

# LOST IN TRANSITION



Office of the Child and Youth Advocate  
FOR KINGSTON NEW BRUNSWICK AND LAURENTIDES

# **LOST IN TRANSITION**

**A Review of the Transitioning of Children and Youth In Care**



**Office of the Child and Youth Advocate**  
PROVINCE OF NEWFOUNDLAND AND LABRADOR

**May, 2009**

# TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>iii</b>
<b>ACKNOWLEDGEMENTS .....</b>	<b>v</b>
<b>1.0 EXECUTIVE SUMMARY</b>	
1.1 Introduction .....	1
1.2 The Review Process .....	1
1.3 Key Findings .....	3
1.4 Recommendations .....	4
<b>2.0 ISSUE .....</b>	<b>9</b>
<b>3.0 THE REVIEW PROCESS</b>	
3.1 Focus .....	11
3.2 Team .....	11
3.3 Process .....	11
3.4 Organization of the Review Report .....	12
<b>4.0 THE IN CARE PROGRAM: AN OVERVIEW</b>	
4.1 Organizational Structure .....	13
4.2 Entering the In Care Program .....	13
4.3 In Care Placement Options .....	14
4.4 Standards of Practice for the In Care Program .....	15
4.4.1 The Placement of Children .....	15
4.4.2 Children and Youth Engagement .....	17
4.4.3 Rights of Children and Youth In Care .....	17
4.4.4 Plan of Care .....	18
4.4.5 Sharing of Information Regarding Children and Youth In Care .....	19
4.4.6 Access .....	21
4.4.7 Counselling .....	23
4.4.8 Special Needs Assessment .....	23
4.4.9 Cultural/Social/Recreational Activities .....	23
4.4.10 Permanency Planning .....	24

## TABLE OF CONTENTS (Cont'd)

4.4.11	Custody Review Committee .....	24
4.4.12	Life Book .....	24
4.4.13	File Contents .....	25
4.4.14	Termination/Changes in Care .....	26
4.4.15	Role of Social Worker .....	26
<b>5.0</b>	<b>DATA COLLECTION</b>	
5.1	File Review .....	29
5.1.1	Description of the File Review Process .....	29
5.1.2	Outcome of File Review .....	31
5.1.2a	File Analysis .....	32
5.1.2b	Transition Analysis .....	33
5.2	Key Informants .....	52
5.2.1	Children and Youth In Care .....	52
5.2.2	Caregivers .....	59
5.2.3	Executive Director of NL Foster Families Association .....	63
5.2.4	Regional Integrated Health Authorities .....	65
5.2.5	Department of Health and Community Services .....	77
<b>6.0</b>	<b>DISCUSSION OF FINDINGS AND RECOMMENDATIONS</b> .....	<b>85</b>
<b>7.0</b>	<b>RECOMMENDATIONS</b> .....	<b>95</b>
	<b>APPENDICES</b>	
A	Data Collection Guide .....	99
B	Interview Guide for Children and Youth In Care .....	107
C	Questionnaire for Caregivers .....	111
D	Teleconference Questions for the Regional Integrated Health Authorities .....	115
E	Interview Questions and Written Response, Department of Health and Community Services .....	121

## LIST OF TABLES

1.	Overview of Files Available for Review; Excluded From Review; and Reviewed .....	31
2.	Regional Distribution of Files Excluded From the Review .....	31
3.	Legal Status of Children and Youth In Care in 2006 .....	33
4.	Initial Placement of Child or Youth Prior to Transitioning .....	34
5.	Type of Placement Following Transition .....	34
6.	Rationale for Transition of Child or Youth .....	35
7.	Secondary Rationale for Transition of Child or Youth .....	36
8.	Supports Provided for Children and Youth Whose Unmanageable Behaviours Prompted the Transition .....	36
9.	When the Child or Youth was Advised of the Transition .....	37
10.	Person Who Advised the Child or Youth of the Transition .....	37
11.	Individual Who Provided Information to Child or Youth Who Was Advised of the Transition .....	38
12.	Method of Communicating About the Transition .....	38
13.	Was Information Provided to the Child or Youth About the Transition? .....	38
14.	Type of Information Provided to the Child or Youth Who Was Provided Information About the Transition .....	38
15.	Type of Participation by Children and Youth Who Did Participate in Their Transition Process .....	39
16.	Reasons for Lack of Child or Youth Participation in the Transition Process .....	40
17.	Frequency of Personal Belongings Accompanying Children and Youth When They Moved .....	40
18.	Length of Time Child or Youth Waited to Receive Personal Belongings Which Did Not Accompany Them When They Moved .....	41
19.	Supports Provided to the Child or Youth, Pre-Transition, During Transition or Post Transition .....	41

## LIST OF TABLES (Cont'd)

20.	Pre-Transition Supports Provided to Children and Youth .....	41
21.	Supports Provided to Children and Youth During Transition .....	42
22.	Post Transition Supports Provided to Children and Youth .....	43
23.	Supports Provided to Previous Caregivers .....	44
24.	Pre-Transition Supports Provided to Previous Caregivers .....	44
25.	Supports Provided to Previous Caregivers During Transition .....	45
26.	Supports Provided to Previous Caregivers Post Transition .....	46
27.	Supports Provided to Prospective Caregivers .....	46
28.	Pre-Transition Supports Provided to Prospective Caregivers .....	47
29.	Supports Provided to Prospective Caregivers During Transition .....	48
30.	Supports Provided to Prospective Caregivers Post Transition .....	48
31.	Change in Education as a Result of Transition .....	49
32.	Change in Sibling Contact as a Result of Transition .....	49
33.	Change in Family Contact as a Result of Transition .....	50
34.	Change in Contact with Previous Caregiver as a Result of Transition .....	50
35.	Change in Contact with Previous Foster Siblings as a Result of Transition .....	50
36.	Change in Access to Required Professional Services As a Result of Transition .....	50
37.	Changes in Terms of Legal Siblings Being Separated or Reunited .....	51

## **ACKNOWLEDGEMENTS**

Thank you to the children and youth who so freely shared their experiences and suggestions. Your voice helped us to better understand the many challenges encountered by children and youth in the In Care Program and identify issues which should be addressed.

Thank you also to the foster parents and the Executive Director of the Newfoundland and Labrador Foster Families Association for their participation in this review; the many representatives from each of the Regional Integrated Health Authorities who participated in the teleconferences and assisted staff of the Office of the Child and Youth Advocate throughout the data collection phase of the review; and officials within the Department of Health and Community Services who provided input by way of written response. Your feedback helped us to understand the realities experienced by front-line personnel working in the In Care Program.

A review of this scope could not have been completed without a team effort by the staff of the Office of the Child and Youth Advocate. Thank you to the team of Roxanne Pottle, Jennifer Forristall, Dorothy Penney and Shirley Prior for their dedication and hard work on the *Review of the Transitioning of Children and Youth In Care*.

*Darlene Neville*  
*Child and Youth Advocate*  
*Newfoundland and Labrador*





## **1.0 EXECUTIVE SUMMARY**

### **1.1 Introduction**

***RD had been in foster care since he was 3 months old. He had been moved in and out of care many times in his young life, but had been happy in his placement for 4 years. However, the foster parents and Child, Youth and Family Services social workers frequently disagreed on issues pertaining to his care.***

***One day RD's social worker arrived at his foster home, under the pretext of taking him to McDonald's for lunch and a visit with his sister. Instead, she took him to the Child, Youth and Family Services office where she informed him that he would not be returning home that day. He was told he would be moving immediately to a new foster home. He had no prior notice that this change was occurring. He was told that his belongings would be packed up and sent to him later. He would have to change schools, leave his friends behind and start over. RD was 13 years old.***

Each year, children and youth who cannot be cared for by their parents or legal guardians are placed in the care of a director, Child, Youth and Family Services (CYFS) within one of the four Regional Integrated Health Authorities. These children and youth, the most vulnerable in our society, are referred to as being "In Care".

The Office of the Child and Youth Advocate (OCYA) undertook this Review after hearing a number of disturbing accounts by children and youth related to the transitions they had experienced while In Care. It is not possible to convey in words the trauma that they have experienced throughout their young lives. It is possible to give voice to their experiences. It is also possible to examine the circumstances which lead to failures to support these children and youth and make recommendations to improve the situation.

### **1.2 The Review Process**

This Review examined the movement or transitioning of children and youth In Care. The Review was motivated by the reports received by the Office of the Child and Youth Advocate of situations where children and youth had been moved from one placement to another with no prior notice or involvement in the move, often necessitating a change in schools, loss of friends and loss of established supports. Starting over in these circumstances, in many cases without personal belongings which are often the only constant in their lives, contributes to the ongoing trauma these children and youth experience.

In order to gain a comprehensive and balanced picture of the circumstances surrounding transitioning of children and youth In Care, we sought to obtain information from a variety of sources. A review of existing policies and relevant legislation helped to establish the expected standard of care for the In Care Program. Data collection involved engaging children and youth in discussions regarding their In Care experiences, particularly those related to transitions. The perspective of caregivers, as well as service providers, regional and departmental decision makers was also obtained in an effort to understand the challenges and to identify the remedial actions required to address them.

Our approach included the following:

1. The Office of the Child and Youth Advocate (OCYA) conducted a complete review of all files for a calendar year (2006) of the children and youth who had experienced transitions while In Care during that year. In 2006, there were 277 children and youth In Care who were moved from one placement to another and between them they experienced 400 transitions. Staff from the OCYA conducted on-site visits with Offices of Child, Youth and Family Services of the four Regional Integrated Health Authorities within the province to conduct this file review. The scope of the Review included the files of:
  - a.) Children and youth who were already in the care of a Director of Child, Youth and Family Services within the four Regional Integrated Health Authorities as of January 1, 2006 and who experienced at least one transition during the period January 1 to December 31, 2006; and
  - b.) Children and youth who came into the care of a Director of Child, Youth and Family Services within the four Regional Integrated Health Authorities during the period January 1 to December 31, 2006 and experienced at least one transition during that period.
2. In the fall of 2008, staff from the OCYA visited each region of the province and met with children and youth who had been In Care and experienced at least one transition. Some of these children and youth were contacted by telephone when in-person interviews could not be arranged.
3. Written questionnaires were completed by eight caregivers and board members of the NL Foster Families Association.
4. An In-person interview was held with the Executive Director of the NL Foster Families Association.

5. Social workers, program managers and directors of Child, Youth and Family Services in the four Regional Integrated Health Authorities participated in teleconferences with staff of the OCYA.
6. Officials within the Department of Health and Community Services provided a written response to questions posed by the OCYA.

### **1.3 Key Findings**

Presented below are the Key Findings identified in the *Review of the Transitioning of Children and Youth In Care*.

#### System–Wide Deficiencies

- There is a severe shortage of social workers assigned to the In Care Program. Additional social worker positions and supports to social workers are required to ensure appropriate care is provided to children and youth in the In Care Program;
- There is a severe shortage of caregiver placements;
- There is a need to improve the nature and degree of caregiver involvement in the team supporting children and youth In Care;
- Training for caregivers is required to assist them to better understand the needs and behaviour of children and youth in their care and help prevent placement breakdown;

#### Practice-Related Deficiencies

- Child, Youth and Family Services (CYFS) in each Region consistently failed to :
  - maintain standards of file documentation established by provincial policy. Essential documentation was missing or incomplete in a staggering percentage of files reviewed;
  - ensure an adequate level of file documentation essential for appropriate planning for and care of children and youth in the In Care Program;
  - protect the identity of children and youth by failing to record and preserve a record of events in their lives. Only 10% of the files reviewed referenced a Life Book;

- ensure that adequate transition planning occurred and that supports were in place;
- ensure that children and youth were accorded their right to participate in decisions that affect them, pursuant to Article 12 of the *United Nations Convention on the Rights of the Child* and provincial policy which requires consultation with a child or youth about significant decisions affecting their care or custody;
- Turnover of social workers assigned to each child or youth In Care, coupled with the inadequate monthly file notation regarding social worker visits to the caregiver home and in-person contact with children and youth, contributed to a lack of continuity in the care of close to one-third of the children and youth whose files were reviewed;
- File documentation regarding changes which occurred as a result of transitioning was inadequate in a significant number of files. Documentation failed to address issues such as contact with family, loss of belongings, access to professional services, changes in schools and extracurricular activities, and separation from pets.

## **1.4 Recommendations**

After completing a Review or a Review and Investigation under the *Child and Youth Advocate Act*, SNL. 2001, c.C-12.01, the Advocate may, under section 15.(1)(g) of the Act,

*make recommendations to the government, an agency of the government or communities about legislation, policies and practices respecting services to or the rights of children and youth.*

On March 30, 2009, a copy of the Recommendations arising from the *Review of the Transitioning of Children and Youth In Care* was provided to the Deputy Minister of Health and Community Services, and to each of the Chief Executive Officers of the four Regional Integrated Health Authorities.

**Recommendation No. 1**

THAT sufficient resources be allocated to address the recruitment, retention and continuing education requirements of social workers assigned to the In Care Program within the province.

**Recommendation No. 2**

THAT training be provided to caregivers in such areas as attachment, grief and loss to assist them to better understand the behaviour of the children and youth in their care.

**Recommendation No. 3**

THAT policy and strategies be developed to increase the recruitment and retention of caregiver placements. Such strategies and policy should include annual indexing of the rates paid to caregivers for cost of living increases.

**Recommendation No. 4**

THAT the *Child, Youth and Family Services Act, SNL. 1998, c.C-12.1*, be amended to include provision for the mandatory reporting by the directors in the regions to the provincial director of Child, Youth and Family Services whenever the regions are unable to deliver services and programs to children and youth In Care in accordance with the standards established by policy and legislation.

**Recommendation No. 5**

THAT regional managers complete file audits every 90 days to ensure compliance with program and recording policies.

**Recommendation No. 6**

THAT a checklist of all required file documentation for children and youth In Care be developed in CRMS and a print out placed at the beginning of each file. The checklist should include a complete list of the documents required, e.g., Life Book, Plan of Care, Special Needs Assessment, ISSP, and a log of visits completed, updates to reports, etc.

**Recommendation No. 7**

THAT policy be developed to include the recording in CRMS of the monthly visitation with the child or youth and monthly review of the Plan of Care.

**Recommendation No. 8**

THAT policy be developed which requires within 24 hours, an update to the Plan of Care in CRMS and in the file, whenever a transition occurs and such update shall include reasons for the transition.

**Recommendation No. 9**

THAT policy be developed which requires the participation of a child or youth in all decisions related to a transition. In situations where a child or youth has not participated in the transition planning, the social worker shall document, within 5 days, both in CRMS and in the file, the reasons why the child or youth did not participate.

**Recommendation No. 10**

THAT policy be developed which contains clear guidelines regarding the supports to be provided to a child or youth and caregiver(s) pre-transition, transition and post-transition. The social worker shall document in CRMS and in the file the supports offered and/or provided to a child or youth and caregiver(s) during the transition process within 7 days of the offer of supports and/or receipt of the supports by the child, youth or caregiver(s).

**Recommendation No. 11**

THAT policy be developed which requires that all personal belongings of a child or youth who is transitioned accompany the child or youth and that, within 24 hours of the transition, the social worker shall document in CRMS and record in the file, verification that the personal belongings accompanied the child or youth or an explanation as to why this did not occur, including the plans to deliver these items to the child or youth.

**Recommendation No. 12**

THAT policy be developed that social workers document throughout the pre-transition, transition and post-transition phases the changes which will occur or have occurred in the life of the child or youth as a result of the transition. Documentation shall include changes related to contact with family, loss of belongings, access to professional services, changes in schools and extracurricular activities, and separation from pets.

**Recommendation No. 13**

THAT policy be developed to ensure access for children and youth In Care to alternative forms of support, services and therapy (such as animal, art and music therapy) and extra curricular activities.

**Recommendation No. 14**

THAT policy be developed which requires social workers to identify children and youth who have an established relationship with a family pet. In such cases, social workers shall make every effort to ensure continued contact by the child or youth with the pet and shall document all such efforts and the access by the child or youth to the pet.

**Recommendation No. 15**

THAT policy be developed regarding the involvement of caregivers in decisions related to the pre-transition, transition and post-transition process.





## 2.0 ISSUE

***RD had been in foster care since he was 3 months old. He had been moved in and out of care many times in his young life, but had been happy in his placement for 4 years. However, the foster parents and Child, Youth and Family Services social workers frequently disagreed on issues pertaining to his care.***

***One day RD's social worker arrived at his foster home, under the pretext of taking him to McDonald's for lunch and a visit with his sister. Instead, she took him to the Child, Youth and Family Services office where she informed him that he would not be returning home that day. He was told he would be moving immediately to a new foster home. He had no prior notice that this change was occurring. He was told that his belongings would be packed up and sent to him later. He would have to change schools, leave his friends behind and start over. RD was 13 years old.***

Children and youth come into the care of the state for a variety of reasons. In some situations, they are in need of protective intervention as defined by the *Child, Youth and Family Services Act*, SNL. 1998, c.C-21. Other children and youth are placed In Care voluntarily by a parent or guardian pursuant to a Voluntary Care Agreement. Also, a parent or guardian may relinquish the care and custody of their child to the state under the *Adoption Act*, SNL. 1999, c.A-2.1. There are a number of types of placements where children and youth may live once they come into the care of the state, and many children move (transition) to more than one placement while they are In Care.

The Office of the Child and Youth Advocate (OCYA), through its individual advocacy work, was made aware of a number of heart wrenching accounts involving transitions of children and youth. Recurring themes identified included the lack of notice to the children and youth who were moved, the lack of participation by children and youth in the transition process, and an alarming number of cases depicting transitions which resulted in the loss of significant relationships for the child or youth. Frequently, children and youth In Care were not told they were being moved, had no say in the move and many times even their personal belongings did not accompany them when they moved and did not arrive at their new placement until days, weeks and, in some cases, months following the move.

Based upon these concerns brought forward by children and youth and their caregivers, a decision was made by the Child and Youth Advocate to conduct a *Review of the Transitioning of Children and Youth In Care*.

In order to provide a full account of the experiences of children and youth In Care who were transitioned, a review of **all** the files of children and youth who had been transitioned during one calendar year was undertaken. This Review examined the movement or transitioning of children and youth who were In Care during the calendar year 2006 and who were moved to one or more placements during that year.

The Review involved engaging children and youth in discussions regarding their In Care experiences, particularly those related to transitions. The perspective of caregivers, as well as service providers, regional and departmental decision makers was also obtained in an effort to understand the challenges and to identify the remedial actions required to address them.

## 3.0 THE REVIEW

### 3.1 Focus

On November 7, 2006, the Child and Youth Advocate, Darlene Neville, provided notice, pursuant to Sections 15 and 20 of the *Child and Youth Advocate Act*, SNL. 2001, c.C-12.01 to the Deputy Minister of the Department of Health and Community Services and Chief Executive Officers of each of the four Regional Integrated Health Authorities in the Province of her intention to conduct a Review of the delivery of services provided to all children and youth In Care, who were moved to an alternate placement or returned home during the period January 1 to December 31, 2006. The Review examined the services provided to or on behalf of these children and youth In Care during the transition process.

### 3.2 Team

The Office of the Child and Youth Advocate (OCYA) team that conducted the Review and contributed to this report regarding transitioning of children and youth In Care included:

Darlene Neville, Child and Youth Advocate  
Roxanne Pottle, Director of Advocacy Services  
Jennifer Forristall, Systemic Advocacy Consultant  
Dorothy Penney, Systemic Advocacy Consultant  
Shirley Prior, Executive Secretary

### 3.3 Process

The Facts, Analysis, Findings and Recommendations of this Report were based on the following review by the OCYA:

- **Review of Existing Policy:** a review of policy and procedures in the *Child Welfare Policy and Procedures Manual, 1995* and the *Child, Youth and Family Services Act Standards and Policy Manual, September 1999*.
- **Legislative Review:** a review of applicable Newfoundland and Labrador legislation, specifically the *Child, Youth and Family Services Act*, SNL. 1998, c.C-12.1.
- **File Review:** 277 files of children and youth In Care were reviewed and an analysis of the 400 transitions that they experienced was completed.

- **Key Informants:**

- in-person interviews were held with 28 children and youth In Care who had experienced transitions.
- Written questionnaires were completed by eight caregivers and board members of the NL Foster Families Association.
- An in-person interview was held with the Executive Director of the NL Foster Families Association.
- Teleconference interviews were held with regional directors, program managers and front-line social workers from the four Regional Integrated Health Authorities.
- The Department of Health and Community Services provided a written response to questions posed by the OCYA.

### **3.4 Organization of the Review Report**

The Review Report is organized as follows. First, the findings with respect to the review of existing policy and legislation are presented in terms of an overview of the organization of the In Care Program, followed by the policies and legislation in existence during the time period under review (2006) which established the expected standards of practice for the In Care Program.

This overview of the In Care Program and related policies and legislation is followed by: (i) a description of the data collection processes used in the file review and presentation of data from that review; and (ii) a description of the data collection processes employed for obtaining feedback from different groups of key informants (children and youth In Care, representatives of foster parents, the Executive Director of the NL Foster Families Association, representatives from the four Regional Integrated Health Authorities and the Department of Health and Community Services) and presentation of the feedback obtained from these key informants. The report concludes with a discussion and summary of the Key Findings and Recommendations.

## 4.0 THE IN CARE PROGRAM: AN OVERVIEW

### 4.1 Organizational Structure

The delivery of services pursuant to the *Child, Youth and Family Services Act*, SNL. 1998, c.C-12.1 (the “**CYFS Act**”) is the responsibility of the four Regional Integrated Health Authorities within the province:

- The Eastern Regional Integrated Health Authority;
- The Central Regional Integrated Health Authority;
- The Western Regional Integrated Health Authority; and
- The Labrador-Grenfell Regional Integrated Health Authority.

Pursuant to Section 4 of the CYFS Act, each Regional Integrated Health Authority appoints a director of Child, Youth and Family Services to perform the duties of the director (“director in a region”). Each Regional Integrated Health Authority administers a Child, Youth and Family Services program responsible for the delivery of child protection and In Care services.

Pursuant to Section 5 of the CYFS Act, the Lieutenant-Governor In Council may appoint an employee of the government to be the provincial director, who shall be responsible for:

- (a) establishing province-wide policies, programs and standards;*
- (b) monitoring, evaluation and research of the established policies, programs and standards;*
- (c) representing the province in interprovincial and territorial and other discussions and agreements;*
- (d) maintaining a province wide, computerized child, youth and family service information system; and*
- (e) advising and reporting to the minister on matters related to child, youth and family services.*

### 4.2 Entering the In Care Program

When a child comes into care, the state assumes guardianship of the child and acts in place of the parent. These children are “In Care of the director” within a region of the province.

Children are placed In Care in one of three ways:

1. *Voluntary Care* – a parent voluntarily places their child In Care through the execution of a Voluntary Care Agreement which transfers the care of the child from the parent to the director in a region. It is the intention that such agreements will be temporary and of short duration. The parent maintains custody of the child and the director is responsible for the provision of care for the child.
2. *Apprehension/Removal* – occurs when a child is removed from a parent where the assessment of risk indicates that the child is in need of protective intervention and cannot safely remain in the care of the parent. Removal of a child from parental care is usually done through a warrant executed by a social worker employed by Child, Youth and Family Services and a peace officer.
3. *Relinquished Care* – occurs when a parent transfers the custody of their child to the director in a region through execution of a Consent to Adoption Agreement. Children placed In Care under these circumstances are placed for adoption; however, in some cases, an adoption does not occur and children remain In Care of a director in a region.

### **4.3 In Care Placement Options**

When children and youth are placed In Care, placement options are sought on a continuum in terms of degree of existing relationship with the child. Initially, placements are explored with immediate family members, including non-custodial parents and extended family (including aunts, uncles, grandparents, or cousins). If placement with a relative is not an option, placement with significant others may be considered. Significant others are individuals and/or families who are known to the child and his/her parents such as neighbours or family friends.

When a family or significant other placement is not available or not suitable, a caregiver home (foster home) is sought. A caregiver placement is a family home licensed by the director in a region to provide care. This arrangement provides the child or youth with a family environment and parental role model to facilitate child development and promote positive behaviours, attitudes and values.

Other types of In Care placements include:

- *Emergency Placement* – this type of placement is used on an emergency basis while a permanent placement is sought and is typically available for a maximum of 60 days.

