

# SAFE FOR TODAY

BARRIERS TO LONG-TERM SUCCESS  
FOR YOUTH IN CARE WITH COMPLEX NEEDS



A Special Report by  
**The Children's Advocate**  
Manitoba  
July 2015





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July 2015





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## **SAFE FOR TODAY:**

### **BARRIERS TO LONG-TERM SUCCESS FOR YOUTH IN CARE WITH COMPLEX NEEDS**

*"We continue to pour resources into rescuing our children... And why? Because it's easier to hide behind labels of risk than to work to improve children's lives."*

*(Chasnoff, 2010, p. 229)*

This compelling quote by Irving Chasnoff – from his 2010 book about the risks facing vulnerable children and society's tendency to respond to the symptoms rather than address the root causes that create risk – was featured in a 2012 report by the Manitoba Office of the Children's Advocate (OCA) examining the needs of children and youth in care who have complex needs (Burnside, 2012, p. 49). Borrowing from a parable long used in public health to argue the importance of prevention and early intervention, the metaphor powerfully captures the current condition of child welfare services in Manitoba.

For more than a decade, Manitoba's child welfare services have been in a state of constant review, upheaval, and change. While good work is occurring in many areas of the system, due in large measure to the dedicated individuals who are committed to improving the lives of children and youth, the constant uncertainty, extensive gaps in resources, and the system's inability to stabilize have had a profoundly detrimental impact on service delivery to children, youth and their families. At no time in Manitoba's history have children in need of protection required the advocacy of the Office of the Children's Advocate more than today.

The crisis has been building for years. So too has the work of the OCA in identifying the issues and advocating for change in Manitoba for children and youth impacted by the child welfare system, especially those who have complex needs due to the adverse life experiences that have severely compromised their functioning, well-being and safety. For more than a decade, the OCA has reviewed the Emergency Placement Resources (EPR) program (previously known as the Emergency Assessment Placement Department) and made recommendations for improving the services provided to children and youth whose family home or foster placement has broken down or who are awaiting admission to a specialized placement such as a group home or residential facility.

As noted above, the specific needs of children and youth with complex needs in care was examined in a special report in 2012, which documented their frequent involvement with the EPR system. With that report in 2012, and three previous such reports completed in 2000, 2004, and 2009, numerous recommendations were made to the provincial Department of Family Services, which oversees child

welfare services in Manitoba, to strengthen and improve placement experiences for children and youth. However, fifteen years after the first report (Office of the Children's Advocate Hotel Report, 2000), little has changed for children and youth with complex needs, who are often unable to secure the services and supports they need for long-term success, and instead find themselves involved with the EPR system.

Given the acute needs of children and youth with complex needs, the OCA published a special report on this most vulnerable population in 2012.

**Borrowing from the work of the Department of Community Services in Australia, a child or youth in care who has complex needs is a young person who:**

- exhibits challenging and/or risk-taking behaviours of such intensity, frequency, and duration that they place themselves or others at serious risk of harm, and/or;
- has mental health presentations which impair their ability to participate in an ordinary life and which reduce access to services, activities and experiences, and/or;
- has a disability with high level challenging behaviours or complex health issues, which are life threatening or require continuous monitoring and intervention.

(Schmied, Brownhill, & Walsh, 2006, p. 2)

Defining Complex Needs

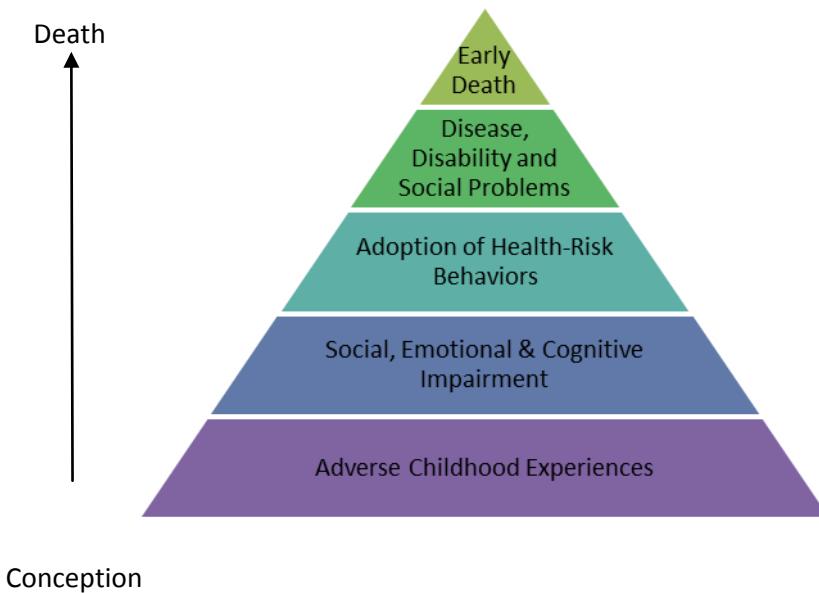
Youth with complex needs often require coordinated services across a number of sectors, services mainly beyond the direct control of the child welfare system. The problems that require specialized intervention include mental health issues, disabilities (including cognitive impairment, significant health concerns, and Fetal Alcohol Spectrum Disorder), behavioural issues, addictions, involvement in the youth criminal justice system, attachment disorder, and unresolved trauma. The interaction between the multitude of issues facing youth and the number of specialized services from different service sectors they require often leads to difficulties in

arranging services in a timely way. In some cases, and in far too many communities outside of larger urban centres, specialized services are not available at all. Of further concern, the availability of supportive services has a significant impact on placement options and placement stability for children who require alternative care.

The OCA's *Youth in Care with Complex Needs* report (Burnside, 2012) included a comprehensive literature review that summarized the effects experienced by children who face the kinds of issues that typically bring children to the attention of the child welfare system: child abuse and neglect, family issues such as maladaptive parenting, emotional abuse, trauma, attachment disorders, disabilities and complex health issues, mental health issues, self-harming behaviour and suicidal ideation, substance misuse by both parents and youth, sexual exploitation, criminal justice involvement, and education disruption. The professional literature is clear that the impact of these adverse experiences in childhood is profound. Further, multiple issues that endure over time interact and become exacerbated, creating even more dangerous outcomes for children and youth:

A number of studies have examined the cumulative and interactive impact of adverse child events (ACEs) on child, adolescent and adult functioning. Building on the trauma literature, these studies have demonstrated that stressful or traumatic childhood experiences have negative neurodevelopmental effects that increase the risk of a variety of behavioural, health and social problems throughout the lifespan (Anda, 2007; Brown, et al., 2009; US Department of Health and Human Services, 2007). Some particular adverse life experiences have been correlated with both short-term and long-term detriments in health and functioning, all of which are relevant to child protection work: physical abuse, sexual abuse, emotional abuse, and exposure to family violence, as well as parental substance misuse and parental mental health issues, an incarcerated parent, and parental separation or divorce, are all associated with an increased risk of mental health issues, behavioural problems, and risk-taking behaviour. For those who experience six or more of these adverse life experiences, the risk of premature death is twice as high. The number of adverse life experiences also contributes to initiation of alcohol use earlier in adolescence, which increases the risk of adult substance dependence (Dube, Miller, Brown, Giles, Felitti, Dong, & Anda, 2006). In particular, childhood sexual abuse was associated with experiencing additional adverse life experiences (Dong, Anda, Dube, Giles, & Felitti, 2003). Anda argues that the long-term effects of these adverse childhood experiences are increased health risks and early mortality, conceptualized in the following figure (Anda, no date, p. 3):

The ACE Pyramid (Anda, n.d.)



(Burnside, 2012, pp. 44-45).

To add to the challenge, different service sectors hold both the expertise and the responsibility to respond to specific issues, but the mandates of these various systems often do not intersect or

coordinate with one another, leaving children with complex needs at risk of falling through the cracks. Anda (2007) asserts that we must move beyond our current model of treatment and consider collaborative and innovative approaches:

[T]he professions, research priorities, organizations, and resources that are necessary to healing frequently exist in “silos” – separate, often competitive rather than collaborative, entities, each preserving and advancing the resources and work that is historically “theirs”. While this is understandable, to succeed, we must make this “ours”, a team effort that reaches beyond traditional boundaries and borders (p. 14).

These themes have been identified across the OCA’s reports. For example, the OCA’s *Review of the Operation of the Winnipeg Child and Family Services Emergency Assessment Placement Department (EAPD) Shelter System* (OCA, 2004) found that adolescents placed in Manitoba shelters displayed similar indicators of their adverse childhood life experiences that led to their admission to care:

Adolescents are rarely removed from their homes for child protection reasons. The decision to remove is more likely if there are identified behavioural issues including criminal involvement (26 per cent), running away (19 per cent) and violence towards others (17 per cent) (OCA, 2004, p. 27).

The 2004 report recommended that the Department of Family Services enter into discussions with: (a) Manitoba Justice to develop emergency care shelters for youth leaving correctional facilities who were unable to return home, and (b) Manitoba Health to develop emergency care services for youth leaving mental health facilities and unable to return home. The report further called for a review of the placement needs for children with high medical needs, mental health issues, and involvement with the criminal justice system – each of which can be a challenging and complex issue to address – due to the number of children with these characteristics who were placed in shelters and needed these specialized services.

Many of the same issues were documented in the OCA’s 2009 report titled *Emergency Placements for Children in Manitoba’s Child Welfare System: An Update on the Recommendations made by the Office of the Children’s Advocate in the Hotel Review (2000) and the Review of the Operation of the Winnipeg Child and Family Services Emergency Assessment Department (EAPD) Shelter System (2004)*.

