

ONTARIO'S QUALITY STANDARDS FRAMEWORK

**A Resource Guide to Improve the
Quality of Care for Children and Young
Persons in Licensed Residential Settings**

**Ministry of Children, Community and Social Services
JULY 2020**

Resource Guide

The quality standards framework (standards framework) is a resource only and does not have the force and effect of the law. However, readers may notice that within the content of certain quality standards, requirements from the **Child, Youth and Family Services Act, 2017** (“the Act”; CYFSA) or its regulations have been included. This was done to re-iterate the importance of those requirements as they relate to the quality standard topics (e.g. requirements related to the rights of children and young persons). This does not replace the Act or its regulations, and reference should always be made to the official version of the legislation. If there is any conflict between the Act or its regulations and this standards framework, the law prevails. If you require assistance with respect to the interpretation of the legislation and its potential application in specific circumstances, you should seek legal advice.

The standards framework is not intended to provide readers with clinical or legal advice. Rather, it describes promising and best practices for what high-quality care in licensed residential settings looks like. This standards framework is an educational tool

that provides guidance on the many aspects of high-quality care that are necessary to support vulnerable children and young persons in residential care, and help to meet their needs, support them to thrive, and achieve positive outcomes. Understanding high-quality residential care in a fulsome and holistic way makes it possible to identify opportunities and challenges related to achieving and exceeding these quality standards.

There are current requirements in the Act and its regulations for residential licensees and placing agencies that contribute to achieving high-quality residential care. The quality standards include and build on these requirements to further support residential service providers as they care for children and young persons. The requirements in the Act, its regulations and the quality standards are connected and intended to be used together to help support the delivery of high-quality residential care.

While this standards framework will also be available to the Ministry of Children, Community and Social Services (ministry) inspectors and program supervisors, they

are responsible for determining whether a residential licensee is operating in compliance with the requirements of the Act, its regulations and any directives. This standards framework does not affect their enforcement discretion in any way. Inspectors may make recommendations specific to this standards framework where they are of the opinion that it would improve the quality of care provided in the licensed residential setting. This is consistent with the shared goal of promoting the best interests, protection and well-being of children receiving services under the authority of the CYFSA¹.

It is also important to bear in mind that residential licensees are responsible for the delivery of residential care under the Act, and the day-to-day operations of their licensed residential settings. Nothing in this standards framework alters that responsibility.

¹ This shared goal is described in more detail under section 1 of the CYFSA.

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Introduction

The ministry is committed to improving the everyday experiences and outcomes of children and young persons receiving licensed residential services in Ontario.

As part of this commitment, the ministry has developed, released and is implementing the standards framework to support residential service providers in delivering high-quality residential care. High-quality residential care is defined in this standards framework as care that meets the individualized needs of all children and young persons who receive licensed residential services under the Act, no matter how complex, to help them thrive and achieve positive outcomes.

Intent and Scope

This standards framework provides an overview of what high-quality residential care looks like across all sectors and settings that make up licensed residential services for children and young persons in Ontario. These sectors include child welfare, youth justice, child and youth mental health and special needs. The quality standards focus

on conditions or topics where there may be variations in how care is delivered, or where there may be gaps between the care currently provided in Ontario and the care children and young persons should receive from licensed residential service providers (Health Quality Ontario, 2019).

Quality standards are different from service standards (Health Quality Ontario, 2019). Service standards describe specific actions or processes that must be taken to meet a specific standard of service, and are used to measure the expected level of performance for a service provider. A local example of service standards is *Ontario's Child Protection Standards* (2016), which outline the minimum level of performance for child protection workers across the province. Quality standards do not prescribe specific actions that individuals must take to meet a standard. Instead, quality standards describe the conditions that should be present in a caring environment to support the provision of high-quality care.

Additionally, the quality standards focus on residential *care*: the common care services provided across all licensed residential settings and all sectors. For example,

providing the setting and meeting the daily needs of all children and young persons. As such, developing standards for other services and supports that may be delivered in licensed residential settings is outside the scope of this standards framework (including specialized or mental health treatment services such as psychiatric counselling). Delivering high-quality residential care is the foundation to creating an environment that supports optimal development and facilitates other services and supports, such as mental health treatment.

Development of the Quality Standards Framework

The content of this standards framework was developed according to the quality of care domains identified by youth with lived experience in residential care in the report **Envisioning Better Care for Youth: Our Input to the Blueprint**. The domains refer to the everyday experiences of children and young persons while in a residential setting, except for the Homes and Ongoing Support domain, which includes elements that take place outside of the residential setting and within the broader provincial service system (e.g. placement decisions).

The structure and framing of the standards framework was developed using Health Quality Ontario's **Quality Standards Process and Methods Guide**. This guide describes the process of developing quality standards and indicators and provides helpful suggestions to maximize implementation efforts. The Ontario Ministry of Education's **How Does**

Learning Happen? Ontario's Pedagogy for the Early Years policy framework document, as well as quality standards from other jurisdictions, including **Minimum Standards for Children's Homes** from Northern Ireland and **Better Care, Better Services** from Western Australia, were also used to develop the content, structure and framing of this standards framework.

Delivery of Licensed Residential Care – Roles and Responsibilities

Residential service providers care for some of the most vulnerable children and young persons in Ontario. For some children, their residential placement becomes their home. Care, as defined by Maier (1987), is a central element in building healthy, helping relationships with children and young persons, and that care work takes time, patience and persistence. As a result, all individuals have an important role to play. Licensed residential service providers are responsible for compliance with residential licensing requirements and, ideally, for achieving the highest quality of care possible for children and young persons. And the ministry, as regulator for licensed residential service providers, is responsible for assessing whether residential licensing requirements are met. Placing agencies also have an ongoing responsibility for children and young persons assigned to their care even after the child or young person is placed in a licensed residential care setting.

The ministry has also heard through multiple reports that children and young persons do not consistently experience high-quality care (refer to *Appendix A: Overview of Past Reports and Recommendations*) and need better services and supports to thrive and reach their full potential. The ministry strongly recommends that the quality standards are reviewed and implemented by all individuals (e.g. *all primary audiences of the standards framework*) interacting with children and young persons receiving licensed residential care as a foundation for providing high-quality care.

Note of Thanks

The standards framework has been developed with substantial input from youth with lived experience, First Nations, Inuit and Métis partners and Indigenous service providers, other community-based service providers, experts in the field, cross-sector partners, and by using research on emerging and best practices. The ministry gratefully acknowledges all those who contributed their time and efforts towards the development of the standards framework.

Additional Resources for Readers

The Office of the Ontario Ombudsman

The Ombudsman can take complaints and conduct investigations about services provided by Ontario children's aid societies and residential licensees. Young people receiving licensed residential care with concerns about the services provided may

contact the Office of the Ombudsman immediately for assistance. Adults, service providers and whistleblowers can also contact the Office of the Ombudsman for assistance. Contact the Office of Ontario's Ombudsman toll-free at **1-800-263-2841** or **416-325-5669** (for children or youth living in the Greater Toronto Area), via email at cy-ej@ombudsman.on.ca or by submitting a complaints form through their website at <https://www.ombudsman.on.ca/have-a-complaint/make-a-complaint/complaint-form-children-and-youth>.

Duty to Report

If anyone has reasonable grounds to suspect that a child or young person receiving residential care in Ontario is or may be in need of protection, they should contact their local children's aid society. For more information on the duty to report, please visit: <http://www.children.gov.on.ca/htdocs/English/childrensaidthereportingabuse/index.aspx>.

The Ministry's Regional Offices

If anyone has a concern about a licensed residential setting in Ontario, they should contact their local ministry regional office. If there are concerns that a child in that setting is, or may be, in need of protection, please see the *Duty to Report* section above.

- 📍 North – 705-564-4515
- 📍 East – 613-234-1188
- 📍 Central – 905-567-7177
- 📍 West – 519-438-5111
- 📍 Toronto – 416-325-0500

How to Use this Quality Standards Framework

The standards framework aims to help foster a shared understanding of what it means to provide high-quality residential care to children and young persons and promote leading and innovative practices. The ministry highly recommends that all individuals involved in the provision of residential care for children and young persons review, reflect on and implement the standards framework.

Primary Audiences

The primary audiences for this standards framework are:

Children and young persons – a child or young person receiving residential care from a service provider, including a child placed with a foster parent and a young person committed to custody or detained in a place of temporary detention under the **Youth Criminal Justice Act, 2003** or the **Provincial Offences Act**.

Residential licensees – individuals or corporations that are licensed to provide

residential care and are responsible for the delivery of residential care under the authority of their licence and for ensuring compliance with all licensing requirements, including children's residence licensees, foster care licensees and staff model homes licensees. For the purposes of this standards framework, directly-operated facilities that provide residential care to children or young persons in Ontario are included in this primary audience (for more information on directly-operated facilities, please see the section on *Background on Residential Services in Ontario*).

Staff and caregivers – individuals providing licensed residential care directly or indirectly to children and young persons, including staff in a children's residence, foster parents, one-to-one or two-to-one supports for children receiving licensed residential care, frontline workers, respite caregivers, supervisors and management.

Placing agencies – individuals or entities and their staff that make placement decisions for children and young persons, coordinate their placements, and have oversight over

their placements while they are living there, such as children's aid societies, youth justice provincial directors and/or placement coordinators and child and youth mental health organizations.

Adult allies – adults in the child's or young person's life that have an active interest in supporting and partnering with the child or young person to receive the care that they need. **An adult ally** treats a child or young persons as a partner and supports putting them at the centre of decision-making (Youth Wellness Hubs Ontario, 2019). All those involved in service provision listed above can be an adult ally, but could also be an Elder, parent, extended family member, teacher, outreach worker and/or coach.

Community-based service providers – individuals or organizations and their staff in a specific community that provide additional supports to the child or young person while receiving licensed residential services. Examples of this type of service provider include Indigenous Friendship Centres, or organizations serving Lesbian, Gay, Bisexual, Transgender, Two-Spirited, Queer (LGBT2SQ) communities.

The ministry has an important role in encouraging service providers to use this standards framework as a best practice to support the delivery of high-quality care. While ministry licensing inspectors are focused on assessing whether a residential licensee is in compliance with licensing requirements, they will also ensure that residential licensees are aware of this standards framework, recommend it as a best

practice and make inquiries about steps that they may be taking or have taken to apply it to the care provided. These steps are taken by licensing staff to advance the collective interest in promoting the best interests, protection and well-being of children.

This standards framework also provides a tool for ministry staff who interact with residential licensees, placing agencies and other service providers to inform and provide guidance to those entities as they deliver high-quality residential care.

The individuals and entities highlighted above as primary audiences have varying levels of responsibility related to the provision of residential care and the implementation of the quality standards. Residential licensees and placing agencies, including their staff and caregivers, are directly responsible and accountable for the provision of high-quality residential care. For others, their involvement in residential care may be more from an advocacy or support position (e.g. adult ally).

A glossary of key terms can be found at the end of the standards framework.

Format of the Quality Standards

Goals for Children and Young Persons and Overview and Intent

Each quality standard describes a goal for children and young persons and provides an explanation of the overview and intent for

each goal. The goals are child- and young person-centred and serve as the basis for what quality of care means in each domain identified by children and young persons with lived experience. Residential care is provided across many different service settings and can often look very different in practice, particularly depending on the needs and abilities of the child or young person. The goals, however, are intended to be general enough that the intent of each one can be achieved no matter the care setting.

Evidence of High-Quality Residential Care

Each quality standard also includes a section about evidence of high-quality residential care. This section describes a clear set of conditions that, when present, would contribute to the provision of high-quality residential care to children and young persons. While reading this section, primary audiences should reflect on whether these conditions are present in the lives of the children and young persons they care for, or in the case of children and young persons, in their own lives. If they are not present, primary audiences should ask themselves, “how can I change my behaviour, or the behaviour of those around me, to ensure that high-quality residential care is being provided?”.