- *Group Home* – this type of placement is usually long term, structured, residential in nature, with trained staff providing care. Group homes are subject to licensing requirements and monitoring by the director in a region.
- *Alternative Living Arrangement (ALA)* – this type of placement is created when a caregiver home is not available. The child or youth is placed in rented accommodations that are staffed with individuals who may or may not be trained to provide care. Provincial policy does not exist for the establishment and monitoring of ALAs.
- *Independent Living Arrangement (ILA)* – this type of placement is created for a child or youth when a caregiver home or a group home can no longer meet their needs. The child or youth is placed in rented accommodations that are staffed with individuals who may or may not be trained to provide care. Provincial policy does not exist for the establishment and monitoring of ILAs.
- *Adoption* – this is a permanent placement of a child or youth with individuals who have been approved by the director in a region and the provincial director to adopt the child or youth.

Permanency planning guides all planning for children and youth In Care. It is based on the assumption that all children have a right to a permanent family environment. Planning for children In Care involves facilitation of family reunification and, if reunification is not in the best interests of the child, the director in a region will make application to the Court for a Continuous Custody Order and attempt to secure a permanent placement for the child or youth.

## **4.4 Standards of Practice for the In Care Program**

A review of the existing policy and procedures in the *Child Welfare Policy and Procedures Manual, 1995* and the *Child, Youth and Family Services Act Standards and Policy Manual, September 1999* and a review of the applicable provincial legislation, the *Child, Youth and Family Services Act, SNL, 1998, c.C-12.1* (the “**CYFS Act**”), was undertaken for this Review. The following policies and legislation establish the expectations with respect to standards of practice for the In Care Program.

### **4.4.1 The Placement of Children**

The provisions of the CYFS Act which govern the placement of children are contained in Sections 7, 8, 9 and 62.

### **Section 7:**

- provides the general principles, with an emphasis on maintaining family and kinship ties and cultural heritage of the child; and
- contains the mandatory presumption that children over 12 are capable of expressing opinions regarding their care and custody.

### **Section 8:**

- emphasizes participation by families in the planning and provision of services; and
- contains the requirement to obtain the views and wishes of the child whenever developmentally appropriate.

### **Section 9:**

- establishes the factors used to determine a child's best interests which must include:
  - the child's views and wishes,
  - continuity of the child's relationship with his or her family, siblings or other significant relationships,
  - the importance of a child's cultural heritage,
  - stability and continuity of care,
  - outside supports including the school environment.

### **Section 62:**

- requires that placement of a child shall be conducted in the least disruptive manner to the child;
- requires the social worker to first consider placement with a relative or person with whom the child has a significant relationship;
- requires consideration by the director or social worker of placement with a non-custodial parent if he/she is deemed suitable by the director.

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, at pp. 86-87, states:

*The following assumptions apply to the placement of a child:*

- *The coordination of services for children and families is important and the Model for the Coordination of Services to Children & Youth, including the (ISSP) will form the basis of planning for children;*
- *Interventions to support the child's safety within the context of the child's family have already been provided and have not been effective;*
- *A continuum of services ranging from prevention to crisis intervention is required to meet the needs of a child; and*
- *Interventions are based on the framework of permanency planning.*



#### 4.4.2 Child and Youth Engagement

Article 12 of the *United Nations Convention on the Rights of the Child* requires that children and youth be afforded an opportunity to participate in decisions which affect them. The CYFS Act requires that the views and opinions of a child, when developmentally appropriate, are to be sought regarding his or her care and custody. The relevant sections of the legislation are as follows:

7.(h) *In the absence of evidence to the contrary, there shall be a presumption that a child 12 years of age and over is capable of forming and expressing an opinion regarding his or her care and custody.*

8.(c) *Wherever possible, having regard for the child's age and level of development, the views and wishes of the child shall be sought and considered in providing services.*

9. *All relevant factors shall be considered in determining a child's best interests, including:*

...

(d) *Where possible, the child's views and wishes.*

Provincial policy requires social workers to maintain monthly in-person contact with a child or youth In Care and to consult with them regarding decisions which affect their care or custody. Policy also requires that children and youth are to be informed of any decisions which have been made that affect their care or custody, including but not limited to:

- significant decisions affecting his/her life and the plan of care;
- why he/she cannot live at home;
- if he or she will see or speak to a parent and if not, the reason why;
- where and with whom he or she will be living, and the length of the placement;
- legal matters; and
- access and visitation arrangements.

*(Child, Youth and Family Services Act Standards and Policy Manual, September 1999, pp. 101-102.)*

#### 4.4.3 Rights of Children and Youth

**Section 7.(a) of the *Child, Youth and Family Services Act* states:**

*"The overriding and paramount consideration in any decision made under this Act shall be the best interests of the child."*

**The *United Nations Convention on the Rights of the Child*, Article 3, states:**

1. *In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*

**The Child Welfare Policy and Procedures Manual, 1995, Reference No. 04-01-05 states:**

*A child has the right:*

- *to the best possible quality of care;*
- *to be safe and secure;*
- *to be free from all forms of abuse;*
- *to be free from physical discipline;*
- *to be treated with fairness and dignity;*
- *to be listened to;*
- *to educational opportunities;*
- *to make a complaint regarding any aspect of his/her care;*
- *to individual respect;*
- *to privacy in communication matters, mail and telephone;*
- *to regular access to his/her birth family where court has not ordered other wise;*
- *to be allowed to speak to his/her birth family in private;*
- *to be consulted and to participate in decision making related to his/her placement and care, to the extent of his/her ability;*
- *to individual time each month with the social worker to discuss issues and concerns;*
- *to proper nutrition;*
- *to maintain his/her culture;*
- *to know the details of his/her personal and family circumstances and to assistance in interpreting the implications of this information;*
- *to medical and dental care;*
- *to appropriate clothing;*
- *to appropriate, safe physical space;*
- *to participate in the decision concerning his/her religious affiliation and practice; and*
- *to access their file in accordance with the Freedom of information Act.*

#### **4.4.4 Plan of Care**

Section 31 of the **CYFS Act** sets out the requirements regarding the filing of a plan of care for a child and states:

*31. (1) Not later than 10 days prior to a protective intervention hearing, a director or social worker shall file with the court a written plan for the child and provide a copy to those persons to whom notice of the hearing has been given.*

*(2) Not later than 3 days before the protective intervention hearing those persons to whom a copy of the plan has been given under subsection (1) may respond to the plan and file an alternative written plan with the court and provide a copy to the director or social worker.*

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, commentary at p. 103, states:

*Planning for a child must be comprehensive, action based and continuous throughout the social workers [sic] intervention with the child and/or family. Planning for a child who has been removed from a parent, is a component of the Individual Support Service Plan and must be conducted in partnership with children, parents, significant others, other service providers and the community.*

*When developing a plan, the social worker must identify an [sic] goal which may include one or more of the following:*

- *return to his or her parent;*
- *placement with extended family;*
- *placement within his or her own community;*
- *adoption;*
- *caregiver or residential care; or*
- *independence*

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, commentary at p. 106, states:

*The needs of a child in care must be reviewed at a minimum on a monthly basis. Where a social worker is having an order reviewed by the court, he/she must provide to the court a revised plan which includes an assessment of the child's needs and how those needs have been met.*

*Reviewing the child's plan of care includes the following:*

- *ensuring the plan of care is being followed;*
- *ensuring the decisions made at the previous plan of care meeting or review are implemented;*
- *assessing whether or not the plan of care is effective in achieving the overall goal, especially in relation to the need for stability and attachment with a permanent caregiver or parent;*
- *assessing whether or not the plan of care is meeting the child's needs;*
- *revising the child/youth's plan of care; and*
- *establishing review dates.*

*The child's plan of care may need to be reviewed at various decision making stages while the child is in care and custody of a director.*

#### **4.4.5 Sharing of Information Regarding Children and Youth In Care**

**Section 64.(1) of the CYFS Act** provides for the sharing of information regarding a child or youth to a person providing care as follows:

*Section 64.(1) A director or social worker shall provide information relevant to the care of a child or a youth to a person providing care to or entrusted with the care of the child or youth.*

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, at pp. 93-95, stipulates that the following information must be provided to caregivers on the day in which the child is placed with the caregiver and updated as soon as new information becomes available:

- *the child's full name, date of birth and legal status;*
- *the name of the social worker, location, telephone number and the name and telephone number of the social worker supervisor, as well as information on how to reach a social worker out of hours;*
- *MCP, hospital cards;*
- *reasons for removal and any relevant history;*
- *the child's medical, psychiatric and emotional history, including the name and telephone number of the child's primary doctor;*
- *information on and addresses and/or contact numbers for both parents, siblings, and any family or friends;*
- *information that will assist the caregiver in ensuring the health and safety of any other person in the home, including any health and safety risks posed by the child towards the caregiver or any person in the home;*
- *the child's immediate health needs, such as allergies (particularly life threatening food allergies), required medication, and medical conditions like diabetes and epilepsy;*
- *information that will assist the caregiver in ensuring the child's safety, including the need to protect the child from contact with another person;*
- *information about the day to day care of the child such as, sleeping habits and bed time routine, food preferences and meal time routine;*
- *what to do and whom to notify if the child is lost or runs away;*
- *any special needs*
- *description of the child's personality and behaviour, including coping strategies, fears, likes/dislikes;*
- *any history of abuse or neglect involving the child in previous placements.*

The following information will be provided to the caregiver as soon as possible after the child is placed:

- *current care and/or custody status and future/long term plan;*
- *family visiting/contact schedule;*
- *name of school and grade;*
- *cultural heritage;*
- *any family nicknames;*
- *interests and hobbies;*
- *habits, extra-curricular and special interests;*
- *child development information including physical, social and emotional development;*
- *specific child management approaches that will benefit the child's development based on the child's individual needs;*
- *dental information and outstanding dental needs;*
- *list of upcoming appointments and name of family physician, dentist, specialists, counsellors, etc.;*
- *the child's placement history, including the number of prior placements and the circumstances that led to their disruption or breakdown;*
- *previous experiences in care or in the child's home that may explain the child's attitude towards the caregiver or that may explain personal habits that cause concern or seem unusual;*

- *information on how the child's family has reacted to the child placement, including feelings, attitudes and opinions about the child being removed; and*
- *any other information that will assist the caregiver in responding to the individual needs of the child.*

**Section 64.(2)** provides for the sharing of information regarding a caregiver with a child or youth or the parent of the child or youth as follows:

*Section 64.(2) A director or social worker shall provide relevant information concerning the caregiver of a child or youth to the child or youth and the parent of the child or youth, but may withhold information where, in the opinion of the director or social worker, doing so is in the best interests of the child or youth.*

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, at pp. 96-97, stipulates that all children in the custody of a director must be provided with information concerning the caregiver in a manner that is appropriate to his or her age and development. Parents of children in the custody of a director must also be given information concerning the caregiver of the child. Pre-placement visits by a child and parent where appropriate and possible should be held. On the day in which the child is placed the following must be provided to the child and parents:

- *the name, address and telephone number of the caregiver, unless there are safety concerns;*
- *rules in the caregivers home;*
- *attitudes, feelings regarding children and families needing out of home care;*
- *when and where the visits will take place and if the visits will be supervised;*
- *role of caregiver;*
- *names, ages and occupation of all members in the family, including other children in care;*
- *cultural heritage of the family;*
- *religious affiliation and practice of the family and any considerations for the child, youth in this area;*
- *school and grade of the caregiver's children/youth and general school information about other children in care;*
- *interests and hobbies in which the family regularly participates;*
- *description of the caregivers personality and behaviour;*
- *pets;*
- *if placement is a group home or treatment facility all information regarding location, phone numbers, the mandate of the facility, staffing arrangement and contact person, policies regarding visiting/contact, and rules;*
- *the acceptable standards of care in residential settings;*
- *what the child can expect regarding personal belongings and privacy;*
- *any other information that will assist the child and family in adjusting to the placement;*
- *whether the caregivers are smoking or non-smoking.*

#### **4.4.6 Access**

The impact on children and youth coming into care is a significant disruption in the continuity of relationships with parents, siblings, extended family and other

important people in their lives. Maintaining access with family and significant others assists children and youth in their development and affects their ability to form attachments.

The **CYFS Act** contains provisions regarding access for children and youth In Care and such access must be in keeping with the best interests of the child as required by the Act.

*Section 7.(f) kinship ties are integral to a child's self-development and growth and if a child's safety, health and well-being cannot be assured in the context of the family, the extended family shall be encouraged to care for the child provided that a director can be assured that the child's safety, health and well-being will not be at risk.*

*Section 9.(f) the continuity of a child's relationship with his or her family, including siblings or others with whom the child has a significant relationship.*

There are also provisions in the **CYFS Act** for a judge to grant access to a child or youth as a result of a presentation hearing (Section 33.(6)) or a protective intervention hearing (Section 34.(4)):

*Section 33.(6) When a judge makes an order under this section, the judge may grant a parent, or a person significant to the child, access to the child.*

*Section 34.(4) Where a judge makes an order under paragraph (2)(b), (c) or (d), the judge may grant a parent or a person significant to the child access to the child.*

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999*** stresses the importance of maintaining a child's attachments through visitation with family and significant others. At p. 99 it states:

*Maintaining the child's attachments through visiting is the single best indicator of a child's successful reunification with their family. Also, children who visit have a better sense of well being when compared to those children who do not.*

...

*Visits should take place in the most familiar and least restrictive setting for children. The order of preference should be 1) in the home of the parent; 2) in the home of a relative; 3) in the caregiver home; or 4) some other location deemed appropriate. The visits should be of a duration to maintain the parent/child relationship.*

*Access may occur through court order or by an agreement reached between the social worker, family and child, where appropriate. Access between a child and parent can be facilitated through visitation, phone calls, and/or letter writing.*

#### 4.4.7 Counselling

The CYFS Act contains specific provision for counselling for a child In Care. **Section 66. states:**

*A child who is removed from a person caring for the child shall be entitled to counselling.*

The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, commentary at p. 108, states:

*When a child is removed from the person who is caring for him/her, the emotional and development effects on the child can be devastating. At the time of removal the child cannot understand why he or she is being removed from the person to whom they may have an attachment. It is very important that the social worker explain in full detail why the removal from the care of the person was necessary. Every effort must be made to ensure that the child's questions are answered to his/her satisfaction.*

*This process can be facilitated by the social worker through visiting the child initially when the child is placed and on a regular basis thereafter. The child's social worker must provide supportive counselling to the child and determine any further counselling needs and how they can be best met.*

#### 4.4.8 Special Needs Assessment

The ***Child Welfare Policy and Procedures Manual, 1995***, Reference No. 04-06-03 identifies 12 key areas of possible need for a child In Care. The purpose of the Special Needs Assessment is to determine the level of care a child requires in order to meet their needs. The Assessment is to be completed jointly by the social worker, foster parents and other professionals. The 12 key areas identified are:

- 1.) *Eating;*
- 2.) *Personal Care;*
- 3.) *Socialization;*
- 4.) *Communication;*
- 5.) *Health;*
- 6.) *Behaviour Management;*
- 7.) *Developmental;*
- 8.) *Sexuality;*
- 9.) *Life Skills;*
- 10.) *School/Education;*
- 11.) *Emotional/Psychiatric/Psychological; and*
- 12.) *Family Involvement*

#### 4.4.9 Cultural/Social/Recreational Activities

Children and youth In Care are encouraged to participate in cultural, social, and recreational activities and events to support their overall development and personal growth. The ***Child Welfare Policy and Procedures Manual, 1995***,

Reference No. 04-06-15, outlines the assessment process for social workers with respect to approving the cost of these activities.

#### **4.4.10 Permanency Planning**

As soon as a child is placed in the care of a director, the assigned social worker must proceed with permanency planning which may include reunification with a parent or continuous care of a director. The ***Child, Youth and Family Services Act Standards and Policy Manual, September 1999***, at p. 86, states:

*Permanency planning is the framework for providing services to children, youth, and their families. This framework reflects the basic assumption that all children have a right and a need to have a family environment which will be permanent. All activities must be directed towards every child in care having a permanent family, capable of providing them with nurturance and protection. Permanency planning is also based on the premise that planning must be done in partnership with children, youth and their families, significant others, and the community.*

#### **4.4.11 Custody Review Committee**

Section 76 of the CYFS Act provides for the establishment of a Custody Review Committee in each Region of the Province. **Section 76. of the CYFS Act states:**

*76.(1) Each board shall establish a review committee which shall review annually and report to the board's director on the care of all children in the continuous custody of the director.*

- (2) Each review committee shall be composed of*
- (a) a member of the board;*
  - (b) a parent of a child who is receiving or has received services under this Act or a predecessor Act; and*
  - (c) a member of each appropriate professional discipline employed by the board.*

#### **4.4.12 Life Book**

The ***Child Welfare Policy and Procedures Manual, 1995***, Reference No. 04-05-13, states:

*A Life Book is a record of events and people in a child's life, which forms a permanent part of the child's history.*

*The child's social worker must ensure that the Life Book is to be started and that the child has an opportunity to maintain it. For young children the Life Book is to be maintained by the Foster Parent for each child placed in their home.*

*The Life Book is the property of the child and shall accompany the child if there is a change in placement and when returning home or exiting care. The child must be permitted to make decisions about when and with whom the Life Book is shared.*

*The Life Book shall contain, when and where available, the following:*



- *birth information;*
- *any descriptive infancy/toddler developmental information, experiences or milestones;*
- *any pertinent health facts;*
- *a description/picture of the child's birth parents;*
- *an honest and sensitive description of the situation that precipitated the child's separation from his/her birth family;*
- *a record of court dates and decisions;*
- *letters from the birth family;*
- *a record of significant birth family visits;*
- *names/pictures of foster parents and residences;*
- *any feelings, observations the child wishes to include;*
- *positive achievements, records or mementos;*
- *records of important anniversaries;*
- *photographs, (school and others); and*
- *anything that the child feels is important.*

#### **4.4.13 File Contents**

The ***Child Welfare Policy and Procedures Manual, 1995***, Reference No. 04-05-17 specifies the contents of In Care files.

*The child's file must contain the following information, where applicable:*

- *verification of date of birth;*
- *complete narrative of family social/health history;*
- *initial case plan and follow-up reviews, include dates and any changes;*
- *health care, medical and dental history and reports;*
- *assessment report;*
- *risk assessment form, where appropriate;*
- *Voluntary Care Agreement, if applicable;*
- *Consent to Adoption, if applicable;*
- *Notice of apprehension/detention;*
- *Notice of court hearing;*
- *application to court;*
- *permanent wardship notice, where applicable;*
- *court orders;*
- *Plan of Care;*
- *Placement Information Card(s);*
- *school information, including copies of all progress reports;*
- *Youth Care Agreement(s);*
- *psychological, psychiatric, educational, social and other reports pertaining to the functioning and/or the care of the child;*
- *copy of evaluations made and plans provided by any professionals, school, clinic or hospital service;*
- *copies of visiting plans;*
- *foster care plans and placement review;*
- *copies of expenditures and approvals;*
- *documentation of social worker visits with the child;*
- *consent for release of information;*
- *consent for medical treatment, where applicable;*
- *report of any allegations of abuse made by the child in the foster home and the outcome of any investigation;*

- *M.C.P. number;*
- *immunization records;*
- *application and cancellation for Special Children's Allowance form; and*
- *photograph(s) of children and significant others.*

#### **4.4.14 Termination/Changes In Care**

The ***Child Welfare Policy and Procedures Manual, 1995***, Reference No. 04-05-09 defines the role of the social worker, including their responsibility to case conference, meet individually with the child or youth, provide support to the caregivers and the child or youth during any transitioning process.

The Policy, Reference No. 04-05-09 is as follows:

*The foster care social worker shall meet with the child, the foster family, the birth parents' social worker and, where appropriate, the child's birth family, prior to reunification, termination, change in placement, or a move to an independent living arrangement to discuss the situation and the impending changes. This can be accomplished through a case conference. If this process is used, the minutes of the case conference must be kept and a copy placed in the appropriate files.*

*The foster care social worker shall also meet with the child individually to provide support, address any questions or concerns, and involve the child in the decision-making in relation to his/her care.*

*The foster care social worker shall also support the foster family with the separation and discuss any needs or concerns of the family.*

*The discussions held and the decisions reached must be documented in the appropriate files.*

#### **4.4.15 Role of Social Workers**

The ***Child Welfare Policy and Procedures Manual, 1995***, Reference No. 04-01-03 details the role and function of the social worker as follows:

*The primary functions of a social worker in the foster care program include but are not limited to the following:*

- *to recruit, screen, licence, and train foster parents.*
- *to match a child in care with a placement that meets his/her needs.*
- *to provide foster parents with all information about the child that will enable them to adequately meet the child's and foster family's needs.*
- *to develop, implement and review short-term and long-term individual case plans for children in care.*
- *to conduct monthly visits with the child in care, visits may be in the foster home or some other setting which is comfortable for the child.*
- *to ensure and facilitate contact and visits between the child and birth family on an ongoing basis.*
- *to provide support to the child in care and the foster family.*
- *to identify resources and services to support the child in care and the foster family.*

- *to review the progress of the child with the foster family on a monthly basis.*
- *to ensure that the child receives meals that are sufficiently nutritious and appropriate for him/her, and that he/she is provided with good quality and appropriate clothing.*
- *to ensure that the child receives regular medical and dental care in their home community wherever possible.*
- *to ensure that the child is placed in an appropriate education program.*
- *to initiate monthly contact with the social worker(s) for the parent(s).*
- *to conduct regular case conferences with appropriate professionals, birth parents and foster parents.*
- *to visit and evaluate the foster home on an ongoing basis and discuss any concerns with the foster parents.*
- *to complete the annual review of the foster home for the purpose of renewing the licence.*
- *to facilitate the development of, and ensure access to, ongoing education programs for foster parents.*
- *to identify and address difficulties which may impede the operation of a successful foster care program.*
- *to identify and address gaps in service to children in care and foster parents.*
- *to identify and address placement resources required by children in care.*
- *to ensure that the child is consulted and permitted to express his/her views, to the extent that is practical given his/her developmental level. This includes input into significant decisions which concern him/her, regarding medical treatment, education, religion, and discharge from care, or transfer to another placement.*



## 5.0 DATA COLLECTION

### 5.1 File Review

#### 5.1.1 Description of the File Review Process

On February 29, 2008, letters were sent to each of the four Regional Integrated Health Authorities within the province from the Office of the Child and Youth Advocate (OCYA) requesting that each region forward a list of the following children and youth In Care:

1. children and youth *who were already in the care of a director* in the four Regional Integrated Health Authorities on January 1, 2006 **and** who **were** transitioned during the period January 1, 2006 to December 31, 2006; **and**
2. children and youth *who came into the care of a director* in the four Regional Integrated Health Authorities during the period January 1, 2006 to December 31, 2006 **and** who were subsequently **transitioned** to another placement(s) during this period; **and**
3. children and youth who were in the care or came into the care of a director in the four Regional Integrated Health Authorities during the period January 1, 2006 to December 31, 2006 but who **did not** experience a move during this period.

For the purpose of this Review:

- **“Transition”** includes movement to a relative placement, significant other placement, non-custodial parent placement, foster home(s), group home(s), independent living arrangement(s), alternative living arrangement(s), placement(s) under Youth and Family Services, return to parent/guardian, adoption, out-of-province treatment and residential programs and other.
- **“In Care of a Director”** includes voluntary care, interim custody, temporary custody, continuous custody and extended care under a Youth Care Agreement under the *Child, Youth and Family Services Act*, SNL. 1998, c.C-12.1, s.11.

Upon receiving this information, staff developed a database and assigned an identification number to the files that would be reviewed. The purpose of this identification number was to maintain anonymity and confidentiality.

Beginning in the summer of 2008, staff from the OCYA conducted on-site visits of Child, Youth and Family Services at the four Regional Integrated Health Authorities within the province to review and collect data.

Prior to visiting the regions, staff developed and field tested a data collection guide (see Appendix A). In order to ensure a standardized data collection process, the instrument was used in all regions<sup>1</sup> by the same reviewers.

The information submitted by the regions to the OCYA indicated a total of 716 children and youth were In Care during the year 2006. Of those 716, the regions self-identified 351 children and youth as experiencing a transition in 2006. Seventy-four (74) of the 351 files were subsequently excluded by reviewers as they did not meet the requirements for inclusion in the Review, resulting in 277 files.