Incorporating the findings of the two previous reports on emergency placement services for children in care, the 2009 report made more explicit recommendations to better serve the high needs of children and youth in care, including:

- Development of a provincial vision for residential placement development, coordination, and management;
- Greater capacity to assess the needs of children and youth with complex needs and match them to appropriate specialized resources;
- Strategies to address intersectoral service development and coordination; and

- Creation of emergency placements for children and youth with mental health issues.

Further, the issue is not just ensuring that there are “enough” specialized placement beds – the population of youth with complex needs are only one segment of the youth-in-care population that have multiple, challenging issues. In every system, there are youth whose needs are growing in complexity who are in need of skilled caregivers, treatment for trauma and other adverse life experiences, mental health assessments and intervention, and who may also require specialized placements if their needs cannot be managed in their current environments. The child welfare system not only needs to be more responsive to the needs of the current group of youth with complex needs, it needs to take proactive steps to intervene with children and youth whose multiple issues will escalate and intensify – becoming ‘complex needs’ – either because of the dynamics of adolescence, the inability of their families to care for their high needs, the risks and consequences of multiple placement breakdowns, and/or the current lack of treatment services to address the root causes of their issues. Professionals interviewed for the 2012 OCA report made the following observations:

Although the system serves a number of these youth well, the challenges strain and exceed the system’s current capacity. These practitioners were candid about the current weaknesses of the system: fragmentation, “siloism”, service gaps, and lack of coordination are some of the key characteristics that prevent the system from comprehensively caring for youth with complex needs today. The overall climate is one of crisis response and risk aversion – qualities that perpetuate the deleterious effects of complex needs and strain the system even more (Burnside, 2012, p. 114).

The OCA’s *Youth in Care with Complex Needs* report (Burnside, 2012) made the following recommendations.

1. Trauma services for youth with complex needs must be prioritized for development.
2. Early intervention, especially to prevent and mitigate the deleterious effects of adverse childhood experiences, must be prioritized.
3. To complement early intervention strategies, children in care who are currently age 7 – 10 years old should be specifically targeted for assessment of their life experiences of trauma on their emotional and behavioural functioning and provided with appropriate trauma-informed, behavioural and mental health services to determine their placement and treatment needs, support their alternative care placements, strengthen their connections to school, and address the impact of their adverse childhood experiences prior to adolescence.
4. Relational models of practice are critical to supporting youth with complex needs throughout adolescence and through periods of change and transition.
5. The especially harmful effects of childhood sexual abuse need to be recognized and children and youth need to be provided with services that respond to these traumatic experiences in a timely and comprehensive way.

6. Given that transition periods present the most risk of disruption to relationships for youth with complex needs, known transition periods point to opportunities to provide better services to youth with complex needs, such as by developing service and placement models that ensure a smoother transition and as much continuity as possible of relationships and information about the needs of youth with complex needs.
7. Critical to responding to the needs of youth with complex needs is an enhanced capacity for assessment, especially when a referral for specialized placement is being considered.
8. Due to the challenges of caring for youth with complex needs, a wider range of placement options, including innovative models that challenge the current policy and funding infrastructure, is required.
9. In order to meet the recommendations identified above, a unified vision for services for youth with complex needs is required. One of the main goals of a unified vision is to address the issues of service fragmentation, "siloism", service gaps, and lack of service coordination throughout the system, especially across service sectors.
10. Given the strong interest in developing creative, innovative strategies and partnerships, a process to bring together stakeholders to create a multi-year strategy to enhance services and supports to youth with complex needs is imperative.

To date, no substantive action has occurred in Manitoba on any of the recommendations.

## PURPOSE OF THE PROJECT

The Office of the Children's Advocate (OCA) is an independent office of the Manitoba Legislative Assembly established in 1993 to represent the rights, interests and viewpoints of children and youth in Manitoba who are receiving, or who should be receiving, services under *The Child and Family Services Act* and *The Adoption Act*. The OCA also reviews services after the death of any child or youth where that young person or their family was involved with child welfare in the year preceding the death. Additionally, the OCA leads initiatives that examine systemic themes pertaining to child welfare services, publishing reports and making recommendations for action in the best interests of children and youth.

Situations involving children and youth whose needs are not being adequately met by the child welfare system, particularly youth with complex needs who are placed in the EPR system, continue to be raised with the OCA. With little action taken within Manitoba pertaining to the recommendations made by the OCA in past reports on these issues, this project was conceptualized in May 2014. Building on the key recommendations stemming from the previous OCA reports, the intent of this project was to review the current state of challenges in providing appropriate placements and supports for youth with complex needs, particularly as it pertains to their involvement with the EPR system. The project involved interviews with leaders and senior managers of the child and family services system to identify specific issues and emphasize critical actions that must be undertaken to respond more effectively to the needs of vulnerable young people. Children and youth were not part of the interviews for the current project, which focused on systemic representation from senior management positions of the child welfare system. This project did not solicit feedback from Indigenous leadership positions as its focus was on examining the established structures of government service provision for youth in care with complex needs. However, the active inclusion of Indigenous leadership as well as the voices of Elders and youth must be holistically and meaningfully incorporated into solution development, and this is reflected in the findings and recommendations of this report. Interviews were conducted from July through September 2014, with the final report completed in July 2015.

One of the key areas of focus for the current review was captured in theme 23 from the OCA's *Youth in Care with Complex Needs* (Burnside, 2012). The following narrative and figure, provided below in an excerpt from the report, was the basis of interviews with the key stakeholders who were invited to participate in this OCA review:

- 23. In order to access specialized services – at any level of the placement continuum – youth must first journey through a number of foster placements that break down. The principle of the ‘least intrusive placement’ does not work for youth with complex needs, whose risk factors are often well known prior to adolescence, when they are most likely to manifest themselves in problematic ways that contribute to placement breakdown, and further emotional trauma to adolescents.**

The pathway through specialized placements is not planned or coordinated, respondents stated. Most referrals to the Provincial Placement Desk (which reviews and coordinates referrals to specialized placements not directly managed by the province) come from EPR, and youth in the shelters are usually there because of a prior crisis: placement breakdown, discharge from hospital or the youth criminal justice system, or emergency admission from the community when biological family is no longer able to provide care. Even when youth are transitioned to specialized resources, when placements in group homes or residential care facilities break down, there is no other emergency option but EPR. Placement in the shelter may be intended to be short term, but for many reasons (as discussed throughout this report), youth remain stuck in the shelter system and eventually, this may become the placement of 'choice', rather than disrupting the youth with another move.

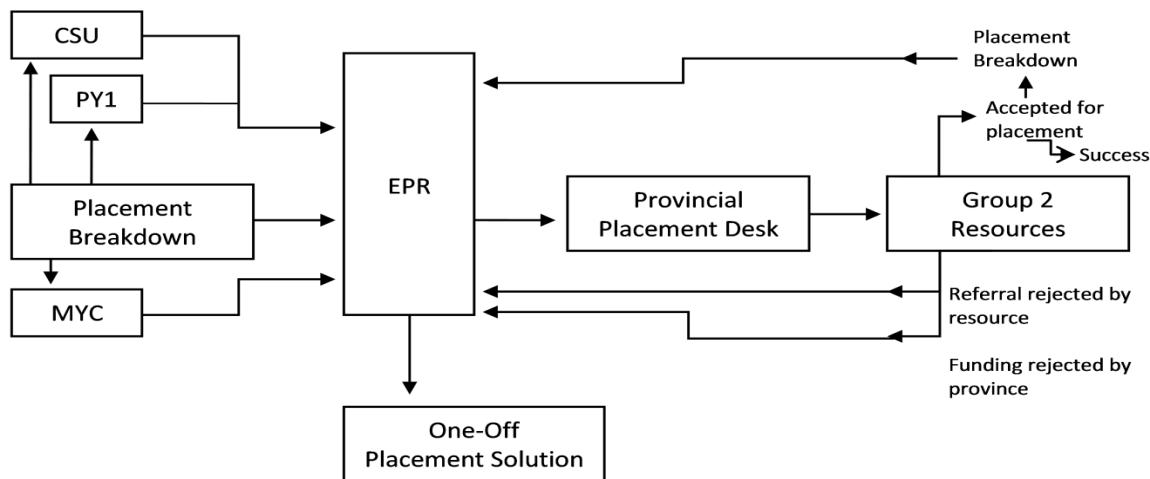
Staff from specialized placement resources also interpret referrals as an indication that there are no other options, and that everything else has already been tried. Facility staff feel a great deal of pressure to respond in these circumstances, knowing that the child welfare system is desperate for a youth to be placed, but feel they also have to weigh the needs of the youth with the capacity of their staff. Given the challenges currently experienced in the system (noted above in relation to adolescents' behavioural issues and risk of self-harm, the lack of treatment services for mental health issues and/or trauma, and service fragmentation), it is not unusual for some youth with complex needs to be turned away, only for the child welfare system to find itself with no other option but a shelter.

Some participants were frustrated by the inability to access specialized placements out-of-province, when it seemed evident that the high needs of the youth and lack of suitable Manitoba placement options indicated that there is no other appropriate option within the province. However, respondents described approval processes for out-of-province placements as complicated, and often, all local options need to be attempted before more costly out-of-province alternatives can be accessed. Other respondents described how even placement proposals within the province were rejected due to the high cost of funding the placement, only to have the youth sit in a shelter for a year before the same plan, with the original funding proposal, would be approved. Funding models also need to better contemplate the costs and benefits of one-bed facilities, recognizing the detrimental impact of the practice of reducing per diems once youth have stabilized or trying to maximize operational costs by placing another youth in the home, ignoring the costs that go into maintaining that stability over time and through the youth's transitions in life.