Questions for Reflection

A section on questions targeted to the primary audiences has been included as

part of each quality standard. This section is a recognition that while there are common elements for high-quality residential care across settings, there may be different considerations depending on the specific setting. Everyone can reflect on each question, since consideration from different perspectives will enhance the understanding of high-quality care. The questions ask primary audiences what they are doing, and what more they could be doing, to achieve high-quality care. These questions are a starting point for discussions between individuals, including children and young persons, and within organizations to support a culture of continuous improvement.

Practice Examples

Practice examples are included at the end of each standard section to highlight current practices in licensed residential settings across Ontario that are accomplishing the quality standard goal for children and young persons. The practice examples are fictitious but draw on real experiences in residential care. All audiences are strongly encouraged to reflect on how these practice examples could be incorporated into the care they provide children and young persons, or how they may be adapted to different circumstances.

Content and Considerations Specific to First Nations, Inuit and Métis Children and Young Persons

The ministry recognizes that First Nations, Inuit and Métis children and young persons

have unique needs and experiences that impact the residential services they need. These unique needs include their specific First Nations, Inuit and Métis cultures, heritages and traditions, as well as their own individual circumstances and experiences. For example, a First Nations, Inuk or Métis child or young person living far from their community will have different needs and experiences than those who are able to stay close to their community, and those living in urban centres will have different needs than those living in rural communities.

The Preamble of the CYFSA states that:

“First Nations, Inuit and Métis children and young persons should be happy, healthy, resilient, grounded in their cultures and languages and thriving as individuals and as members of their families, communities and nations”. As a result, First Nations, Inuit and Métis-specific content and considerations are highlighted throughout the standards framework so that residential service providers and primary audiences may reflect upon them as they provide residential care.



A View of Children and Young Persons

All children and young persons are competent, capable, curious, and rich in potential (Ministry of Education, 2014). They grow up in families and communities with diverse social, cultural, and linguistic perspectives and experiences. Every child and young person should feel that they belong and are a valuable contributor to their surroundings. Every child and young person deserves the opportunity to succeed, and feel that the many dimensions of their identity, including their race, ethnicity, spirituality, ability, neurodiversity, gender identity or sexual orientation are supported and celebrated. When residential service providers create a culture that recognizes children and young persons as competent, capable, and curious, and when environments are accepting and inclusive of their diverse identities, they are more likely to deliver residential programs for children and young persons that value and build on their strengths and abilities.

The standards framework is consistent with this perspective and builds on what the ministry knows about child development

and trauma-informed care and practices. The standards framework invites all care providers to consider a more comprehensive view of children and young persons, one that considers how many of them make sense of the world around them, while receiving residential care. Taking this kind of approach may represent a shift in the mindset and habits for some. It may prompt a rethinking of theories and practices or a change in what they pay attention to. It may change the conversations that they have with children, young persons, their families, and their colleagues, and may change how they plan and prepare to work with the children and young persons in their care.

When shifting your mindset and changing your habits, it is helpful to also consider how you understand children and young persons in residential care and ask yourself if you use an intersectional lens. An intersectional lens is defined as a way of thinking that considers the interconnected nature of social categories such as race, class and gender as they apply to a given individual or group. These overlapping identities create

something unique and distinct but can also lead to disadvantage and discrimination (Ontario Human Rights Commission, 2001). Using an intersectional lens is important as children and young persons are not one-dimensional and do not only reflect or embrace one identity. A child's or young person's experiences in residential care are based on, and influenced by, their multiple intersecting identities.

The way residential service providers interact with children and young persons is influenced by their own personal experiences and the beliefs they hold. To move into the role of co-learner, residential service providers must acknowledge the reciprocal relationship into which they are entering. Children and young persons have something to say, need to be heard, and residential service providers need to listen. Residential service providers and the children or young persons they care for are engaged in a journey together, taking turns to lead, question and grow as they encounter new and interesting ideas and experiences. To do this effectively, all residential service providers must treat the children and young persons in their care with respect, dignity and decency.

The understanding that children, young persons and residential service providers share about themselves and each other has a profound impact on what happens in a licensed residential setting. The Ontario Ministry of Education's *How Does Learning Happen? Ontario's Pedagogy for the Early Years* policy document provides a similar view of children for the consideration

of educators. This view of children considers them as equal partners in their relationships with educators and asks educators to take a different approach to understanding the children they work with. Residential service providers should take a similar view. The view of children, young persons and residential service providers described above is at the heart of the standards framework. When residential service providers in licensed residential settings reflect on and come to share these perspectives, and when they work towards greater consistency in caring practices, they help strengthen and transform residential programs for children and young persons across the province.

Diversity of Needs in Residential Care

Certain populations of children and young persons receiving licensed residential services across Ontario have a diverse set of needs. These populations often identify as marginalized groups who experience disadvantages and discrimination as a result of their identities. Examples of these groups in Ontario include Indigenous, Black/African Canadian, LGBT2SQ, Francophone peoples, newcomers, and those with disabilities and special needs.

The Preamble of the CYFSA states in part that the Government of Ontario is committed to the principles that services provided to children and families should be child-centred, respect their diversity and the principle of inclusion consistent with the Human Rights Code and the Canadian Charter of Rights and Freedoms, and, wherever possible, help maintain their connections to their communities. It also states that systemic racism and the barriers it creates for children and families receiving services, must continue to be addressed. Awareness of systemic biases and racism and the need to address these barriers

should inform the delivery of all services for children and families.

Residential service providers should continuously reflect on their own social location, or social position in society; to act in ways that address patterns of systemic oppression; and not recreate these patterns during their interactions with children, young persons and families. An anti-racism, anti-colonial, and anti-oppressive lens includes a professional and organizational analysis of power imbalances based on race, ethnicity, gender, sexual orientation and identity (including First Nations, Inuit and Métis identity), ability, age, class, geographic location and other social factors (Ontario Human Rights Commission, 2018). These factors can affect a person's access to power, privilege and resources. Key strategies for working from an anti-racist, anti-colonial, and anti-oppressive lens include taking into consideration the impact of historical and systemic oppression on marginalized groups, authentically listening to the identified needs of children, young persons and families, and not taking the

position of “expert” when working with children, young persons and families (Ontario Human Rights Commission, 2018).

Please also see *Standard #6: Identity* for more information and guidance related to caring for diverse populations in residential care.

First Nations, Inuit and Métis Children and Young Persons

The Final Report of the Truth and Reconciliation Commission of Canada (2015) states: “for over a century, the central goals of Canada’s Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can be best described as cultural genocide” (p. 1). This final report defines cultural genocide “as the destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are forcibly transferred, and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values

and identity from one generation to the next” (Truth and Reconciliation Commission of Canada, 2015, p. 1).

In addition, the final report of the **National Inquiry of Missing and Murdered Indigenous Women and Girls** (2019) states that “the violence that the National Inquiry heard amounts to a race-based genocide of Indigenous peoples, including First Nations, Inuit and Métis, which especially targets women, girls and 2SLGBTQQIA people” (p. 50). Further, this report states that “this genocide has been empowered by colonial structures evidenced notably by the **Indian Act, 1985**, the Sixties Scoop, residential schools, and breaches of human and Indigenous rights, leading directly to the current increased rates of violence, death, and suicide in Indigenous populations” (p. 50).

It is critical to advance the process of reconciliation with First Nations, Inuit and Métis peoples. An important aspect of this reconciliation includes strengthening licensed residential services as part of modernizing the child welfare system throughout Canada and in Ontario, in which First Nations, Inuit and Métis children and young persons are significantly overrepresented.

Honouring the connection between First Nations, Inuit and Métis children and young persons, and their distinct political and cultural communities is essential to helping them thrive and fostering their well-being. For these reasons, the ministry is committed, in the spirit of reconciliation, to working with First Nations, Inuit and Métis peoples to help

ensure that wherever possible, they care for their children in accordance with their distinct cultures, heritages and traditions. The Act has a number of provisions requiring service providers to account for the connection between First Nations, Inuit and Métis children or young persons and their bands and First Nations, Inuit and Métis communities. As a result, a child's or young person's bands and First Nations, Inuit and Métis communities can be involved in the planning, programming and decision making for that child or young person. Bands and First Nations, Inuit and Métis communities also continue to advocate for children from their communities to receive services within, or close to, those communities, with customary care being the preferred placement option.

First Nations, Inuit and Métis children also benefit from complementary services provided or recommended by their bands and First Nations, Inuit or Métis communities. There may also be services available provided by culturally-specific service providers that would benefit First Nations, Inuit and Métis children and young persons, so receiving these additional supports must also be considered.

Some First Nations, Inuit and Métis children and young persons receiving residential care in Ontario may not have a band or First Nations, Inuit or Métis community, and may instead identify with an urban Indigenous community. For example, they might live in Ottawa and identify with a broader Indigenous community there. First Nations, Inuit and Métis individuals

without a band or First Nations, Inuit or Métis community have their own unique needs that must be recognized and supported to improve their outcomes and well-being. Receiving additional services and supports from community-based urban Indigenous service providers throughout the continuum of service delivery in licensed residential services will help support outcomes for First Nations, Inuit and Métis children and young persons without a band or First Nations, Inuit or Métis community.

On January 1, 2020, **An Act Respecting First Nations, Inuit and Métis Children, Youth and Families, 2019** came into force. The intent of this federal legislation aligns with Ontario's priority to increase culturally appropriate services when a First Nations, Inuk or Métis child is determined to be in need of protection and requires residential care. The legislation enables certain minimum standards for the delivery of child and family services that apply nationally. The federal Act applies in Ontario, and may have implications for service providers, including children's aid societies and residential licensees. This piece of legislation may create new paths for First Nations, Inuit and Métis peoples to design and implement their own laws and child and family service systems and may result in changes to the current structure of child welfare services across the province.

Black/African Canadian Children and Young Persons

Black and African Canadian children and young persons are overrepresented in the child welfare and youth justice sectors. Intergenerational trauma caused by slavery, colonization, policies and practices of segregation, separation of families, systemic racism and oppression continue to impact Black and African Canadian children, young persons and families. The explicit and implicit biases that underlie this reality must be recognized. To do this, residential service providers should review their organizational contexts to ensure they support, value and are guided by anti-Black racism, equity, diversity, community empowerment, transparency and accountability (Turner, 2016).

It is also recommended that residential service providers analyze and assess their direct service practices to ensure they focus on the provision of daily supervision, training and supports for staff and caregivers, building partnerships with the Black and African-Canadian communities, and strengthening the ability for staff and caregivers to support Black and African-Canadian children and young persons (Turner, 2016). This support, including the use of Elders and ties to faith communities to teach, mentor and coach young people when it comes time to reintegrate back into the community, is important to promoting positive identities and a sense of belonging amongst Black and African Canadian children and young persons (HairStory, 2019).

LGBT2SQ Children and Young Persons

As some of the children and young persons in residential care identify as LGBT2SQ, it is important for all residential service providers to understand the unique set of needs of these communities. Studies suggest that there is a much higher percentage of LGBT2SQ children in the child welfare system because they face rejection, neglect or abuse when their families learn of their sexual orientation, gender identity, and/or gender expression. According to the [**Serving LGBT2SQ Children and Youth in the Child Welfare System: A Resource Guide \(2018\)**](#), many also face challenges within the system of care such as lack of safe and affirming placement options, and hostility or harassment from peers that go unchallenged by staff and caregivers. Those involved in residential care should provide supportive, inclusive and affirming services for LGBT2SQ children and young persons. The resource guide *Serving LGBT2SQ Children and Youth in the Child Welfare System: A Resource Guide* can assist residential service providers in doing so.