Of the 74 files that were excluded from the Review, the reasons included:

- No physical transition had occurred; rather there was a regional transfer of the child or youth or a change in legal status but the child or youth did not move from one placement to another;
- Due to insufficient file information, reviewers were unable to determine if a transition had been experienced by the child or youth; and
- The file did not qualify for the Review because the youth was over the age of 16 at the time he or she transitioned or the transition did not occur in the 2006 calendar year.

Table 1 below provides an overview of the number of files available, reviewed or excluded from review per region.

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<sup>1</sup> All regions excluding the CYFS Innu region. Upon visiting this district, staff spoke with the director and reviewed a sample of the files from 2006 in order to determine whether the instrument developed could be utilized. Based on discussion with the director and a random sampling of the files, it was determined that the data collection instrument could not be utilized given the lack of information contained in the files. Therefore the CYFS Innu region was excluded from the File Review. The Labrador-Grenfell directors, program managers and front-line social workers did participate in an interview via teleconference (see Section 5.2.4).

**Table 1: Overview of Files Available for Review, Excluded From Review, and Reviewed**

Region	Files Reviewed	Files Excluded	Total Files Available
Eastern	154 (56%)	34	188
Central	27 (10%)	5	32
Western	46 (17%)	11	57
Labrador-Grenfell (excluding the CYFS Innu region)	50 (18%)	24	74
<b>Total</b>	<b>277 (101%)</b>	<b>74</b>	<b>351</b>

\*not all percentages total 100 due to rounding

A Regional breakdown of the files excluded from the Review is presented in the Table 2 below:

**Table 2: Regional Distribution of Files Excluded From the Review**

Region	No physical transition occurred	Unable to determine transition	File did not qualify for Review	Total
Eastern	14	8	12	34 (46%)
Central	2	2	1	5 (7%)
Western	6	2	3	11 (15%)
Labrador/Grenfell (excluding the CYFS Innu region)	8	8	8	24 (32%)
<b>Total</b>	<b>30</b>	<b>20</b>	<b>24</b>	<b>74 (100%)</b>

### 5.1.2 Outcome of File Review

Upon completing data collection, information was entered into a statistical package for the social sciences (SPSS) database. An overall provincial analysis as well as a regional analysis was conducted.

This section of the report is broken into two sub-sections. Section 5.1.2a contains an analysis of the data collected from the 277 files reviewed in the four regions of the province. Section 5.1.2b contains an analysis of the 400 transitions that were experienced by the 277 children and youth.

### **5.1.2a File Analysis (n = 277)**

Of the 277 files reviewed, 208 (75%) indicated that the child or youth had experienced one transition in 2006 while 69 files (25%) indicated that the child or youth had experienced two or more transitions within this time period. The calculated average number of transitions was 1.44, with a minimum of 1 and maximum of 10.

The following demographic information was recorded:

- 149 (54%) of the children and youth were male and 128 (46%) were female;
- Ages ranged from less than a year to 16 years of age with an average age of 9.94 years; and
- 156 (56%) of the children and youth were already In Care in 2006 while 121 (44%) came into care in 2006.

### **Documentation**

A **Life Book** is a record of events and people in the life of a child or youth which forms a permanent part of their history. Of the 277 files reviewed, 27 files (10%) referenced or documented information related to the Life Book of the child or youth.

The **Special Needs Assessment** is used to determine the level of care a child or youth requires in order to meet their needs. Reviewers found Special Needs Assessments in 75 of the 277 (27%) of files reviewed (3 files were not included in this calculation due to the developmental age of the child and were marked “not applicable” for this question by the reviewers).

The **Individual Support Services Plan (ISSP)** is used for permanency planning and identifying the services required for the child or youth In Care. An ISSP was found in 66 of the files reviewed (24%). In 34 files the children were not of developmental age and did not have documented special needs. These files were marked “not applicable” for this question by the reviewers. One hundred and seventy-seven (177) files (64%) contained no documentation with respect to an ISSP.

### **Professional Services**

Of the 277 files reviewed, there was documentation in the file which indicated that 205 children and youth (74%) required professional services; 49 files (18%) indicated that the child or youth did not require these services; and 23 files (8%) contained no documentation regarding professional services.



Of the 205 children and youth identified as requiring professional services, file documentation indicated that 182 children and youth (89%) had access to the required services; 21 (10%) did not have access to the required services; and 2 of the files (1%) contained no documentation to indicate whether or not the child or youth had access to the services.

***Legal Status – Care and Custody in 2006***

Table 3 illustrates the legal status in 2006 of the 277 children and youth whose files were reviewed:

**Table 3: Legal Status of Children and Youth In Care in 2006**

Temporary Custody Order	137 (49%)
Continuous Custody Order	53 (19%)
Voluntary Care Agreement	58 (21%)
Interim Custody Order	26 (9%)
Youth Care Agreement	1 (<1%)
<b>Not Documented</b>	<b>2 (&lt;1%)</b>
Total	100 (99%)

*Total percentages may not equal 100% due to rounding*

***Social Worker Involvement***

Reviewers recorded the number of social workers that were listed on the **CRMS notes** in each file for the calendar year 2006 (January 1, 2006 to December 31, 2006). There was a minimum of 1 social worker assigned to each file; however, in some cases as many as 16 social workers were assigned to a file in the one year period reviewed. The calculated average number of social workers assigned to a file from January 1, 2006 to December 31, 2006 was 3.49.

Complete CRMS notes (entry every month) were found in 196 (71%) of the 277 files, while CRMS notes with gaps in monthly documentation were found in 75 (27%) of the files. Six files (2%) contained no CRMS notes.

***5.1.2b Transition Analysis (n = 400)***

***Current Status and Reason for Transition***

Four hundred (400) transitions were experienced by the 277 children and youth whose files were reviewed. Reviewers recorded the initial placement of each child or youth prior to transitioning as follows:

**Table 4: Initial Placement of Child or Youth Prior to Transitioning**

Relative	17 (4%)
Significant Other	5 (1%)
Caregiver	272 (68%)
Adoption	3 (1%)
Group Home	23 (6%)
ILA	17 (4%)
ALA	10 (2.5%)
Out of Province	10 (2.5%)
Emergency Placement Unit	43 (11%)
<b>Total</b>	<b>400 (100%)</b>

Of the 10 transitions where the initial placement was Out of Province, 6 had Out of Province Protocol while 4 did not.

Reviewers recorded where the children and youth transitioned to as follows:

**Table 5: Type of Placement Following Transition**

Home	131 (33%)
Non-Custodial Parent	5 (1%)
Relative	22 (6%)
Significant Other	8 (2%)
Caregiver	145 (36%)
Adoption	12 (3%)
Group Home	25 (6%)
ILA	13 (3%)
ALA	6 (1.5%)
Out of Province	6 (1.5%)
Youth Care Agreement	2 (1%)
Emergency Placement Unit	20 (5%)
Other	5 (1%)
<b>Total</b>	<b>400 (100%)</b>

“Other” category includes:

- Residential treatment facility (n = 1);
- Custodial parent (n = 2);
- Family home of a friend (n = 1); and
- Emergency shelter (n = 1).

Of the 6 transitions where the second placement was Out of Province, 5 had an Out of Province Protocol while 1 did not.

The reasons for the transitions are listed below:

**Table 6: Rationale for Transition of Child or Youth**

Return to Parent	121	(30%)
Placed with Relative	20	(5%)
Placed with Significant Other	4	(1%)
Child or Youth Requested Move	11	(3%)
Aged Out of Care	12	(3%)
Placement to Increase Contact with Siblings	4	(1%)
Placement to Increase Contact with Relatives	4	(1%)
Placement Closer to Required Professional Services	1	(<1%)
Behaviours Could Not be Managed	51	(13%)
Caregiver Relocation	4	(1%)
Caregiver Illness	1	(<1%)
Allegation Against Caregiver	16	(4%)
Child or Youth was Adopted	12	(3%)
The Initial Placement was Temporary/Short Term	45	(11%)
Placement Broke Down	16	(4%)
Caregiver Requested Move	17	(4%)
Other	41	(10%)
<b>Not documented</b>	<b>20</b>	<b>(5%)</b>
<b>Total</b>	<b>400</b>	<b>(99%)</b>

\*not all percentages total 100 due to rounding

“Other” category includes:

- Obtain long-term/stable placement (n = 5);
- Placed in open-custody group home (n = 2);
- Specialized/therapeutic treatment required (n = 4);
- Return to previous caregiver following investigation (n = 1);
- Caregiver emergency (n = 2);
- Placement at group home expired (n = 4);
- Siblings required separation to achieve stable placements (n = 3);
- No provincial placement options available (n = 1);
- Insufficient living space at current placement (n = 5);
- Voluntary Care Agreement terminated/withdrawn (n = 2);
- Concerns regarding the quality of care at current placement (n = 1);
- Interim placement (n = 1);
- Non-custodial parent obtained custody (n = 2);
- Safety concerns for youth in area of town/city (n = 2);
- Return to province of origin (n = 2);
- Court-ordered move (n = 2); and
- Adoption breakdown (n = 2).

In some cases there was more than one reason documented for the transition. When more than one reason was documented, reviewers recorded the most prevalent reason as the primary reason (see above) and recorded any additional

reasons as secondary. Of the 62 cases where more than one reason was documented, the secondary reasons were recorded as follows:

**Table 7: Secondary Rationale for Transition of Child or Youth**

Behaviours could not be Managed	4 (7%)
Caregiver Relocation	1 (2%)
Allegation against Caregiver	1 (2%)
Voluntary Care Agreement Expired	6 (10%)
Temporary Order Expired	2 (3%)
Placement Broke Down	37 (60%)
Caregiver Requested Move	3 (5%)
Other	8 (13%)
<b>Total</b>	<b>62 (102%)</b>

\*not all percentages total 100 due to rounding

“Other” category includes:

- Concerns regarding the quality of care at current placement (n = 2);
- Obtain long-term/stable placement (n = 2);
- Specialized/therapeutic treatment required (n = 2);
- Adoption breakdown (n = 1); and
- Voluntary Care Agreement withdrawn/terminated (n = 1).

*Behaviours could not be Managed* (n = 55) was recorded as the reason for 55 transitions. Of these 55 transitions, 17 files contained no documentation indicating that supports were provided. Reviewers recorded that the following supports were provided for 38 of these 55 transitions:

**Table 8: Supports Provided for Children and Youth Whose Unmanageable Behaviours Prompted the Transition**

<b>Support</b>	<b>Transitions ( n=55)</b>
No support documented	17 (31%)
Social Work for Caregiver	1 (2%)
BMS	26 (47%)
Anger Management	4 (7%)
Psychiatric	10 (18%)
Respite	3 (5%)
Counselling	11 (20%)
Play Therapy	1 (2%)
Mental Health Counselling	2 (4%)
Adolescent Group Counselling	1 (2%)

\*percentages do not total 100 as more than one support could be provided per transition

## Transition Planning

A **Plan of Care** must be developed for all children and youth In Care and must be reviewed on a monthly basis and, as well, at various decision-making stages, such as a transition, while the child or youth is In Care. Reviewers found that the Plan of Care was updated in 82 of the 400 transitions (21%).

Tables 9-14 below present the data for the 400 transitions with respect to transition planning and extent to which the child or youth was provided information about the move.

**Table 9: When the Child or Youth Was Advised of the Transition**

Prior to the move (advised one day or more prior to the move)	148 (37%)
On the day of the move	46 (12%)
No prior notification	24 (6%)
<b>Not documented</b>	<b>117 (29%)</b>
Not applicable – child too young to be notified/advised of move <sup>2</sup>	64 (16%)
Not applicable – child/youth moved him/herself	1 (<1%)
<b>Total</b>	<b>400 (100%)</b>

**Table 10: Person Who Advised the Child or Youth of the Transition**

Social Worker	149 (37%)
Caregiver	10 (3%)
Social Worker and Caregiver	16 (4%)
Social Worker and Parent	2 (1%)
Parent	4 (1%)
EPU Staff	3 (1%)
Judge/Court Ordered	1 (<1%)
Child/youth requested move	20 (5%)
<b>Not documented</b>	<b>130 (33%)</b>
Not applicable – child too young to be notified/advised of move <sup>3</sup>	64 (16%)
Not applicable – child/youth moved him/herself	1 (<1%)
<b>Total</b>	<b>400 (101%)</b>

\*not all percentages total 100 due to rounding

<sup>2</sup> Reviewers noted that most children under the age of 4 were not advised of the move as they were not of developmental age to comprehend.

<sup>3</sup> See Footnote 2.

**Table 11: Individual Who Provided Information to Child or Youth Who Was Advised of the Transition**

Social Worker	138 (71%)
Caregiver	10 (5%)
Parent	7 (4%)
Social Worker and Caregiver	18 (9%)
Social Worker and Parent	3 (2%)
EPU Staff	3 (2%)
Judge/Court Ordered	1 (1%)
Child/youth requested/advised of the move	2 (1%)
<b>Not documented</b>	<b>6 (3%)</b>
<b>Total</b>	<b>194 (98%)</b>

\*not all percentages total 100 due to rounding

**Table 12: Method of Communicating About the Transition**

Face-to-Face Meeting	161 (83%)
Telephone	10 (5%)
Face-to-Face Meeting and Telephone	2 (1%)
In Court	1 (1%)
<b>Not documented</b>	<b>18 (9%)</b>
Not applicable – child/youth moved him/herself without planning/discussion	2 (1%)
<b>Total</b>	<b>194 (100%)</b>

**Table 13: Was Information Provided to the Child or Youth About the Transition?**

Yes	177 (91%)
<b>Not documented</b>	<b>15 (8%)</b>
Not applicable – child/youth moved him/herself without planning/discussion	2 (1%)
<b>Total</b>	<b>194 (100%)</b>

**Table 14: Type of Information Provided to the Child or Youth Who Was Provided Information About the Transition**

<b>Information</b>	<b>Transitions ( n=177)</b>
Reason for the transition	67 (38%)
Access to family and friends	18 (10%)
Staying in the community	10 (6%)
Attending the same school	10 (6%)
Same extracurricular activities	4 (2%)
Other information	142 (80%)

\*percentages do not total 100 as more than one type of information could be provided

“Other Information” category includes:

- Details of the new placement (n = 65);
- Expectations of new placement including chores and rules (n = 19);
- Details and options regarding a Youth Services Agreement (n = 5);
- Supports available for the child or youth at new placement (n = 19);
- Pre-placement visits and supports (n = 6);
- Details of adoption (n = 5);
- Details of the treatment facility (n = 2);
- Details of behavioural plan (n = 1);
- Details of safety plan (n = 2);
- Details of transitioning process (n = 5);
- Details regarding contact with previous caregiver (n = 4);
- Details of open-custody sentence (n = 1);
- Change of social workers (n = 1);
- Plans and goals for the child or youth (n = 6); and
- Changes to the legal status of the child or youth (n = 1).

### ***Participation of Children and Youth in Transitions***

Children and youth have a right to be consulted and to participate in decision making related to their placement and care. Of the 400 transitions, 180 transitions (45%) occurred with no child or youth participation; 106 transitions occurred with participation by the child or youth (26.5%); and the remaining 114 transitions have no file documentation regarding participation by the child or youth (28.5%).

Table 15 illustrates the type of participation by children and youth who did participate in their own transition process.

**Table 15: Type of Participation by Children and Youth Who Did Participate in Their Transition Process**

<b>Transition Participation</b>	<b>Transitions ( n=106)</b>
Meetings with present caregiver	13 (12%)
Meetings with future caregiver	30 (28%)
Meetings with social worker and/or program manager	88 (83%)
Case conference with other professionals	14 (13%)
Other	33 (31%)

percentages do not total 100 as more than one type of participation was possible

“Other” category includes:

- Developing a behavioural plan (n = 2);
- Meetings with support professionals (n = 1);
- Meetings to discuss the child or youth’s request to move (n = 6);
- Meetings with family members and/or significant others (n = 13);
- Pre-placement visits (n = 6);
- Pre-adoption visits (n = 2); and
- Developing a safety plan (n = 3).

Reasons for the lack of child or youth participation in the transition, as documented for the 180 transitions that lacked this participation, are noted in Table 16.

**Table 16: Reasons for Lack of Child or Youth Participation in the Transition Process**

<b>Reasons Documented</b>	<b>Transitions (n=180)</b>
Emergency situation so no planning occurred	56 (31%)
Child not of developmental age to participate	100 (56%)
Court Ordered	8 (4%)
Current placement was temporary and plan already in place for move to actual placement (pre-planned before initially placed)	16 (9%)
<b>Total</b>	<b>180 (100%)</b>

For each transition, reviewers recorded whether the child or youth moved with his/her personal belongings (Table 17).

**Table 17: Frequency of Personal Belongings Accompanying Children and Youth When They Moved**

Yes	148 (37%)
No	15 (4%)
Moved with some items but received other items at a later time	13 (3%)
<b>Not documented</b>	<b>224 (56%)</b>
<b>Total</b>	<b>400 (100%)</b>

If the child or youth did not move with his/her personal belongings (n = 15) or he/she did move with some but not all of his/her personal belongings (n = 13) (for a total of n = 28), reviewers recorded whether it was days, weeks, months, etc., when they received their belongings (Table 18). When the child or youth did not move with his/her personal belongings (n = 15), the average number of days he/she had to wait was 3.73.



**Table 18: Length of Time Child or Youth Waited to Receive Personal Belongings Which Did Not Accompany Them When They Moved**

Days	14 (50%)
Weeks	1 (4%)
Not to date	2 (7%)
<b>Not documented</b>	<b>11 (39%)</b>
Total	28 (100%)

### ***Supports for Transitioning***

For each transition, reviewers recorded the number and type of supports provided to the child or youth pre-transition, transition and post-transition (Table 19).

**Table 19: Supports Provided to the Child or Youth, Pre-Transition, During Transition or Post Transition**

	Minimum Number of Supports	Maximum Number of Supports	Average Number of Supports
Pre-Transition	1	5	1.55
During Transition	1	4	1.38
Post-Transition	1	7	1.42

### Pre-Transition Supports for Children and Youth

Fifty-five of 400 transitions (14%) had no documentation regarding any pre-transition supports provided to the children and youth. Pre-transition supports were not applicable in 24 transitions completed on an emergency basis. Table 20 details the types of pre-transition supports provided for the remaining 321 transitions. As noted above, more than 1 type of support could be provided per transition.

**Table 20: Pre-Transition Supports Provided to Children and Youth**

<b><i>Pre-Transition Supports for the Child or Youth</i></b>	<b>Occurrences (n=321)</b>
Social Work	321 (100%)
Counselling	22 (7%)
Psychiatric	5 (2%)
Medical	3 (1%)
Financial	0
Family	49 (15%)
Previous Caregiver	44 (14%)
Other Supports	53 (17%)

“Other Supports” category includes:

- Legal (n = 1);
- Future caregiver (n = 13);
- Respite (n = 2);
- Mental Health Counsellor (n = 2);
- Group home staff (n = 9);
- Community Behavioural Services Program (n = 1);
- Registered Nurse (n = 1);
- ILA/ALA staff (n = 1);
- Family therapy (n = 1);
- Child and Youth Advocate (n = 2);
- Adoptive parents (n = 6);
- Foster siblings (n = 2);
- Child Management Specialist (n = 1);
- Family Support Program (n = 1);
- Behaviour Management Specialist (n = 7);
- Guidance Counsellor (n = 2); and
- Friends’ family (n = 1).

During Transition Supports for Children and Youth

One hundred and thirty-three of the transitions (33%) had no documentation regarding any transition supports provided to the children and youth. Transition supports were not applicable in 1 transition completed on an emergency basis. Transition supports provided in the remaining 266 transitions are outlined in Table 21:

**Table 21: Supports Provided To Children and Youth During Transition**

<b><i>During Transition Supports for the Child or Youth</i></b>	<b>Occurrences (n= 266)</b>
Social Work	244 (92%)
Counselling	3 (1%)
Psychiatric	2 (<1%)
Medical	1 (<1%)
Financial	0
Family	38 (14%)
Previous Caregiver	41 (15%)
Other Supports	39 (15%)

“Other supports” category includes:

- Legal (n = 1);
- Future caregiver (n = 4);
- Sibling’s caregiver (n = 2);
- Guidance Counsellor (n = 2);

- Parent coach (n = 3);
- Group home staff (n = 8);
- RCMP (n = 2);
- Custodial parent (n = 2);
- Behaviour Management Specialist (n = 5);
- Family friends (n = 3);
- Past caregivers (n = 3);
- Daycare staff (n = 1);
- 24-hour supervision (n = 1);
- School staff (n = 1); and
- Support Worker (n = 1).

### Post-Transition Supports for Children and Youth

Sixty-six transitions (17%) had no documentation regarding supports the children and youth received post-transition. Post-transition supports provided in the remaining 334 transitions are shown in Table 22.

**Table 22: Post Transition Supports Provided to Children and Youth**

<b><i>Post-Transition Supports for the Child or Youth</i></b>	<b>Occurrences (n= 334)</b>
Social Work	330 (99%)
Counselling	20 (6%)
Psychiatric	10 (3%)
Medical	3 (1%)
Financial	2 (1%)
Family	32 (10%)
Previous Caregiver	36 (11%)
Other Supports	44 (13%)

“Other supports” category includes:

- “Big Brothers” -type support (n = 1);
- Respite (n = 3);
- ALA/ILA staff (n = 2);
- Sibling’s caregiver (n = 2);
- Guidance Counsellor (n = 4);
- Behaviour Management Specialist (n = 10);
- Addictions counselling (n = 1);
- Mental health counselling (n = 1);
- Group home staff (n = 8);
- Family Support Program (n = 2);
- Home Visitor Program (n = 5);
- St. Francis Foundation (n = 1);
- Educational Psychologist (n = 1);

- Tutor (n = 1);
- Daycare staff (n = 1); and
- Friends' family (n = 1).

### Transition Supports Provided to Previous Caregivers

For each transition, reviewers recorded the number and type of supports provided pre-transition, transition and post-transition to the previous caregiver(s), as outlined in Table 23.

**Table 23: Supports Provided to Previous Caregivers**

	Minimum Number of Supports	Maximum Number of Supports	Average Number of Supports
Pre-Transition	1	2	1.07
During Transition	1	2	1.03
Post-Transition	1	2	1.10

#### Pre-Transition Supports for Previous Caregiver(s)

Fifty-two of the transitions (13%) had no documentation regarding any pre-transitioning supports provided to the previous caregiver(s).

Pre-transition supports were not applicable for 11 transitions completed on an emergency basis. A further 91 transitions were deemed not to be applicable because the child or youth was residing in an ALA, ILA, group home or EPU.

The pre-transition supports for previous caregiver(s) provided in the remaining 246 transitions are presented in Table 24.

**Table 24: Pre-Transition Supports Provided to Previous Caregivers**

<b><i>Pre-Transition Supports for the Previous Caregivers</i></b>	<b>Occurrences (n= 246)</b>
Social Work	246 (100%)
Counselling	0
Psychiatric	0
Medical	0
Financial	0
Family	5 (2%)
Future Caregiver	2 (1%)
Other Supports	10 (4%)

“Other supports” category includes:

- Respite (n = 6);
- Community Behavioural Services Program (n = 1);
- Debriefing session (n = 1);
- Support Worker (n = 1); and
- Behaviour Management Specialist (n = 1).

#### During Transition Supports for Previous Caregiver(s)

One hundred and eighty-nine of the transitions (47%) had no documentation regarding any transition supports provided to the previous caregiver(s).

Transition supports were not applicable for 1 transition completed on an emergency basis. A further 91 transitions were deemed not to be applicable because the child or youth was residing in an ALA, ILA, group home or EPU.

The transition supports provided for previous caregiver(s) in the remaining 119 transitions are outlined in Table 25.

**Table 25: Supports Provided to Previous Caregivers During Transition**

<b><i>During Transition Supports for Previous Caregivers</i></b>	<b>Occurrences (n= 119)</b>
Social Work	119 (100%)
Counselling	0
Psychiatric	0
Medical	0
Financial	0
Family	2 (2%)
Future Caregiver	1 (1%)
Other Supports	0

#### Post-Transition Supports for Previous Caregiver(s)

Two hundred and fifty-nine of the transitions (65%) had no documentation regarding any post-transition supports provided to the previous caregiver(s).

