned in the community complaints and interviewed 15 of the 23 children and youth placed there. Children under 6 were not interviewed. Eight males and seven females were interviewed. Children and youth were given the option to participate. Seven childcare staff members were interviewed. All staff were contract employees from outside agencies. These agencies had been contracted by WCFS.

A summary of our findings was produced and submitted to WCFS and the Department in that same month.

### Included in the Children's Advocate's findings:

- **Mixed population:** The OCA found that children as young as three years of age and as old as 17 were placed in the hotels. Children were not placed together unless they belonged to a sibling group.
- **Admission to hotels:** The OCA found that eight children were told they were going into the hotel by their agency workers. Six of the remaining children interviewed were told by other adults. One child stated she was dropped off by her foster parent without explanation. Only four children described being greeted by hotel staff or feeling comfortable in their first few days. Only two children described being told of the location of the hotels, the rules, or what to expect.
- **Structured programming:** The OCA found that there was little or no programming for children and youth in the hotels. The primary complaint of residents was sheer boredom. Children and youth that entered the hotels with day programming (school, daycare) could attend that programming if transportation was arranged. Of the fifteen children and youth interviewed, only two attended day programming. The other children remained in the hotel; their primary activity was watching TV. The Agency allotted \$20.00 for activities per child per week. Staff reported that they accompanied the children and their costs were also taken from this money. While children and youth could choose their activities, their choices were limited by funding.
- **Basic necessities:** Food, clothing and shelter can be described as basic necessities. All children reported that personal care items were provided in ample supply. Emergency

clothing was supplied to seven children upon admission. Five were not provided with clothing, although all five stated that they needed clothing.

Children and youth in the hotel that did not have kitchen facilities in the room complained about the quality of food. Staff in this hotel also complained, stating they did not eat their meals in the hotels as the food was expensive and of poor quality. Funds were not provided for children and youth to go outside the facility for their meals.

Though children and youth were provided with shelter, the OCA found that the shelter was lacking. One facility was "run down with cupboards and window screens missing". In this hotel, children stated they did not feel safe. The other facility was comprised of a standard hotel room that was not conducive to lengthy stays.

- **Contact with the CFS worker:** According to the children and childcare staff within the hotel, overall contact with WCFS agency workers was limited. Three children reported that they had never seen their agency worker while in the hotel. Both hotel childcare staff and children reported that CFS staff rarely visited the hotel. Children had to initiate contact, likely by phone. All reported that workers rarely returned the phone calls of the children or hotel based staff.
- **Discipline and behavior management:** Seven children could not describe what the staff expected of them in terms of their behavior. There appeared to be only two cardinal rules: no outside visitors and no visiting between the rooms without supervision. The consequences for breaking these rules were the loss of free time, resulting in containment in their room.

Four youth described being threatened into compliance. One youth stated that staff told him if he did not comply he would be "kicked out" and would have to live on the streets or be admitted to a group home where the other residents would "beat him up".

Upon entering the rooms, the OCA often saw a list of posted rules. The majority of youth explained that, although the rules were posted, they were never explained. As well, the rules appeared situational with new rules being added when things went wrong.

Youth also complained that if one of them "screwed up" they would all be punished. Both staff and youth reported that the Agency responded to problems with a child by becoming more restrictive with the entire group of youths placed in that hotel.

- **The use of intrusive measures:** Only two children reported the use of physical restraints by staff.