Children and Young Persons with Special Needs

The ministry also recognizes the number of children and young persons with special needs receiving residential care in Ontario. This includes children and young persons with mental health challenges, Autism Spectrum Disorder (ASD), physical disabilities, developmental disabilities, and

Fetal Alcohol Spectrum Disorder (FASD). These children and young persons may have cognitive, developmental, behavioural and communication limitations, or accessibility and rehabilitation needs, that require additional consideration from their service providers. Tailoring the approach to care that supports the unique needs of children and young persons with special needs is essential, including working with community-based service providers.

Francophone Children and Young Persons

The ministry recognizes that Francophone children and young persons face multiple barriers to receiving services that meet their unique needs, including while receiving residential care. For example, Francophone children and young persons find it challenging to speak French with others in many situations, and this negatively impacts maintaining their identity (Office of Francophone Affairs, 2008). Licensed residential service providers should recognize the importance of French language and culture for these children and young persons, and provide targeted programming or opportunities that help support and strengthen their Francophone identity. This could include providing Francophone children and young persons with French movies, books, television and music.

Newcomer Children and Young Persons

The ministry recognizes the evolving immigration landscape in Canada and how it may impact licensed residential services in Ontario. Although there is little known about the prevalence of newcomer children and young persons receiving residential care in Ontario, it is important that residential service providers are equipped to provide high-quality residential care to newcomer children and young persons. Newcomer children and young persons have unique social determinants of health and face unique challenges related to conflicting cultural expectations, and barriers to education, language, housing and the labour market. There is also the possibility of requiring care when the child, young person or their family is in a precarious or fluid status of residency (e.g. as refugee claimants). For these reasons, residential service providers should be prepared to serve newcomer children and young persons.

Background on Residential Services in Ontario

Children and young persons enter residential programs for a variety of reasons. The intensity and pattern of the services they receive will vary based on their need for brief, episodic, recurring or permanent care and/or treatment. Reasons for placement include one or more of the following:

- Children in need of protection.
- Young persons in conflict with the law.
- Children with special needs such as developmental disabilities, FASD, ASD and/or medical complexities.
- Children with mental health needs.
- Respite services to support families.

In Ontario, persons or corporations located in communities across the province are licensed to provide residential care based on definitions and requirements set out under the CYFSA. These persons or corporations have different structures and accountability relationships with the ministry. The two structures and accountability relationships to the ministry are:

- **Transfer Payment Recipient:** These organizations have a direct transfer payment relationship with the ministry, and are licensed and funded to operate group care, staff model homes and/or foster homes (i.e. children's aid societies, some children and youth mental health residential treatment settings, some youth justice facilities).
- **Outside Paid Resource:** These are for-profit or not-for-profit organizations that do not have a direct contractual relationship with the ministry but are licensed to provide residential care under the CYFSA (i.e. group homes, foster care organizations and staff-model homes). These organizations are funded on a per diem basis by the placing agency or person placing the child, and the ministry sets the per diem rates to be charged to placing agencies (that are also transfer payment recipients of the ministry).

In Ontario, there are also residential settings that are directly owned and operated by the ministry that provide residential care to children and young persons. They are not

licensed by the ministry. However, under ministry policy, the ministry conducts compliance reviews of these settings to determine whether they comply with the requirements applicable to licensed residential settings. These ministry organizations operate group care settings only (i.e. Child and Parent Resource Institute and some secure custody/detention youth justice facilities).

The Act governs the provision of children's and young persons' services funded, licensed or delivered by the ministry. The Act promotes consistent, high-quality services for children and young persons across Ontario; supports culturally appropriate services to acknowledge the unique identities of children and young persons; contains provisions specific to providing services to First Nations, Inuit and Métis children and young persons; and, emphasizes prevention, early intervention, and community supports to help children, young persons and families avoid crisis situations.

Under the Act and its regulations, there are specific requirements for all licensed residential settings in Ontario. These settings include children's residences (e.g. group homes or youth justice facilities), parent-model foster homes, and staff-model homes. This standards framework is not intended for settings delivering residential care that do not meet the requirements set out in the Act to obtain a licence, with the exception of directly-operated facilities as described above. All licensing requirements for residential licensees are set out in, or originate from, requirements under the Act,

its associated regulations, licence conditions and ministry policies. Residential licensees are responsible for the delivery of residential care and for ensuring compliance with all licensing requirements to create licensed residential settings that are safe, provide high-quality care and meet the needs of children and young persons placed there.

Under the Act, authority exists for the ministry to appoint inspectors to enter and inspect any residential setting that is licensed or is required to be licensed, including inspecting individual foster homes. Ministry licensing staff conduct announced and unannounced inspections on an annual basis at a minimum, and more often when needed. It is through these licensing inspections that compliance with licensing requirements is assessed.

Quality Standard 1: Informed Placement Decisions

Goal for Children and Young Persons

Children and young persons are placed in licensed residential settings based on an assessment of their needs and aligned to the placement's demonstrated capacity to meet those needs.

Overview and Intent

The outcomes of children and young persons receiving residential services vary depending on the appropriateness of their placement, as well as their placement's ability to meet their needs (Chor, McClellan, Weiner, Jordan & Lyons, 2015). Children and young persons must be placed in the right setting at the right time, based on their needs which often shift and evolve over time. This means that placements may need to change to respond to the changing needs of that child or young

person, which needs to be reassessed over time. The right setting generally means as close to home as possible, but there may be unique circumstances where placement further from home would be more appropriate to meet the child's needs. The choice depends on the comfort, safety and individual needs of the child or young person and should, where possible, reflect their voice and perspective.

Emergency placements into residential care should be avoided as much as possible. Where possible, a planned admission into residential care would be preferable to a crisis-driven admission, as it allows a suitable placement to be identified. If a placement must be made on an emergency basis, immediate steps should be taken to determine whether the placement is responsive to the child's needs, and if not, to identify a longer-term placement as soon as possible.

All decisions about where to place a child or young person must be made by considering the child's or young person's strengths and needs, the expertise and skills of the available licensed residential service providers, and the child's or young person's prospects for permanency, family reunification and, in the youth justice context, reintegration. In addition, it is critical that children and young persons have a voice in their placement decisions, and that they are asked their preferences before a placement decision is made, recognizing that some placement decisions are made by the courts². When making placement decisions for First Nations, Inuit, Métis, Black/African Canadian, racialized, newcomers, or LGBT2SQ children or young persons, it is important that individuals involved in those decisions consider whether the placement has the capacity to understand and incorporate identity characteristics into the care of these children and young persons, including their unique language and cultural needs.

Given the factors that must be considered before placing a child or young person in a residential care setting, a multidisciplinary team approach is recommended to make these decisions (Chor, et al., 2015). The right professionals, as well as other people important to the child such as family and community members, should be involved where possible and appropriate. This may include the child or young person, any resource person identified by the child or young person, placing agency, immediate or

² This legislative requirement is described in more detail in sections 3 and 8 of the CYFSA.

extended family members, residential licensee, probation officer, representative chosen by the child's or young person's band and First Nations, Inuit or Métis communities, community-based service providers, Elders, local school staff or teacher, and mental health service provider.



Evidence of High-Quality Residential Care

When making informed placement decisions for children and young persons, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

- **An assessment of the child's or young person's needs, and protective and risk factors, is undertaken by individuals making placement decisions prior to the child being placed. Assessments should be research- or evidence-based and standardized, as well as wholistic, trauma- and culturally-informed.**
 - Individuals making placement decisions (e.g. from placing agencies) should receive training on how to make those decisions in an intentional, informed way that promotes the best outcomes for the child or young person.
 - In addition to a pre-placement assessment, residential licensees must conduct a preliminary assessment of the needs of a child prior to deciding whether to admit

the child into a children's residence or place the child in a foster home, except in the case of a young person who has been ordered into detention or custody by a youth justice court.

- o Consideration must be given to any potential risks of placing a child or young person who has been sex trafficked into a residential setting where children and young persons who have not been sex trafficked reside.
 - o During the assessment process, assessors need to proceed with a supportive, trauma-informed understanding of the impact that the process itself can have and of the experience of the system on the child and young person. The assessment process is a key opportunity to promote feelings of safety for children or young persons. Opportunities to promote safety include sharing as much information as possible and permitted about next steps and possible outcomes, hearing from the child or young person about how they feel, and speaking to them about strategies that can support their safety (both physical and psychological).
- ☒ **Those involved in making placement decisions must match the needs of the child or young person to an available placement that is least intrusive, is in their home community or close to their home community where possible and appropriate, and ideally practices the same cultural and spiritual beliefs,**

including speaking the same first language. In cases where the young person is being placed into a youth justice facility, these decisions are made by the courts, youth justice provincial directors and/or placement coordinators.

- o Ahead of making placement decisions for children and/or young persons in residential care, placing agencies should satisfy themselves that the placement is the best possible placement for that child or young person, will meet their needs, will help them to thrive, and will achieve positive outcomes.
- o To support placing agencies in making informed placement decisions, residential licensees must provide placing agencies with a copy of their licence. Useful information that the residential licensee could send to the placing agency also includes prior licensing reports, a detailed program description that outlines all of the programs and services provided by the licensee, and the qualifications of their staff and caregivers.
- o In some instances, it may not be in the best interest of the child to place them close to their home community (e.g. a LGBT2SQ child whose home community does not accept their identity, or a child who should not be placed in the same community as their trafficker). In these instances, priority should be put on placing the child in a setting that is safe and best meets their needs.

- ☒ **If the needs of the child or young person cannot be met by a specific available placement, or if they need to move further from their home community, tailored, individualized and wrap-around supports, including maintaining connections to their community, are especially critical to providing high-quality residential care.**
 - ☒ **All children and young persons have the right to participate in decisions about services to be provided to them, which includes residential care, and their thoughts and wishes must be taken into consideration, to the extent possible, according to their age and maturity. Individuals making placement decisions ask all children for their preferences in advance of making a placement decision, according to their age and maturity.**

 - o If the child's wishes cannot be met, the child should be provided with the reasoning for the decision and be helped to understand the decision. These reasons should be documented and provided in writing to the child.
 - o The child should also be asked if they would like others to be involved in their placement decisions, such as a parent, adult ally or community-based service provider.
 - ☒ **Placements in residential settings are used intentionally based on the needs of the child or young person, which will help prevent placement breakdowns. Those involved in the care planning**
- for children and young persons in residential care should make best efforts to minimize the time that they spend in residential care, to the extent that this is possible in light of any court orders that may be in place.**

 - o Family-based placements should be prioritized for children, where appropriate. This includes kin, customary and foster care arrangements. However, if a child has complex mental health needs or other specialized support needs, a residential placement in a group care or staff-model home setting should be prioritized as a first step and not as a result of that child exhausting all other placement options. The child's care in residential settings should also be overseen and monitored by the placing agency through a treatment plan and, where possible, be time-limited.
 - o If a child or young person has been identified as a high-risk victim of human trafficking, specialized residential placements to address the trauma of trafficking should be prioritized, if they are available. This could include family-based arrangements or residential placements supported by caregivers that have received anti-human trafficking training and that might offer programs touching on the same.
 - o In times when intermittent care is possible and appropriate, families with children in need should have access to

respite or other short-term residential care. This supports children to stay with their families and be cared for at home for as long as possible.

🔖 **Children and young persons experience fewer placement moves.**

- o With careful planning, assessment, screening and methodical placement decisions, children and young persons should only move between residential placements when it is necessary. This will contribute to greater stability and a sense of belonging for children and young persons in residential care. Recognizing the inherent trauma of placement movement and reducing the number of disruptions that children and young persons face supports a reduction of the unintentional trauma that can be inflicted by the situation (Residential Services Youth Panel, 2017).

or Métis communities when providing a prescribed service or exercising a prescribed power. Prescribed services and powers including, but are not limited to³:

- o Conducting a child protection case review.
- o Choosing a residential placement for the child, except for adoption placements⁴.
- o Removing the child from a residential placement.
- o Continuing a child's placement following removal of the child as described above if the placement was changed before notice was provided or consultation could occur.