Post-transition supports were provided for 91 transitions that were deemed not to be applicable because the child or youth was residing in an ALA, ILA, group home or EPU.

The post-transition supports provided to previous caregiver(s) in the remaining 50 transitions are shown in Table 26.

**Table 26: Supports Provided to Previous Caregivers Post Transition**

<b>Post-Transition Supports for Previous Caregivers</b>	<b>Occurrences (n= 50)</b>
Social Work	50 (100%)
Counselling	0
Psychiatric	0
Medical	0
Financial	0
Family	1 (2%)
Future Caregiver	2 (4%)
Other Supports	2 (4%)

“Other supports” category includes:

- Debriefing session (n = 1); and
- Adoptive parents (n = 1).

### **Supports Provided to Prospective Caregivers**

For each transition, reviewers recorded the number and type of supports provided pre-transition, transition and post-transition to the prospective caregiver(s). Table 27 provides a range for the number of supports provided.

**Table 27: Supports Provided to Prospective Caregivers**

	Minimum Number of Supports	Maximum Number of Supports	Average Number of Supports
Pre-Transition	1	4	1.34
During Transition	1	3	1.21
Post-Transition	1	4	1.30

### Pre-Transition Supports for Prospective Caregiver(s)

One hundred and twenty-five of the transitions (31%) had no documentation regarding any pre-transitioning supports provided to the prospective caregiver(s).

Pre-transition supports were deemed not to be applicable for 75 transitions because the child or youth was residing in an ALA, ILA, group home or EPU.

The pre-transition supports provided to prospective caregiver(s) in the remaining 200 transitions are shown in Table 28.

**Table 28: Pre-Transition Supports Provided to Prospective Caregivers**

<b><i>Pre-Transition Supports for Prospective Caregivers</i></b>	<b>Occurrences (n= 200)</b>
Social Work	196 (98%)
Counselling	12 (6%)
Psychiatric	0
Medical	0
Financial	1 (1%)
Family	4 (2%)
Previous Caregiver	33 (17%)
Other Supports	22 (11%)

“Other supports” category includes:

- Parent Coach (n = 11);
- Parenting classes (n = 2);
- Baby and Me Program (n = 1);
- Home Visitor Program (n = 1);
- Family therapy (n = 1);
- Child Management Specialist (n = 1);
- Family Support Program (n = 1);
- Behaviour Management Specialist (n = 3); and
- Group home staff (n = 1).

During Transition Supports for Prospective Caregiver(s)

One hundred and twenty-one of the transitions (30%) had no documentation regarding any transition supports provided to the prospective caregiver(s).

Transition supports were deemed not to be applicable for 75 transitions because the child or youth was residing in an ALA, ILA, group home or EPU.

The transition supports provided to prospective caregiver(s) in the remaining 204 transitions are listed below in Table 29.

**Table 29: Supports Provided to Prospective Caregivers During Transition**

<b><i>During Transition Supports for Prospective Caregivers</i></b>	<b>Occurrences (n= 204)</b>
Social Work	197 (97%)
Counselling	4 (2%)
Psychiatric	0
Medical	0
Financial	0
Family	9 (4%)
Previous Caregiver	26 (13%)
Other Supports	11 (5%)

“Other supports” category includes:

- Parent coach (n = 3);
- RCMP (n = 2);
- Group home staff (n = 3); and
- Family friends (n = 3);

Post-Transition Supports for Prospective Caregiver(s)

Sixty-two of the transitions (16%) had no documentation regarding any post-transition supports provided to the prospective caregiver(s).

Post-transition supports were deemed not to be applicable for 75 transitions because the child or youth was residing in an ALA, ILA, group home or EPU.

The transition supports provided to prospective caregiver(s) in the remaining 263 post-transitions are noted in Table 30.

**Table 30: Supports Provided to Prospective Caregivers Post Transition**

<b><i>Post- Transition Supports for Prospective Caregivers</i></b>	<b>Occurrences (n= 263)</b>
Social Work	262 (100%)
Counselling	10
Psychiatric	0
Medical	0
Financial	0
Family	14 (5%)
Previous Caregiver	28 (11%)
Other Supports	28 (11%)

“Other supports” category includes:

- Parent Coach (n = 9);
- Respite (n = 4);



- Sibling’s caregiver (n = 2);
- Guidance Counsellor (n = 1);
- Support Worker (n = 1);
- Behaviour Management Specialist (n = 1);
- Group home staff (n = 4);
- Home Visitor Program (n = 5); and
- Child and Youth Advocate (n = 1).

### ***Changes as a Result of Transition***

For each transition, reviewers recorded changes experienced by the child or youth as a result of the move. These findings are presented below in Tables 31-37.

**Table 31: Change in Education as a Result of the Transition**

<b>Type of Change Experienced</b>	<b>Number of Transitions</b>
No change	125 (31%)
New school	80 (20%)
Child/youth did not attend school	36 (9%)
Not applicable – child too young to attend school	99 (25%)
<b>Not documented</b>	<b>60 (15%)</b>
<b>Total</b>	<b>400 (100%)</b>

**Table 32: Change in Sibling Contact as a Result of the Transition**

<b>Type of Change Experienced</b>	<b>Number of Transitions</b>
Yes, change in contact (increased)	37 (9%)
Yes, change in contact (decreased)	17 (4%)
Yes, change in contact (increased with some, decreased with others)	5 (1%)
Increased with some, no change in contact with others	6 (2%)
Decreased with some, no change in contact with others	6 (2%)
No change	217 (54%)
No siblings	34 (9%)
Not recommended	1 (<1%)
<b>Not documented</b>	<b>77 (19%)</b>
<b>Total</b>	<b>400 (100%)</b>

**Table 33: Change in Family Contact as a Result of the Transition**

Type of Change Experienced	Number of Transitions
Yes, change in contact (increased)	170 (43%)
Yes, change in contact (decreased)	10 (3%)
Yes, change in contact (increased with some family members, decreased with others)	11 (3%)
No change	153 (38%)
Not recommended	20 (5%)
<b>Not documented</b>	<b>36 (9%)</b>
Total	400 (101%)

\*not all percentages total 100 due to rounding

**Table 34: Change in Contact with Previous Caregiver as a Result of the Transition**

Type of Change Experienced	Number of Transitions
Decreased but maintained some contact	60 (15%)
Decreased and not sure if contact maintained	244 (61%)
Not applicable – no previous caregiver	91 (23%)
<b>Not documented</b>	<b>5 (1%)</b>
Total	400 (100%)

**Table 35: Change in Contact with Previous Foster Siblings as a Result of the Transition**

Type of Change Experienced	Number of Transitions
Decreased but maintained some contact	9 (2%)
Decreased and not sure if contact maintained	80 (20%)
No foster siblings	136 (34%)
<b>Not documented</b>	<b>175 (44%)</b>
Total	400 (100%)

**Table 36: Change in Access to Required Professional Services as a Result of the Transition**

Type of Change Experienced	Number of Transitions
Yes, change in access (increased)	13 (3%)
Yes, change in access (decreased)	6 (2%)
No change in access	237 (59%)
No need for professional services identified	56 (14%)
<b>Not documented</b>	<b>88 (22%)</b>
Total	400 (100%)

**Table 37: Changes in Terms of Legal Siblings Being Separated or Reunited**

<b>Type of Change Experienced</b>	<b>Number of Transitions</b>
Separated	12 (3%)
Reunited	29 (7%)
Separated from one or more siblings but reunited with others	4 (1%)
Separated from one or more siblings but no change with others	6 (2%)
Reunited with one or more siblings but no change with others	6 (2%)
No siblings	34 (9%)
No change	273 (68%)
<b>Not documented</b>	<b>36 (9%)</b>
<b>Total</b>	<b>400 (101%)</b>

\*not all percentages total 100 due to rounding

### ***Information Requirements***

Of the 400 transitions reviewed to determine if information regarding the transition was provided to **previous caregiver(s)**, 91 transitions (23%) were deemed not applicable as the child or youth was transitioned from a group home, ILA, ALA or EPU.

In the applicable 309 transitions, the previous caregiver(s) were provided information regarding the child or youth after he/she transitioned in 77 transitions (25%). There was no documentation regarding information provided to the previous caregiver(s) in the remaining 232 transitions (75%).

Of the 400 transitions reviewed to determine if information regarding the previous caregiver(s) was provided to the **child or youth**, 163 transitions (41%) were deemed not applicable as the child or youth was transitioned from a group home, ILA, ALA or EPU or was not of a developmental age to receive information about the previous caregiver(s).

In the applicable 237 transitions, the child or youth was provided information regarding the previous caregiver(s) in 37 transitions (16%). There was no documentation regarding information provided to the child or youth regarding the previous caregiver(s) in 198 transitions (84%). Documentation indicates that information was not provided to the child or youth regarding the previous caregiver(s) in the remaining 2 transitions.

Of the 400 transitions reviewed, information regarding the transition was provided to the **birth parent(s)** in 293 transitions (73%). Documentation indicates that no information was provided to the birth parent(s) in 35 transitions (15 of these transitions involved adoption of the child or youth). There was no documentation

regarding information provided to the birth parent(s) in the remaining 72 transitions (18%).

## 5.2 Key Informants

In order to gain as complete a picture as possible, the file review was supplemented with information from key informants who would be able to provide context and greater detail around some of the findings from the file review. In-person interviews were held with 28 children and youth In Care who had experienced transitions. Written questionnaires were completed by eight caregivers and board members of the NL Foster Families Association. An in-person interview was held with the Executive Director of the NL Foster Families Association. Teleconference interviews were held with regional directors, program managers and front-line social workers from the four Regional Integrated Health Authorities. The Department of Health and Community Services provided a written response to questions posed by the OCYA.

### 5.2.1 Children and Youth In Care

A total of 28 children and youth In Care from across the province were interviewed; 17 from the Eastern region, 3 from Central, 3 from Western and 5 from Labrador. An interview guide containing questions regarding the transitioning experiences of the children and youth was utilized. The guide is contained in Appendix B. The children and youth were told they would be asked every question but that they had the right to refuse to respond if they felt inclined to do so.

The average age of the children and youth interviewed was 15 years, with ages ranging between 12 and 18 years. The children and youth were asked at what age they came into care and all but one provided an answer. The calculated average age was 10.5 years with some coming into care as early as 6 months of age and others coming into care at 15 years of age. The children and youth were also asked how many times they moved while they were In Care. The answer to this question was straightforward for some but not for others. Responses ranged from 1 move to 23 moves but some of the children and youth were unable to provide an accurate number. These 28 children and youth, collectively, recalled a minimum of 133 transitions while In Care, with one youth stating that ***there were too many to count***.

The questions posed to the children and youth requested details for each move they had experienced; however, this was not always possible. Therefore, in some instances, the answers provided were an overview of their entire experience as opposed to specific details of each experience. Direct quotes from children and youth provided below are presented in bold italics.

Reasons provided by children and youth for their transitions were similar and included:

- Moved to be closer to his/her family;
- Child or youth needed treatment;
- Caregivers left the province;
- Child or youth was placed with a relative; and
- Child or youth experienced abuse in the caregiver home.

In addition, the three most prevalent reasons as to why the child or youth had to move included:

- Caregiver placement no longer available;
- Behaviours of the child or youth resulted in placement breakdown; and
- Long term placement became available.

The self-reported behaviours of the children and youth that resulted in transitioning included the following:

- Running away from caregiver home;
- Displaying anger and attitude towards the caregiver and family;
- Fighting with legal and/or foster siblings;
- Engaging in high risk activities such as smoking, drinking and using drugs; and
- Making threats against the caregiver and family.

Some of the children and youth chose not to answer this question and others reported they could not remember the reasons for their moves while in care.

When asked who told them they were moving and what information they received about the move, some children and youth could not remember who told them or what they were told. Of those who could remember, the most frequently reported informants were the social worker and caregiver. Other informants included:

- Community worker;
- Group home or EPU staff;
- Parent;
- Judge; and
- Doctor.

One youth reported he was not informed of the move as he had requested to be moved from the current placement.

Some children and youth reported being told they were moving with no other information provided while other children and youth reported being given information such as:

- The reason for the move;
- Where they were moving and who would be caring for them;
- When they would be moving; and
- Details of the new placement.

There appears to be no consistency with respect to the amount of notice that was provided to the children and youth prior to each move. Responses indicate that with each move the child or youth received notice at varying times. There are reports of children and youth being notified a day, a few days, a week, a few weeks and a month prior to the move. **However, most frequently the children and youth reported being told on the day of the move, some just hours before the move actually took place.**

“No” was the most common response when asked if the children and youth had participated in any discussion or had a say in any of the decisions regarding their transitions. Of the 28 children and youth interviewed, 19 reported that they did not participate in their transitions; 7 reported that they did participate; and 2 reported that they could not remember.

“Yes” was the most common response when asked if the children and youth believed they had the right to be involved in decisions regarding their transitions. Of the 28 children and youth interviewed, 26 reported that they felt they had the right to be involved and to participate in their transitions; 1 youth did not know; and 1 did not answer. Several children and youth reported they felt they should be included so that they could be matched with caregivers, provide input on the new placement, and be prepared for the actual move:

***Every kid should know what is going to happen to them.***

When asked what services and supports they received before, during and after their move(s), the children and youth stated that there was little or no notice given and they did not receive any services and supports before the moves. In terms of what supports they received during and after the moves, the most frequently reported support came from social workers.

If the children and youth transitioned from a caregiver home, they were asked if contact was maintained with the previous caregiver(s) after the move. The responses to this question were split with approximately half of the children and youth stating there was no contact after the move and the other half stating they had stayed in contact. Of those that maintained contact, the main form of communication was via telephone but some stated that they used the internet and/or had in-person visits with their previous caregiver.

Of the 28 children and youth interviewed, 27 reported having continued contact with their family after they transitioned to a new placement.

The children and youth were asked questions about their relationship with their social worker. Most children and youth reported having a social worker to talk to prior to a move. They reported that generally the social worker would follow up with them on the day of the move or within a few days after the move had occurred. Other children and youth reported having to wait a week or more before hearing from their social worker. Given many of the children and youth interviewed had experienced multiple transitions, the follow up times with social workers varied between each transition. When asked whether the social worker assigned before the move was the same social worker assigned after the move, most children and youth were unable to clearly answer this question as they had experienced multiple moves and had multiple social workers during their time In Care. Children and youth interviewed reported having a range of 2 to 20 or more social workers, with a reported average of 4 workers.

When asked if the transitions necessitated changing schools, 20 of the 28 children and youth interviewed reported having to change schools as a result of the transitions. While some children and youth began attending their new school immediately following the move, others reported having to wait days, weeks and sometimes months before they could attend their new schools. The most common reason reported by children and youth for not being able to begin school immediately following the move was the delay by their previous schools in forwarding transcripts.

Children and youth who had to change schools reported experiencing the following difficulties:

- Starting over “from scratch”;
- Dealing with the stigma attached to being a foster child;
- Adjusting to new people, different schedules, new rules and different courses;
- Feeling misunderstood; and
- Finding themselves ahead or behind in their classes.

One youth described the anxiety caused by a transition:

***The changes create anxiety, kids In Care have more than the normal amount of anxiety and have trouble building relationships and worry about a lot.***

One youth indicated that the change of school was a “fresh start” for him. Another youth indicated that the change was not difficult for him because he had visited the school prior to the move and had met with some of the teachers.

Many children and youth reported receiving or having access to services prior to the move including:

- Counselling;
- Psychiatrist;
- Psychologist;
- Behavioural Management Specialist;
- Anger Management; and
- Guidance Counsellor.

Of the 28 children and youth interviewed, 20 reported receiving services at the time of the transition. Of these 20 children and youth, 15 reported that the services continued after the transition. One youth reported that he was not informed of the reason the services had been discontinued and expressed his continued need for these services. Of the 28 children and youth, 8 reported receiving new services following the transition.

Of the 28 children and youth interviewed, 12 reported being involved in extra curricular activities at the time of the transition. Of these 12 children and youth, 7 reported that the extra curricular activities continued after the transition. Of the 28 children and youth, 13 reported being involved in new extra curricular activities following the transition.

Of the 28 children and youth interviewed, 25 reported that they were able to maintain some contact with their friends following the transitions, although indicated that this was not the case for every move or for ***each friend they left behind***. The main form of communication the children and youth reported using to maintain contact with their friends was the telephone; however, the internet (chat programs) and in-person contact (at school, planned visits, etc) were also reported.

Two respondents indicated that they chose not to remain in contact with their friends:

***I did not want to... when I'm with them I get into trouble.***

The children and youth were asked if they had any opinions or suggestions about how Child, Youth and Family Services can reduce the number of moves for children and youth In Care. Responses included:

- Treat children and youth as if they are living in their own home;
- Place children and youth with family or in relative placements;
- Make sure children and youth In Care have the same freedom and privileges as other children and youth;
- Provide counselling and supports to work on problems instead of moving the child or youth as soon as a problem arises; and
- Provide caregivers with training to deal with problem behaviours.



One youth stated that pre-placement visits are important to reduce the number of moves for children and youth in care:

***Before kids are put into homes, they should go for visits and sleepovers. Don't just put them in there, let kids warm up to the home and caregivers.***

Several youth suggested that ensuring placements are long term, not short term or temporary would reduce the number of moves experienced by children and youth:

***You do not have to move as often when placements are long term.***

The children and youth were asked what they thought needed to be done, if a move must happen, to make the move less upsetting and disruptive. Responses included:

- Make sure the child or youth has someone to talk to about the move;
- The social worker should accompany the child or youth during the move and spend some time with them when they arrive instead of just dropping them off;
- Find another placement in the same community or area of the province as this will reduce the number of changes the child or youth has to experience as a result of the move;
- Arrange pre-placement visits prior to the move as this will help reduce the fears of the child or youth;
- Allow the child or youth to have friends visit them in order to help them settle into the new placement;
- Make sure homes/placements suit the child or youth, e.g., have other children and youth or pets; and
- The social workers should spend more time with the child or youth explaining the move, allowing the child or youth to ask questions, and helping the child or youth to express his or her concerns and feelings about the move.

Children and youth expressed that having an animal in their lives can be therapeutic as it provides a companion:

***My cat is the only stable thing in my life.***

***Some of my placements broke down because I ran back home to see my dog. People did not understand how important this dog was to me.***

***Pets really help. When the group home dog died I missed it because I used to talk to it often. It was helpful when I was upset.***

***Animals help... important to have pets to listen to you and you can talk to the pets. Animals know when something is wrong.***

***Having horses will help. Kids love animals. They take care of them and learn skills.***

***Pet therapy does massive wonders for a kid. I talk to my cat all the time, he helps me play and understand things.***

The children and youth were given the opportunity to share any additional comments regarding their in care experience.

In their own words ...

***Having to make changes and adjustments all the time makes kids upset and angry.***

***Give time to the kids to say goodbye to people. In one place, I was taken out from school and moved. I didn't have time to talk to these people (friends and foster parents). My stuff was dropped off a few days later.***

***Glad to be out of care. Every time I settled into a new place I had to move. New friends, new place, new school. It is like starting your life all over again.***

***I sabotaged placements because I thought I would get to go back with my mom. If caregivers were trained they would understand this and know how to cope.***

***Mostly good experiences but every foster kid I know, including me, is not allowed to do things that most every other kid can do who is not a foster child. There are too many restrictions because we are foster kids. Having friends stay over night in a foster home, that is normal kid stuff.***

***I felt I was not matched. Caregivers would say they can't deal with me. Instead of trying to give me another chance or putting something in place, I was just moved.***

***Social workers and caregivers need to find out what is special for a child and make sure they have that special thing that could help them cope, like a toy or clothes.***

***It was hard to live in a hotel because there were always different people there.***

***In some ways it [group home] feels like home, staff are friendly and you can hang out with them and talk about things.***

***Caregiver family is nice and outgoing; helped me cope with the move.***

***Being In Care helped a lot and I had good people caring for me, especially foster parents.***

***I'm in an amazing place now. It really takes a lot of effort to find the right home. If caregivers could teach kids what they need to know and have patience. My caregivers have a lot of heart and do not give up on me. I am grateful and would not be who I am today if it was not for this foster family.***

***My wedding is going to cost a million dollars, there are so many good people who have cared for me. I'm told every day that I'm loved.***

***Tell them there will always be someone there for them and that they are loved.***

## **5.2.2 Caregivers**

Questionnaires were forwarded on behalf of the OCYA by the Executive Director of the Foster Families Association to its board members. Each board member is a caregiver. Eight (8) completed questionnaires were returned to the OCYA. The questionnaire is contained in Appendix C.

These caregivers, on average, have been caring for children and youth for 6.5 years each and, between them, have cared for 97 children and youth since becoming caregivers. This is an average of 12 children and youth per caregiver.

Caregivers provided responses regarding the frequency of the face-to-face contact between children and youth in their care and their social workers. The responses varied with face-to-face contact occurring daily in crisis situations up to every couple of months. The amount of face-to-face contact with the social

worker was viewed by the caregivers to be related to crisis situations, the needs of a particular child or youth, and was dependent on the individual social worker.

***It depends on the social worker. Though they all have the same job description, some have never visited, others visited once every two months.***

Caregivers identified the following supports as being provided to children and youth in their care during the transition process, though it was noted by the caregivers that not all supports were provided for each transition and were not necessarily provided at every stage of the transition (i.e., pre-transition; transition; and post-transition):

- Visit with social worker;
- Contact with family;
- Financial support;
- Mental health counselling; and
- Psychiatric support.

Two (2) caregivers stated that no supports were provided to children and youth in their care during the entire transition process.

Six (6) caregivers identified the supports that were required by children and youth in their care but not provided during the transition process:

- Social worker involvement and follow-up;
- Counselling; and
- Contact with former [foster] family.

Fifty percent (50%) of the caregivers who responded reported that a relationship between the social worker and the child or youth was an important support for children and youth experiencing a transition. One (1) caregiver stated that more face-to-face contact with social workers was required.

***They can not get to know and trust their social worker in one visit or two, they have to form a relationship in order for these children to trust them.***

Of the 8 caregivers that responded, 5 indicated that they did not receive any supports throughout the transition process. One (1) caregiver reported that they had prior knowledge of the transition and 2 caregivers reported that they had social work support throughout the transition process.

Caregivers identified the following supports as ones they would have liked to have received during the transition process:

- to be included as a team member in discussions and decisions regarding the child or youth who is currently in their care or coming into their care;
- to be supported, i.e., have their social worker maintain contact with them on their own initiative and return phone calls, not just for an emergency situation but at other times when other issues arise;
- to be provided assistance by way of respite; and
- to be provided free counselling for caregivers and their families.

Caregivers indicated they felt they should be included in discussions and decisions regarding children and youth in their care. They also wished to receive follow up once a child or youth was removed from their home and to be advised of their safety and well being. One (1) caregiver wrote:

***I feel they lack the understanding that we form a bond with these kids. Let us be part of a team.***

Caregivers identified the following barriers to timely, appropriate and effective delivery of transitioning services to children and youth in their care:

- geographical challenges which require caregivers to travel long distances to receive services;
- lengthy waiting lists for services;
- court delays;
- social workers too busy to support children, youth and caregivers;
- shortage of caregiver homes; and
- lack of preparation and planning for children and youth who are being transitioned.

Five (5) caregivers indicated that a major barrier to timely, appropriate and effective delivery of transitioning services for children and youth relates to the high turnover of social workers which results in a lack of continuity of care and also results in children, youth and their caregivers being in a constant state of adjustment, never truly allowing a relationship with the social worker to develop. A shortage of social workers and position vacancies was seen to place increased pressure on the existing social workers. One (1) caregiver stated:

***The best social workers are burnt out and hard to come by***

Caregivers identified the following challenges associated with the In Care Program:

- insufficient support (social work and other);
- insufficient financial compensation;
- inconsistency in the application of “rules” ; and
- recruitment and retention of caregivers.