- **Freedom of expression and knowledge of the grievance procedures:** Only five children were aware that they could call their social worker if they disagreed with the rules, consequences and procedures. All stated that they felt it was pointless to do so because workers rarely returned the calls. None were aware of the internal grievance procedures of the agency. Only four of the children interviewed were aware of the OCA.
- **Case planning:** Only three children were aware of the case plan for their future. Of these three, one was not sure whether or not he was a ward of the Agency. When asked if they participated in case planning, 12 of the 15 youths interviewed stated they had never participated in case planning and were unaware of their case plan. When asked about their future, almost all of the adolescents stated that they wanted to live in an Independent Living Program. A major theme among these young people was not their desire for independence, but their mistrust of adults in their world. They viewed independent living as a means to protect themselves.
- **Feeling isolation and helplessness:** There was an apparent and evident feeling of isolation and helplessness among the adolescents. All described the overwhelming boredom of hotel placements, the belief that adults could not be trusted, and that no one would listen to them. The majority of young people stated that they could and would speak to family members when they needed to speak to someone. But given the restrictions on family visitation, they felt isolated from their support systems. It was difficult for them to build relationships with staff at the hotel as staff continually rotated in and out of the room. One young child expressed that she did not know what would happen to her, but all she wanted was a place to live where there would be a yard for her to play in.
- **Re-admission to hotels:** Of the children interviewed, eight stated that they had been placed in a hotel previously. One reported being placed in hotels on four separate occasions.
- **Staffing:** Qualifications of contract staff varied. Of the five staff interviewed, only one reported to be a certified childcare worker. Four of the five described a brief orientation by their employer. None reported to have received training that would allow them to deal with the complex issues children and youth experience. Three stated they felt they needed further training.

All five stated they did not receive regular supervision by either the Agency or their contract employer. Staff reported that policy information came via memos placed in their paycheques. All staff reported they were told little about the children or youth for whom they were caring. All reported agency staff were unavailable and rarely returned phone calls.

Of particular concern to the OCA was storage and dispensing of medication. One child took it upon herself to show the OCA her prescription medication. She demonstrated how she was able to climb up and retrieve her medication from a cupboard with no door. In the other hotel facility, childcare staff claimed that all medications were in blister packs and logged when dispensed.

- **Staff Comments about Hotel Placements:** Childcare staff at both facilities were not assigned to children. They were assigned to rooms and were rotated from room to room. Staff stated that as a result of the rotational assignments, they were unable to build relationships with the children for whom they cared.

Staff commented on the inappropriateness of hotel placements. Staff noticed deterioration in children's behavior due to the lack of consistency, programming and boredom. Staff commented that, when bored, the adolescents would "feed" off each other's behavior and situations often escalated. When asked about programming, all staff commented that if the child was not in day programming, (school, daycare, camp) programming was non-existent and outside endeavors were tied to the availability of activity money.

When asked about the placed children, staff reported that children and youth placed were:

- children who had multiple admissions to hotels or other care facilities,
- youth released from correctional facilities, or
- children placed due to family breakdowns.

## The Children's Advocate's Recommendations in the Second Review:

The OCA believed that the quality of care could be improved upon and provided the following recommendations:

- Activity money should be provided based on the age, needs and interests of a child.
- Lunch money should be provided to older adolescents, when appropriate, to allow them to eat meals outside the hotel facilities.
- Childcare staff should be assigned to a specific child as opposed to a room.
- Qualified childcare workers should be assigned to work with high-risk children and youth.
- The Agency should provide administrative supports, including regular on-site supervision of staff, regular staff meetings, and additional training.
- As per standards, social workers should attend the hotels to meet their wards, return phone calls and involve children and youth in case planning.

- Children placed should be informed of the Office of the Children's Advocate existence by agency staff.

### Winnipeg Child and Family Service's (WCFS) Action Plan:

In December 2000, the WCFS informed the OCA of their action plan based on two initiatives that the Agency had implemented over the period of a year. WCFS stated that they had *"been making a concerted effort over the past twelve months to reduce admissions to care as well as the utilization of emergency and short term placements, particularly hotels"*. The Agency further reported that *"As of the end of December, (2000) admissions to care are down by 70 compared to last year and hotel placements for the past several weeks have been limited to high needs youth requiring one on one care and supervision"*.