Provisions in the CYFSA Specific to Providing Services to First Nations, Inuit and Métis Children

🔖 **When providing service to a First Nations, Inuk or Métis child, regular consultation between the children's aid society, when a society is involved, and the child's bands and First Nations, Inuit or Métis communities is important. Specifically, all children's aid societies are required to consult with the child's bands and First Nations, Inuit**

³ This requirement is described in more detail under section 73 of the CYFSA and section 29 of Ontario Regulation 156/18.

⁴ Note under Part VIII of the Act, for First Nations, Inuit or Métis children and young persons, there are provisions that address notice requirements to the child's bands and First Nations, Inuit or Métis communities, when a society begins planning for adoption and in relation to the right to apply for an openness order.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask each child and young person in residential care:

- How was your voice included when making decisions about your current and/or past residential placements?
- Did anyone ask you what you want or what is important to you when it comes to where you live and who you live with?
- How were your wishes and preferences taken into consideration?
- Did anyone explain to you why decisions about your residential placements were made in a certain way?
- Did anyone ask you how you felt about what was happening to you and offer you support?

Residential licensees – As a residential licensee:

- How do you assess whether your staff and/or caregivers are equipped to provide quality care to a child or young person before they are placed?
- What information do you use to make this decision, including the specific needs of the child or their identity?
- Are there processes in place to make this assessment?
- How could these processes be strengthened?
- What processes are in place when your staff and/or caregivers cannot meet all of the needs of a child or young person?
- What information do you provide to a

placing agency about the service in order to support informed placement decisions?

Staff and caregivers – As a staff or caregiver:

- How do you meaningfully engage with the child or young person to solicit their thoughts and feelings about their placement?
- If you are not able to do this, how do you support the child or young person to help them feel that they have some control and empowerment to influence important decisions in their life?
- Do you know how to identify the signs of situations that can cause trauma/be traumatic to children and young persons through placement and how do you support children and young persons during the process?

Placing agencies – As a placing agency, thinking of times that you felt you were able to make the most informed and appropriate placement for a child:

- What was in place that supported you in doing that?
- What steps did you take prior to residential placement to consider alternatives?
- How did you review the quality of care provided within the proposed setting? Who did you consult with (e.g. immediate and/or extended family, bands or First Nations, Inuit or Métis communities, resource person(s))?
- What additional processes/structures could be built into regular practice in your organization to support consultation?

- How do you meaningfully engage with the child or young person to solicit their thoughts and feelings about their placement?
- If you are not able to do this, how do you support the child or young person to help them feel that they have some control and empowerment to influence important decisions in their life?

Adult allies – As an adult ally:

- Has there been a time when you helped inform a placement decision?
- If so, how did you help to elevate the voice of the child or young person?
- If not, how could you bring a different perspective to the decision-making process?

Community-based service providers – As a community-based service provider:

- How have you been involved in supporting informed placement decisions?
- How do you effectively work with residential licensees and/or placing agencies to determine the community-based supports the child may need in addition to the supports provided in their placement?



Questions Specific to Notice to Bands and First Nations, Inuit or Métis Communities

Placing agencies – As a placing agency:

- How do you provide notice to bands and First Nations, Inuit or Métis communities when required to do so (i.e. children's aid societies)?
- What are your processes for consultation?
- How do you elicit band and First Nations, Inuit or Métis community involvement?



Practice Example

This practice example focuses on an informed placement decision that was made with a child named Iris who was being admitted into the child welfare system.

Iris has been living with her mother on and off for about a year. Iris has been running away from home to avoid her mother's friends who sometimes come into her room when she is sleeping. She does her best to go to school, keep up with visiting her friends, but life at home is challenging. One of the local community members noticed that Iris was walking around in the middle of the night, and when he found out that she stays out to avoid going home because of her mother's drug use, alcohol use and other visitors in the home, he called the local children's aid society. An investigation was launched. Iris' situation was deemed to need an "emergency placement", and she was placed in a licensed group home on a short-term basis while her society worker (worker) focused on finding Iris a long-term placement.

Before making a long-term placement decision, the worker asked Iris what was most important to her about her new home. Iris said that she wants to be close to home, that she wants to go to her school, and that she does not want to miss any days of school. The worker then contacted a list of homes that may have beds available. The worker also reached out to Iris' teachers and asked about what a disruption in school attendance might look like and if a work package could be sent along with Iris through the transition to a new home. There was one bed available outside of Iris' neighbourhood, however, the residential licensee was willing to work with the local school to help ease her commute to school by utilizing transportation funding offered through the school board. In addition, the worker made a concerted effort to ensure that, although the placement is a bit out of the way, the staff will be attuned to Iris' cultural needs and have culturally safe practices in place, engage in activities like mealtimes, television watching, and games, and that plan of care goals are supported by staff, and mostly created by the children themselves, or in this case, by Iris.

After gathering this secondary information, the worker approached Iris with this option. They discussed whether Iris feels that this is a good fit for her. Iris asked to go and see the home and the worker agreed that this is a good idea. The worker arranged for Iris to see the home, and talk to the frontline staff and supervisor. On the way to see the home, the worker and Iris discussed what

is important for Iris to see at the home, such as cleanliness, staff energy, other residents in the house, location, backyard and size of bedroom. While visiting the home, Iris saw what she believed to be important to helping her transition into residential care. The other residents in the house told Iris about their experiences in the home, and this information made her feel better about living in a group home. After the visit, Iris told her worker that she would be okay with living at this home, and was placed there.

Quality Standard 2: Individualized Care



Goal for Children and Young Persons

Children and young persons receive individualized care while receiving residential services that helps meet their unique needs, recognizes their strengths, encompasses all aspects of their lives and well-being, and promotes their social, cultural, community and recreational engagement.



Overview and Intent

Each child and young person has their own story and they must feel empowered to tell their story, if they choose, to inform the care they receive. If they do tell their stories, their privacy must be respected. A one-size-fits-all approach to providing care will not help a child or young person thrive or reach their full potential. Children and young persons' have unique identities, strengths, needs, personalities, developmental stages and past experiences that require

individualized care and support when they receive licensed residential services (Raikes & Edwards, 2009). It is critical that children and young persons in residential care are supported to create goals for themselves, and that those goals are tracked and reviewed, to help assess the quality of care they receive.

All children and young persons must receive care, services and supports that are responsive to their specified needs, including their strengths and challenges. These needs include all aspects of their physical and mental health, education, spiritual, emotional and behavioural well-being, family, social and community relationships (including their connection, if they are First Nations, Inuit and Métis, to their bands and First Nations, Inuit and Métis communities), identity (including culture), and recreation and leisure preferences. While residential services alone will not address all the needs mentioned above, it is important that these needs are taken into consideration and addressed by community-based service providers, schools,

or adult allies, when needed. When the unique needs of children and young persons are met, this communicates to them that they are valued, important and that their choices, interests and preferences are respected (Lally & Mangione, 2006).



Evidence of High-Quality Residential Care

When providing individualized care for children and young persons, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

☐ **Residential service providers, placing agencies, community-based service providers, adult allies, and schools/boards should have clear roles and responsibilities for care planning and provision that are documented by the placing agency and residential service provider and understood by all those involved in caring for a child or young person in residential care.**

- o Individualized care should be provided using a multidisciplinary, multisectoral and/or circle of care approach with all service providers working collaboratively to help meet the child's or young person's needs, support them to thrive, and achieve better outcomes.
- o Using a shared understanding of their roles and responsibilities, all service providers should work together to support the needs of children and

young persons in their collective care. This could include having regular case conference meetings with the child or young person present to discuss the care being provided (i.e. what are the child's or young person's needs and their goals, what each person can do to help the child or young person meet their goals, what the child or young person can do to help themselves meet their goals), and who or what they think they need to support their needs and goals. Service providers can also engage in informal conversations with the child or young person to discuss what they need and want their goals to be. This may also provide an opportunity to develop and/or review the child's or young person's safety plan, where applicable. This recommended process could occur separately or in conjunction with the development and review of a child's plan of care, or a young person's case management and reintegration plan, which is legally required under Ontario Regulation 156/18.

☐ **An individualized plan of care⁵ (or, for young persons, a case management/reintegration plan) must be developed for each child or young person. The plan should be trauma-informed and be specific to each individual person. It should highlight short and long-term personal goals, expected outcomes, needs, strengths, challenges and**

⁵ All children and young persons in residential care must have a plan of care. In youth justice settings, a plan of care is referred to as a case management/reintegration plan.

preferences of each child or young person. The plan should identify the actions that will be taken to help achieve each goal, including who is responsible for carrying out the action. The plan should reflect the wishes and goals of the child or young person. It must also comply with all regulatory requirements under the CYFSA.

- o The goals in a child's plan of care or a young person's case management/reintegration plan are clear, strength-based, child-centred, and trauma-informed. The goals should be realistic, and identify who will assist in meeting those goals, and how you will measure or know when a goal has been met. While some children or young persons may have similar goals (e.g., to graduate high school), no two children or young persons should have the exact same set of goals, actions and care planning in their plans of care or case management/reintegration plans. These should be customized to the individual needs and wishes of the child or young person.
- o While a child's plan of care or young person's case management/reintegration plan is the written record of the care that will be provided to them to support their care and treatment goals, this must be brought to life by providing individualized care every day.
- o The plan of care or case management/reintegration plan must be regularly reviewed and updated, to make sure it

is responsive to current and possibly changing needs of the child or young person.

- ☒ **In addition to the child or young person, their family members, the residential licensee, the placing agency, and where appropriate, the probation officer, the following service providers, representatives and individuals should also be included in the development and review of the plan of care or case management/reintegration plan, where appropriate and available: an Elder, a representative chosen by the child's or young person's bands and First Nation, Inuit and Métis communities, the child's or young person's local community-based service provider(s), the child's or young person's educator, the child's or young person's adult ally, and/or the child's or young person's mental health provider.**
- ☒ **The needs of the child or young person are supported through tailored, individualized, wrap-around supports. When children and young persons need educational programming, mental health services, other clinical supports and/or cultural supports outside of the residential placement, they are provided to them in a timely manner. The licensee must comply with requirements specific to the provision of health care for the child as described in Ontario Regulation 156/18 under the CYFSA.**
- ☒ **Residential service providers create a safe space and work to build healthy relationships with all children and young**

persons in their care, supporting them in disclosing their identity to help ensure the provision of individualized care. For some children and young persons, it may take time for them to feel safe disclosing their identity, or they may only disclose aspects of their identity.

☒ Children and young persons participate in social, cultural, community and recreational activities with their peers after or outside of their school and residential placement, in accordance with their preferences. This includes opportunities to play sports, participate in extracurriculars, such as music programs, attend cultural ceremonies, attend play dates or birthday parties, and attend field trips and supervised camp outings with their peers. In secure residential settings, such as youth justice facilities, these activities should be supported within the facility to the extent possible.

o Residential licensees and placing agencies must be able to demonstrate that they provide all children and young persons in their care with these kinds of opportunities, in accordance with their rights.

o Additional considerations should be made for children and young persons who identify as LGBT2SQ who often feel they cannot participate in gendered activities because of perceived or experienced homophobia, transphobia, and biphobia.

☒ Residential service providers incorporate the child's or young person's family into care planning and decision-making, with the child or young person, to help build their capacity to care for them where appropriate. This can increase the likelihood that residential placements are for as short a time as possible.