One (1) caregiver stated that she was not included as part of a team with respect to discussions and decisions regarding children and youth in her care:

***We don't get to be a part of a lot of the decisions made but we do have to deal with it 24 hours a day – 7 days a week, and sometimes for years. There is no one person [who] knows these children better than the caregivers...***

Another caregiver stated that financial support should be provided to assist caregivers rather than child care agencies:

***At the present time an excessive amount of money is being paid to agencies to care for children. If this money was channelled into providing support for foster families it would certainly encourage more people to come forward and increase current morale for current foster parents.***

Caregivers provided the following opinions regarding the requirements to strengthen the In Care Program within the province:

- caregiver concerns should be heard and issues addressed promptly;
- social workers and caregivers should work as a team to provide the best care for children and youth;
- social workers should communicate with caregivers regarding children and youth in their care and children and youth coming into their care;
- caregivers should be provided training;
- caregivers should be provided counselling to help them address attachment and grief issues;
- caregivers should be provided increased financial support and additional supports such as respite care; and
- more caregiver homes are required;

The following are additional comments and suggestions provided by caregivers:

- caregivers are constantly advocating for services and supports that should be automatically provided for children and youth in their care (e.g. respite, counselling, etc);
- identified the need for improved communication and teamwork between caregivers and social workers;
- improved and more comprehensive supports are required for youth who are turning 16 and either leaving care or remaining in a caregiver home under a Youth Services Agreement; and
- increased planning to help children and youth adjust to changes in their placement is required.

One (1) caregiver identified delays in court proceedings as a major issue which needs to be addressed:

***... there ought to be a more expedient way to reach a resolution. To place the schedules and agendas of parents, lawyers and judges above the right of a very young child to a stable, permanent home and family is, in my opinion, detrimental to the emotional and psychological well-being of that child. After the obligatory nine months have passed no child should be left in limbo. Proper placement of each and every child should be given highest priority and if increased staffing and/or legislation changes are necessary to reach that end then so be it.***

### **5.2.3 Executive Director of the Newfoundland and Labrador Foster Families Association**

The Executive Director identified a number of challenges associated with the current practices for transitioning children and youth In Care. She acknowledged that the nature of the work within the In Care Program is largely reactionary; not proactive and attributed this fact to the regions being under-resourced and social work practice being crisis driven, with unmanageable caseloads.

The Executive Director was asked to identify strengths and challenges associated with the transitioning process within the In Care Program from the perspective of the Foster Families Association. The Executive Director's responses are, in part, a reflection of her many conversations with foster parents who have shared their experiences and sought support during periods of transition for children and youth in their care. The following challenges with the In Care Program were identified by the Executive Director:

- a lack of adequate social work support to children, youth and caregivers and, in particular, lack of availability of social workers to support children, youth and foster families throughout transitions;
- limited clinical analysis throughout the decision making process. Transitions need to be approached from a clinical perspective where the emotional needs of the child or youth are paramount and support is immediately available for the child or youth and the foster family;
- court orders which contradict transition planning;
- foster parents are not always recognized as functioning team members and are frequently given limited information about and limited opportunity to provide input into the development of the plan of care for a child or youth in their care or coming into their care;
- social worker turnover and high case loads impede the development of relationships between social workers, children, youth and foster parents.

- It is not unusual for a child, youth or a foster family to have several social workers in 1 year;
- transitioning can be a difficult time for foster families who may experience significant grief and loss with every move. As a result of the shortage of placement options, some foster parents are given little time to cope with this loss and may be asked very soon after to take another child or youth into their care. This fast turnaround contributes to foster parents feeling that their needs are not recognized and/or respected. It also increases burnout and can lead to feelings of frustration and anger. It could also lead to placement breakdowns for a child or youth currently in their care or another child or youth entering that home;
  - foster parents often feel their training has not fully provided them with the skills necessary to effectively assist a child or youth who is transitioning and indicate that it is often difficult to get assistance in this area from their social workers. Training foster parents in areas such as attachment, grief and loss, could benefit the child or youth entering or leaving the home. Such training could also alleviate some of the uncertainty foster parents feel in terms of how they can best support children and youth through the transitioning process; and
  - foster parents have also expressed uncertainty as it relates to their role in preparing a child or youth for a transition. They feel there is a lack of identification and clarification as to what role they can and should have when a child is entering or leaving their care.

In addition to the difficulties identified above, the Executive Director indicated that there are times when transitions are managed well and done in a way that is in the best interest of the child or youth. This typically occurs when the transition is a planned move and the necessary supports are provided to assist the child or youth as well as the foster parents. The following circumstances were identified as contributing to a successful transition:

- supports for the child or youth and foster families are immediately available, pre-placement visits occur with the new placement and follow up contact is made with the previous foster family;
- foster parents are actively involved in the plan of care and recognized as a valuable resource in assisting children and youth through the transitioning process;
- social workers have established relationships with the children, youth and the foster family;
- foster parents and biological family have developed a supportive relationship;
- there is the opportunity to match and place a child or youth with a foster family that can best meet their needs. Matching children with a home and providing opportunities for some relationship building prior to placement is essential in reducing placement breakdowns; and



- there is active social worker involvement with the family before, during and following the transition.

Over the last few years, a significant area of concern for the Association has been the increasing level of foster parent frustration with the In Care Program, both provincially and at the board level. They believe that in general their work as a foster parent/family is not recognized or valued. The Executive Director stated:

***While foster parents generally have positive relationships with their individual social workers, many express anger and frustration towards a government that does not place a priority on the needs of children In Care and their families.***

The Association believes this lack of priority for children In Care is evident in that the In Care Program has never been financially resourced to the level required to address the needs of children, youth and their families. Along with this comes great concern for the high level of stress and burnout experienced by foster parents in the last several years as well as the increasing stress levels experienced by social workers within the In Care Program. The Executive Director stated:

***In this current climate, it can only be expected that there will be difficulties in all aspects of providing care for children and supporting families in our communities. To think otherwise would be foolhardy.***

The Association believes that the In Care Program is grossly under-resourced, from a social worker perspective and in terms of supports for foster families and children and youth In Care. Currently, the demands being placed upon the system are greater and the needs of families and children and youth coming into care are more complex than ever. The Association indicated that what is needed at the present time is a significant financial investment to support the needs of children and youth In Care. In order for this to occur, political will is required.

***Government must recognize and acknowledge that it has a parental responsibility to children In Care and [must] provide the necessary resources to the Health Authorities so they can carry out this responsibility.***

#### **5.2.4 Regional Integrated Health Authorities**

Teleconference interviews were held in Fall 2008 by OCYA staff with regional directors, program managers and front-line social workers from the four Regional Integrated Health Authorities:

- Eastern Regional Integrated Health Authority;
- Central Regional Integrated Health Authority;
- Western Regional Integrated Health Authority; and
- Labrador-Grenfell Regional Integrated Health Authority.

### **2006 File Management/Data Collection**

Data collected by OCYA staff from files of children and youth who were transitioned in 2006 indicated that, frequently, provincial file documentation standards were not met. Respondents were asked to comment on these findings and whether they believed this was an accurate reflection of practice during the time period.

### **Eastern**

Eastern respondents identified workload as a significant issue and commented that the lack of documentation was not a reflection of practice but agreed that they have to come up with better ways to document.

Respondents were also requesting that some of the data information be quantified. With regards to a child or youth not being involved in transition planning, for example, respondents were quick to indicate that

***...if we're talking about a transition where we've had to move a child very quickly... sometimes it may not have been possible...***

In terms of counselling not being sought,

***... we can't make the link that counselling is required for every transition. It depends on how transition is handled. And it depends on what you mean as counselling because oftentimes the social workers may be, in their transition planning, providing that.***

Eastern respondents indicated that file documentation is just as challenging currently as it was in 2006. While one respondent indicated that different parts of the region have made the effort to assist workers in updating documentation through overtime, they also emphasized that In Care staff are tired and many are working in homes caring for children at night. In reference to missing or incomplete documentation, particularly in relation to ISSPs, one respondent commented that rural Eastern probably has one of the better records of ISSP involvement anywhere in the province and that not all people in urban Eastern were trained in the ISSP process. Consequently, it was felt that,

***if you weren't trained, you really weren't going to be doing them.***

It was further indicated that many staff are under the false assumption that ISSPs are academically based.

In the end, one Eastern respondent voiced the comment that,

***these are issues that we all recognize to be issues and... we're trying day and night to come up with solutions... One of the common themes that I'm hearing is... resources, caseloads – I don't hear it being on any level that it's a lack of desire.***

All respondents indicated their frustration with knowing what the level of practice should be; wanting to establish and retain it, but facing challenges with high staff turnover rates. Respondents voiced the opinion that the province needs to outline what a social work caseload should be.

***We need a full commitment to review the In Care system in terms of not only the range of service offered to children, but in terms of how we resource it.***

Respondents also referenced confusion within CYFS in relation to the plan of care. While some staff will title the report a plan of care, others call it a child progress report and it's contained in the file under that title.

***...the whole term "plan of care" means different things to different people depending on when you were brought into the system, how you were trained and the people that were around when the new Act was implemented.***

According to respondents, all children in temporary custody have their plan of care reviewed at some point during the court process. In addition Eastern has three custody review committees who are supposed to review cases once a year.

Respondents identified that the region has a concern with the social and medical histories of children coming into care which is an issue in getting kids ready for adoption. According to respondents, oftentimes workers who have the children in temporary custody are so busy trying to settle the crises and deal with the issues that they're not getting to that documentation.

***...with the exception of photographs which I think we're getting better at ... because they're accompanying the CRCs...the social/medical would be the only thing that I see missing at times.***

## **Central**

Central respondents were not surprised by the findings and indicated that it was an accurate reflection of practice. Respondents commented that the file maintenance process was reactionary and often directed by what case happened to be before the court. Respondents further indicated that most of their time is spent responding to crisis instead of looking at planning for the child.

According to respondents, current files would be in similar, if not worse condition, than files from 2006. This was attributed to the higher numbers of children coming into care, the needs of the children involved, and an increase in staff vacancies. Additional contributions include policy confusion and requirements put in place by the court which, according to respondents, take precedence over a policy requirement. Respondents commented that many judges now require social workers to provide weekly disclosure to a lawyer as opposed to a one time disclosure prior to the court date.

Respondents thought that file standards for children in youth custody would have been more consistent as a lot of the information is required through Custody Review Committees. The time required to complete many of the required tasks, such as verification of birth processes, was mentioned continually by respondents. Other responses spoke to the fact that some of the procedures, such as ISSPs are not seen as very useful for social workers and are not completed as quickly as a result.

In order to maintain standards during short term/long term instability, respondents felt that hiring assistants to complete tasks to help meet standards is a possibility, as well as enlisting clerical staff to be responsible for vetting files for court, etc. It was hoped that social work assistant positions will be involved in requesting information for the files and coordinating parental visitations, allowing social workers to have more time to spend on their plans of care and documentation.

In the opinion of respondents, recruitment and retention are key issues. Standards are violated when work is not completed, increasing the risk for a child, the worker and the organization. Inability to maintain provincial standards due to heavy caseloads places extra stress and demands on existing social workers. Respondents commented that many staff have had to leave their positions because they have been so personally affected by the volume of work that they were unable to complete.

Respondents felt that reporting in writing to the provincial director when unable to deliver services to children in accordance with policy standards should be mandatory in an ideal world. However, respondents voiced concerns regarding this, questioning if it would simply result in another requirement being placed on

the shoulders of already overworked staff. The response of the province in such a case was questioned. As one respondent commented,

***My fear is that it would be kind of an enforcement exercise and we would be asked to do more with existing resources.***

## **Western**

Respondents indicated that staff who have been around for a long time and have a commitment to foster children would probably say that they are very surprised around plans of care not being completed. However, it was noted that as a management team, the plans of care provided are not at a level that is reflective of what the region is trying to achieve in foster care. As in other regions, part of the file management issue was attributed to the ongoing vacancy struggle which has had a major impact on the foster care program. In the opinion of Western respondents,

***the critical, on the spot referrals are the things that are getting the attention and while that's very sad to say, it is realistic in this region today, we still have I don't know if it's 7 or if it's 8 vacancies across the region.***

The region voiced the fact that while they have workers that have a specific lead or focus often staff are responsible to complete other tasks.

Western respondents indicated that were the same data collected today there would be both similarities and differences. Given that managers do conduct periodic file reviews, it was felt that there would be an increased accountability since 2006. Manual tracking over the last couple of years has also provided a benchmark for how the region is doing in terms of monthly contact and clearly indicated a marked increase in meeting that particular standard. The Custody Review Committees are seen as very active in the region. Consequently, according to respondents, all children who are in the continuous custody of the director are being reviewed on an annual basis. While the region indicated that it tries to hold people to these standards, sometimes they have to prioritize what they can and can't do.

In terms of counselling, the region responded that while all foster care workers felt that they were providing counselling to children In Care, especially during transition periods, it may not have been documented in the file. It was noted by

respondents that while the time it takes to document is an issue, it is a disservice when things aren't documented properly.

Respondents were asked whether or not it should be mandatory for the regions to report in writing to the provincial director of Child, Youth and Family Services when they are unable to deliver services to children and youth In Care in accordance with the standards set out in the legislation.

According to Western respondents, once the new CRMS model comes online for In Care, the provincial director will be able to generate reports and see what policies are not being adhered to because it will reveal what plans of care and caregiver reviews are outstanding.

Western respondents indicated that as there is no official auditing in place by the province, the region has created its own auditing standards for the In Care Program. These changes will provide the region with a better understanding of where it stands in terms of meeting policy standards. The region has representation on the provincial committee for the CRMS module and is hopeful that it will assist them in information sharing and profiling. Currently all monitoring is being done through narrative which, according to respondents is a very labour intensive process.

### **Labrador**

Labrador respondents indicated that they were well aware that policy standards were not being met.

***...this is not information that is surprising and it's not information that we've kept secret either.***

It was indicated that it is very difficult across Labrador to meet many of these standards because the standards speak to best practices. The very unique challenges faced by this region result in many difficulties in regards to file documentation.

Respondents in most parts of the region felt that the 2006 findings would be reflective of current practice. Nain and the CYFS Innu region referenced staff retention as part of the issue. One area thought that because their In Care numbers are currently less than what they were in 2006 and the number of social workers in the area has increased from 1 to 3 that practice would have improved.

Respondents referenced time and bureaucracy as two reasons that files do not contain the documentation required by policy. Obtaining birth certificates requires them to have the parents' IDs and sometimes the parents don't have a picture ID

with their address, etc. Some parts of the region are working with cultures that have not adopted our system of bureaucracy.

***We are presented quite often with children who have no birth certificate; no MCP; they've got nothing and...our first piece of business...is to get those children into a home...***

Some respondents indicated that any completed assessment or ISSPs would be in the file. It was further supposed that at least 50% of children eligible to attend school in Sheshatshiu do not attend as, in the parents' opinions, the school system doesn't necessarily meet the needs of the children. Photographs were felt to be a resource issue.

***...individual workers are using their own cameras and computers printing off pictures...we don't have access to a camera and colour printer.***

Respondents indicated that there's a genuine need for support staff. In order to maintain standards in terms of documentation, a file clerk could try to obtain documents through the Innu Nation or LIA and register children.

One respondent voiced the opinion that there would be very few children for whom they would not have a plan of care. It was further indicated that if a meeting had occurred, it would have been documented. According to respondents, there have been numerous children for whom referrals for counselling were made but they often are not seen due to staff shortages or a determination that the child is either not prepared or is unable to deal with the issue. For example, as one respondent commented,

***...how do you send a child who's nine who doesn't speak English to the Labrador Health Centre for counselling? You know, the resource doesn't exist.***

One respondent noted that the documentation may not necessarily reflect the work that is being done. Some workers who are practising social work may not speak English and don't necessarily write English. Respondents commented that when practice is crisis-driven, documentation becomes secondary. However they also referenced the fact that,

***...what has been highlighted through the clinical review is that... we do a disservice to a child and ourselves when we don't get accurate documentation in a file...***

In terms of mandatory reporting, one respondent from the CYFS Innu region indicated that there is already a level of openness on the part of the region with the provincial director. However, the regional director indicated their own sense

of accountability and responsibility in having the legal custody of so many Innu children; their individual responsibility to know whether or not a particular region is in compliance with standards and that compliance with standards speaks to both safety and quality of care that the children and youth in their custody may or may not be receiving.

Respondents said that they saw no need for mandatory reporting unless it served a purpose. It was further felt that openness on the part of the region calls the province into accountability.

***We're struggling and they know that we're struggling and...by saying it to them...that sort of ratchets up their accountability so when I tell them that, how do they respond or where do they go?***

### **Transition Protocols**

Respondents were asked to comment on any transition protocols and procedures that were in place in 2006 for children and youth In Care. All respondents indicated that there were no formal transition procedures in existence in 2006. Respondents referred to principles outlined within the provincial policy and responded that, while they try their best to maintain that standard, in many cases the lack of resources has limited their ability to implement best practices despite their best intentions and, in several cases, these policies do not address the situations they face.

A respondent from the Happy Valley area commented,

***I think about the difference between best practice and having an understanding of what best practice is and very often being pushed into a situation where there's no opportunity to do best practice. It's find a place for a child. There's no social worker that I've worked with In Care who wants to just drop a child off to a home and not know anything about that child to tell the foster parents...that's not how we want to be working.***

Central respondents indicated that if formal protocols were to be developed, they would need to be tailored to the individual situation as much as possible.

***What might be needed for the person who is going from [In Care] to community support system is certainly different than what might be needed for a young person who is coming In Care for the first time...We would hope...that it would be a useful exercise for the young person who is the subject of whatever the transition might be.***



Eastern also spoke of the need for a multi-pronged transitional approach given the variety of situations that can occur when transitioning children In Care and felt that the province had an important role to play regarding protocol, especially given the fact that many of the social workers working with children In Care are brand new graduates with a lot of relatively new program managers.

***... some of this needs to be provincially driven by policy and handbooks. There's no good training for foster care workers for working with children In Care. There hasn't been any provincially-driven training...most people learn what they know about children In Care through senior workers...I don't necessarily even think it's about protocols and procedures; it's about skill development of staff working with a very vulnerable population so I think it's deeper than policies and procedures.***

All respondents indicated that there is a need for protocol that ensures participation of youth in the transition planning and other aspects of his or her In Care experience as well as in transitioning out of In Care and into Youth Services. Western respondents indicated that in their region oftentimes a child or youth will suggest a placement option that was not previously considered. While these options for placement are often not already existing approved homes, the region will thoroughly investigate these options and, in several cases, has been providing emergency level approvals with some very minimum standards making sure that additional monitoring is provided. While that it is not referred to as a protocol, they develop a specific individualized plan that usually is seen and evaluated by the court which includes a reintegration and risk reduction plan.

***...the one piece that I think is really important to not miss...is the fact that we are listening to kids and youth when they tell us what options they want us to explore and I think that that's a really key piece...***

According to Central respondents, while some things are being developed efforts are still largely disjointed. Mention was made of a committee that is looking at policy surrounding transitioning children with disabilities from the In Care system to the youth services system.

One respondent voiced concern for transitioning youth who are cognitively unable to speak for themselves and surrounding legislation doesn't allow us to make formal decisions for them.

Central respondents spoke of a CYFS residential coordinator position that was established several years ago in order to serve as an entry point for children coming into care and a starting point for placements that were breaking down.

However the lack of available caregiver homes has currently prevented this option.

### **Barriers to the delivery of transitioning service**

All respondents referenced geography, the lack of appropriate caregiver options, and staffing issues as barriers to transition service delivery. In conjunction with these issues are barriers in relation to proper case management. All regions commented as to the difficulty in trying to complete tasks within the timeline required by legislation.

In terms of case management, one respondent commented,

***...when you look at what the expectations are when it comes to the day-to-day life of one single file of In Care, you're looking at 18...children. You have 20 working days in a month...you're expected to see those children once per month privately for an interview; you're expected to attend medical appointments, ISSP appointments, progress reports...once a year which are very detailed; to attend each and every meeting that would involve the child on your workload and then, I guess, look at answering questions as to why some of the policy and procedures are not met...***

Geographical challenges create difficulties in conducting post-placement visits and result in a large amount of travelling for children and families, visitation challenges for all parties involved and safety concerns given driving and weather conditions. Maintaining a connection to the birth family and transitioning these children back home becomes a major difficulty. In conjunction with this, Western respondents spoke of the inaccessibility of a service or intervention from one part of a region to another. When working to transition children from one area to another, attempts to continue access to that service create further disruption for children In Care.

Court delays were referenced repeatedly throughout this report as a barrier to both transitioning and the overall operation of the In Care program. An example was given of children who have been In Care for years who are supposed to be transitioned home in two weeks.

***You couldn't even follow a protocol. I mean the children are completely traumatized and ordered home to parents who don't know them. I mean the transition would normally take years.***

Transitions in cases where foster homes are being closed and children are being moved without notice or for reasons of safety are extremely challenging. The

transitional process is impacted because the child may need to move immediately. In these circumstances, respondents would hope to provide as much debriefing and support to the child post move as possible. The role of the director in keeping a child safe was seen as the paramount concern.

As one respondent from Labrador commented,

***I have sat in offices of social workers holding babies, watching little ones run up and down the hall thinking where are they going tonight? There's no protocol...the protocol becomes what safe place can this child have tonight. And we'll go home and we'll sleep if we can get them a safe place tonight and tomorrow we'll face what the heck are we going to do with this child or sibling group?***

According to respondents, the In Care program operates solely on availability. In the opinion of respondents, the province does not have a system of services that allows them to always transition properly,

***and we certainly don't have a system that allows us to have a plan that matches what the kid needs.***

In Wabush, respondents indicated that as they are without foster homes the area has to place children in a hotel.

***There's no need for pre-placement visits; there's no need to spend any amount of time visiting, because the hotel is what it is and it may not even be the same room every night....We could end up moving them around to different hotels in a week.***

Another respondent commented,

***There is knowledge of the standards and policy around transitioning and the multiple visits and so on, but we're also saying that the policy doesn't speak to how you transition with higher and higher degrees of complexity, and the policy doesn't speak to how you transition when you're dealing with all of these cultural issues...In those two respects there is no protocol because the policy doesn't give us one and we haven't developed one.***

According to respondents,

***One of the most frustrating things is when you know you're not doing the right thing. You know better but you can't do better.***

Essentially, as one respondent from Labrador-Grenfell stated,

***the high level of complexity and all of the cultural issues, combined with the fact that we don't have any resources, makes it impossible to have a transitioning protocol.***

The Labrador-Grenfell Region made reference to challenges with intercultural transitions, especially in relation to placing kids from Natuashish in St. Anthony.

***...Here you go, you can't speak the language, now you can go pop them into a home in a different culture...it's just out of necessity. We couldn't find a home anywhere else.***

Respondents commented that no one would consider taking an English-speaking child from St. John's and placing them in a good home in Sheshatshiu.

A final key point for respondents in Labrador is that there has to be an Aboriginal framework developed that governs policy development given that 95% of their children In Care are Aboriginal. The region is trying to apply a policy that was written for the province which does not apply to Aboriginal kids. Staff are working with First Nations on helping them to understand their need for extended family; and the need for First Nations workers to sit in a family meeting to help the region determine the best place for the child.

### ***Detailed Plans of Care***

With the exception of the CYFS Innu region, unique to Labrador were detailed Plans of Care with information pertaining to the child's culture and family dynamics. One respondent commented that with a caseload of 50 kids,

***...Even though you weren't seeing the kids all the time, you wanted to make sure at least once a year all of their information was in one place that you could pull out and they could read it down the road if they ever wanted to look at their file.***

### ***Life Books***

Specific to the Western region was the mention of Life Books. Respondents indicated that it provides a good tool for assessment, connection and therapy. Respondents commented that Life Books would not necessarily be kept on file and assumed that every region is participating in some form. Respondents saw

it as an expectation from policy as well as a regional expectation that children deserve to have.

***...when you talk about transitioning, it is the one tool that we have found to be very, very helpful for kids In Care.***

### ***Pictures of Children In Care***

Most files in the Western and Central regions contained pictures of the child or youth In Care. Respondents indicated that this is a Custody Review Committee requirement for children in continuous custody. According to one respondent,

***... I can tell you seeing a picture and actually going through and knowing that you've got a living, breathing little friend depending on what you're doing, I think that that sometimes influences what you've got on the file.***

### ***Custody Review Committee Reports***

Files from the Central region contained Custody Review Committee Reports which provided helpful information during the data collection process. While the region indicated that provincial policy does not support this information being included in the file, respondents were unaware of the rationale behind it. From one respondent's perspective, this information is important and management has not provided clear direction that this information should not be included. From a social work perspective, one respondent indicated that it seemed necessary to have all the pertinent information identified by the committee within the file in order to make an informed decision to continue or change a practice in relation to a child. As there is much confusion surrounding this issue, respondents felt that there needs to be some provincial direction.