The system is caught in a very unfortunate and unhealthy cycle, as described by respondents and depicted in the diagram on the next page. Without sufficient placement resources that can manage the care of youth with complex needs, they end up placed in emergency shelter. Efforts to move them into specialized placement (termed "Group 2 Resources" in Manitoba) are thwarted by the funding proposed to provide for their care, or if they are placed in specialized

care, there are no options except for the shelter system if that specialized placement breaks down. Detention at a youth corrections facility (MYC) or admission to a crisis stabilization facility (CSU or PY1, a hospital-based assessment unit) can disrupt placement; upon discharge, placement arrangements may need to be made all over again, with youth again ending up in a shelter. By the time the system is prepared to fund a more comprehensive placement, either by accepting the proposal developed by a Manitoba resource or approving an out-of-province facility, the issues youth are experiencing are more pronounced and problematic.

*Common Placement Pathways for Youth with Complex Needs in Manitoba*



(pp. 110-111).

What was described as an “unfortunate and unhealthy cycle” in 2012 has deteriorated into a chronic state of emergency in 2015. When the EPR shelters have been unable to provide for the number of children and youth who need emergency placement or who are waiting for a specialized resource, the child welfare system is forced to rely on hotel placements as a last resort. The use of hotels for children in care – especially those with complex needs – is inappropriate and may be risky. Frequently, there are not enough EPR staff to supervise the number of children who need emergency placement, forcing the child welfare system to contract with private care companies whose staff often don’t have the training or skills to manage children and youth with high needs. As a result, the system sometimes places the highest need children with the caregivers least trained to meet those complex and specialized needs.

These issues have been the focus of local and national media attention in recent months: The high number of children in care in Manitoba – 10,293 reported in the 2013/14 provincial annual report and rising. The number of children placed in hotels – ranging from 25 to 65 on any given day in the first half of 2014. The lack of qualified staff to provide care for this high needs population, and the inadequacy of quality care available through costly private companies. Youth beyond the control of these caregivers and exposed to drugs and alcohol, sexual exploitation, and life on the streets.

The time for change is now.

## THE CURRENT PROJECT

As described above, the intent of the current project was to review the status of the provision of appropriate placements and supports for youth with complex needs, particularly as it pertains to their involvement with the EPR system. Whereas the previous report on youth in care with complex needs involved interviews with senior representatives of the major providers of group care as well as those who are key managers of various government departments and programs, this project focused on the perspectives of senior managers of the child and family services system. This included members of the four Child and Family Services Authorities, the provincial Child and Family Services Division, EPR, and Winnipeg Child and Family Services, which has held responsibility for the oversight of the EPR system for many years. The goal was to identify specific issues and emphasize critical actions that must be undertaken to respond more effectively to the care needs of children and youth with complex needs, especially in relation to their involvement with EPR. Interviews were conducted from July through September 2014, with the final report completed in July 2015. A list of interview participants is provided in the appendix.

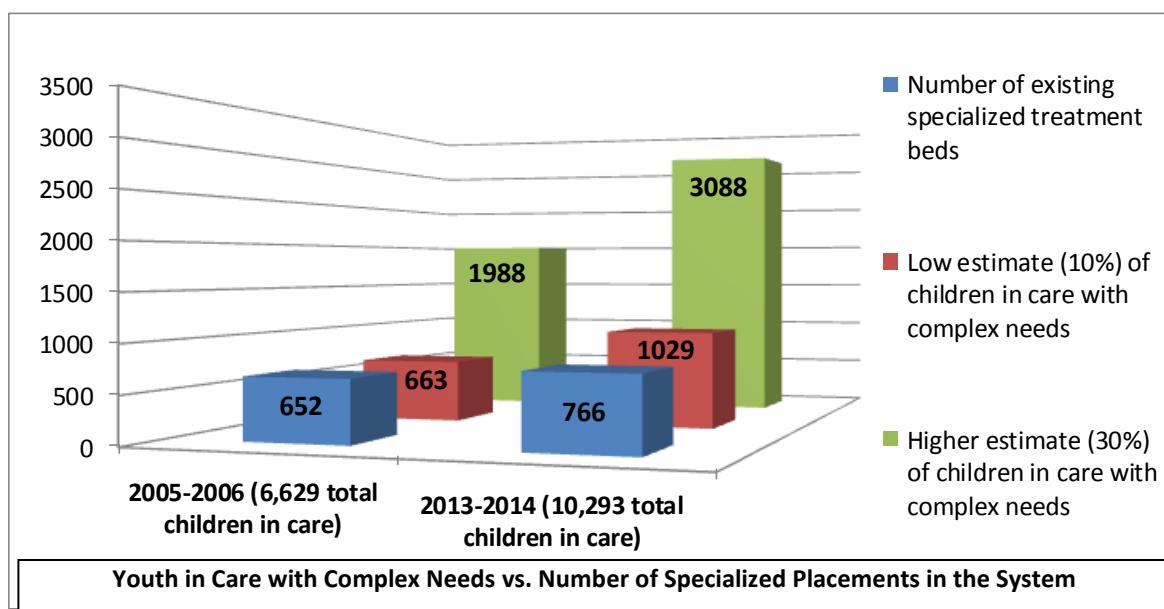
## AN EXAMINATION OF DATA

The professional literature estimates that 10% of the general population of youth in any jurisdiction should be considered as having 'complex needs'. Accordingly, it is expected that a higher proportion of children and youth with complex needs – at least 30% if not more – would be represented in a child-in-care population as they have already been deemed to be vulnerable and at-risk. *A recent report from the Manitoba Centre for Health Policy found that 32% of children in care have a mental health disorder, compared to 7.7% of children in the general population who have never had any involvement with the child welfare system (Brownell, et al., 2015), giving credence to the higher estimation of children in care who have complex needs.* With 10,293 children in care in Manitoba at March 31, 2014, a range of 1,029 (10%) to 3,088 (30%) children and youth in care are estimated to have complex needs, which is still considered to be a vast underestimation. Further, the literature acknowledges that a small proportion of that group (1%) will have exceptional needs that cannot easily be accommodated in any existing service system; special adaptations and creative plans for placement and supports will always be required to adequately meet their needs. In Manitoba, this means a minimum range of 10 (10%) to 31 (30%) of youth in care will always completely challenge the system's capacity to meet their needs with existing resources.

A review of current Manitoba data illustrates that the number of specialized treatment beds has not kept pace with the number of children who have high needs and require specialized care. For example, in the provincial annual report for Family Services in 2005-2006, there were 6,629 children in care, with 652 licensed residential beds in place. By March 2014, with 10,293 children in care, there were 766 licensed beds. Even based on the very conservative estimation of 10% of children in care having complex needs, the child welfare system and its collateral partners were in a better position to meet the needs of the 10% with complex needs in 2005-2006 (that is, 663 children in care with complex needs – based on 10% of the 6,629 children in care – with 652 residential beds) than it was in 2014, with 10% of

the current cohort of children in care (1,029 children in care) and only 766 residential beds. Although the overall child-in-care population has almost doubled since 2005-2006, the number of residential beds has increased by less than 20%.<sup>1</sup>

The impact of the shortfall of specialized placement options is even greater when one considers the likelihood that far more than 10% of children in care today have complex needs: Manitoba does not have sufficient resources to meet the needs of this vulnerable population. Further, with hundreds of other children on the waitlist of the Provincial Placement Desk pending a vacant bed in a specialized treatment resource, it is not surprising that many have no other options but an EPR shelter or hotel bed until a more suitable resource becomes available.



A number of variables have contributed to this daunting situation in the past twenty years. A steady increase in the number of children in care in Canada between 1992 and 2007 has been reported by Mulcahy and Trocmé (2010). The number of children in care has increased in Manitoba by more than 55% since 2005. Factors such as fewer community supports for families and the failure of society to make meaningful change on major social issues such as poverty, oppression, and addictions are major contributors of risk to children, both in terms of compromising their safety and their developmental well-being (Trocme & Chamberland, 2003). An increase in reports of children in need of child welfare services due to neglect and exposure to domestic violence, a reduction in social, health and education

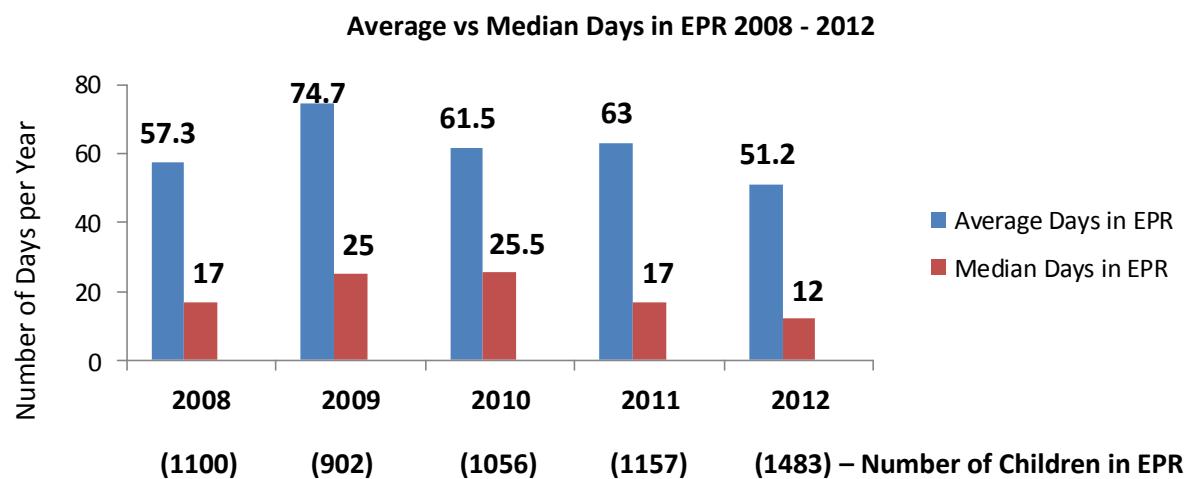
<sup>1</sup>The narrative and figure above reflect data reported officially in the annual reports from the Department of Family Services. Since fall 2014, the minister of family services has made several announcements for additional resources for youth with complex needs. Prior to finalizing this special report, the OCA requested an update on the total number of actual specialized treatment beds currently funded in Manitoba for youth with complex needs. The Department of Family Services was unable to confirm a total, indicating they are working on collecting that data from various sources in the province.

services to support and strengthen families and prevent admission to care, and more standardized investigation and risk assessment procedures, have led to more children being deemed at risk and in need of child welfare intervention (Farris-Manning & Zandstra, 2003). In Manitoba, more youth – 542 in 2014 – have been provided with support beyond termination of guardianship (commonly known as an extension of care) to better support their transition to adulthood. While certainly positive, keeping more youth in care for longer periods of time impacts placement availability. The professional literature on children in care has long acknowledged that there is a tendency for child welfare systems to become overly cautious and bring more children into care after a tragedy such as the death of a child involved with child welfare, especially cases that are highly publicized in the media (Munro, 2008; Parton, 2014), which has occurred in Manitoba.