Provisions in the CYFSA Specific to Providing Services to First Nations, Inuit and Métis Children

☒ All children's aid societies are required to consult with the child's bands and First Nation, Inuit or Métis communities when providing a prescribed service or when exercising a prescribed power. Prescribed services and powers include, but are not limited to⁶:

- o Developing a child's plan of care.
- o Developing a child's safety plan.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask each child or young person in residential care:

- How has your plan of care or case

⁶ This requirement is described in more detail under section 73 of the CYFSA and section 29 of Ontario Regulation 156/18.

management/reintegration plan been tailored to your unique needs, care, treatment and personal goals, and abilities?

- How have you meaningfully participated in the development and review of your plan of care or case management/reintegration plan?
- How could the process be better laid out to meet your needs in a way that makes sense to you?
- If you identify as a First Nations, Inuk or Métis child or young person, how has your band or First Nations, Inuit or Métis community been engaged by your residential service provider?

Residential licensees – As a residential licensee:

- How do you know that each child's or young person's needs are being met on a day-to-day basis?
- How would an observer know?
- How do you assess their individual needs on an ongoing basis?
- How could any organizational barriers to this be mitigated?
- How do you measure success and progress in achieving individualized goals?
- What processes/structures do you have in place to consult with bands and First Nations, Inuit and Métis communities?

Staff and caregivers – As a staff or caregiver:

- What structures or supports are in place to support having the time and space within the home and/or program for each child or young person to receive your individualized attention on a regular basis?

- How do you support meeting the child's or young person's needs?
- Is there anything that could be changed to support you further in providing individualized care?

Placing agencies – As a placing agency:

- How do you work collaboratively, using a multidisciplinary approach, with the residential licensee and others to support all children and young persons in receiving individualized care?
- When have you been able to do this effectively?
- What factors contributed to this work being effective?
- How do you monitor that care is being provided in alignment with the child's or young person's plan and what was discussed at the plan of care meetings?
- How do you help ensure the plan is appropriate and being fulfilled?

Adult allies – As an adult ally:

- When was a time when you were involved in service planning for a child or young person?
- How were you able to support the child or young person through this?
- What could be improved?

Community-based service providers – As a community-based service provider:

- How do you work collaboratively, using a multidisciplinary approach, to ensure a child or young person has the individualized supports they need?
- How do you support/enhance the voice of

the child or young person through these processes?



Practice Example

This practice example focuses on a child named Stephen whose care was targeted towards his individualized needs that cut across the child welfare and youth justice systems.

Stephen is a teenager living in a group home. Stephen shares with his staff that he is struggling with conflicting views of himself culturally as a Black youth. He says that he has been acting the way social media portrays Black men, which has led to some conflict with the law. Staff connected with Stephen's support worker, who facilitated a meeting between Stephen and a representative of the local law enforcement. They talked about the role of police officers, the youth's concerns about policing, and the need for everyone to work together to reduce his risk of coming into contact with the police, and what that will look like should it happen. This meeting was a starting point for staff to further build on ensuring Stephen's needs were being considered in his individual programming around his identity, his strengths, and his future. Stephen told staff that doing better in school was a goal for him, so program staff, Stephen's support worker, his teacher and Stephen got together to plan for his success at school. This was documented in Stephen's plan of care and is monitored and updated as Stephen progresses.

Quality Standard 3: Children and Young Persons’ Rights and Complaints



Goal for Children and Young Persons

Children and young persons are supported and empowered to understand, exercise and benefit from their rights, including raising concerns about their care and having these concerns responded to in a timely manner.



Overview and Intent

Children are individuals with rights to be respected and voices to be heard. Further, as noted in the preamble, the CYFSA aims to be consistent with and build upon the principles expressed in the **United Nations Convention on the Rights of the Child** (1989) and commits to the principle that services provided to children and families should respect their diversity and the principle of inclusion, consistent with the

Ontario Human Rights Code (1962) and the **Canadian Charter of Rights and Freedoms** (1982).

Part II of the Act establishes the rights of all children and young persons receiving services under the CYFSA, as well as the additional rights of children in care. The additional rights include, but are not limited to, the right to be heard in respect of decisions, the right for their views to be given due weight, the right to be informed related to residential placement admission, the right to personal liberties, and rights related to care, such as:

- To participate in the development of their plan of care.
- To have access to food that is of a good quality.
- To be provided with clothing that is of a good quality.
- To receive medical and dental care.

- To receive an education.
- To participate in recreational, athletic and creative activities.

The Act also requires that services to children and young persons must take into account their needs and their identities, including their race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity and gender expression.

The Preamble to the CYFSA acknowledges that the **United Nations Declaration on the Rights of Indigenous Peoples** “recognizes the importance of belonging to a community or nation, in accordance with the traditions and customs of the community or nation concerned.” All residential service providers in Ontario should know, understand and embed these rights into their caring practices with all children and young persons, including with First Nation, Inuit and Métis children and young persons.

As part of the requirements in the CYFSA, all children in care have a right to speak in private with and receive visits from the **Office of the Ontario Ombudsman** (toll-free at **1-800-263-2841** or **416-325-5669**). These children and young persons also have a right to be informed about the existence of the Ombudsman and their functions in the event they wish to reach out to them for help. Once contacted, the Office of the Ombudsman listens to the complaints and helps resolve them. The Office of the Ombudsman can also provide child-friendly resources and information about children’s

and young persons’ rights and can help connect children and young persons to other child- and youth-serving organizations, as needed.

The act of respecting, protecting and upholding children’s rights extends beyond meeting their basic needs and is central to understanding the attitudes and behaviours of children, as well as advancing the respect for children (Collins, 2017). Paramount to the practice of upholding children’s rights is respect for the child’s individuality and dignity. The collection, use and dissemination of the personal information and records of children and young persons in residential care must be undertaken in accordance with requirements in all relevant legislative acts, including the CYFSA, **Personal Health Information Protection Act, 2004**, and *Youth Criminal Justice Act, 2003*. Information about the child or young person must be kept confidential, and only be shared where authorized by law. Where lawfully authorized, information should only be shared on a “need to know” or “right to know” basis. Considerations for the child or young person, the method of information sharing, and the possible outcomes are to be thought through proactively before any information is shared.

It is critical that children and young persons experience care from individuals who value, respect and uphold their rights. It is not enough for children and young persons to be told what their rights are. They must also be supported to understand their rights and know how to exercise them. To support residential service providers in

doing this, the ministry has released the *Children and Young Persons' Rights Resource* (Rights Resource). The Rights Resource is a webpage designed to support children and young persons receiving services under the CYFSA to understand their rights under the CYFSA. The webpage outlines these rights using child-friendly language, acting as an accessible resource that children and young persons can turn to when they want to understand their rights. It also acts as a resource for parents, caregivers and staff to support and understand the rights of children and young persons.



Evidence of High-Quality Residential Care

When supporting children and young persons to understand, exercise and benefit from their rights, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

- **Children and young persons are supported to understand their rights in ways that empower them to advocate for themselves and change the way they experience their care, especially when they feel their rights are not being upheld.**
 - o Children and young persons must be told about their rights under Part II of the Act at specified intervals, but also must know how their rights are being applied in practice and translated into the care they are receiving every day.
 - o Children and young persons with communication limitations must also be supported to understand their rights. They may require alternative communication approaches, such as the use of communication aids and/or interpreters.
- **Residential service providers uphold an individual's right to request access and corrections to their personal information held by the service provider related to service provision (e.g. their case file) in accordance with [Part X of the Act](#), which came into effect on January 1, 2020. This applies to a child currently receiving service or an individual who received service in the past. This includes:**
 - o Assisting individuals in making a request for their personal information, making their personal information available to them for examination, and providing a copy of their personal information upon request, at no cost.
 - o Providing individuals with written notice if they are denied access to their personal information, including the reason for this. An individual can appeal a denial of access to the Information Privacy Commissioner of Ontario (IPC).
 - o Responding to a request for personal information within 30 days of receipt, with a possible extension of no more than 90 days.

- ☒ **Residential service providers must obtain consent from children and young persons to collect, use, and share their personal information unless otherwise authorized under Part X of the Act.**
- ☒ **The privacy or confidentiality of children and young persons is not breached, especially as it relates to their personal information.**

 - o This includes keeping personal/case information visible on a computer monitor, not shredding confidential documents before disposing them, snooping/unauthorized access, or discussing any confidential information where unauthorized individuals can hear or access the information.
 - o If a privacy breach occurs, the service provider must follow all necessary steps set out in Part X of the Act including notifying the individual to whom the information relates at the first reasonable opportunity, and advising them of their right to make a complaint to the IPC. The IPC [website](#) provides information on responding to privacy breaches. Service providers must also complete a serious occurrence report.
- ☒ **Residential licensees and placing agencies have established complaint mechanisms for children and young persons that are responsive to their needs and used for the purposes of continuous improvement within the residential setting and/or program.**

 - o Residential licensees and placing agencies must investigate complaints regarding alleged violations of the rights of children in care under the Act, and the results of the investigation must be communicated to the child or young person in a timely and child-friendly manner.
 - o Residential service providers' complaint mechanisms regarding allegations that children's rights under the Act have been violated should be clearly articulated, publicized and available to children, young persons, their families and communities. Complaint mechanisms should include:
 - Definition of a complaint.
 - Guiding principles of the complaint mechanism.
 - Standard timelines for responding to complaints.
 - An explanation of how complaints can be made and to whom, and who is responsible for investigating and responding to complaints.
 - Forms that clearly indicate to those who are making a complaint what information they need to provide when lodging a complaint.
 - Opportunities for informal resolution.
 - Explanation on how anonymous complaints are handled.
 - Description on how complaints and outcomes are documented and the types of outcomes that can be expected.
 - How complaint information is kept confidential.

- Safeguards against retribution.
 - Reporting and reviewing obligations.
- o Licensed residential settings should be environments that are supportive of advocacy and self-advocacy, to create the optimal conditions for children and young persons to report complaints regarding alleged violations of the rights of children in care under the Act.
 - o Residential service providers should consider whether a child's or young person's behaviour may be telling them they have a complaint or concern. Behaviour to look for may include yelling, swearing, or throwing objects. All residential service providers should broaden their definition of complaints to better understand and care for children and young persons.
 - o Caution must be exercised when requiring a child or young person to speak about situations where they may be experiencing oppressive conditions. Anonymous reporting of complaints should be put into place as a protection measure for children and young persons in residential care.



Evidence Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

- **The rights of First Nations, Inuit and Métis children and young persons in residential care are upheld by all their service providers, including residential licensees, children's aid societies, community-based service providers, and educators.**
 - o Where a First Nations, Inuk or Métis child is otherwise eligible to receive a service under this Act, an inter-jurisdictional or intra-jurisdictional dispute should not prevent the timely provision of that service, in accordance with Jordan's Principle.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask every child or young person in residential care:

- How have your rights under the Act been explained to you so that you understand in ways that allow you to exercise them?
- How have you been supported to know who you can approach to help you better understand your rights?
- How have you been supported by the individuals that care for you if you had a complaint respecting an alleged violation of your rights under the Act?
- How was your complaint resolved?

Residential licensees – As a residential licensee:

- How is the care provided in your residential program guided by a child rights-based approach?

- How do you implement and monitor that the rights of children and young persons are being respected and upheld in your residential program?
- Consider whether a child's complaint related to the alleged violation of their rights was made confidentially – how are you taking steps to support that request?

Staff and caregivers – As a staff or caregiver:

- How do you uphold the rights of the children or young persons in residential care?
- What mechanisms are in place to support you?
- How could that be built into a regular practice in your organization?
- How do you respond when a child or young person has a complaint about the services they are receiving?
- How do you help them resolve their complaint?
- What behaviours are you uncomfortable with that make it harder to listen to a child's or young person's concern?
- How can you consider responding the next time you experience these uncomfortable behaviours?
- Is there a relational approach/practice that you could take?

Placing agencies – As a placing agency:

- How do you respect and uphold the rights of children and young persons?
- Do you actively talk to the child or young person about their rights and support the child or young person to understand their rights?