### **5.2.5 Department of Health and Community Services**

The Department of Health and Community Services provided the following written response to questions posed by the OCYA. The complete list of questions and responses is contained in Appendix E.

There were 740 children In Care during the calendar year 2006. From January to September 2006 there was one program consultant who was responsible for both the In Care Program and the Adoptions Program. A separate program consultant position for the In Care Program was approved on a temporary basis in Budget 2006. The position was filled in October 2006 and was converted to permanent status in February 2008.

**1. What were the Provincial challenges associated with the In Care Program in 2006?**

- Prior to October 2006, we did not have a program consultant to solely focus on the In Care Program.
- There were limited dedicated human and fiscal resources to support training and professional development for social workers, program, policy and standards development, development of the Client Referral and Management System (CRMS), and program monitoring and evaluation.
- Human and fiscal resources have increased considerably with the significant investments in the CYFS Program in 2007 and continuing in 2008.

**2. What were the challenges with the In Care Program at the Regional level in 2006?**

- The need for additional social workers.
- The need to identify and hire other staff with skill sets to support the work of social workers with children In Care and their caregivers.
- Lack of training and professional development for staff.
- Lack of training for caregivers.
- Need for updated policies.
- Lack of adequate placement resources to meet the placement needs of children, including specialized placements for children with complex needs. As a result some children were placed outside the province.
- Lack of mental health, addiction and counselling services for children In Care.

**4.(a) Did Provincial policy/protocol (pre-, during and post-transition) exist in 2006 for children and youth In Care who were transitioned to other placements or returned home?**

There was not a section of policy in the *Child, Youth and Family Services Act* Standards and Policy Manual, September, 1999 or the *Child Welfare Policy and Procedures Manual*, 1995 that specifically addressed pre-, during and post transitions for children In Care who are transitioned to other placements or return home. There were sections in the *Policy Manual*, September 1999 that were applicable including:

... (see Appendix E)

**(b) Does Provincial policy/protocol (pre-, during and post-transition) currently exist for children and youth In Care who are transitioned to other placements or returned home?**

There is not a section in the CYFS Policy Manual Standards and Policy Manual (March, 2007) that specifically addresses pre-, during and post transition for children In Care who were transitioned to other placements or returned home. There are references in Section 3: Children In Care and Custody that deal with transitioning as follows:

... (see Appendix E)

***(c) Are new or revised transition policies/protocols being developed?***

- All policies are subject to ongoing review and revised policies are developed as the need to do so is identified. The result of the Clinical Review, the In Care Report and this review will help inform policy development, training, CRMS and quality initiatives. The Plan of Care section in the policy manual (Section 3.21) is currently under review.

***(d) Do you believe specific transition policy/protocol is essential to guide and ensure best practices with regards to the transitioning of children and youth In Care?***

- Specific transition policy/protocol that is researched in relation to best practice and evidence informed through research and evaluation will guide social workers and directors in working through transitions with children and youth In Care.

***(e) Do you support policy/protocol that mandates that children and youth being transitioned be provided the opportunity to participate in the process and in particular, have input into any decisions regarding transitioning?***

- The *CYFS Act* requires that the child's views and wishes be considered in decisions related to him/her as far as is possible. Current policies reflect this principle.

***5.(a) Are you aware of any barriers experienced by the Regions in their delivery of transitioning services in accordance with established policy and legislation?***

- The lack of adequate placement resources for children In Care. This may result in children coming into care being placed in a temporary living arrangement and being moved to a permanent home when one becomes available.
- Inability to match the needs of children with the skills and experience of caregivers and family composition when making placements and exceeding the standard of two children per home. This can result in

placement breakdowns and children are moved without adequate time for planning the transition.

- Instability of the workforce including social work vacancies and turnover. This does not allow for continuity in case planning and relationship building which is significant when working with the children including transitioning services.

***(b) Are you aware of the Regional response to any such barriers?***

- Regions have requested more social work positions, however recruitment and retention of social workers is an issue in all regions.
- Regions are actively engaged in the recruitment of social workers and have offered financial incentives in some of the rural and remote areas of the province. Labrador Grenfell RHA is participating in a two year educational program to train social workers in Labrador.
- Regions are utilizing other skill sets including social work assistants to support maximum use of social worker's time and skills.
- Regions have increased the number of clinical supervisors to help support of social workers.
- Regions provided financial support to the recruitment campaign that was organized by the Foster Families Association.
- Regions have been working to develop strategies that will increase placement resources and capacity at the regional level.

***(c) What efforts has the Department made to address any barriers it has been made aware of?***

- There has been an increased focus and provision of resources for the In Care Program beginning in late 2006 at the provincial level.
- Since 2006, the Department has hired two Program Consultants for the In Care Program to support program and policy development. A Manager for In Care and Adoptions has also been recruited, however, the incumbent has not yet commenced employment.
- The consultants are focusing on policy and program development as it relates to children In Care and caregivers. This includes additional and expanded placement resources in the continuum of care; increased training and supports for foster parents and consideration of the Looking After Children model for planning and documentation relating to children In Care.
- The Department, in consultation with the RHAs, contracted an external consultant to complete a profile of children In Care and to make recommendations on enhancements to the In Care Program. This report was recently finalized and has not yet been publicly released.
- The Department is seeking Government's approval for an enhanced rate structure for foster families.



7. ***The Child, Youth and Family Services Act was the legislation which governed the In Care Program within the Province during 2006 (the time period covered by this Review). The applicable policies and standards were the Child, Youth and Family Services Act Standards and Policy Manual, September 1999, which was supplemented by the Child Welfare Policy and Procedures Manual, 1995. Our data collection indicates that frequently not all of the standards were met in the Regions, for example:***

- ***Plan of Care not in file;***
- ***Plan of Care not updated upon transition;***
- ***Monthly meetings with child/youth not documented in CRMS notes;***
- ***Child/Youth not involved in transition planning; and***
- ***Transition plans not identified.***

***(a) Are you surprised by these findings?***

- Without having your data results, it is difficult to comment on your findings. However, regions have expressed concerns about capacity to meet standards and the Department has been responding with additional human resources and other supports (both social work and other skill sets) over the past three budget cycles. The Department is currently establishing a Quality Unit. One of its functions is to develop the capacity to monitor the adherence to policies and standards. Initial work includes the clinical review, the results of which are pending.

***(b) Is this an accurate reflection of practice in 2006? If not, how does it differ?***

- See response to 7 (a).

***(c) In your view, if the same data was collected for 2008 would it be similar to the data collected for 2006? If not, what would be different?***

- It is difficult to speculate without completing monitoring for 2008.

***(d) Was the Department aware that the Standards were not being met and Policy was not being followed?***

- The Department has concerns about the capacity of the regions to meet standards. Since 2006, additional human resources have been provided in the form of social workers and other skill sets to support CYFS in the regions. The current rate of social work vacancies across the regions and associated recruitment and retention issues are contributing further to the capacity issues. The development of the Quality Unit will assist in monitoring the regions' ability to meet

standards, assess the reasons for non compliance and implement strategies to improve compliance.

***(e) If yes, please outline any action taken by the Department to assist the Regions to comply with Policy and ensure Standards were met?***

- The regions were provided with human and fiscal resources in the 2006, 2007 and 2008 Budgets. This included frontline social workers, support staff such as clerical and social work assistants, and staff to support training, quality initiatives and CRMS.
- Currently working with the regions to assess the need for resources including other skill sets.
- The inception of a Quality Unit in the Department and Quality Managers in the RHAs to support monitoring and quality improvement.

**8. *Section 04-05-17 of the Child Welfare Policy and Procedures Manual, 1995, specifies the file/recording requirements for every child and youth In Care. Our data collection indicates that most of the files in the Regions did not contain the documentation required by policy, for example:***

- ***Verification of birth not contained in file;***
- ***Plan of Care not contained in file;***
- ***School information including attendance, assessment, and ISSP not contained in file;***
- ***Photographs of children and significant others not contained in file;***
- ***Documentation of social worker visits with child/youth not contained in file.***

***(a) Are you surprised by these findings?***

- See response to Question 7(a).

***(b) How can Standards be maintained and Policy followed when Regions experience short term/long term instability with respect to the provision of In Care services?***

- Introduction of skill sets including social work assistants and clerical support to allow social workers to focus on social work duties.
- Recruitment incentives for social workers have been provided by some regions to stabilize the workforce.
- The Labrador-Grenfell Regional Health Authority is partnering with the Nunatsiavut Government to deliver a two year BSW program through St. Thomas University in Labrador.
- Review of standards, policies and procedures to identify efficiencies in practice.

***(c) Should it be mandatory for the Regions to report in writing to the Provincial Director of Child, Youth and Family Services when they are unable to deliver services to children and youth In Care in accordance with the standards set out in policy and legislation?***

- Accountability mechanisms including monitoring and reporting requirements are currently under review.

**9. *What action has been taken by the Department to increase the successful recruitment and retention of foster parents?***

- The recruitment of caregivers (foster parents) has been the responsibility of the RHAs. However, given the current need for caregivers, the Department has met with the Foster Families Association and representatives from the regions to determine what strategies could be utilized.
- The need for enhanced support, training and rates for foster parents is under active consideration.

**10. *What action needs to be taken in order to successfully recruit and retain foster parents?***

- As noted in #9, further research needs to be conducted to see if there are other strategies to support foster family recruitment and retention.
- Enhanced support, training and rates for foster parents.

**14. *What quality assurance measures exist within the In Care system to ensure compliance with legislation and policy?***

- The Custody Review Committees established in the RHAs pursuant to the *CYFS Act*.
- The first province wide clinical review which is currently being finalized will provide baseline information for quality initiatives and future reviews.
- We are enhancing the monitoring capability within CRMS for the In Care Program.

**15. *What future directions and/or changes are planned for the In Care Program?***

- The Department of HCS has been moving toward building the human resource capacity at the provincial level to support key areas including policy and program development, CRMS model for In Care, and training. The Department will review the Looking After Children Model as a means of tracking outcomes for children.

- The profile and recommendations of the external consultant's In Care Report will support the implementation of an action plan.
- The Department is requesting Government's approval for a new rate structure for caregivers.
- Further work to review and enhance policy based on findings of the clinical review, recommendations of this report and other work undertaken with the regions.

## 6.0 DISCUSSION OF FINDINGS AND RECOMMENDATIONS

One of the strengths of this Review is that information was sought from a number of sources which included a review of **all** files of children and youth who were In Care during the calendar year 2006 and experienced at least one transition during that year. This file review was supplemented by interviews with children and youth In Care, as well as the Executive Director of the NL Foster Families Association, teleconference interviews with regional directors, program managers and front-line social workers from Child, Youth and Family Services within the four Regional Integrated Health Authorities, and questionnaires completed by caregivers and decision makers in the Department of Health and Community Services. Considered together, the data collected from all these sources helps to paint a picture of the In Care system and the experiences and perceptions of those involved with it. The findings of the Review point to many challenges facing the In Care system in this province.

**Essential documentation**, required by the policies in existence during the time period covered by the Review (2006) **was missing or incomplete in a staggering percentage of files reviewed**. While some respondents from the Regional Integrated Health Authorities suggested that the lack of documentation in the files did not prove that appropriate processes of care had not occurred, children and youth who were interviewed confirmed that **many of the gaps In Care suggested by the file review reflected their own experiences when they were transitioned**. In particular, lack of involvement of children and youth and their caregivers in the transitioning process, and failure to follow through on basic issues such as giving the child or youth advance notice of moves and insuring that their belongings accompanied them to their new placement, stood out as largely preventable omissions. Front line social workers and caregivers confirmed that **in many cases, existing policies and procedures were not being followed**. **In other cases, there was an obvious gap in policy direction which should be addressed**. Taken together, the findings of the Review confirmed that the experience of transitioning for children and youth In Care as it now stands is a traumatic one which further contributes to their vulnerability in our society.

Key informant interviews with social workers and questionnaires completed by caregivers all noted that **resource constraints** in terms of: (a) number of personnel (social workers and caregivers); (b) turnover of social workers; (c) number and types of placements available; and (d) level of training available **were compromising the best efforts of those on the front line trying to provide appropriate transitioning services to children and youth in their care**. Their comments also highlighted the complexity of the situations faced by social workers and caregivers when dealing with vulnerable populations. **In all regions, but in particular Labrador** (where cultural issues, language barriers and lack of placement options further compound the challenges in providing

appropriate support to children and youth), **the obstacles faced by social workers and caregivers can be overwhelming.**

Presented below is a summary of the key issues identified in the Review including background information on the expected standard of care (derived from the policy and legislative review); Findings from the data collection, and Recommendations for addressing the issues identified.

### **DOCUMENTATION**

**BACKGROUND:** Provincial policy in existence in 2006 emphasized the importance of file documentation: (1) the Life Book (a record of events and people in the life of a child or youth) is emphasized as particularly important in preserving the identity and sense of self for children and youth; (2) the Special Needs Assessment is used to determine the level of care a child or youth requires in order to meet their needs; and (3) the Individual Support Services Plan (ISSP) is used for permanency planning and identifying services required for the child or youth.

**REVIEW DATA:** Of the 277 files of children and youth reviewed by the OCYA:

- 27 files (10%) referenced a Life Book;
- 75 files (27%) contained a Special Needs Assessment ;
- 66 files (24%) contained an ISSP.

Respondents from the Regional Integrated Health Authorities suggested that reasons for lack of documentation in the files included social worker workload, lack of understanding of the policy requirements and lack of appreciation for/valuing of the importance of documentation.

**FINDINGS: Essential documentation was missing or incomplete in a staggering percentage of files reviewed.** Child, Youth and Family Services consistently failed to maintain the standards of file documentation established by provincial policy and failed to protect the identity of children and youth In Care by failing to record and preserve a record of events in their lives. Only 10% of the files reviewed referenced a Life Book. In so doing, Child, Youth and Family Services in each Regional Integrated Health Authority failed to maintain the level of file documentation essential for appropriate planning for and care of children and youth in the In Care Program.

**RECOMMENDATIONS:**

- THAT regional managers complete file audits every 90 days to ensure compliance with program and recording policies;
- THAT a checklist of all required file documentation for children and youth In Care be developed in CRMS and a print out placed at the beginning of each file. The checklist should include a complete list of the documents required, e.g., Life Book, Plan of Care, Special Needs Assessment, ISSP, and a log of visits completed, updates to reports, etc.

## MONITORING

**BACKGROUND:** Policy in existence in 2006 emphasized the importance of continuous supervision to ensure that the quality of care provided to children and youth In Care was monitored and promoted. The policy required a minimum of one monthly in-person contact with a caregiver family and a minimum of one in-person private interview per month with a child or youth In Care.

**REVIEW DATA:** Of the 277 files reviewed by the OYCA:

- 75 files (27%) had gaps in recording of monthly caregiver home visits and in-person contact with children and youth;
- 6 files did not have any CRMS notes;
- the average number of social workers assigned to a child or youth was 3.49 with some files showing as few as one social worker and others showing as many as 16.

According to questionnaires completed by board members/caregivers of the Foster Families Association, the amount of face-to-face contact with the social worker was viewed by the caregivers to be related to crisis situations, the needs of a particular child or youth and was dependent on the individual social worker.

Respondents from the Regional Integrated Health Authorities indicated that social worker shortages, turnover and workload issues impacted documentation in the files. However, while some suggested that lack of documentation did not necessarily mean that care was not provided, others acknowledged that workload issues led to practice that did not always adhere to policy.

**FINDING:** Turnover of social workers assigned to each child or youth In Care, coupled with the inadequate monthly file notation regarding social worker visits to the caregiver home and in-person contact with children and youth, contributed to a **lack of continuity in the care of close to 1/3 of the children and youth whose files were reviewed.**

**RECOMMENDATIONS:**

- THAT sufficient resources be allocated to address the recruitment, retention and continuing education requirements of social workers assigned to the In Care Program within the province;
- THAT policy be developed to include the recording in CRMS of the monthly visitation with the child or youth and monthly review of the Plan of Care.

## TRANSITION PLANNING AND FOLLOW-UP

**BACKGROUND:** Provincial policy in existence in 2006 required a review of the Plan of Care at various decision making stages while a child or youth was In Care. A transition or movement of a child or youth In Care from one placement to another is a significant event which would require multiple decisions to be made regarding the care of the child or youth.

Provincial policy in existence in 2006 further required that when a child or youth was removed from a person, including a parent or caregiver, the child or youth be provided counselling and support by way of social worker visits. A transition is a stressful experience for any child or youth In Care and therefore counselling and other supports should be provided to help them cope with the stress and adjust to the new placement.

**REVIEW DATA:** Of the 277 files reviewed by the OCYA, 400 transitions were noted. Among these 400 transitions:

- Only 82 (21%) contained updated Plans of Care;
- 55 (14%) contained no documentation regarding provision of any pre-transition supports to children and youth;
- 189 (47%) contained no documentation of transition supports provided to the previous caregiver(s);
- 259 (65%) contained no documentation regarding any post-transition supports to previous caregiver(s).

When support services were provided to a child or youth, in the vast majority of cases these services were provided by a social worker. For example, 31% of transitions requiring pre-transition support had that support provided by a social worker; 92% of during transition support was provided by a social worker, and 99% of post transition support was provided by a social worker.

Similar data related to the supports provided to prospective caregivers as well:

- 125 (31%) had no documentation regarding pre-transitioning supports provided to the prospective caregiver(s)
- 121 (30%) contained no documentation regarding during transition supports to prospective caregiver(s)
- However, 263 (66%) of transitions did document support for prospective caregivers.

When support services were provided to caregivers, these were also provided primarily by social workers. 100% of pre-transition supports delivered in 246 transitions were delivered by social workers.



**TRANSITION PLANNING AND FOLLOW-UP  
(CONTINUED)**

**FINDINGS:**

- Child, Youth and Family Services in each Regional Integrated Health Authority failed to ensure that adequate transition planning occurred and that supports were in place in a significant number of transitions which occurred during the 2006 calendar year.

**RECOMMENDATIONS:**

- THAT policy be developed which requires within 24 hours, an update to the Plan of Care in CRMS and in the file, whenever a transition occurs and such update shall include the reasons for the transition;
- THAT policy be developed which contains clear guidelines regarding the supports to be provided to a child or youth and caregiver(s) pre-transition, transition and post transition. The social worker shall document in CRMS and in the file the supports offered and/or provided to a child or youth and caregiver(s) during the transition process within 7 days of the offer of supports and/or receipt of the supports by the child, youth or caregiver(s);
- THAT policy be developed to ensure access for children and youth In Care to alternative forms of support, services and therapy (such as animal, art and music therapy) and extra-curricular activities.

## CHANGES ASSOCIATED WITH TRANSITIONING

**BACKGROUND:** A number of changes occur when a child or youth is transitioned from one placement to another. The impact of these changes should be anticipated and addressed as part of the overall Plan of Care.

### REVIEW DATA:

Of the 277 files reviewed by the OCYA, 400 transitions were noted. Among these 400 transitions:

- 60 (15%) contained no documentation regarding whether or not the child or youth was required to change schools;
- 77 (19%) contained no documentation regarding changes to contacts with siblings;
- 36 (9%) contained no documentation regarding changes to contact with family;
- 88 (22%) contained no documentation regarding changes in access to professional services.

The personal effects of children and youth In Care are often the only tangible evidence of their personal history and loss of these belongings can be devastating.

- only 148 transitions (37%) had documentation in the files to confirm that the personal belongings of the children and youth accompanied them when they moved.

Children and youth interviewed by OCYA staff for this study indicated that loss of or separation from their pet is often a great source of pain during transition but this is rarely taken into account during transition planning and support activities.

**FINDING:** File documentation regarding changes which occurred as a result of transitioning was inadequate in a significant number of files. Documentation failed to address issues such as contact with family, loss of belongings, access to professional services, changes in schools and extracurricular activities, and separation from pets.

**CHANGES ASSOCIATED WITH TRANSITIONING  
(CONTINUED)**

**RECOMMENDATIONS:**

- THAT policy be developed that social workers document throughout the pre-transition, transition and post transition phases the changes which will occur or have occurred in the life of the child or youth as a result of the transition. Documentation shall include changes related to contact with family, loss of belongings, access to professional services, changes in schools and extracurricular activities, and separation from pets;
- THAT policy be developed which requires that all personal belongings of a child or youth who is transitioned accompany the child or youth and that, within 24 hours of the transition, the social worker shall document in CRMS and record in the file, verification that the personal belongings accompanied the child or youth or an explanation as to why this did not occur, including the plans to deliver these items to the child or youth;
- THAT policy be developed which requires social workers to identify children and youth who have an established relationship with a family pet. In such cases, social workers shall make every effort to ensure continued contact by the child or youth with the pet and shall document all such efforts and access by the child or youth to the pet.

## INCLUSION OF CHILDREN AND YOUTH IN DECISION MAKING

**BACKGROUND:** A transition is a significant event in the life of a child or youth In Care and therefore the child or youth should be involved in the transition process. Article 12 of the *United Nations Convention on the Rights of the Child* requires that children and youth be afforded an opportunity to participate in decisions that affect them. Provincial policy in place in 2006 stipulated that all children and youth in the care of the director of Child, Youth and Family Services in a region must be provided information concerning the caregiver in a manner that is appropriate to his/her age and development. Policy also required the social worker to ensure the child was consulted, if developmentally appropriate, and given an opportunity to express her/his views regarding transfer to another placement.

### **REVIEW DATA:**

Among the 277 files and 400 transitions reviewed, the child or youth was advised:

- one or more days prior to the move in 37% of the transitions;
- on the day of the move or was given no prior notification in 18% of the transitions;
- No reference to notifying the child or youth of the move was noted in 29% of the transitions.

Among the 28 children and youth In Care who participated in an interview with staff from the OCYA, the most frequent experience was the child or youth being told on the day of the move, some just hours before the move took place.

Nineteen of the 28 (68%) reported that they did not participate in the planning for their transition.

Respondents from the Regional Integrated Health Authorities indicated that it is not always possible to engage children and youth in the transition process if the move occurs on an emergency basis. Fifty-six of the 400 transitions (14%) were identified as being an emergency. Age of the child can also be a factor in how much engagement can take place. In 100 of the 400 transitions (25%) the child was considered to be too young to participate in the transition process.

**FINDING:** Child, Youth and Family Services in each Regional Integrated Health Authority failed to ensure that children and youth were accorded their right to participate in decisions that affect them, pursuant to Article 12 of the *United Nations Convention on the Rights of the Child* and provincial policy which requires consultation with a child or youth about significant decisions affecting their care or custody.

### **RECOMMENDATION:**

- THAT policy be developed which requires the participation of a child or youth in all decisions related to a transition. In situations where a child or youth has not participated in the transition planning, the social worker shall document, within 5 days, both in CRMS and in the file, the reasons why the child or youth did not participate.

## CAREGIVERS

**BACKGROUND:** Caregivers are essential to the In Care Program. They provide care, nurturing, and a family environment for the children and youth placed in their care. They also participate as members of a team including birth parents, social workers and other professionals who are involved in supporting children and youth In Care.

### **REVIEW DATA:**

According to questionnaires completed by board members of the Foster Families Association, supports that they would have liked to receive during the transition process included:

- Inclusion as a team member in discussions and decisions regarding the child or youth who is currently in their care or coming into their care;
- Support from their social workers on a regular basis (not just in emergencies);
- Assistance with respect to respite services;
- Access (without charge) to counselling for caregivers and their families.

Challenges associated with the In Care Program identified by caregivers included:

- Insufficient support (social workers and others);
- Distance to travel to receive support services;
- Lack of continuity of care associated with the turnover of social workers;
- Insufficient financial support;
- Shortage of caregiver homes;
- Recruitment and retention of caregivers; and
- Lack of training for caregivers.

### **FINDINGS:**

- There is a severe shortage of caregiver placements;
- There is a need to improve the nature and degree of caregiver involvement in the team supporting children and youth In Care;
- Training for caregivers is required to assist them to better understand the needs and behaviour of children and youth in their care and help prevent placement breakdown.

### **RECOMMENDATIONS:**

- THAT policy be developed regarding the involvement of caregivers in decisions related to the pre-transition, transition and post transition process;
- THAT training be provided to caregivers in such areas as attachment, grief and loss to assist them to better understand the behaviour of the children and youth in their care;
- THAT policy and strategies be developed to increase the recruitment and retention of caregiver placements. Such strategies and policy should include annual indexing of the rates paid to caregivers for cost of living increases.