With little capacity to mitigate these broad social issues, the child welfare system's options to attempt to meet the needs of children and families have become strained, often restricted to removing the child from families where circumstances are unsafe, unhealthy, or detrimental to the child's ongoing development. The growing number of children needing alternative care forces the current child welfare system, with insufficient foster home or residential care options, to place children and youth into what are characterized as "emergency" and "short term" placements, such as EPR shelter beds and hotel room beds. Children whose needs exceed the capacity of foster parents and who are waiting for a specialized placement in residential care also are relegated to shelters and hotels.

**With little capacity to mitigate broad social issues, the child welfare system's options are often reduced to apprehension.**

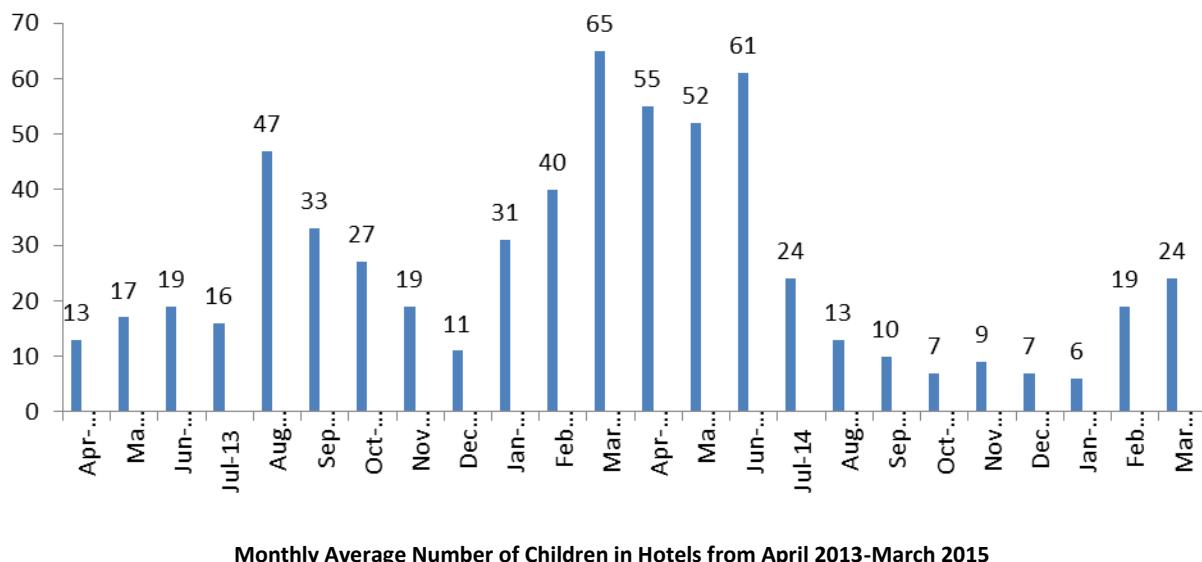
The figure below illustrates the utilization of shelters in the EPR system from 2008 to 2012, which is the most current year comparable data were available from the government. In 2012, there were 1,483 children and youth housed in an EPR shelter for at least one night, compared to 1,100 in 2008. The average duration of stay in an EPR shelter in 2012 was 51.2 days with the median – that is, the point at which an equal number of children are above and below – was 12 days. An alarming number – 186 youth – had been in a shelter for more than a year.



It should be noted there was an increase in EPR beds from 2008 to 2009 – from 160 beds to approximately 180, a number that has remained somewhat stable since 2009. Important to note is that a growing number of youth have such extreme issues that they cannot be placed with other children for safety reasons and are placed alone in shelters, tying up the availability of the other licensed beds that may exist within that resource. The care needs of these individual children can require the involvement of multiple shift staff, thereby reducing the financial efficiencies of operating a shelter facility. In 2008, there were three children who were placed alone in an EPR shelter. By 2014, that number had grown to 13.

The use of hotels as an emergency placement has been a last resort approach that increases when other placement options are not available. An overall increase in hotel usage through 2013 reached crisis proportions in the first half of 2014 as depicted in the figure below. By June 30, 2014, the Department of Family Services had instituted a dedicated Hotel Reduction Team (HRT) involving staff from each of the four child and family services authorities to reduce reliance on hotel placements by:

- working with child welfare agencies and EPR to assist in confirming placement plans for children in shelters who would be more suitably placed in alternative kinds of placements, prioritizing infants, sibling groups, youth transitioning from care, and children/youth with complex needs; and
- working with agencies, child welfare authorities, government, external service providers, and potential residential care facility service providers to create appropriate sustainable placements, both emergency and long-term, focusing again on the same priority group of children and youth.



Later phases of work identified for the HRT team are to create a resource development plan for both emergency and long-term placements to address the continuum of care needs of child and family

services agencies across the province to significantly and permanently reduce reliance on hotel placements.

In its criticism of the use of hotels by the child welfare system in Manitoba, an editorial in the Winnipeg Free Press attributed the use of hotels and “low-paid, private workers” as a means to cut costs and balance its budget (*Suffer the little children, 2014, December 31*). While the OCA agrees that the use of hotels and staff who are ill-equipped to handle the challenges of traumatized children is unacceptable, the practice is not simply a cost-saving strategy. It is also more complicated than just a “volume” problem related to the high number of children in care. The utilization of EPR (and, when the shelters are overwhelmed, hotels) is also the result of the broader gaps in specialized placements, which become increasingly necessary when children’s emotional, developmental, and behavioural needs cannot be met in family homes, whether with biological family or foster parents. The experiences and perspectives of participants interviewed for this project demonstrates this complexity.

## **INTERVIEW THEMES**

There was no shortage of creative ideas about what children and youth in care in Manitoba need or how to develop resources that would better address the issues facing those with complex needs. However, interview respondents consistently expressed frustration with a number of systemic barriers that prevent the diverse range of ideas from coming to fruition. The pervasive theme was “Our hands are tied,” as many barriers were perceived to be insurmountable. Consequently, the main approach to practice has been to make decisions that keep children *safe for today* – short-term decisions that do not, and cannot, adequately address their needs. This theme was also articulated in the previous OCA report on youth in care with complex needs:

[T]he system is characterized as operating in a crisis, risk-aversion mode that makes individualized decisions to keep youth safe, but this process hasn’t led to lessons or themes about what youth with complex needs require from the system. That is the ultimate goal of this report: to gather what has been learned about caring for youth with complex needs in an individualized way and bring those lessons together in themes that point the way to system development and strengthening (Burnside, 2012, p. 108).

To a great extent, EPR placements and hotel placements are the default placement because a more suitable option is not available. It is important to note that children and youth in these emergency placements are not necessarily new admissions to child welfare care. A significant number of children and youth have returned to shelters, often after their placement in a foster home, a Place of Safety home with extended family, a crisis stabilization unit, a hospital setting, a youth corrections setting, or even another residential care facility, have broken down, unable to meet the complex needs of the child or youth.

The most difficult issues to deal with, according to respondents, are self-harm/suicidal ideation, violence toward staff, mental health disorders, sexual offending behaviour, and significant cognitive delay – each of which manifests itself in concerning behaviour. These are often conditions that contribute to placement breakdown or prevent admission to placement altogether, as organizations state they do not have adequate staffing or the requisite skillset to provide safe care, due to risk to the youth themselves, to other youth in the placement, or to staff. The limited resources for youth with these severe issues contribute to the crisis mindset that plagues decision-making in these situations. Therefore, the intervention of choice becomes whatever keeps the child safe that day (Burnside, 2012, p. 96).

Safe for today. Decisions made to meet the basic, fundamental expectation of a child welfare system – that a child will be kept safe. Short-term, crisis-bound decisions founded upon the intent to find a better option that meets more than just basic safety needs as soon as possible. But when the option requires some level of specialized services, the chances of securing that option are considerably reduced. When better options do exist, a variety of factors can interfere with the transition of children from a temporary but safe arrangement to a long-term placement. A range of challenges that confine the child welfare system to short-term, risk-aversive decisions were raised by interview participants. These included:

- A. **Principles of Safety and Permanence**
- B. **Disguising Fear as Safety**
- C. **The Challenges of Assessment**
- D. **EPR Utilization Patterns**
- E. **Children Deserve Skilled, Permanent Staff**
- F. **Children with Complex Cognitive Disabilities**
- G. **Creativity and Innovation Costs**
- H. **Need for Multi-Sector, Wraparound Services**
- I. **Mental Health and Trauma Supports**
- J. **Developing New Placement Resources**
- K. **Rural, Remote, and Isolated Communities**
- L. **Quick Fixes vs. Transformational Change**

#### **A. PRINCIPLES OF SAFETY AND PERMANENCE**

The overall philosophy of the Manitoba *Child and Family Services Act (CFS)* is initially captured in the first two principles of the legislation and re-articulated in various clauses of the *CFS*, as well as in the provincial case management standards and policies. These principles are based on best practices literature and drive child welfare service delivery:

1. The safety, security and well-being of children and their best interests are fundamental responsibilities of society.
2. The family is the basic unit of society and its well-being should be supported and preserved.