- What do you do when a child or young person comes to you with a complaint that their rights are not being respected?
- Are there processes in place to be followed when a child or young person has expressed negative experiences while in a residential placement?
- How do you help them resolve their complaint?

Adult allies – As an adult ally:

- How can you be equipped with the right information to know what to do if a child or young person came to you expressing that their rights were not being respected?
- Has a child or young person ever expressed concerns to you about their rights not being respected in a residential placement?
- If so, how did you support the child or young person to exercise their rights and/or make a complaint?
- If not, how would you go about doing this?

Community-based service providers – As a community-based service provider:

- Has a child or young person ever expressed concerns to you about their rights not being respected in a residential placement?
- If so, how did you support the child or young person to exercise their rights and/or make a complaint?
- If not, how would you go about doing this?



Practice Example

This practice example focuses on how a staff person respected the rights of a child named Dimitri who felt his rights had never been upheld.

Dimitri has faced many adversities in his life. By the age of 16, he has experienced time at a youth justice facility, four group homes and three foster homes. He is currently living in a group home and when he first moved there, he was told about his rights. But Dimitri said to the staff person, “I’ve been moved around so much and told about my rights a bunch of times, but no one follows them. I don’t really have rights”. The staff person, Mason, was worried when he heard this. He could understand why Dimitri would feel this way but felt that he needed to do something about it. So, he talked to his supervisor about spending some dedicated time working with Dimitri to learn about, understand, and feel able to exercise his rights. He used material the group home already had that listed the rights, but talked to Dimitri about each one, focusing on what it meant to Dimitri, what it might look like in that group home or other types of residential settings, and what he could do if he did not feel the right was being respected. Mason tried to explain that sometimes a staff person might do something without realising that did not respect his rights, but it was better to say something so they could all learn together. Sometimes, they would act out

scenarios and use real world examples to make it easier to understand. At the end of this process, Dimitri felt he understood his rights much better and was empowered to exercise them.

Quality Standard 4: Children and Young Persons' Voice



Goal for Children and Young Persons

Children and young persons in residential care are continuously engaged to participate and have an active voice in the planning and decision-making that impacts their lives.



Overview and Intent

Children and young persons must have an active voice in the decisions and experiences that impact them and in their everyday lives (Residential Services Review Panel, 2016). Encouraging children and young persons to voice their feelings and participate in decisions is not only a best practice, but is also recognized in the Act. The Preamble of the Act acknowledges that children and young persons are individuals with rights to be respected and voices to be heard. In Part II of the Act specifically,

the rights of children and young persons receiving services under the Act are defined to include, among other things:

- The right to express their own views freely and safely about matters that affect them.
- The right to be engaged through an honest and respectful dialogue about how and why decisions affecting them are made and to have their views given due weight, in accordance with their age and maturity.
- The right to be consulted on the nature of the services provided or to be provided to them, to participate in decisions about the services provided or to be provided to them and to be advised of the decisions made in respect of those services.

Service providers are required to respect the rights of children and young persons as set out under the Act (s. 15).

Children and young persons are best positioned to speak about their lives, needs and concerns. Decisions that are fully informed by the child's or young person's own perspectives will be more relevant, effective and sustainable. In cases where English is not their first language, it is important to have an interpreter that will ensure that the child's or young person's voice is not lost in their efforts to translate into the English language. In addition, in cases where the child or young person has communication challenges, their communication needs should be accommodated so that they may express their own views (e.g. through communications aids, interpreters, braille, sign language, and use of pictures/symbols).

Children and young persons must be treated as an individual with rights, and must always be seen, heard, listened to and respected. This includes considering the child's or young person's various identities and respecting them, treating a child or young person as an individual who can form their own views and make decisions about their lives, and giving their views and preferences the same weight as other service providers.

Residential service providers should always find ways to include a child's or young person's voice into their care and decision-making about their lives, regardless of their age and maturity. Children and young persons receiving services under the CYFSA have rights to participate in decisions about services to be provided to them. In addition, children and young persons receiving services under the Act have rights to be

engaged through an honest and respectful dialogue about how and why decisions affecting them are made and to have their views given due weight, in accordance with their age and maturity.

Some children and young persons have special needs and/or mental health and addictions challenges. This may mean that they experience cognitive, developmental and/or communication limitations that reduce at times their ability to be involved in decisions about their residential care. However, these children and young persons have the same rights as any other child or young person and, while they may lack capacity in certain areas, every effort must be made to engage the child or young person and/or their caregivers in decisions about their care before decisions are made. It is essential to tailor the engagement approach to account for each child's or young person's abilities and strengths.

Every individual who provides services to children and young persons, or services affecting children and young persons, should be an advocate. Advocacy may be a child's or young person's lifeline and it must occur from the first point of contact with the child or young person, and on a continuous basis thereafter. A child's and young person's voice must be protected, nurtured and amplified. It is the responsibility of all service providers to do so.



Evidence of High-Quality Residential Care

When engaging children and young persons to be active participants in the planning and decision-making about their care, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

☐ **Residential service providers ensure compliance with the rights provisions of the Act. Residential service providers should strive to recognize children as active partners in their care and as individuals who can make and contribute to the decisions that impact their everyday experiences.**

- o A caring adult should be the one ensuring that the child's or young person's voice is present in all decisions and at all levels of their care.
- o Their experiences and views should be given the same weight as the advice and recommendations of placing agencies, residential licensees and other professionals or important people in their lives who may be involved in the care of these children and young persons.

☐ **Children and young persons are included in decision-making about all aspects of their care in accordance with their age and maturity, from placement and admission to transfer and discharge.**

o In addition to their involvement in the development of their plans of care, children and young persons should be given the opportunity to directly participate in the design of the residential programming, services, and interventions that they receive, including who they would like involved in the decisions made about their care (i.e. policies and procedures, therapeutic activities, extra-curricular activities, meal planning/grocery lists).

o Residential service providers should also consider a child's or young person's learning style when deciding how to communicate with them. A child or young person may have the capacity to communicate but may require support to communicate according to their learning style or preferred methods of communication.

☐ **A trauma-informed service provider understands and promotes psychological safety for children and young persons by supporting them to have an active voice in their care. To achieve this, best practices include providing:**

- o Advance notice of an action or decision to a child or young person.
- o Adequate information about the decision-making process and criteria used to make decisions.
- o An opportunity for the child or young person to be heard and participate in decision-making.

- o A written timeline, documented by the residential licensee, of all the decisions made, and how the child or young person was incorporated.
 - o A timeline for decisions to be made.
- ☒ **Organizations include the voices of children and young persons through the establishment of a children and/or young persons advisory council or other mechanisms such as focus groups, workshops and surveys. Discussion items may include the development, governance and accountability frameworks for programs and services, as well as the design, treatment, and relationships that unfold in those programs and services. Listening to the lived experiences of children and young persons can also lead to better practices that that improves their placement experience.**
- o This provides an opportunity for children and young persons to advocate for change and improvements that could impact other children and young persons with similar experiences. Through these advisory mechanisms, it is important that children and young persons understand how the feedback and recommendations they provide to their organizations are implemented, or not, and the reasons why. An organization that is trauma informed understands that information empowers children and young persons and promotes safety for them.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask every child or young person in residential care:

- How do your residential service providers include your voice in decisions about your care?
- How do your residential service providers show you that your voice matters?
- Who can you talk to if you are feeling that you do not have a voice?

Residential licensees – As a residential licensee:

- How do the policies and procedures of your organization support children and/or young persons to participate in decision-making?
- How can this be strengthened throughout your residential program?

Staff and caregivers – As a staff or caregiver:

- How do you know when children and young persons are fully engaged and participating in decision-making?
- Based on your observations of children and young persons, when are they most engaged?
- How could this be strengthened on a day-to-day basis?

Placing agencies – As a placing agency:

- How are you supporting the child or young person in exercising their voice?

- How do you show a child or young person that they could raise any concerns with you and get help addressing them?

Adult allies – As an adult ally:

- How do you help amplify the voices of children and young persons in residential care that you interact with?

Community-based service providers – As a community-based service provider:

- How do you engage with children or young persons you serve in the planning and decision-making that impacts them?
- How do you or can you support a child or young person in residential care to be engaged?



Question Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

Adult allies – As an adult ally:

- How do you advocate for First Nations, Inuit and Métis children and young persons in residential care?



Practice Example

This practice example focuses on the promotion, protection and amplification of a child's or young person's voice in the child welfare system.

Tamara is a 14-year old transgender youth who is in the midst of her transitioning journey. Tamara was recently placed in a group home in Kingston that specializes in caring for youth who identify as LGBT2SQ. Within her first week at this group home, Tamara's primary staff person spent a couple hours with her to learn her preferred communication style, her hobbies and favourite activities, and other important facts about Tamara that she wanted her primary staff person to know. Using this information, Tamara and her primary staff person created three goals for Tamara to work on accomplishing over the next 6 months. These goals were used to help in creating Tamara's plan of care.

In addition to her plan of care, Tamara was asked for her preferences in meals and snacks provided to youth in the group home, and went grocery shopping with staff on a weekly basis. With assistance from some of the staff at the group home, Tamara was given the opportunity to cook a meal of her choice for dinner, to be shared with the other residents and staff once a week. Tamara was regularly involved in the planning of recreational activities that youth in the group home could choose to

participate in. Most important to Tamara, whenever a decision about her life needed to be made, the staff in her group home would ask for her preference before making the decision. For example, three months after she moved to the group home, an opportunity arose for Tamara to change placements and move in with a foster family who lived 30 minutes away. Before making the decision to change placements, Tamara's primary staff person asked whether she would like to move or continue to live at her current group home. Tamara told her primary staff person that she would like to stay at the group home as she has become friends with one of the other residents who also identifies as transgender and would prefer to continue attending her current school. Even though her primary staff person disagreed with Tamara's decision, she recommended to her supervisor that Tamara stay because that is what she wanted.

Quality Standard 5: Safe, Inclusive and Accessible Environments

Goal for Children and Young Persons

Children and young persons feel that the licensed residential setting where they reside is safe (culturally, spiritually, physically, emotionally and mentally), inclusive, and accessible.

Overview and Intent

An individual's need to feel safe takes precedence over their need to develop and maintain positive relationships, feel respected, and meet their full potential. If an individual does not feel safe, they will seek to find safety before they attempt to meet any of their higher needs, and younger people generally have a greater need to feel safe (Maslow, 1943).

When caring for children and young persons, Garfat (2015) stresses the critical importance

of relational safety. "In the simplest of terms, relational safety refers to the experience of feeling safe in a relationship. When [a person] experiences relational safety, [they] feel like there is no threat to [themselves], that [they] can experiment and take risks, [and] that it is okay to be themselves in the context of this relationship. Relational safety implies that the [child or] young person feels safe and connected. Relational safety is central to effective helping interactions and interventions" (Garfat, 2015, p. 5).

Experiences of trauma by children and young persons in residential care are common as the very nature of being in care, away from a loving and supportive environment can itself be traumatizing. As a result, it is important for service providers to support children and young persons by creating environments with additional emotional and physical safety supports that provide healing and survivor-centred care.

To help support this, residential service providers are strongly encouraged to adopt a trauma-informed caring practice lens to their work with children and young persons.

Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, mental and emotional safety for both service providers and children and young persons. It is critical that trauma-informed care creates opportunities for children and young persons to rebuild a sense of control and empowerment. To be most successful in the provision of trauma-informed care and practices, service providers should be aware of the prevalence of trauma; understand the impact of trauma on physical, emotional, mental health, and behaviours of children and young persons; and, recognize that current child-service systems can retraumatize individuals. This includes understanding the specific traumas that may be experienced by First Nations, Inuit and Métis, Black and African-Canadian, LGBT2SQ, newcomers and Francophone children and young persons, their families and communities.