**CHILD, YOUTH AND FAMILY SERVICES  
SOCIAL WORKERS/DIRECTORS IN REGION**

**BACKGROUND:** Pursuant to the *Child, Youth and Family Services Act*, SNL. 1998, c.C-12.1, the director in a region is the legal guardian of a child or youth In Care. The role of the social worker, as the designate of the director, is to carry out all of the responsibilities of guardianship, with the primary focus being the best interests of the child or youth.

**REVIEW DATA:**

Respondents from the Regional Integrated Health Authorities, the Foster Families Association, and the Department of Health and Community Services, as well as the children and youth In Care interviewed all identified social workers as pivotal to the In Care Program, and the major source of support for both children and youth and caregivers.

Challenges identified for social workers as they strive to meet expected standards of practice include:

- Inadequate numbers of social work positions;
- Shortage in the number of social workers practising in this field;
- Social worker workload and training issues, leading to turnover and burnout;
- Complexity of cases, especially in Labrador, where cultural issues add an additional layer of challenge to practice;
- Frustration with not being able to meet standards of practice established by policy; - as one respondent said:

***One of the most frustrating things is when you know you're not doing the right thing. You know better, but you can't do better.***

**FINDING:** There is a severe shortage of social workers assigned to the In Care Program. Additional social worker positions and supports to social workers are required to ensure appropriate care is provided to children and youth in the In Care Program.

**RECOMMENDATION:**

- THAT sufficient resources be allocated to address the recruitment, retention and continuing education requirements of social workers assigned to the In Care Program within the province.
- THAT the *Child, Youth and Family Services Act*, SNL. 1998, c.C-12.1, be amended to include provision for the mandatory reporting by the directors in the regions to the provincial director of Child, Youth and Family Services whenever the regions are unable to deliver services and programs to children and youth In Care in accordance with the standards established by policy and legislation.

## 7.0 RECOMMENDATIONS

After completing a Review or a Review and Investigation under the *Child and Youth Advocate Act*, SNL, 2001, c.C-12.01, the Advocate may, under section 15.(1)(g) of the Act,

*make recommendations to the government, an agency of the government or communities about legislation, policies and practices respecting services to or the rights of children and youth.*

On March 30, 2009, a copy of the Recommendations arising from the *Review of the Transitioning of Children and Youth In Care* was provided to the Deputy Minister of Health and Community Services, and to each of the Chief Executive Officers of the four Regional Integrated Health Authorities.

### **Recommendation No. 1**

THAT sufficient resources be allocated to address the recruitment, retention and continuing education requirements of social workers assigned to the In Care Program within the province.

### **Recommendation No. 2**

THAT training be provided to caregivers in such areas as attachment, grief and loss to assist them to better understand the behaviour of the children and youth in their care.

### **Recommendation No. 3**

THAT policy and strategies be developed to increase the recruitment and retention of caregiver placements. Such strategies and policy should include annual indexing of the rates paid to caregivers for cost of living increases.

### **Recommendation No. 4**

THAT the *Child, Youth and Family Services Act, SNL. 1998, c.C-12.1*, be amended to include provision for the mandatory reporting by the directors in the regions to the provincial director of Child, Youth and Family Services whenever the regions are unable to deliver services and programs to children and youth In Care in accordance with the standards established by policy and legislation.

**Recommendation No. 5**

THAT regional managers complete file audits every 90 days to ensure compliance with program and recording policies.

**Recommendation No. 6**

THAT a checklist of all required file documentation for children and youth In Care be developed in CRMS and a print out placed at the beginning of each file. The checklist should include a complete list of the documents required, e.g., Life Book, Plan of Care, Special Needs Assessment, ISSP, and a log of visits completed, updates to reports, etc.

**Recommendation No. 7**

THAT policy be developed to include the recording in CRMS of the monthly visitation with the child or youth and monthly review of the Plan of Care.

**Recommendation No. 8**

THAT policy be developed which requires within 24 hours, an update to the Plan of Care in CRMS and in the file, whenever a transition occurs and such update shall include reasons for the transition.

**Recommendation No. 9**

THAT policy be developed which requires the participation of a child or youth in all decisions related to a transition. In situations where a child or youth has not participated in the transition planning, the social worker shall document, within 5 days, both in CRMS and in the file, the reasons why the child or youth did not participate.

**Recommendation No. 10**

THAT policy be developed which contains clear guidelines regarding the supports to be provided to a child or youth and caregiver(s) pre-transition, transition and post-transition. The social worker shall document in CRMS and in the file the supports offered and/or provided to a child or youth and caregiver(s) during the transition process within 7 days of the offer of supports and/or receipt of the supports by the child, youth or caregiver(s).

**Recommendation No. 11**

THAT policy be developed which requires that all personal belongings of a child or youth who is transitioned accompany the child or youth and that,



within 24 hours of the transition, the social worker shall document in CRMS and record in the file, verification that the personal belongings accompanied the child or youth or an explanation as to why this did not occur, including the plans to deliver these items to the child or youth.

#### **Recommendation No. 12**

THAT policy be developed that social workers document throughout the pre-transition, transition and post-transition phases the changes which will occur or have occurred in the life of the child or youth as a result of the transition. Documentation shall include changes related to contact with family, loss of belongings, access to professional services, changes in schools and extracurricular activities, and separation from pets.

#### **Recommendation No. 13**

THAT policy be developed to ensure access for children and youth In Care to alternative forms of support, services and therapy (such as animal, art and music therapy) and extra curricular activities.

#### **Recommendation No. 14**

THAT policy be developed which requires social workers to identify children and youth who have an established relationship with a family pet. In such cases, social workers shall make every effort to ensure continued contact by the child or youth with the pet and shall document all such efforts and the access by the child or youth to the pet.

#### **Recommendation No. 15**

THAT policy be developed regarding the involvement of caregivers in decisions related to the pre-transition, transition and post-transition process.



**Appendix A**  
**Data Collection Guide**

**Transitioning of Children in Care File Review Instrument  
2008**

<b>File Review #:</b>	
<b>Region:</b>	<input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Innu District <input type="checkbox"/> Labrador-Grenfell <input type="checkbox"/> Western

<b>A. Profile of Child</b>	
1. Date of Birth (dd/mm/yy):	
2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>B. Children in Care in 2006</b>	
<input type="checkbox"/> Child already in care at January 1, 2006 and transitioned (updated plan of care)	
<input type="checkbox"/> Child came into care in 2006 and was transitioned (new plan of care)	

<b>C. Documentation – Plan of Care and Assessments/Reports</b>			
1. Has there been a special needs assessment completed for the			
completed for the	<input type="checkbox"/> Completed	<input type="checkbox"/> Not documented	<input type="checkbox"/> Not applicable
child?			
2. Has an ISSP been completed?			
	<input type="checkbox"/> Completed	<input type="checkbox"/> Not documented	<input type="checkbox"/> Not applicable

<b>D. Consideration of the Identity of the Child</b>	
2. Is there any reference to a Life Book in the	
child/youth's file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>E. Social Worker Involvement</b>	
1. How many social workers have been involved/assigned to this file from January 01, 2006 to December 31, 2006? # _____	
	<input type="checkbox"/> Not documented
2. Are there gaps in the CRMS notes?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No CRMS notes in file

<b>F. Professional Services</b>			
1. Does the child require professional services?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not documented
2. Has the child had access to required services?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not documented <input type="checkbox"/> N/A

*Note: if more than one transition, repeat sections G-M for each transition.*

<b>G. Current Status and Reason for Transition</b>				
1. Number of Transitions in 2006:				
2. Initial Placement:		3. Second Placement:		
NCP <input type="checkbox"/>		Home <input type="checkbox"/>		
Relative <input type="checkbox"/>		NCP <input type="checkbox"/>		
SO <input type="checkbox"/>		Relative <input type="checkbox"/>		
Caregiver <input type="checkbox"/>		SO <input type="checkbox"/>		
Adoption <input type="checkbox"/>		Caregiver <input type="checkbox"/>		
Group Home <input type="checkbox"/>		Adoption <input type="checkbox"/>		
ILA <input type="checkbox"/>		Group Home <input type="checkbox"/>		
ALA <input type="checkbox"/>		ILA <input type="checkbox"/>		
Out of Province <input type="checkbox"/>		ALA <input type="checkbox"/>		
(Protocol) _____ Y/N				
Other (specify): <input type="checkbox"/>	Out of Province <input type="checkbox"/>			
	(Protocol) _____ Y/N			
	YCA <input type="checkbox"/>			
	Other (specify): <input type="checkbox"/>			
** 4.(a) If behaviours could not be managed, what supports were provided:			<input type="checkbox"/> SW for caregiver <input type="checkbox"/> BMS <input type="checkbox"/> Anger Management <input type="checkbox"/> Psychiatric <input type="checkbox"/> Respite <input type="checkbox"/> Other (specify):  <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable	

H. Legal Status – Care and Custody in 2006	
1. What is the legal status of the child? <input type="checkbox"/> Care <input type="checkbox"/> Care & Custody <input type="checkbox"/> Not Documented	
a. Care (select type): Voluntary Care <input type="checkbox"/> Interim <input type="checkbox"/> YCA <input type="checkbox"/>	b. Care & Custody (select type): Temporary <input type="checkbox"/> Continuous <input type="checkbox"/>

I. Transition Planning	
1. Has the Plan of Care been updated for this transition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. When was child notified/advised of the move? <input type="checkbox"/> Prior to the move <input type="checkbox"/> On the day of the move <input type="checkbox"/> No prior notification <input type="checkbox"/> Not documented <input type="checkbox"/> N/A	
3. How was child advised of the move? <input type="checkbox"/> Child requested move <input type="checkbox"/> By social worker <input type="checkbox"/> By caregiver <input type="checkbox"/> Not documented <input type="checkbox"/> N/A  <input type="checkbox"/> Other, specify: _____	
4. If the child had notice of the move (i.e. was notified prior to the move):	
a. Who provided the information?	<input type="checkbox"/> Social Worker <input type="checkbox"/> Caregiver <input type="checkbox"/> Parent <input type="checkbox"/> SO <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable
b. How was the information relayed?	<input type="checkbox"/> Face-to-face meeting for the purpose <input type="checkbox"/> Telephone for the purpose <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable

c. What information was provided to the child?	<input type="checkbox"/> Reason why child was being moved <input type="checkbox"/> If the child would have access to family and friends as at present <input type="checkbox"/> If the child would be staying in the community <input type="checkbox"/> If the child would be attending the same school <input type="checkbox"/> If the child would be involved in the same extra-curricular activities <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable
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<b>J. Involvement/Participation of Child/Youth</b>	
1. Did the child/youth participate in developing the transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
2. If so, how was the child/youth involved?	<input type="checkbox"/> Meeting(s) with present caregiver <input type="checkbox"/> Meeting(s) with future caregiver <input type="checkbox"/> Meeting with social worker and/or program manager <input type="checkbox"/> Case conference with other professionals <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable
3. If not involved, why not?	<input type="checkbox"/> Emergency situation so no planning occurred <input type="checkbox"/> Child/youth ill <input type="checkbox"/> Not of developmental age <input type="checkbox"/> Court ordered <input type="checkbox"/> Temporary placement <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable
4. Did the child move with personal belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Not documented
5. If not, when did they receive their personal belongings?	<input type="checkbox"/> Days, specify: _____ <input type="checkbox"/> Weeks, specify: _____ <input type="checkbox"/> Months, specify: _____ <input type="checkbox"/> Not to date <input type="checkbox"/> Never <input type="checkbox"/> Not documented <input type="checkbox"/> Not applicable

<b>K. Supports for Transitioning</b>			
<i>Stage</i>	<i>To the child</i>	<i>To the previous caregiver</i>	<i>To the prospective caregiver</i>
1. What supports were provided pre-transition?	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Previous caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> N/A <input type="checkbox"/> Not documented	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Future caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> N/A <input type="checkbox"/> Not documented <input type="checkbox"/> No previous caregiver	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Previous caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Not documented <input type="checkbox"/> No prospective caregiver
2. What supports were provided during the transition?	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Previous caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> N/A <input type="checkbox"/> Not documented	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Future caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> N/A <input type="checkbox"/> Not documented <input type="checkbox"/> No previous caregiver	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Previous caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Not documented <input type="checkbox"/> No prospective caregiver
3. What supports were provided post-transition?	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Previous caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Not documented	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Future caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Not documented <input type="checkbox"/> No previous caregiver	<input type="checkbox"/> Social worker <input type="checkbox"/> Other counselling <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Family <input type="checkbox"/> Previous caregiver contact <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Not documented <input type="checkbox"/> No prospective caregiver



<b>L. Indicate if a change occurred in each of the following areas as a result of the transition.</b>		
1. Education	<input type="checkbox"/> No change <input type="checkbox"/> New school <input type="checkbox"/> Child too young to attend school	<input type="checkbox"/> Did not attend school <input type="checkbox"/> Not documented
2. Sibling contact	<input type="checkbox"/> Yes, change in contact Increase or decrease: _____	<input type="checkbox"/> No change <input type="checkbox"/> No siblings <input type="checkbox"/> Not recommended <input type="checkbox"/> Not documented
3. Family contact	<input type="checkbox"/> Yes, change in contact Increase or decrease: _____	<input type="checkbox"/> No change <input type="checkbox"/> Not recommended <input type="checkbox"/> Not documented
4. Previous caregiver contact	<input type="checkbox"/> Yes, change in contact Contact maintained: Y / N	<input type="checkbox"/> No change <input type="checkbox"/> Not recommended <input type="checkbox"/> Not documented
5. Contact with previous foster siblings	<input type="checkbox"/> Yes, change in contact Contact maintain: Y / N	<input type="checkbox"/> No change <input type="checkbox"/> No foster siblings <input type="checkbox"/> Not recommended <input type="checkbox"/> Not documented
6. Access to required professional service(s)	<input type="checkbox"/> Yes, change in access Increase or decrease: _____	<input type="checkbox"/> No change <input type="checkbox"/> No need identified <input type="checkbox"/> Not documented
7. Did the transition result in legal siblings being separated or reunited?	<input type="checkbox"/> Separated <input type="checkbox"/> Reunited <input type="checkbox"/> No siblings	<input type="checkbox"/> No change <input type="checkbox"/> Not documented

<b>M. Information Requirements</b>	
1. Has information about the child been provided to the previous caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented <input type="checkbox"/> No previous caregiver
2. Has information been provided to the birth parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented <input type="checkbox"/> No – Closed adoption
3. Has information about the previous caregivers been given to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented <input type="checkbox"/> N/A <input type="checkbox"/> No previous caregiver

<b>N. Data Collector's Comments</b>

**Appendix B**  
**Interview Guide for**  
**Children and Youth In Care**

## The Review of the Transitioning of Children and Youth In Care

### Questions for Children and Youth In Care

The Office of the Child and Youth Advocate is completing a Review of Children and Youth In Care, who while In Care experienced one or more moves in the year 2006 (January 01 to December 31). The moves may have been from any type placement to any other type placement; including, but not limited to, a caregiver home, a group home, an out of province placement, an independent living arrangement (ILA), an alternative living arrangement (ALA), a move home, and/or a move to a relative home or significant other placement.

The purpose of this Review is to take a close look at the experiences of youth In Care who are moved (“transitioned”). We hope to determine what supports and services are necessary for a smooth transition. We also wish to determine if youth In Care are receiving and have access to the supports and services they require.

We are interested in hearing about your experience In Care and what it was like for you when you were moved from one placement to another.

*The responses to these questions are confidential, for example, we will not say “John said \_\_\_”, instead we will say “the youth who participated discussed or reported the following \_\_\_”.*

1. What is your date of birth?
2. How old were you when you first came into care?
3. How many times did you move while you were In Care?
4. What was/were the reasons for your move(s)?
5. Who told you that you were going to be moved? What information was given to you before you moved?
6. How soon did you move after you were told you would be moving?
7. (a) Did you participate in any discussion or have a say in the decision regarding your move from one placement to another?  
(b) If not, do you think you had the right to be involved in the decisions and discussions about your move?
8. (a) What services/supports did you receive before, during, and after your move(s)?

- (b) Were these services/supports enough to help you with your move(s)? If not, what other services/supports would you have liked to receive?
9. If you were in a caregiver home before you moved, did you have contact with those caregivers after you moved?
10. (a) Did you continue to have contact with your family (parents, brothers, sisters, grandparents, etc), if you were already having contact with them?  
(b) Did you begin to have contact with your family (parents, brothers, sisters, grandparents, etc) after the move, if you were not already having contact with them before your move?
11. (a) Did you have a social worker that you could talk to before you moved?  
(b) How soon after your move did you talk to a social worker?  
(c) Was this the same social worker that you had before you moved?
12. (a) Did you have to change schools when you moved?  
(b) If you changed schools, how soon after the move did this change happen? For example, did it happen right away; did it happen a few weeks later or were you able to finish the school year at the same school you attended before the move?  
(c) If you changed schools, was it a difficult change for you? If yes, what was the hardest part about changing schools?
13. (a) Were you receiving any services (for example; counselling, speech therapy, behaviour management specialist, psychologist, psychiatrist, physiotherapist, etc.) before you moved?  
(b) If yes, please tell us what services you were receiving.  
(c) Did the services continue after you moved? If not, why not?  
(d) Did you begin receiving any new services after you moved?  
(e) If yes, please list the new services.
14. (a) Were you involved in any activities (for example; sports, music, dancing, swimming, skating, scouts, cadets, etc.) before you moved?  
(b) If yes, please list the activities.  
(c) Were you able to continue with these activities after you moved? If not, why not?  
(d) Did you become involved in any new activities after you moved?  
(e) If yes, please list the new activities.
15. Were you able to keep in contact with your friends after the move? If yes, how? For example, telephone, internet, in-person contact, etc.
16. Do you have any opinions and/or suggestions about how Child, Youth and Family Services can reduce the number of moves for children and youth In Care?

17. If a move must happen, what do you think should happen to make the move (“transition”) less upsetting and disruptive for the youth who is experiencing it?
18. Please provide any other comments you wish to share regarding your experience In Care.

**Appendix C**  
**Questionnaire for Caregivers**

## The Review of the Transitioning of Children and Youth in Care

### Questions for Caregivers

The Office of the Child and Youth Advocate is completing a review of children and youth In Care, who were transitioned (i.e., moved from one caregiver home to; another caregiver home, placed out of Province, returned home, moved to extended family, aged out and moved from their caregiver home) during January 1, 2006 to December 31, 2006.

The objective of this review is to examine and identify the strengths and weaknesses in the present delivery of services in the transitioning of children and youth In Care in Newfoundland and Labrador and to provide government with recommendations regarding improvements required.

We have completed the file review process and are seeking input from caregivers in all Regions of the Province about transitioning of children and youth In Care.

*The responses to these questions are confidential. Please do not provide identifying information.*

1. When did you become a caregiver in this Province?
2. Since then, how many children have you provided care to in your home?
3. On average, how often would the children in your care have face-to-face contact with a social worker? Please circle your answer(s).
  - (a) once per month;
  - (b) more than once per month;
  - (c) once every two months;
  - (d) less than twice in a six month period;
  - (e) only when a problem or crisis develops; or
  - (f) other, please explain.
4. (a) When children have been transitioned in or out of your home, what supports did **the child** receive, pre, during and post transition?  
  
(b) Do you feel there were any supports that **the child** should have received that they did not receive; pre, during and post transition?
5. (a) When children were transitioned in or out of your home what supports did **you and your family** receive; pre, during and post transition?



- (b) What supports would **you and your family** have liked to receive (that you didn't), pre, during and post transition?
6. What are some of the barriers to timely, appropriate and effective delivery of transitioning services, for children In Care?
  7. What do you believe are the challenges associated with the In Care Program for **children**?
  8. What do you believe are some of the challenges associated with the In Care Program for **care givers**?
  9. In your opinion, what is required to strengthen the In Care Program in this Province?
  10. Other Comments or suggestions.



## **Appendix D**

### **Teleconference Questions for the Regional Integrated Health Authorities**

An Examination of the Transitioning of Children and Youth In Care in Newfoundland and Labrador from January 01 to December 31, 2006.

### Questions for the Regions

The Office of the Child and Youth Advocate is conducting a Review of the delivery of services provided to children within Newfoundland and Labrador who were in the care of a Director of Child, Youth and Family Services and who were moved to an alternate placement or returned home during the period January 1<sup>st</sup> to December 31<sup>st</sup>, 2006. The Review will focus on the services provided to, or on behalf of, these children during the transition process.

The objective of this Review is to examine and identify the strengths and weaknesses in the present delivery of services in the transitioning of children and youth In Care in Newfoundland and Labrador and to provide government with recommendations regarding improvements required.

Data contained in the individual files of children and youth In Care who were transitioned during 2006 was collected from the four Regional Integrated Health Authorities in the Province.

*Regional differences and responses will be identified in the final report; however, individual names of respondents will not be reported. Rather, comments will be attributed to Regional positions and/or groups of individuals (e.g. social workers, program managers, etc.).*

Please provide in writing (prior to teleconference) the responses to the following questions:

1. What was the In Care social work case load for the year 2006?
2. What is the current In Care social work case load?
3. (a) How many social workers were dedicated to the In Care Program in this Region during 2006?  
  
(b) Did these social workers have other responsibilities?
4. (a) How many social workers are currently dedicated to the In Care Program in this Region?  
  
(b) Do they have other responsibilities?

Teleconference Questions:

1. In 2006 what were the Regional challenges associated with the In Care Program?
2. In 2006 what were the challenges with the In Care Program at the Provincial level?
3. Have these challenges been addressed to date? If so, how?
4. (a) What transition protocols and procedures (pre-, during and post-transition) were in place in 2006 for children and youth In Care?  
  
(b) What transition protocols and procedures (pre-, during and post-transition) are currently in place for children and youth In Care?  
  
(c) Is there currently a transition protocol?  
  
(d) If not, is one being developed?  
  
(e) Do you feel there is a need for transition protocol?  
  
(f) Do you feel there is a need for protocol that ensures participation of youth in transition planning and other aspects of his/her In Care experience?
5. (a) What are the barriers to the delivery of transitioning services in accordance with established policy and legislation?  
  
(b) How are these barriers being addressed in this Region?  
  
(c) What efforts has this Region made to address these barriers?
6. In 2006, ILAs/ALAs were developed for the placement of children and youth In Care.  
(a) Under what circumstances were ILAs or ALAs sought for placements within this Region?  
(b) What concerns are associated with this type of placement?  
(c) Should restrictions, and in particular, restrictions on length of stay be imposed?  
(d) Is there a need for the development of additional or alternative placements for certain groups of children and youth?  
(e) Are ALAs or ILAs currently operating in this Region? Have there been any changes to the circumstances necessitating such placements?
7. *The Child, Youth and Family Services Act* was the legislation which governed the In Care Program within the Province during 2006 (the time period covered

by this Review). The applicable policies and standards were the *Child, Youth and Family Services Act Standards and Policy Manual, September 1999*, which was supplemented by the *Child Welfare Policy and Procedures Manual, 1995*.

The data collection indicates that frequently not all of the standards were met, for example:

- a. Plan of Care not in file;
- b. Plan of Care not updated upon transition;
- c. Monthly meetings with children and youth not documented in CRMS notes;
- d. Child or youth not involved in transition planning;
- e. Counselling was not sought;
- f. Transition plans not identified.

(a) Are you surprised by these findings?

(b) Is this an accurate reflection of practice in 2006? If not, how does it differ?

(c) In your view, if the same data was collected for 2008 would it be similar to the data collected for 2006? If not, what would be different?

(d) Why were the standards and policies not followed?

8. Section 04-05-17 of the *Child Welfare Policy and Procedures Manual, 1995*, specifies the file/recording requirements for every child and youth In Care. Our data collection indicates that most of the files did not contain the documentation required by policy, for example:

- Verification of birth not contained in file;
- Plan of Care not contained in file;
- School information including attendance, assessment, and ISSP not contained in file;
- Photographs of children and significant others not contained in file;
- Documentation of social worker visits with child or youth not contained in file.

(a) Why was policy not followed?

(b) How can standards be maintained and policy followed when Regions experience short term/long term instability with respect to the provision of In Care services?