However, respondents stated that it is increasingly difficult to achieve both principles, with child safety becoming the predominant concern under the present era of limited resources and high public scrutiny. Further, while child welfare agencies may have a reasonable chance of attending to the first principle of child safety, security and well-being, the issues that undermine and erode the support and preservation of families are often far beyond the purview of child welfare.

That is, issues of poverty, addictions, poor mental health, and parental trauma are left for families to resolve on their own in order to be reunified with their children, after those very issues have created the conditions that necessitated removal of the child due to abuse, neglect or poor parenting. This is a daunting task for parents who are already oppressed, marginalized, and struggling with circumstances that are, to some extent, beyond their control.

...issues of poverty, addictions, poor mental health, and parental trauma are left for families to resolve on their own in order to be reunified with their children, after those very issues have created the conditions that necessitated removal of the child due to abuse, neglect or poor parenting.

Strategies to better integrate child protection and family support, through building a trusting relationship between the social worker and the parent, seeking an appropriate balance between practitioner power and parental power, and strengthening the relationship between workers and supervisors, were recommended and implemented in the 1990s (including in Manitoba) as a means to encourage parents to address the issues that created risk to children (Lonne, Parton, Thomson & Harries, 2009). However, the authors argue that such strategies continue to emphasize an individualized approach to child welfare work, focusing on the needs of that particular child, the strengths and failings of those parents, and the actions of the assigned case worker, with standardized procedures and increased oversight of all three parties in the case:

Arguably, even children most in need of the extreme form of protective service that requires removing them from parents and family, are ill-served in a system that is overwhelmed with referrals for families in need, and unable to focus on providing them with the level of care that attempts to remediate their already significant and “unearned” disadvantage (p. 102).

Instead, a multi-level approach to action, which includes child welfare as one component, is required, according to Trocmé and Chamberland (2003):

If we are to modify the life trajectories of maltreated children, we must develop three broad lines of action. First are those focusing on child protection and treatment, implemented by child protection services. Secondly are actions linked to prevention and the promotion of well-being, which decrease the risk factors, increase resilience, and provide opportunities for children, youth, and parents; these programs are universal or targeted. The third level of action, too often neglected by workers in psychosocial intervention sectors, concerns improving living conditions. This is generally the responsibility of housing, transportation, employment, or economic development sectors. The precarious living conditions of families involved with child

welfare services no longer need to be proven, especially in cases of neglect. Parental competencies are, of course, a necessary condition for taking care of and educating a child; however, they are not sufficient in themselves. These families live in dire situations that need to be improved (p. 16).

Echoing the message advanced in the OCA's previous report (Burnside, 2012), Parton (2014) advocates for a shift to a holistic, public health model of child well-being that includes society's role in protecting children from abuse and neglect:

If we are serious about making child abuse 'everybody's business', it is important to recognize the key role of a variety of community-based and user-led groups and initiatives, and that local communities are actively involved in the development of policies and services...If the central structural issues are to be addressed, a whole range of policies concerned with taxation, welfare benefits, health and crime are important and addressing social inequalities and the distribution of income and wealth are key. While children's social care and social work are important, their role should not be exaggerated (p. 193).

These authors advance arguments for major social reform with regard to child welfare. Others, such as the Assembly of Manitoba Chiefs, have made similar calls for action (AMC, 2014). While there is little disagreement among interview respondents in Manitoba that significant transformation is necessary, immediate strategies to better serve children and youth in care are also imperative.

### **B. "WE'RE DISGUIISING FEAR AS SAFETY"**

Interview respondents were candid that fear of children being harmed while in care was an important underpinning of many decisions resulting in the system's crisis-response approach. The climate of public scrutiny and criticism, found not only in Manitoba but in many jurisdictions in the Western world, leaves workers feeling considerable anxiety about a child coming to harm under their watch. One person characterized the decision-making approach as "disguising fear as safety."

Many noted authors have documented the impossibility for child welfare systems to prevent all harm to children (for example, Munro, 1999; Lonne, et al., 2008) and the challenges of assessing risk and the probability of future harm (Munro, 2008; Christianson-Wood, 2011). The impact on child welfare caseloads and decision-making is significant.

It is at least possible if not highly likely that the more risk-dominated child protection policies focus on widening the reporting net to include more and more reporters and indicators of risk (from poor diet to poor hygiene), the more likely it is that we actually increase the danger for those most likely to suffer serious harm because we are distracted by the avalanche of concerns raised about poor parenting rather than dangerous families (Lonne, Parton, Thomas, & Harries, 2008, p. 103).

However, interview respondents also identified how many features of adolescence, especially when accompanied by a history of trauma, make keeping youth safe a daily challenge. Youth often experiment with risky behaviour under the mistaken belief that nothing ‘bad’ will happen to them, by accepting favours from those who exploit them, going on the run, and using drugs and alcohol. Attachment disruptions and a history of relational losses make many youth reticent to trusting other adults, including foster parents, alternative caregivers, and social workers. Some youth behave in chronically risky ways, confounding their caregivers and case managers who are desperate to ensure that no harm comes to them. Recent research demonstrates how trauma affects brain development and compromises neurological pathways that can keep youth in reactive fight or flight survival responses, most frequently aggression or violence (fight) or running away (flight), as described by Ziegler (2011).

In response to such crisis situations, respondents stated, crisis-oriented decision-making is necessary. With few opportunities to stabilize children long enough to assess their needs, and the additional challenge of matching the youth to a suitable placement resource, respondents stated that their staff are forced daily to make the best decisions possible from the limited resources available.

### C. THE CHALLENGES OF ASSESSMENT

Despite the challenges in securing children and youth in a stable environment long enough to conduct a thorough assessment, or having access to specialized resources where an independent assessment can be completed, respondents saw great value in developing a comprehensive understanding of a child’s functioning and needs. However, they were equally frustrated with the limitations that persisted, even if an assessment was possible. Assessments provide a comprehensive understanding of the child’s history, functioning, and therapeutic needs, including caregiver requirements. Respondents noted that the economic climate in child welfare had resulted in strict limitations on per diems paid to foster parents, so an assessment that places higher expectations on a caregiver in response to the child’s assessed and intensifying needs do not currently result in increases in compensation. Supporting foster parents in meeting increased expectations is critical, especially if the professional services that are recommended in assessments aren’t readily available, due to cost, location, lack of service providers, or service that fall under the mandate of a service sector outside of child welfare. Private assessments of children and youth can be costly, participants acknowledged, which is an additional barrier to accessing them. But without some kind of assessment, referrals to the Provincial Placement Desk (PPD) are often incomplete or inadequate, making it more difficult to match youth to appropriate specialized placement resources, leading to placement referrals being rejected, placement mismatches, and placement breakdown.

Assessments serve an important proactive function, respondents asserted: once an assessment is completed, cases often feel more manageable to case managers and become more stable because a direction for services is often identified. Ideally, assessments are more than an end

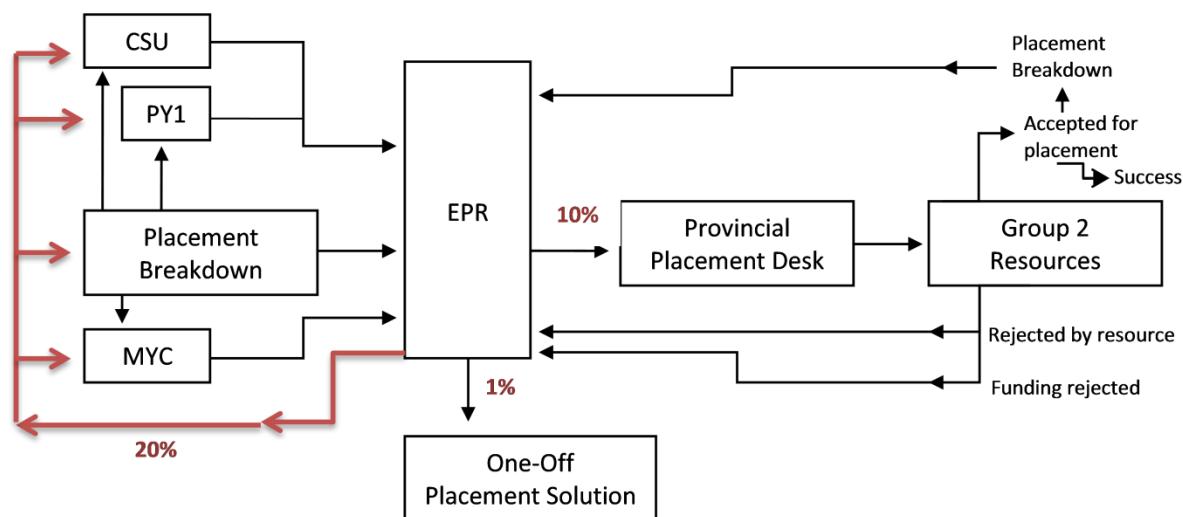
unto themselves – they should result in action to provide appropriate short-term intervention to stabilize the youth and long-term placement and treatment to help the youth work through their issues and become healthier individuals over time. Because assessments facilitate matching to appropriate placement resources, they also help to prevent placement breakdown (Burnside, 2012, p. 113).