In addition to feeling safe, children and young persons must also feel that the spaces they frequent are inclusive and accepting of their various identities (e.g. gender identity, race, sexual orientation, religion/creed, spirituality, culture) and are accessible. Feeling accepted by the people who care for them, and in the spaces around them, increases the likelihood that children and young persons will trust their

surroundings, develop healthy relationships with others, and feel safe.

Children and young persons with disabilities are a diverse group, and experience disability, impairment and societal barriers differently. Residential service providers must recognize that disabilities can be invisible and episodic, with children and young persons sometimes experiencing periods of wellness and periods of disability. Service providers must ensure that their service settings are inclusive and accessible. Organizations must also identify and remove barriers to accessibility for children and young persons with disabilities, in accordance with the **Accessibility for Ontarians with Disabilities Act, 2005** (AODA).



Evidence of High-Quality Residential Care

When promoting safety, inclusivity, and accessibility in any licensed residential setting, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

- **Intentional actions are taken by residential service providers to ensure all spaces and practices are trauma-informed. This includes being mindful of interactions with, and support provided to, the child or young person so that they feel safe and accepted.**
 - For example, a residential service provider should always be mindful

of their body language and tone of voice while engaging with a child or young person in their care so that actions are not triggering to the child or young person. This can include posture, crossing of arms, proximity to the child or young person, or facial expressions.

- o Residential service providers should also understand trauma-informed care through an Indigenous lens, including meaningful examination of the legacy of residential schools, colonization and systemic racism, and intergenerational effects.

☒ **Residential licensees should work with the placing agency, child or young person, staff or caregiver, and parents and/or guardians, as appropriate, to establish individualized safety plans for children and young persons that engage in high-risk behaviours that could place them at risk of harm.**

- o Safety plans should be in place before the child or young person is admitted into residential care and include the child's or young person's needs or behaviours that require support, what will be done to prevent this behaviour, and what procedures will be followed if the child or young person engages in high-risk behaviour. It should also specify the clinical or other supports necessary to address the child's or young person's needs or behaviours.

☒ **All licensed residential settings are maintained in a manner that supports the cultural, spiritual, physical, emotional and mental safety, accessibility and needs of the children and young persons who live there.**

- o Examples of this include not putting locks on refrigerators, not locking away toilet paper where children or young persons cannot easily access it, and not taking bedroom doors off their hinges for any reason.
- o It is critical that all children and young persons do not feel culturally, spiritually, emotionally, physically or mentally threatened or harmed by their staff, caregivers or other children and young persons who live with them.
- o The spaces of all licensed residential settings should support the varying abilities and identities of children and young persons to help them thrive and be healthy (e.g. installing accessibility ramps for wheelchairs or indicating a space is safe by displaying the rainbow triangle).

☒ **All licensed residential settings must be maintained in a manner that supports the safety and well-being of children and young persons, including that the physical grounds are kept safe and clean and that any materials, equipment or furniture are clean and in good working order.**

- ☒ **All residential service providers should have a Continuity of Operations Plan (COOP) that addresses emergencies from an all-hazards approach, including fire and biomedical hazards and infectious diseases (such as COVID-19). An “all-hazards” approach means that planning focuses on things that are critical to emergency preparedness for a full range of emergencies. A COOP establishes policies and provides guidance to organizations to ensure that their critical functions continue during times of emergency. When creating a COOP, residential service providers should ensure that the safety and well-being of children and young persons in their care is protected at all times and remains the first priority.**
- ☒ **Residential licensees and placing agencies are required to submit a Serious Occurrence (SO) report to the ministry in many instances pursuant to regulation, licence conditions and/or ministry Guidelines, including when a complaint is made, that, in the opinion of the residential licensee or society is of a serious nature. The purpose of the SO report is to document the actions taken to manage the SO from inception to resolution.**

 - o SO reports for each child or young person in residential care should be reviewed regularly to assess whether the needs of that child or young person are being met. For example, if there are a high number of SO reports on the use of physical restraint on a child, it may indicate the need for other behavioural or treatment supports or services. It may also indicate that the child or young person is struggling with their personal safety. Trauma-informed environments recognize that behaviours that lead to restraint use can also mirror symptoms of a child or young person that does not feel safe. Giving the child or young person a safe space to engage in open communication can help service providers have a better understanding of the behaviours that are present, the triggers that create the behaviour and the strategies for supporting the child or young person.
 - o SO reports should also be reviewed on a regular basis at a program or organizational level to see whether there are particular patterns or trends (e.g. physical restraint happens at a certain time of day or by particular staff or caregivers) that indicate the need for organizational changes (e.g., additional staffing at certain times or additional training).
- ☒ **All children and young persons living in a licensed residential setting are provided with mental health and addictions treatment and/or supports when they need them at an intensity and frequency that aligns with their individualized needs.**
- ☒ **The use of physical and mechanical restraints is not permitted unless authorized by law.**

- o When, and if, a child or young person is placed into a licensed residential setting that uses restraints, they should be supported to understand if and when physical or mechanical restraints could legally be used, and what will happen if they are restrained.

🔖 **Residential service providers should apply an equity lens to their current policies, procedures and practices to ensure that they do not support the criminalization of children and young persons in their care.**

- o For example, the ministry is aware of some residential service providers in the past that have relied heavily on local police to assist in responding to serious incidents. Depending on the individual circumstances, such contact may be appropriate. However, residential licensees should be cautious about over-reliance to support them in managing children's behaviour.

🔖 **In the course of providing or overseeing the provision of residential care, and where the care provided includes children who are or may be at risk of engaging in sex trafficking, residential service providers and placing agencies should focus on the prevention and early intervention of child sexual exploitation/trafficking. This includes:**

- o Training for residential service providers and placing agencies to recognize, report and safely intervene

in suspected situations of child sexual exploitation/trafficking.

- o Programming to reduce a child's or young person's vulnerability to sexual predators.
- o Access to peer support and counselling from a person with lived experience with child sexual exploitation.
- o Specialized residential placements for children who have been trafficked.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask each child or young person in residential care:

- How do your residential service providers help you to feel safe and accepted in your residential care setting?
- What are the things that help make you feel safe and accepted?
- Who are you able to talk to about these things?
- Is there a child or young person whose safety we should be concerned about?

Residential licensees – As a residential licensee:

- How do you support all children and young persons in your care to feel safe and accepted?
- What sort of practices do you promote to strengthen safety and acceptance within

your residential program (e.g. physical space arrangements, posters/pictures, behaviour of staff)?

Staff and caregivers – As a staff or caregiver:

- How do you support children or young persons to feel safe?
- How do you have discussions with the children and young persons in your care about what they need to feel safe and accepted?

Placing agencies – As a placing agency:

- How can you support a child or young person to feel safe and accepted in their residential setting?
- Do you talk to the child or young person about whether they feel safe and accepted, and what they need to support this?

Adult allies – As an adult ally:

- What can you do to support a child or young person if they express concerns about the safety or inclusiveness of their placement?
- Who can you speak to if you have a concern about the safety or inclusiveness of a residential setting?

Community-based service providers – As a community-based service provider:

- What do you do to help make a child feel safe and included when receiving services?
- What can you do to support a child or

young person if they express concerns about the safety or inclusiveness of their placement?



Question Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

Residential licensees – As a residential licensee:

- How do you ensure that your residential program provides culturally safe care to First Nations, Inuit and Métis children and young persons?



Practice Example

This practice example focuses on promoting and practicing safety and accessibility in youth justice settings.

Noor identifies as a queer cis gendered female. She's been living in open custody for about three months with another three months to go. The facility staff have created a group for the residents to help them build deeper, more meaningful relationships. In preparation for this group, the facility staff have a few meetings where they unpack their own bias on sexuality and gender, including discussing articles on the topics.

The facility staff also establish a buddy system so that each staff member has another staff they feel is 'safe' that they can talk to privately about their own biases or things that come up in the group that are kept confidential. The facility staff design this group so that participation is voluntary, it is scheduled away from any other activities, located in a different part of the setting and out of sight from the other residents. Noor participates in this group and she feels safe to share her identity and is accepted for who she is. Noor provides feedback to the facility staff that it would be great to have more groups like this. The facility staff agree and decide to run multiple groups, have one-on-one talks with the residents and create a protocol that allows anyone who is not feeling safe because of how they identify to take space in a safe area of the building with a designated staff member.

Quality Standard 6: Identity



Goal for Children and Young Persons

Children and young persons in residential care are able and encouraged to identify and embrace the many dimensions of their identity, including their creed, spirituality, culture and language, and the care provided to them adheres to their identities.

Under Ontario Regulation 156/18, identity characteristics include a child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression, or cultural or linguistic needs. For the purposes of this standards framework, identity also includes a child's spirituality.



Overview and Intent

Treating children and young persons with different identities the same as others fails to treat them equitably (Residential Services Review Panel, 2016). Identity must be recognized as essential to how individuals experience and live their lives and understood through an intersectional, anti-oppressive, anti-racist and anti-colonial lens. One's identity defines who one is as an individual and can contribute to healing, growing, and learning. Knowledge of one's cultural roots, traditions and faith practices will help facilitate healing and a greater understanding of where one is going in life (HairStory, 2019).

Each child should have the opportunity to fully develop and embrace their identity while in residential care. Supporting children to build positive self-identities, using an intersectional, anti-oppressive, anti-racist and anti-colonial lens, will contribute to their sense of belonging and self-esteem. They will be more resilient and have increased confidence, which will support them in every aspect of their lives. It is critical to note, however, that before a child can disclose their identities, or elements of their identities, they need to feel safe in doing so.

The care and services that children receive must, in all cases, be culturally relevant and reflect the principles of diversity, inclusion and accessibility. Children must

have meaningful opportunities to learn about and engage with their family history, heritage, culture, race, religion, identity and orientation, language and their bands and First Nations, Inuit and Métis communities. To facilitate this, all service providers should work together to improve the access and availability of culturally relevant care and create accepting environments.

Please also see the *Diversity of Needs in Residential Care* section for more information and guidance related to caring for diverse populations in residential care.



Evidence of High-Quality Residential Care

When supporting children in residential care to identify and embrace their identity, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

☐ **Services provided adhere to the child's identity and use an intersectional lens. Residential service providers must facilitate access to available specialized cultural services and community programs to support a child's identity.**

- o This is incorporated in the child's plan of care, including specifying the actions that will be taken to support their identity and by whom, and indicating when this has been done.

- o Tangible ways in which services can adhere to a child's identity include, but is not limited to, providing regular access to items and resources that support transgender and gender diverse children in affirming their gender identity and expression, medical supports (e.g. binders and access to gender affirming healthcare providers and make-up), culturally-appropriate foods, resources in their first language, attending and participating in cultural ceremonies, religious services or spiritual practices, and/or celebrating cultural and/or spiritual occasions.

- o Residential service providers could also seek support from community-based service providers and/or faith-based organizations who specialize in certain cultures or identities, where available. Examples of this include services provided by a child's bands and First Nations, Inuit and Métis communities, Indigenous Friendship Centres or community centres who facilitate programming and events specifically for Francophone, Black/African-Canadian, newcomers or LGBT2SQ populations.

- o Access to cultural services, supports, or objects should be viewed as integral to the child, not as a privilege to them. Supports for a child's culture must never be taken away as punishment.

🔖 **Children are informed that they can name a resource person whose voluntary role is to assist service providers in taking into account the child's identity characteristics. A resource person could help caregivers and staff understand the unique identity, culture or heritage needs of a child and can assist when the child cannot advocate for themselves. A resource person could be the child's adult ally, Elder, coach, mentor, teacher, or extended family member, as examples.**

o The child's resource person could be used to help the residential service provider better understand how to support the child in experiencing care that is culturally-competent, safe, and that fully encompasses their identity.