(c) Should it be mandatory for the Regions to report in writing to the Provincial Director of Child, Youth and Family Services when they are unable to deliver services to children and youth In Care in accordance with the standards set out in policy and legislation?

9. What are the Regions currently doing to recruit foster parents?

10. What is needed to successfully recruit foster parents?

11. (a) What is the current status of the National Youth In Care Network in the Region?  
(b) In your view, is the National Youth In Care Network an important support for children and youth In Care?  
(c) If yes, why? If not, why not?
12. What are the strengths in the In Care system at this time?
13. What quality assurance measures exist within the system to ensure adherence to legislation and policy?
14. What are the future directions and/or changes planned for the In Care Program?
15. Additional comments.





## **Appendix E**

### **Interview Questions and Written Response, Department of Health and Community Services**

An Examination of the Transitioning of Children and Youth in Care in Newfoundland and Labrador from January 01 to December 31, 2006.

Questions for the Department of Health and Community Services

The Office of the Child and Youth Advocate is currently conducting a Review of the services provided to children and youth who were in the care of a Director of Child, Youth and Family Services and who were transitioned to an alternative placement or returned home during the period of January 1<sup>st</sup> to December 31<sup>st</sup>, 2006. The Review will focus on the services provided to, or on behalf of, these children during the transition process.

The objective of this Review is to examine and identify the strengths and weaknesses in the delivery of transitioning services to children and youth In Care and to provide Government with recommendations based on these findings.

Individual files of children and youth In Care from each of the four Regional Integrated Health Authorities in the Province were reviewed and data from these files was collected. We will supplement this data with information provided to us directly from the Regional Integrated Health Authorities as well as the Department of Health and Community Services. Therefore we are requesting your participation in a meeting to discuss the following questions.

*Responses from the Provincial Department of Health and Community Services will be included in the final report, however individual names of respondents will not be reported; rather, comments will be attributed to Departmental position titles.*

Please provide in writing (prior to the meeting) responses to the following questions:

1. How many children were In Care in 2006?
2. How many children are presently In Care?
3. How many Provincial staff were dedicated to the In Care Program in 2006?
  - (a) What were the position titles of these staff?
  - (b) Did these staff have other responsibilities?
4. How many Provincial staff are currently dedicated to the In Care Program?
  - (a) What are the position titles of these staff?
  - (b) Do these staff have other responsibilities?

There were 740 children In Care during the calendar year 2006. From January to September 2006 there was one program consultant who was responsible for both the In Care Program and the Adoptions Program. A separate program

consultant position for the In Care Program was approved on a temporary basis in Budget 2006. The position was filled in October 2006 and was converted to permanent status in February 2008.

For the 2008 calendar year to date, there have been 812 children In Care. For the month of October, 2008 there were a total of 655 children In Care. Currently there are two program consultants dedicated to the In Care Program. In addition to the position that was made permanent in February 2008, another additional program consultant was hired in October 2008. There is also a new position of Manager of In Care and Adoptions. This position was recently recruited; however the incumbent has not yet commenced work. The plan is to have one consultant focus on policy and program development for caregiver and placement resources. The second consultant will focus on policy and program development for children In Care. These Program Consultants do not have responsibilities for other programs.

*The Department of Health and Community Services provided the following written response to questions posed by the OCYA.*

**1. What were the Provincial challenges associated with the In Care Program in 2006?**

- Prior to October 2006, we did not have a program consultant to solely focus on the In Care Program.
- There were limited dedicated human and fiscal resources to support training and professional development for social workers, program, policy and standards development, development of the Client Referral and Management System (CRMS), and program monitoring and evaluation.
- Human and fiscal resources have increased considerably with the significant investments in the CYFS Program in 2007 and continuing in 2008.

**2. What were the challenges with the In Care Program at the Regional level in 2006?**

- The need for additional social workers.
- The need to identify and hire other staff with skill sets to support the work of social workers with children In Care and their caregivers.
- Lack of training and professional development for staff.
- Lack of training for caregivers.
- Need for updated policies.
- Lack of adequate placement resources to meet the placement needs of children, including specialized placements for children with complex needs. As a result some children were placed outside the province.
- Lack of mental health, addiction and counseling services for children In Care.

**3. Have these challenges been addressed to date?**

**(a) If so, how?**

**(b) If not, why not?**

- Budget 2006 provided 55 additional social workers to the Regional Health Authorities (RHAs) across the province.
- Budget 2006 provided a Manager of CYFS and two temporary program consultant positions, one for In Care and the other for training and development for the Division of Children and Youth Services, Department of Health and Community Services.
- Budget 2007 provided significant investments for the CYFS Program at both the provincial and regional levels. At the provincial level, the temporary position for the program consultant for the In Care Program was made permanent. Human and fiscal resources were provided for training and professional development for social workers and managers in the RHAs. A provincial Training Plan that is supported by provincial and regional staff is being developed and implemented. A Quality Unit is being established and new positions to support the development of the Client Referral Management System (CRMS) have been recruited.
- The number of clinical supervisors in the RHAs across the province has been increased.
- Budget 2008 provided an additional Program Consultant for the In Care Program and a Manager for In Care and Adoptions. Both positions were recruited in October 2008. The Consultant has commenced work; however, the Manager has not yet commenced work.
- Following the 2007/08 budget approval for new positions at the provincial level, an organizational review was completed of the Division of Children and Youth Services. New and existing positions in the new approved structure were subject to a classification review by Treasury Board.
- The Department of Health and Community Services (DHCS) in collaboration with the RHAs and the NL Foster Families Association (FFA) has developed a new rates structure proposal for foster families for consideration by Government.
- A profile of children In Care and a report with recommendations for enhancement to the In Care Program has been recently completed by an external consultant. The report has not yet been publicly released. The findings and recommendations will help inform future directions.
- There were two CYFS policy manuals in 2006. These were combined and a consolidated manual was released in March 2007. Policy review and updates will be an on going process.

- A new CRMS module for the In Care Program is currently under development. The new system will support case management, documenting important information on the development of a child, and facilitate the use of data from the system in evaluation and monitoring. A program consultant and a departmental program co-ordinator to support CYFS CRMS initiatives were hired in 2008.
- A Quality Unit for CYFS is being established as part of the Division of Children and Youth Services. A Manager of Quality Initiatives will begin work with the Division on December 1, 2008. A program Consultant for Quality was hired in April 2008.
- A Quality Manager position for CYFS was provided to each of the four RHAs in Budget 2008. The focus on quality including the use of data, research, and evaluation is aimed at enhancing services and improving outcomes for children.
- Strengthening the In Care continuum of placement resources and enhancing training, support and services to foster families are priority areas for the Department.

**4. (a) Did Provincial policy/protocol (pre-, during and post-transition) exist in 2006 for children and youth In Care who were transitioned to other placements or returned home?**

There was not a section of policy in the *Child, Youth and Family Services Act* Standards and Policy Manual, September, 1999 or the *Child Welfare Policy and Procedures Manual*, 1995 that specifically addressed pre-, during and post-transitions for children In Care who are transitioned to other placements or return home. There were sections in the Policy Manual, September 1999 that were applicable including:

- Page 88 – Section 62 of the *CYFS Act* states that placement of a child shall be conducted in a manner that is least disruptive.
- Page 93 – Section 64.(1) of the Act states that a social worker will provide written information relevant to the care of a child upon placement. The section outlines a list of the information that should be provided on the day of placement and a list of information to be provided as soon as possible. This information will assist the caregiver in responding to the individual needs of the child.
- Page 96 – Section 64.2 of the Act states that social worker shall provide information concerning the caregiver to the child.
- Page 101 – The standard (based on Section 7.(h); Section 8(c) and Section 9 of the *CYFS Act* states that “a child must be consulted (according to his or her capabilities) about significant decisions, including decisions affecting his or her care in custody”. The second standard on page 101 states that “a child must be informed about decisions affecting him or her and the circumstances that were considered in arriving at the decisions when and wherever possible”.

- The Commentary Section on page 101 explains that the *CYFS Act* stipulates that a child age 12 or over must be consulted regarding all decisions affecting his/her care, including receiving all documents pertaining to a court hearing. It states that it is important that a child of any age be given the opportunity to express his/her views and be involved in the fullest extent possible in the decision making process regarding care and custody. It further explains that the social worker must speak with a child monthly and maintain an open relationship with the child based on trust, understanding and mutual respect.
- Page 102 lists examples of decisions of which a child should be informed including:
  - significant decisions affecting his/her life and the plan of care
  - where and with whom he or she will be living and the length of the placement
- Page 104/105 addresses Planning to Meet Children's Needs while In Care. It lists the areas to be considered in assessment and planning. Current and future placements and the child's involvement and views about the plan of care are listed.
- Page 106 provides for review of the plan of care monthly. Assessment of the effectiveness of the person, especially in relation to stability and attachment are part of the on-going review.
- Page 108. The Act (Section 66) states that a child who is removed from a person caring for the child shall be entitled to counselling. The commentary states that the child's social worker must provide supportive counselling to the child and determine any further counselling needs.

The Adoption Services Standards and Policy Manual, April 2003, also has references to transitions of children being placed for adoption.

- Section 4 (page 6, 7 and 8 of 8) of the Manual refers to a section of the Adoption Act (7.(1)) which states that before a child is placed for adoption, the child if 5 years of age or older, must be counselled as to the effects of adoption.
- The commentary in this section of policy requires that the child's views and wishes be documented in a narrative report to the director. This is normally completed as part of the Plan of Care. If the child is not counselled, the social worker must outline the reasons for not doing so. The Manual provides direction on areas to be considered by the social worker.
- Section 13 (page 1 of 12) of the Adoption Policy, 2003, requires that a social worker complete a minimum of two visits in the first month of an adoption placement, one to be completed within the first week of the child being placed. The social worker must see the child and privately interview the child, within the child's developmental level.

- Section 13 (page 2 of 12) provides direction concerning the provision of support to the new parents by the social worker.
- Section 13 (page 3 of 12) provides for an extension of the six month probationary period if a decision has not been reached about the suitability of the placement.
- In Fall 2007, the Provincial Director of Adoptions initiated a requirement that a pre-placement plan with a minimum of six pre-placement visits be put into place when a child is transitioning to an adoptive placement. It also requires that the plan include an alternate caregiver if the adoption placement does not occur. It also requires the involvement of the child's current caregiver and prospective adoptive parent in developing the pre-placement and transition plan. Reports of each visit must be forwarded to the Provincial Director of Adoptions. This direction will be included in a revised Adoption Policy and Standard Manual that is anticipated to be released in mid 2009.

***(b) Does Provincial policy/protocol (pre-, during and post-transition) currently exist for children and youth In Care who are transitioned to other placements or returned home?***

There is not a section in the CYFS Policy Manual Standards and Policy Manual (March, 2007) that specifically addresses pre-, during and post transition for children In Care who were transitioned to other placements or returned home. There are references in Section 3: Children In Care and Custody that deal with transitioning as follows:

- Section 3.15 (page 1 of 1) states that "When a child is being placed with caregivers it is important for the social worker to prepare and support the child." It supports pre-placement visiting where possible and sharing of relevant information with the child, the parents and the caregivers. It further suggests a parent, family member or significant other accompany the child to the caregiver home.
- Section 3.15 requires that a child's views and wishes be considered and that the child be involved in decisions regarding their care and custody to the extent that is possible. This includes significant decisions affecting their life and plan of care as well as details and duration of a placement.
- Section 3.16 requires the social worker to provide the caregivers with information relevant to the child In Care at the time of placement.
- Section 3.17 directs the social worker to provide information about the caregiver to the parent and the child. Pre-placement visits are recommended including those involving the caregivers and the parents.
- Section 3.18 outlines the standards related to placement of a child. It requires the social worker to meet with the child on the day of placement and again in seven days. The Commentary Section also

speaks to the emotional impact on children of a move from a parent or another person who is caring for them. It suggests further discussion with the child after he/she is more settled.

- Section 3.19 deals with permanency planning for a child. It states that the social worker provide ongoing support to the child and the caregiver home and assess the child's adjustment. It speaks to regular in person contact with a child to develop a relationship with the child and observe interaction between the child and the caregiver. It also speaks to involving the child in the planning process and keeping him/her informed about decisions affecting them.
- Section 3.21 deals with planning for a Child In Care. Section 3.21 (page 2 of 3) requires that a social worker review the plan of care on a monthly basis to ensure it is being implemented and that the child's needs are being addressed and met. One of the areas outlined in the policy to be considered when assessing and planning for a child is current and future placement. Section 3.21 (3 of 3) states that a plan of care may need to be reviewed at various decision making stages while the child is in the care and custody of a director. This section references assessing whether or not the plan of care is effective in achieving the overall goal, especially in relation to the need for stability and attachment with a permanent caregiver or parent.

Section 3.21 – Planning for the Child: Plan of Care is currently being reviewed and updated.

Comments on Adoption Services Standards and Policy Manual, April 2003 in 4(a) also apply currently.

***(c) Are new or revised transition policies/protocols being developed?***

- All policies are subject to ongoing review and revised polices are developed as the need to do so is identified. The result of the Clinical Review, the In Care Report and this review will help inform policy development, training, CRMS and quality initiatives. The Plan of Care section in the policy manual (Section 3.21) is currently under review.

***(d) Do you believe specific transition policy/protocol is essential to guide and ensure best practices with regards to the transitioning of children and youth In Care?***

- Specific transition policy/protocol that is researched in relation to best practice and evidence informed through research and evaluation will guide social workers and directors in working through transitions with children and youth In Care.



***(e) Do you support policy/protocol that mandates that children and youth being transitioned be provided the opportunity to participate in the process and in particular, have input into any decisions regarding transitioning?***

- The *CYFS Act* requires that the child's views and wishes be considered in decisions related to him/her as far as is possible. Current policies reflect this principle.

***5. (a) Are you aware of any barriers experienced by the Regions in their delivery of transitioning services in accordance with established policy and legislation?***

- The lack of adequate placement resources for children In Care. This may result in children coming into care being placed in a temporary living arrangement and being moved to a permanent home when one becomes available.
- Inability to match the needs of children with the skills and experience of caregivers and family composition when making placements and exceeding the standard of two children per home. This can result in placement breakdowns and children are moved without adequate time for planning the transition.
- Instability of the workforce including social work vacancies and turnover. This does not allow for continuity in case planning and relationship building which is significant when working with the children including transitioning services.

***(b) Are you aware of the Regional response to any such barriers?***

- Regions have requested more social work positions, however recruitment and retention of social workers is an issue in all regions.
- Regions are actively engaged in the recruitment of social workers and have offered financial incentives in some of the rural and remote areas of the province. Labrador Grenfell RHA is participating in a two year educational program to train social workers in Labrador.
- Regions are utilizing other skill sets including social work assistants to support maximum use of social worker's time and skills.
- Regions have increased the number of clinical supervisors to help support of social workers.
- Regions provided financial support to the recruitment campaign that was organized by the Foster Families Association.
- Regions have been working to develop strategies that will increase placement resources and capacity at the regional level.

***(c) What efforts has the Department made to address any barriers it has been made aware of?***

- There has been an increased focus and provision of resources for the In Care Program beginning in late 2006 at the provincial level.
- Since 2006, the Department has hired two Program Consultants for the In Care Program to support program and policy development. A Manager for In Care and Adoptions has also been recruited, however the incumbent has not yet commenced employment.
- The consultants are focusing on policy and program development as it relates to children In Care and caregivers. This includes additional and expanded placement resources in the continuum of care; increased training and supports for foster parents and consideration of the Looking After Children model for planning and documentation relating to children In Care.
- The Department, in consultation with the RHAs, contracted an external consultant to complete a profile of children In Care and to make recommendations on enhancements to the In Care Program. This report was recently finalized and has not yet been publicly released.
- The Department is seeking Government's approval for an enhanced rate structure for foster families.

**6. In 2006, ILAs/ALAs were developed for the placement of children and youth In Care.**

***(a) Under what circumstances were ILAs or ALAs sought for placements?***

- ILAs and ALAs were sought when relative, significant other, caregiver or group home placements were not available to meet the specific needs of some children/youth and in some cases to keep sibling groups together.

***(b) What concerns are associated with this type of placement?***

- Provincial policy and standards need to be more fully developed to support these placements.
- Training for staff working with the children.

***(c) What is the Department's position regarding these types of placements?***

- Specialized placements may be required for some children. However, the Department recognizes the need to have a continuum of placement resources to match the corresponding needs of children requiring care.
- This continuum of placement options needs to be supported by policy and standards.
- Relatives, significant others and approved caregivers are the preferred placements. Some children will require more specialized placements

such as individualized arrangements, therapeutic foster care, group homes and other treatment alternatives.

***(d) Should restrictions, and in particular, restrictions on length of stay be imposed on these types of placements?***

- Children should be placed in a care arrangement that meets their specific needs. Transitions to a more or less structured arrangement should be made based on the specific needs of each individual child. Further policy development work needs to be done in this area.

***(e) Should the Department be advised of the need to place children and youth in ILAs/ALAs?***

- The regional directors of CYFS are the legal guardians for children In Care and have authority for approving placements for children. However, the Department currently monitors the numbers of these arrangements.

***(f) Is there a need for the development of alternative placements for certain groups of children and youth In Care?***

- Yes. The range of placement options needs to be enhanced to meet specific needs of individual children In Care.

***(g) Given the Department has been examining alternative care models, has a decision been made with regards to adoption of any particular model?***

- Not at this point. However, it is a priority for the Department.

***(h) If yes, please advise which model has been selected and the date and method of implementation for the model.***

- n/a, see above

***(i) If no decision has been made, please advise when a decision is expected.***

- Not able to provide a date. This matter is under active consideration at the Department.

***7. The Child, Youth and Family Services Act was the legislation which governed the In Care Program within the Province during 2006 (the time period covered by this Review). The applicable policies and standards were the Child, Youth and Family Services Act Standards and Policy***

**Manual, September 1999, which was supplemented by the Child Welfare Policy and Procedures Manual, 1995. Our data collection indicates that frequently not all of the standards were met in the Regions, for example:**

- **Plan of Care not in file;**
- **Plan of Care not updated upon transition;**
- **Monthly meetings with child/youth not documented in CRMS notes;**
- **Child/Youth not involved in transition planning; and**
- **Transition plans not identified.**

**(a) Are you surprised by these findings?**

- Without having your data results, it is difficult to comment on your findings. However, regions have expressed concerns about capacity to meet standards and the Department has been responding with additional human resources and other supports (both social work and other skill sets) over the past three budget cycles. The Department is currently establishing a Quality Unit. One of its functions is to develop the capacity to monitor the adherence to policies and standards. Initial work includes the clinical review, the results of which are pending.

**(b) Is this an accurate reflection of practice in 2006? If not, how does it differ?**

- See response to 7 (a).

**(c) In your view, if the same data was collected for 2008 would it be similar to the data collected for 2006? If not, what would be different?**

- It is difficult to speculate without completing monitoring for 2008.

**(d) Was the Department aware that the Standards were not being met and Policy was not being followed?**

- The Department has concerns about the capacity of the regions to meet standards. Since 2006, additional human resources have been provided in the form of social workers and other skill sets to support CYFS in the regions. The current rate of social work vacancies across the regions and associated recruitment and retention issues are contributing further to the capacity issues. The development of the Quality Unit will assist in monitoring the regions' ability to meet standards, assess the reasons for non compliance and implement strategies to improve compliance.

**(d) If yes, please outline any action taken by the Department to assist the Regions to comply with Policy and ensure Standards were met?**

- The regions were provided with human and fiscal resources in the 2006, 2007 and 2008 Budgets. This included frontline social workers, support staff such as clerical and social work assistants, and staff to support training, quality initiatives and CRMS.
- Currently working with the regions to assess the need for resources including other skill sets.
- The inception of a Quality Unit in the Department and Quality Managers in the RHAs to support monitoring and quality improvement.

**8. Section 04-05-17 of the Child Welfare Policy and Procedures Manual, 1995, specifies the file/recording requirements for every child and youth In Care. Our data collection indicates that most of the files in the Regions did not contain the documentation required by policy, for example:**

- **Verification of birth not contained in file;**
- **Plan of Care not contained in file;**
- **School information including attendance, assessment, and ISSP not contained in file;**
- **Photographs of children and significant others not contained in file;**
- **Documentation of social worker visits with child/youth not contained in file.**

**(a) Are you surprised by these findings?**

- See response to Question 7(a).

**(b) How can Standards be maintained and Policy followed when Regions experience short term/long term instability with respect to the provision of In Care services?**

- Introduction of skill sets including social work assistants and clerical support to allow social workers to focus on social work duties.
- Recruitment incentives for social workers have been provided by some regions to stabilize the workforce.
- The Labrador/Grenfell Regional Health Authority is partnering with the Nunatsiavut Government to deliver a two year BSW program through St. Thomas University in Labrador.
- Review of standards, policies and procedures to identify efficiencies in practice.

**(c) Should it be mandatory for the Regions to report in writing to the Provincial Director of Child, Youth and Family Services when they are unable to deliver services to children and youth In Care in accordance with the Standards set out in policy and legislation?**

- Accountability mechanisms including monitoring and reporting requirements are currently under review.

**9. What action has been taken by the Department to increase the successful recruitment and retention of foster parents?**

- The recruitment of caregivers (foster parents) has been the responsibility of the RHAs. However, given the current need for caregivers the Department has met with the Foster Families Association and representatives from the regions to determine what strategies could be utilized.
- The need for enhanced support, training and rates for foster parents is under active consideration.

**10. What action needs to be taken in order to successfully recruit and retain foster parents?**

- As noted in #9, further research needs to be conducted to see if there are other strategies to support foster family recruitment and retention.
- Enhanced support, training and rates for foster parents.

**11. Are alternative placements such as therapeutic foster homes required in order to appropriately respond and meet the needs of children and youth In Care?**

- The Department supports the need for a continuum of placement resources that would support the complex needs of children In Care. A number of alternate placement options are currently being explored.

**12.(a) What is the current status of the National Youth In Care Network in the Province?**

- We have been working with the National Youth In Care Network to support the development of a local network in the province.
- There have been some challenges in trying to engage and sustain interest given the transitory nature of youth In Care, however we are still exploring ways to do this.

**(b) In your view, is the National Youth In Care Network an important support for children/youth In Care?**

**(c) If so, why? If not, why not?**

- Yes, the NYICN is an important support that gives youth In Care a voice, and allows for the development of peer support and leadership.

**13. What strengths would you associate with the In Care Program/System?**

- There are many skilled and competent caregivers.
- There are skilled social workers and supervisors in the program who could share their best practice knowledge and skills with new social workers or those less experienced.
- The legislation supports key principles including: the best interest of the child is paramount in decision making under the Act; family, kinship, culture and the opinion of the child are valued. These values are reflected in policy.
- The use of the PRIDE pre service and assessment in approving caregiver homes.
- Good working relationship with the NL Foster Families Association, including the provision of funding support to the organization.
- Support to encourage the development of the Youth In Care Network in the province.
- The recent work to profile children In Care and make recommendations to enhance the In Care Program.
- Significant budget investments from 2006 to 2008 for additional staff at the provincial level to focus on program and policy development; training for staff and foster parents; and evaluation, monitoring and quality improvement.
- Significant budget investments from 2006 to 2008 for additional staff at the regional level.

**14. What quality assurance measures exist within the In Care system to ensure compliance with legislation and policy?**

- The Custody Review Committees established in the RHAs pursuant to the *CYFS Act*.
- The first province wide clinical review which is currently being finalized will provide baseline information for quality initiatives and future reviews.
- We are enhancing the monitoring capability within CRMS for the In Care Program.

**15. What future directions and/or changes are planned for the In Care Program?**

- The Department of HCS has been moving toward building the human resource capacity at the provincial level to support key areas including policy and program development, CRMS model for In Care, and training. The Department will review the Looking After Children Model as a means of tracking outcomes for children.

- The profile and recommendations of the external consultant's In Care Report will support the implementation of an action plan.
- The Department is requesting Government's approval for a new rate structure for caregivers.
- Further work to review and enhance policy based on findings of the clinical review, recommendations of this report and other work undertaken with the regions.

**16. Additional comments.**

- The In Care Program is a significant component of the child protection program.
- Work must continue to develop this program and enhance it to better respond to the needs of children. Reports such as this report from your Office will help inform this work.
- Social Workers are required as well other skill sets to adequately support children, their families, and caregivers.
- Additional counselling and professional services, including mental health and addiction services are also required.





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