#### D. EPR UTILIZATION PATTERNS

In particular, the EPR system is challenged in providing services to children and youth about whom they know very little. When admissions to EPR involve children who are new to the child welfare system, information about the child's functioning is often limited to what was gathered during the initial intake process. Consequently, EPR staff play a critical role in learning about their charges and gaining an understanding of their strengths and vulnerabilities.

However, children and youth in EPR care who enter directly from the Crisis Stabilization Unit (CSU) and the Child and Adolescent Psychiatry Inpatient Services (PY1) are already known to have high need for mental health supports. While mainly involving children from Winnipeg, admissions to EPR also include children from Thompson, Portage la Prairie and communities in northern Manitoba where inpatient mental health services are limited or non-existent. Some youth that cycle in and out of mental health facilities and EPR are in a state of chronic emergency, and difficult to stabilize to accurately assess. Further, EPR doesn't have the resources to treat their complex needs, and struggles to stabilize them so that they might be eligible for acceptance at one of the community group homes or residential facilities under the Group 2 umbrella, as depicted in the following figure.

**EPR Experience of children/youth placed in EPR**



As noted earlier, and depicted above, about 50% of the children and youth in EPR spend less than twelve days in shelter, indicating a fast and frequent turnover of one half of the EPR population. About 20% cycle in and out of EPR, with stays in CSU, PY1, the Manitoba Youth Centre (MYC), or another foster or extended family placement before that arrangement ends and they return to a shelter placement. In 2012, there were 231 children and youth who returned to shelters after a previous stay.

About 10% of the EPR group is listed with the PPD for a specialized Group 2 resource. The possible pathways for this group of approximately 150 youth are depicted on the right side of the figure above. Some will not transition to one of these resources, as the child's needs are deemed to not fit the available resources or the funding required to support the child is not approved at the provincial level. Some who are accepted for placement will do well, while some will experience a breakdown in their specialized placement, resulting in a return to a shelter. Finally, a smaller number are placed in shelters alone because their high needs prevent them from living with other children. While not intended as a placement of choice, with no other options available, staff of the EPR system have been able to craft plans around these children that offer a degree of stability and safety.

**The EPR system is funded as an emergency placement system, but for a significant proportion of its population, it provides long-term care without any of the supports and services granted to group care facilities that are licensed for long-term care.**

The EPR system is funded as an emergency placement system, but for a significant proportion of its population, it provides long-term care without any of the supports and services granted to group care facilities that are licensed for long-term care. While the main thesis of this report and its predecessor from 2012 is that a wider range of placement options needs to be developed for children and youth, the EPR system will be forced to provide mid-to-long-term care until such opportunities are available. To better meet the needs of this population, the EPR program submitted a plan to the Child and

Family Services Division to arrange for consultation with a behaviour specialist more than a year ago as part of its EPR Revitalization Project initiated in November 2012. While there was initial approval for the plan, EPR was subsequently told that the plan "could not be implemented," with no reasons cited.

With limited ability to move children out of EPR, the system has little option but to continually develop new shelters in order to keep up with the demand for placement. This is a time- and resource-consuming prospect, and has been a significant contributing factor to the increase in hotel usage in the past year.

## E. CHILDREN DESERVE SKILLED, PERMANENT STAFF

The mismatch between the high needs of children and adolescents in child welfare care and the skill set of staff from private contractors is well known by those within the child welfare system and has been a publicly criticized issue in recent months. The reasons for the disparity between children's needs and the minimal qualifications of staff employed by private contractors are already made explicit in this report. In October 2014, the Minister of Family Services, called for an internal review of the use of

private contractors to care for children placed in hotels, and in November 2014, committed to hiring 210 highly trained, permanent child-care workers over the next two years and creating 71 new emergency foster home beds.

Interview respondents noted that while EPR child care staff are usually skilled, trained, and experienced in their field of practice, the complex needs experienced by many of these youth merit intervention by experts with specialized training, noting that a high proportion come to EPR after admissions to CSU, PY1, MYC, or from Group 2 placement resources that have broken down. EPR staff have not had the years of specialized training to address the diverse and complicated range of issues many of these youth endure, nor are they expected to have this level of skill. This is another indication of the need for specialized placements for youth who have nowhere else to go in the system, and remain stuck in an EPR shelter.

In an environment where the main priority is to maintain safety, gaps that cannot be filled at EPR through consultations with specialists, treatment supports for children, or other support services are addressed through staffing numbers (for example, double or triple staffed shifts to ensure child safety), hiring security guards to ensure safety of children and staff in shelters, police interventions, and reporting breaches of probation conditions resulting in youth being charged and remanded back to MYC. As noted above, EPR is willing to develop resources that enhance its ability to offer some clinical supports and training, but its current funding model does not allow for this kind of development. Until more specialized placement options are available, EPR will continue to be forced to focus on ensuring safety through these unnecessarily costly measures.

#### **F. CHILDREN WITH COMPLEX COGNITIVE DISABILITIES**

Children with cognitive disabilities can create unique challenges for care providers. Some children with cognitive impairment may be aggressive or violent, may engage in risky behaviours such as fire-setting, and may require intensive supervision to ensure their safety. Often, these children come into care because their families can no longer manage on their own, not because of traditional child protection issues such as abuse or neglect. Caring safely for these children can be a costly endeavour. Some of these youth present risks to other children and may be placed in a shelter with double staffing and no other children to ensure safety for all.

It was noted during this project that of the 13 youth placed individually in an EPR shelter, 10 were known to have eligibility for adult disability services as soon as they reach age of majority. In the meantime, they are in shelters that, by default, have constructed a range of supports and staffing to provide the best possible service, given that no other placement resource is currently available for them. This phenomenon was described in the previous OCA report on youth with complex needs (Burnside, 2012):

On one hand, the development of an individualized strategy to provide care for a youth with complex needs is an example of the system's innovation and flexibility, commendable qualities. The Child Welfare Information Gateway (2008) recognizes that "one size does not fit all" and providing a wide range of placement options is necessary to match to the child's unique constellation of needs. However, each of the files reviewed documented the considerable amount of time it took to develop an individualized resource, and usually, this response was a last resort, after efforts to engage other service sectors in responding to the youth's needs were unsuccessful. The bulk of responsibility for responding to the child's wide range of service needs fell mainly on the shoulders of the child welfare system. Reasons for other service sectors' inability to respond to the youths' needs as documented on the OCA files included the youth's violent behaviour (causing staff to fear for their own safety), suicidal behaviour on the part of the youth, no formal mental health diagnosis, and high-risk behaviours such as sexual exploitation, running away, and setting fires (p. 16).

It could be argued that youth who end up placed alone in a single shelter, with a constellation of supports and services arranged for them, represent that 1% discussed in the literature as always presenting challenges to a system's capacity to meet their needs. The relegation of a shelter to caring for a single youth is costly, limits the availability of licensed beds for other children or youth, and requires the system to continually develop new shelter facilities, as the full capacity of a single placement shelter is reduced. A possible strategy for addressing this issue, through partnership with Group 2 resources, was discussed during the interview process with some respondents. Some of those ideas for possible solutions are described below.

Given that it may be impossible to predict the needs of the most complexly challenged youth (the 1%), placement in an EPR shelter without other children may be a necessary first step. But rather than develop a service plan that ties up a shelter indefinitely, possible models were raised by interview participants that could be explored further. Those discussions focused on utilizing the expertise of staff in the Group 2 specialized resources and facilitating the transfer of care for that child to the appropriate resource, rather than having the child remain in an EPR shelter. Any new models or approaches should ensure:

1. Stability of the child's placement,
2. Matching the child's need with skilled staff,
3. Providing extra support to the child and caregivers in times of transition, and
4. Maintaining a focus on relationship building

## **G. CREATIVITY AND INNOVATION COSTS**

The theme of this section, *Creativity and Innovation Costs*, points to one of the most daunting challenges in meeting the needs of children and youth with complex needs. Throughout interviews, respondents raised various examples of proposals that had been submitted for approval but were rejected due to the costs that were necessary to implement the care plan for the child. Creative placement ideas can be

conceptualized, but without a provincially-issued license and requisite funding, they cannot be implemented.

Yet the costs of temporary placements can be exorbitant and they lack the specialized staff and support services that are often built into Group 2 placements. Hotel and staffing costs to care for youth with complex needs reach \$1,100 per day and EPR shelter per diems of over \$560 exceed, or in some cases are similar to, the rates charged by specialized Group 2 resources. Processes to gain approval for a specialized Group 2 per diem are considered by many to be cumbersome and rigid, with plans rejected with little feedback except to attempt to reduce the costs of the proposed placement. These centralized approval processes are also time-consuming, and several interviewees noted that children wait in limbo, often in EPR, for months, only to have the proposed option rejected. In the meantime, a high hotel or EPR per diem is expended to keep the child safe, without the range of support services that might be possible in a specialized resource. Creative solutions also need to be developed to address the system's expectation that, once a child has stabilized in a given placement, the per diem that might have been necessary when the child was difficult to manage is no longer necessary and should be reduced. This disincentive to work through challenging issues with children and youth can contribute to placement breakdown.

## **H. NEED FOR MULTI-SECTOR, WRAPAROUND SERVICES**

Consistent with the OCA's *Youth in Care with Complex Needs* report (2012), interview participants maintained that youth with complex needs are often known to the same intersectoral systems, move from service to service as there is little coordination across the systems, and that ultimately, the child welfare system ends up with final responsibility for the care and costs of meeting the needs of the child with complex needs. Systems argue about who is responsible for an individual child, with each system protective of its own scarce resources. The end result is a history of service interventions that have not met the needs of the child. Many of these children end up in an EPR shelter, waiting for another placement alternative to be identified for them.