In February 2001, in response to the Agency's action plan, the OCA requested information as to the use of hotels and the population placed within them for the period between January 2000 and January 2001. On March 1, 2001, the Agency responded and provided the following data.

#### Winnipeg Child and Family Services – Analysis of Hotel Placements (Year over Year) Date of Report: 1-Mar-01

Period	# Months	# Placements at beginning of period	# Placements during Period	# Placements per month	# Discharges during period	# Discharges per month	Placements at End of period
Apr/1999-Jan/2000	10	24	416	41.6	431	43.1	9
Apr/2000-Jan/2001	10	5	631	63.1	624	62.4	12
Apr/1999-Sep/1999	6	24	253	42.2	262	43.7	17
Apr/2000-Sep/2000	6	5	497	82.8	465	77.5	37
Nov/1999-Jan/2000	3	17	120	40	128	42.7	9
Nov/2000-Jan/2001	3	18	90	30	96	32	12

The Agency stated that *"these figures indicate that the efforts of the Agency to reduce usage of the Hotels, while not successful so far in eliminating their use (as of January, 2001), they do show a substantial downward trend (64%) in the latter three month period, ending January 31, 2001 over the first 6 month's average. As well, for the last three months of the current year, there were 25% less placements per month than for the same three months of the previous year."*

The numbers also showed that hotel placements had increased by over 50% over the ten month period ending in January 2001 (631) as compared to the ten month period ending on January 2000 (431). The Agency was able to demonstrate a reduction of the number of children placed in hotels for the three- month period ending in January 2001.

The OCA was concerned about the number of children under the age of 12 who were placed in hotels, particularly those staying for longer periods of time. Since raising the issue, the OCA has noted, through statistics supplied by WCFS, that there has been a shift in the ages of children who are placed in hotels for longer than 30 days. Of the children in this category, the percentage of children 12 years of age and older has increased by 11%.

The OCA was concerned about multiple placements. Our figures for the approximately five-year period ending January 2000 showed an average of 20% of the children in hotels were experiencing multiple placements in hotels. Since the OCA raised this issue in the course of investigating the original complaint regarding hotel use in 1999, we have noted an improvement based on the statistics supplied to our office by WCFS. From April 1999 to January 2001, the Agency reported that 961 children were placed over 22 months. Thirteen (13%) of these children experienced multiple placements.

### **In closing:**

It is important to re-emphasize that the information contained in the two reviews On The Use of Hotels as Emergency Placements for Children and Youth pertain only to WCFS. The reviews were created in response to information that arose as a result of specific complaints regarding WCFS's use of hotels.

To determine if hotel placements outside WCFS jurisdiction are similar is difficult to gauge. As of February 2001, the province accumulated data about children and youth placed in a case management information system known as CFSIS. As of February 2001, nine CFS agencies were not using the CFSIS system or were not yet fully functional on the system. Even if all were on the system, hotel placements are not tracked separately, but are listed as "untracked facilities". When the OCA requested information from the Department, it could not be provided. Instead, it was suggested that the OCA contact each agency directly to gather the information. At the writing of this Annual report, there were 13 independent agencies and five regional offices of the Department that would have to be contacted. Gathering this amount of information is not possible with the limited staffing resources in the OCA.

## The 2000-2001 Fiscal Year Budget for the Office of the Children's Advocate

Expenditures	\$(000)	FTE
Total Salaries and Employee Benefits	376.0	7
Total Other Expenses	197.1	

### Staff List:

Janet Mirwaldt, Children's Advocate

Michael Bear, Deputy Children's Advocate

Terri Hammerback, Children's Advocacy Officer

Thelma Morrissette, Children's Advocacy Officer

Jill Perron, Advocacy Assessment Officer

Patsy Addis Brown, Office Manager

Vivian Jack, Administrative Secretary

Cher Prince, Social Work Student

Laura Simpson, Volunteer

Melissa Busch, Project Assistant, Right Way Program, Save the Children Canada





**We all have a hand in it.**