Over the years, various work groups and government Departments have explored multi-sector initiatives. To date, few have substantively got off the ground. While there is a need to develop holistic, integrated services that aim to enhance child well-being and prevent the adverse life events that compromise child functioning, as advanced by Trocmé & Chamberland (2003), Parton (2014), and in the final report from the Phoenix Sinclair inquiry (Hughes, 2014), intersectoral services are needed now to meet the needs of children in care with complex needs.

## **I. MENTAL HEALTH AND TRAUMA SUPPORTS**

Nowhere is the need for intersectoral partnership greater than in the area of mental health services and supports to recover from trauma. The literature is clear about the devastating impact that adverse childhood events, many of which are traumatic, have on the emotional and psychological functioning of

children and adolescents (for example, Esposito, Trocmé, Chabot, Collin-Vézina, Shlonsky, & Sinha, 2014). These effects can impact brain development and lead to lifelong impairment in coping strategies and contribute to mental health issues.

The degree of frustration and alarm regarding the lack of mental health assessment and treatment services for children in care was palpable for interview respondents. Overall, respondents felt that children in care had little to no access to mental health services and were not a priority for the mental health system. Issues such as long waitlists, shortage of mental health professionals, the cost of private therapy, lack of mental health supports in rural and remote communities, the limitations of psychiatric medications as the sole mental health intervention, and the limits of crisis services offered through crisis stabilization units, hospital inpatient wards, and mobile crisis teams were reduced to a common, familiar theme: *The best we can do is just keep kids safe for today.*

In particular, respondents noted that emotional issues stemming from trauma often didn't qualify the child or youth for mental health services under the traditional view that mental health issues are considered to be only those that are diagnosable under the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). However, respondents were also quick to point out their experience that a diagnosis of Post-Traumatic Stress Disorder (PTSD), which is listed in the DSM, often didn't result in mental health services if the diagnosis was assigned to a child or youth in care.

**What is needed is a champion for children's mental health in Manitoba.**

What is needed, participants identified, is a champion for children's mental health in Manitoba, an advocate who can oversee the coordination of services across these two systems that frequently intersect and ensure that both systems are appropriately responsive to the needs of children and youth. Responsiveness would include direct services to children and youth, consultation to caregivers, assessment, and treatment planning. Such a champion would need to have credibility and influence in both the mental health system and the child welfare system to facilitate new partnerships and services toward the best interests of children. Recognizing that children involved with the child welfare system have needs that cross sectorial boundaries, the OCA has lobbied for an expanded mandate that would include advocacy for children's rights to mental health services (as well as education, health, and justice service systems), a position that was endorsed by Hughes (2014) in the final report of the Phoenix Sinclair Inquiry.

## J. DEVELOPING NEW PLACEMENT RESOURCES

Many of the issues identified in this report have focused on group care settings, based on the premise that many children and youth in EPR and hotels are there as a result of family placement breakdowns and the complexity of their specialized care needs. It was noted by some respondents that for some youth, the intensity of family relationships is more than they can cope with, and an environment that evokes fewer similarities to past family dynamics, such as group care, can be easier to manage for some youth. Additionally, the specialized supports that children and their caregivers need are not readily

available to child welfare agencies and their foster parents but are often built into the service systems of group care facilities.

This gap is especially true for extended family placements. Although Place of Safety arrangements with extended family are often the initial placement of choice, extended family caregivers also need the support of mental health services, behavioural consultation, extensive respite, and other resources, to adequately care for children and youth with complex needs. These critical supports are rarely available to them. Further, placement with extended family often requires intensive investment in support by child welfare agency staff. Interview respondents stated that agencies often have to fund their foster care and Place of Safety support positions through cost redirection and other cost savings. The investment in supporting these homes is critical and while it results in a child-specific placement, for a variety of reasons, many of these caregivers are not interested in, or capable of, becoming licensed as general foster parents for other children in care. Therefore the investment in Place of Safety development does not usually yield more foster care beds for children needing placement. It was also noted by some respondents that, at times, placement with extended family was yet another example of finding a placement that was “safe for today”, until something more suitable could be secured or developed.

**Agencies often have to fund their foster care and Place of Safety support positions by redirecting dollars from other areas.**

Family-based placements are also diminishing because of societal changes that limit the number of families interested in, or available to, provide foster care services. Presently, many long-standing foster parents are retiring and are not easily replaced in a world where adults in a family are now more commonly employed outside of the home. Many youth with complex needs require caregivers who will be available at any time, given that their struggles often interfere with attendance in school and community programs. Consequently, participants recommended that fostering be re-conceptualized as a professional role, with a job description, training expectations, and commensurate salary to employ caregivers in a clearly defined role, a process that is well underway in Quebec. Professional supports such as consultation, assessment, supervision, and respite are needed, similar to what is offered through Group 2 resources. Indeed, some participants noted, some foster parents had transferred to fostering for some Group 2 organizations, where the per diem was, in their view, more reflective of the services they were required to provide to children in care and the supports to foster parents were more robust.

Respondents emphasized the importance of policy changes and funding models that would allow for the creation of alternative models of family- and group-based care, such as staffed foster homes and small, one-to-four-bed stand-alone units. Importantly, interviewees emphasized that agencies need the capacity and support to develop their own culturally appropriate resources in their home communities, rather than sending children to larger urban centres for care. There was recognition that small communities may not have the critical mass to

**Policies need to be changed so care teams are permitted to design creative solutions that meet the needs of children and youth when existing options do not work.**

make such development economically feasible – that is, there may not be enough children and youth who need the same type of care facility in the same community. Suggestions that such facilities could be shared across communities, across agencies within an authority, or across authorities in the same general vicinity, to help make them economically viable led to the acknowledgement that conflicts and mistrust continues to exist within the child welfare system, making it difficult at times for agencies, authorities, and communities to work together especially where sharing scant resources is concerned.

Respondents were also clear that relational models of practice are paramount in group care environments, emphasizing that in their experience, group home and EPR staff work very hard to establish relationships with the children and youth that they care for. The importance of relationship in working with children and youth in care was also identified in the OCA's 2012 report.

## K. RURAL, REMOTE, AND ISOLATED COMMUNITIES

The challenges in meeting the needs of children and youth with complex issues are even greater in rural, remote and isolated communities, especially on First Nations reserves where federal funding for child welfare and related supports lags behind what is available to children who live off-reserve. Distant communities often lack trained specialists who can provide mental health supports, trauma intervention, and behavioural consultation to agencies and caregivers. Transportation issues faced by communities who rely on winter roads, open water, or fly-in access further compound access to treatment and support services. Consequently, many children who need specialized services must be taken from their communities to go to large urban centres to reach services that meet their needs.

While these youth may be able to access necessary services in Manitoba cities, it is not without its risks. Many youth are unfamiliar with urban life and encounter numerous temptations and opportunities for excitement without fully comprehending the risks. City life can be stressful and for many young people, distance from family and community can contribute to feelings of isolation. Under these circumstances, it is not surprising that youth are vulnerable to exploitation, exposure to substances, gang involvement, and sexual exploitation. As expressed by one respondent, "When kids come to Winnipeg, they have everything bad handed to them on a platter."

**Children & youth from rural and remote communities encounter additional obstacles in accessing specialized services. This is another area in which First Nations children are impacted disproportionately by existing government policies.**

For those children who stabilize while receiving specialized services in urban centres, it is often difficult to consider returning that youth to their home community when no similar resources or supports exist there. Ongoing service provision often means children risk losing contact with their families, their communities, and their culture.

## L. QUICK FIXES VS TRANSFORMATIONAL CHANGE

As much as interview participants emphasized the importance of systemic and societal change, such as addressing the root issues of family dysfunction such as poverty, addictions, mental health issues, trauma, and the legacy of the residential school system, they also appreciated that change of this magnitude takes time. They supported the importance of preventing admissions to child welfare care by strengthening families and providing more home-based supports, but identified the necessity of providing adequate – and creative – services to the children and youth with complex needs already in care. Therefore, respondents advocated for both immediate interventions as well as a strategic, long-term plan for change.

The need for a vision and long-term plan was strongly recommended in the OCA's *Youth in Care with Complex Needs* report (2012), as discussed earlier. While it may take time to implement such a plan, the task of creating a strategic framework for the care of children with complex needs is an immediate priority. The work of the Hotel Reduction Team in developing a plan for emergency placements as well as long-term care throughout the province is a good first step in this direction.

But to be truly effective and eventually transformational, a strategic plan for the safety and well-being of children and youth with complex needs must involve a multi-sector approach. Respondents were clear that child welfare cannot do it alone, and those systems that have the expertise and hold the mandate for specialized services need to be actively engaged in partnership with the child welfare system. This kind of strategic plan can serve as a benchmark for incremental implementation and guide decision-making and prioritization across systems.

Realistically, plans take time to develop, and even more time to implement. Respondents noted that it takes time to plan a new resource or program, deal with licensing and zoning requirements, train staff and build a team, and link the resource to appropriate supports. However, the children and youth currently in care cannot wait. Action must begin, in a planned and thoughtful way, immediately. The information collected in this and previous OCA reports on the challenges facing the EPR system, especially in caring for youth with complex needs, identifies immediate steps that must be taken to better meet the needs of this most vulnerable population.

## CONCLUSION

While early intervention with families and mechanisms to support families are necessary to ultimately improve situations for children and youth at risk, such strategies require a shift from an individualized focus to a public health perspective that actively engages the involvement of government and community. The final report of the Phoenix Sinclair Inquiry (Hughes, 2014), identified the importance of this systemic (and perhaps seismic) shift, using a parallel analogy to that put forth by Chasnoff (2010) at the beginning of this report:

Public health education uses this example of a treacherous highway where cars keep driving off a cliff: A downstream approach would suggest building a hospital at the bottom of the cliff to treat the victims; a midstream approach may involve erecting a sign on the highway to warn drivers about the upcoming cliff; whereas an upstream approach would change the environment (in this case the highway) so that drivers are no longer placed at risk (e.g., re-route the highway away from the cliff). All three approaches have their place, but in the child welfare context there has been a disproportionate emphasis on child protection (the downstream approach) and not enough on prevention (the upstream approach). Early interventions can be offered on a universal basis, or they can be targeted to particular populations. Universal services can cost more, but targeted programs cannot deliver large-scale benefits and often miss the very people who need them most (p. 459).

A public health approach would involve preventive strategies at multiple levels, from upstream approaches such as social policies affecting all children and their families, to midstream, targeted approaches for families and children at risk, through to downstream approaches involving child protection in cases of severe maltreatment (p. 458).

Hughes (2014) wrote later in the same report:

A new model for promoting the well-being of children, based on internationally recognized rights, would focus not on parental deficits, but on providing adequate supports to children and families to ensure that all children can thrive and reach their potential. Canada and Manitoba have long accepted education and health care as universal rights. This new approach would also recognize children's rights to quality care in the pre-school years and access to resources and services that will give them their best chance to succeed in life. At the core is respect for the dignity of the child and true recognition of children's best interests as paramount (p. 463).

The Office of the Children's Advocate supports this direction. Long term strategies and guiding visions for service delivery are needed in Manitoba. At the same time, there are a significant number of children and youth currently in care whose functioning has already been compromised by adverse experiences in their childhood and who need supports and treatment now to mitigate the destructive effects of trauma. Looking realistically at the literature on youth with complex needs, this is estimated to be 30% of the current children in care in Manitoba, or 3,088 young people. This imperative also has an additional, preventive component, in that many of these youth will eventually become parents themselves. Helping them now is a critical intervention to preventing maladaptive, neglectful, or abusive parenting of the next generation.

For too long, individual families have been blamed for failing their children, who end up in care for their safety and well-being. Efforts are made regarding individual children to find appropriate placements and treatment services, but there are considerable gaps for children in care, especially on-reserve and in communities far from large urban centres. The challenges of adolescence combined with the paucity of

adequate resources leave front line workers helpless to provide youth with the services they need. Decisions regarding children in care increasingly become focused on safety for today, leaving youth vulnerable to the risks of substance misuse, sexual exploitation, criminal activity, gang involvement, and other perils.

For the most part, the child welfare system feels alone in bearing responsibility for the unmet needs of children and youth with complex needs. Certainly, when tragedy occurs, it is easy to levy blame at the one system that was in a guardian role, just as parents were once blamed for issues that may have deep systemic and societal origins and are, to a great extent, beyond an individual's ability to change. We know that professionals from the collateral systems that work with child welfare share concern for the well-being of children and youth with complex needs and want to help. This position was evident from the interviews conducted during the development of the *Youth in Care with Complex Needs report* (2012) previously released by the OCA.

The practitioners who shared their perspectives about youth with complex needs clearly understand the challenges this population faces, the reasons behind their challenges, and the efforts of the system to meet their needs. Their dedication to providing the best possible services to youth with complex needs is unmistakable, and is indicative of one of the most important strengths of the system – its people.

However, it is evident that committed staff alone are not sufficient to meet all the needs of this vulnerable population. This group of adolescents have multiple, serious issues that compromise their safety, well-being and development, necessitating the involvement of services from many different disciplines across various service sectors. Although the system serves a number of these youth well, the challenges strain and exceed the system's current capacity. These practitioners were candid about the current weaknesses of the system: fragmentation, "siloism", service gaps, and lack of coordination are some of the key characteristics that prevent the system from comprehensively caring for youth with complex needs today. The overall climate is one of crisis response and risk aversion – qualities that perpetuate the deleterious effects of complex needs and strain the system even more (p. 114).

We all must do better for the children and youth of Manitoba.

## RECOMMENDATIONS

Despite awareness of the growing gap between the high care demands of children and youth with complex needs and the lack of specialized placement resources, little substantive action has occurred in Manitoba. The recommendations made by the OCA in the 2012 *Youth in Care with Complex Needs* report, summarized at the beginning of this report, remain priorities for immediate action. A planned revitalization of the EPR program initiated by the province in November 2012 remains a work-in-progress and its current status is unclear despite an early invitation from the government for the OCA to participate and subsequent requests by the OCA for updates on what appears to be a stalled process. In November 2014, the Department of Family Services announced the creation of a six-bed residential care unit for girls ages 12 – 17, many of whom struggle with mental health issues, to be managed by Marymound, Inc. This small step forward is not enough to keep pace with the need and is another example of localizing services only in urban centres and requiring young people from outside of city centres to be uprooted from established supports in order to access specialized intervention.

**Finding: Manitoba lacks a unified vision for the coordination and delivery of services to children and youth with complex needs.**

*Although there have been commitments by various sectors and departments over the years to work together in the best interests of children, youth, and their families, there is little demonstration of an overarching strategy to anchor and guide such pledges. One exception points to the importance of developing and implementing a coordinated strategy across systems. The Manitoba Strategy Responding to Children and Youth at Risk of, or Survivors of, Sexual Exploitation was initiated in 2002, but advanced considerably in 2008 after a multidisciplinary summit was held by the province to bring together key representatives from the relevant service sectors to review the issues, gaps, and interventions that needed coordinated, systemic intervention to better protect and serve youth who were sexually exploited.*

A similar approach is required in Manitoba to develop a vision and a multi-year strategic plan to better meet the needs of children and youth with complex needs, many of whom access the shelter system and other emergency placements because there are no other appropriate resources to meet their needs.

**RECOMMENDATION ONE:** The Children's Advocate recommends that the Healthy Child Committee of Cabinet hold a summit with key stakeholders, which should include indigenous leadership, Elders, and youth, and develop a unified Vision and a Plan of Action for services for vulnerable children and youth by December 2015. This Plan of Action should address issues of service fragmentation, gaps, and lack of coordination throughout the system, with a particular focus on trauma intervention and mental health services. The Children's Advocate further recommends that the Healthy Child Committee of Cabinet communicates the Vision and Plan of Action to the public.

**Finding: Children and youth with complex needs are among the most vulnerable in Manitoba and their needs are not being adequately met by the assessment, placement, and support resources that are available to these young people and their caregivers and support networks.**

Social workers are trained to assess children and work collaboratively with foster parents and others involved in a child's life (for example, teachers, pediatricians, school counsellors, and others) to plan for how to best meet a child's needs. However, some children and youth have issues that require specialized training to assess, such as mental health issues, severe cognitive disabilities, FASD, serious behaviour issues, self-harming behaviour, and suicide ideation, for examples. A range of assessment options – from in-home and in-placement models to residential assessment units – are needed to support child welfare agencies in helping children to access the right resources to meet their needs.

**RECOMMENDATION TWO:** The Children's Advocate recommends that Healthy Child Manitoba (under the Department of Children and Youth Opportunities) work with the Department of Family Services (including Community Living disABILITY Services), and the Department of Health, Healthy Living and Seniors to develop a wider range of accessible and timely assessment strategies to ensure that children and youth with complex needs are assessed by a specialist with the requisite skills and qualifications.

Consistent with holistic models that aim to support families, strategies to help extended family and foster caregivers to access specialists for consultation may strengthen their capacity to provide care to children and youth with complex needs and prevent further placement breakdown.

**RECOMMENDATION THREE:** The Children's Advocate recommends that the Departments of Health, Healthy Living and Seniors, and Family Services collaborate in the development of a process which ensures that children in care and their care providers (including Places of Safety) have access to behaviour therapists and mental health consultants to ensure a better response to behaviour issues and mental health concerns.

As discussed earlier, there will always be some children who challenge the system's capacity to provide care and who will, at least for some period of time, require placement in a specialized resource that must be crafted around their particular needs. With limited capacity to develop such resources in a planned way, EPR shelters have become the default placement option and staff have admirably met the challenge by cobbling together supports that provide the youth with adequate care. However, alternative models to meeting the needs of this most challenging group must be explored.

**RECOMMENDATION FOUR:** The Children's Advocate recommends that the Department of Family Services, in collaboration, with the Department of Health, Healthy Living and Seniors, and the Department of Justice, work to develop placements with community partners which meet the needs of youths with complex needs, with a focus of increased capacity and resources to safely and appropriately manage the needs of youth. These complex needs must include exposure to trauma, sexual exploitation, mental health needs, criminal involvement and addictions.

High costs are already being incurred to care for children with complex needs through hotel placements, long-term shelter stays, and other emergency expenditures. Issues that merit immediate attention that would better support placement stability for children include ensuring sustainable special rates to foster parents who are caring for children with complex needs, strengthening the processes for reviewing and approving specialized group care placements, access to behavioural consultation for EPR staff, and mechanisms to vary or amend policies and regulations that, while appropriate at a broad level, may prevent individualized resources from being developed (for example, shift-staffed foster homes). There is a better way to invest in the safety and well-being of our children, but it will require increased financial investment.

**RECOMMENDATION FIVE:** The Children's Advocate recommends that the Healthy Child Committee of Cabinet be asked to lead a round table process involving its member Departments, to review and address the barriers to providing appropriate placement and service resources for children and youth in care with complex needs.

There is considerable work ahead of the child welfare system, its collateral systems, and the Manitoba government to effect change for children and youth in care. Many reports and recommendations have already been developed to direct the reformation of child welfare services in Manitoba, and this report builds on and adds to these expectations for change.

It is a daunting task, but a necessary one. The child welfare system cannot continue to operate from a position of only making decisions to keep a child safe for today. The child welfare system also cannot do it alone.

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## **APPENDIX**

The insights and perspectives of the following individuals who participated in this project are greatly appreciated.

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## **NOTES**

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