🔖 **Residential service providers adopt anti-racist, anti-colonial, and anti-oppressive practices and support diversity and inclusion by respecting all dimensions of identity so that children feel safe and accepted.**

o Residential service providers are aware of their own biases and are mindful of how they are asking children about their identity and characteristics that shape their identity. Tone of voice, level of enthusiasm and authenticity are important when interacting with children and young persons.

🔖 **Residential service providers ask the child what aspects of their identities**

should be considered and how to do so. In having these conversations with children, residential service providers should ensure that the child feels safe and accepted so that they feel supported in coming to them to discuss their needs. The child's resource person could be included in these conversations.

🔖 **Residential service providers reflect the various identities of the children they care for.**

🔖 **All children are supported with their cultural identities and needs, to foster a level of pride in who they are. They are supported, if they choose, to know their culture, where they come from, who their family is, and what it means to be a member of the nation or other cultural identity they come from, including learning ceremonies, languages, and other cultural knowledge.**



Evidence Specific to Providing Services to First Nations, Inuit and Métis Children

🔖 **If a First Nations, Inuk or Métis child requires residential care, it is critical for their residential service provider to give careful consideration to the child's connection to their bands and First Nations, Inuit or Métis communities.**

- o It is also important for residential service providers to work with those bands and First Nations, Inuit and Métis communities in the development of the child's plan of care. In this and other areas with respect to First Nations, Inuit and Métis children, all required service providers must adhere to associated requirements in the Act and regulation.
 - o Residential service providers can also, if consented to by the child, involve a service provider that is closely linked to the child's or young person's First Nations, Inuit and Métis cultures, traditions, heritages, and identities (such as an Indigenous Friendship Centre or other First Nations, Inuit or Métis-specific service provider) in the development of the child's plan of care, or the young person's case management/reintegration plan.
- **Some children will not know their specific First Nations, Inuit or Métis identity or community, but will still require Indigenous-specific cultural services and supports. In these cases, residential service providers should work with local community-based service providers to ensure that the children in their care have access to culturally-specific supports and services.**
 - **It is essential for service providers to recognize and understand the distinctions and unique cultures of each First Nations, and Inuit and Métis peoples, and to never adopt a pan-Indigenous approach.**
- o For example, in Inuit culture, Inunnguiniq is the process of education and socialization (by parents, relatives, community members and Elders) that sets Inuit children up for success in life – teaching them social/behavioural expectations, competencies and skill-sets, and a well-defined set of values, beliefs and principles, which are foundational to the Inuit worldview.
 - o When Inuit children are placed away from family and community, it becomes the responsibility of the service providers who care for them to ensure they are provided with the guidance, education, socialization and supports needed to become able human beings from an Inuit perspective.
- **When providing services to First Nations, Inuit and Métis children, all service providers are required by the CYFSA to ask how they would like their cultures, heritages, spiritual connections, traditions, connections to community, and the concept of the extended family to be considered in all aspects of their service.**
 - o In having these conversations with children, caregivers and staff should ensure that the child or young person feels safe and accepted so that they feel supported in coming to them

to discuss their needs. The unique intersection of all these aspects of the child's or young person's identity need to be considered.

- **Under the CYFSA, First Nations, Inuit and Métis children must be informed that they can name a resource person whose voluntary role is to also assist service providers in taking into account their cultures, heritages, traditions, connection to community and concept of the extended family.**
- **According to the CYFSA, all service providers must determine if there are complementary services offered or recommended by a First Nations, Inuk or Métis child's bands and First Nations, Inuit and Métis communities. If the child does not have a band or community, reasonable efforts need to be made to determine whether there are services offered or recommended by an organization that is closely linked to the child's cultures, heritages and traditions. When the service provider determines that there are services, the provider must ask the child if they wish to receive those services and if so, facilitate access to those services.**
 - To help with this process, an introductory meeting should occur with the child to explain to them what services and/or supports are available, including the possibility of meeting with the band and First Nations, Inuit or Métis community or Indigenous community-based service provider to learn more. This will help the child

determine if they would like to access those services or supports.

- **First Nations, Inuit and Métis children, regardless of their geographic location, place or residence, should have access to land-based learning and healing, in addition to traditional practices, languages and culture. Ideally, these land-based learning and healing activities should be provided or recommended by the child's bands and First Nations, Inuit and Métis communities. However, residential service providers should also recognize that some First Nations, Inuit and Métis children may not know which band or First Nations, Inuit or Métis community they are part of. In those cases, access to culturally-relevant services provided by an Indigenous service provider is strongly recommended.**



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask every child or young person in residential care:

- How do the individuals that care for you make you feel comfortable in your residential setting to be who you are?
- How do the individuals that care for you make you feel safe to speak about and share your identity?
- How do staff make themselves available and willing to speak to you about your identity and your needs?

- How would you like your culture and identity to be promoted?
- How have you been connected to cultural supports?

Residential licensees – As a residential licensee:

- How have you equipped your staff and caregivers to be able to provide residential care in a culturally appropriate and non-discriminatory way?
- How can you see whether culturally appropriate and non-discriminatory care is being provided on a daily basis?
- How do you strive to have culturally diverse staff and caregivers?

Staff and caregivers – As a staff or caregiver:

- How do you actively support, promote, and respect each child's or young person's culture and identity?
- When have you experienced the positive impact of this?
- How can you embed these practices more into the care you provide?

Placing agencies – As a placing agency:

- How do you build culture and identity considerations into a child's plan of care, based on their wishes and preferences, (including access to cultural services)?
- How was the child's or young person's culture and identity taken into consideration before and after a residential placement decision was made?

Adult allies – As an adult ally:

- How do you advocate for the cultural and identity needs and considerations of a child or young person?
- How do you support this outside of the residential setting?

Community-based service providers – As a community-based service provider:

- How do or can you work with or support a residential licensee to understand and respect aspects of a child's or young person's identity?
- How can you assist a child or young person to learn about and understand their identity?



Questions Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

Residential licensees – As a residential licensee:

- How do you ensure that your residential program provides culturally-appropriate and competent care to First Nations, Inuit and Métis children and young persons?

Staff and caregivers – As a staff or caregiver:

- How do you support First Nations, Inuit and Métis children and young persons to

be grounded in their cultures and languages and thriving as individuals and as members of their families and communities?

Adult allies – As an adult ally:

- How can you help build the capacity of residential service providers who are not familiar with First Nations, Inuit and Métis cultures, languages and traditions?



Practice Example

This practice example focuses on how a child's identity can be considered and included in the residential care provided to them.

Farid, a bi-racial young man, was placed into a group home. In his time at this home, staff encouraged Farid's inquisitiveness into his cultural background, its history, spiritual practices, and his name and its meaning. As staff were unfamiliar with Farid's Sudanese cultural background, they decided to reach out to his mother to find out what foods would help to ease the shock of being away from home for the first time in his life. Farid's mother supplied a recipe for Kawal, which was passed onto the cooking staff in the home. Farid spent time with the staff talking about the process for cooking Kawal, sharing memories of when Farid cooked this meal with his mother. The staff checked in with Farid a few times to ensure that the dish was made the way it should be to taste, color, and texture. Farid was eager to share this meal with the rest of his peers at dinner time and was proud of his involvement in the process.

Quality Standard 7: Healthy Relationships

Goal for Children and Young Persons

Children and young persons in residential care are supported to develop and maintain healthy relationships with others and themselves.

Overview and Intent

At the centre of high-quality care in licensed residential settings for children and young persons is the presence of strong, healthy relationships with themselves, with other children or young persons, and with those who provide care to them. Healthy relationships are the foundation for supporting children and young persons to thrive and meet their full potential. Healthy relationships are also foundational to a trauma-informed program where the child or young person feels a sense of belonging, a sense of stability, continuity and hope for their future. In the context of healthy relationships between a child

or young person and their primary staff and/or caregiver, “the relationship is the intervention” (Stuart, 2009). The healthy relationships developed within the residential setting will set the foundation for all aspects of quality care.

A relational practice approach to caring for children and young persons directs attention toward the characteristics of a relationship between a residential service provider and child or young person, and not toward the individuals in the relationship. This focus helps to support the residential service provider to remain attentive to the mutuality of their relationship with the child or young person, recognizing that both individuals create and are influenced by their relationship. In residential care, residential service providers should build healthy relationships and use these relationships to help children and young persons as they grow up.

Children and young persons in residential care should be supported to develop and

maintain safe, nurturing and long-lasting relationships with their peers, caregivers, family, and members of the community, as appropriate. These relationships play an important role in advancing a child's or young person's development and facilitating positive self-awareness and well-being.

To help foster a child's or young person's relationship with themselves, a connection with their family, community and individuals who are important to them should be maintained. In every instance where it is possible and appropriate, the goal of residential care for children and young persons is to be safely connected with family, community and culture. As a result, it is critical that families and communities are involved in the residential care of children and young persons, and that those relationships are prioritized, to help develop the capacity of those families and communities to be able to re-unify and care for these children and young persons.



Evidence of High-Quality Residential Care

When supporting children and young persons to develop and maintain healthy relationships with others and themselves, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

☐ **Residential service providers support relationships between a child or young person and their family, friends**

and communities, as appropriate. A child or young person should not lose connections with people who are important to them because they are admitted into residential care.

- o This includes providing opportunities for children and young persons, where appropriate, to participate in social, community and recreational activities with their peers after or outside of school, and opportunities to attend play dates, birthday parties and supervised camp outings with their peers, based on the nature of the residential setting.
- o This also includes formal and informal mentoring opportunities amongst children and young persons in residential care to support building life skills, including from someone with similar life experiences.
- o Additional considerations should be made for children and young persons who identify as LGBT2SQ who may not feel they can participate in gendered activities because of perceived or experienced homophobia, transphobia, and biphobia.

☐ **Residential service providers develop and maintain healthy relationships with the children and young persons they are caring for to improve the quality of their everyday experiences.**

- o This includes supporting children and young persons to feel comfortable and

accepted in the licensed residential setting where they reside, whether the child or young person is receiving residential care for the long or short-term (e.g. respite care).

- **Residential service providers take the time to understand and recognize the significance of a child's or young person's past experiences, including any trauma. If needed by the child or young person, residential service providers should also support them to redefine their understanding of healthy relationships. This includes helping children and young persons understand the difference between unhealthy relationships based on compliance and behaviour management and healthy relationships based on connections built through mutual respect and care for one another.**

- o Many children and young persons are in residential care due to their experiences with unhealthy relationships that resulted in, or are associated with, trauma. As a result, these children and young persons may be reluctant to develop and maintain relationships, regardless of the context.
- o If children and/or young persons are reacting negatively to staff or caregivers' attempts to build a healthy relationship, staff and caregivers should take the time to understand why a child or young person may be reacting negatively, and work with

them to show them that they can develop healthy relationships with adults.

- **The child or young person is taught how to develop a healthy relationship with themselves, to understand their own social development, and to exercise self-determination (i.e. your ability to make choices and manage your own life) by residential service providers. This will allow the child or young person to feel that they have some control over their life and will make them feel more motivated.**



Evidence Specific to Providing Services to First Nation, Inuit and Métis Children and Young Persons

- **First Nations, Inuit and Métis children and young persons' experiences in residential care can be compounded by the impact of intergenerational trauma and anti-Indigenous racism. Care must be taken to understand how this might be impacting current interactions, such as learning about this history and about culturally competent spaces and practices. These children and young persons should be supported through healing and opportunities to understand the types of relationships that exist within their families, clans, nations and communities.**



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask every child or young person in residential care:

- How do the individuals that care for you make you feel a sense of belonging, particularly in your residential setting?
- Who do you have a healthy relationship with in your life?
- Are they a trusted adult that you met in your residential setting?
- Are you supported to build and maintain connections and relationships with your family, clan, nation, and/or community?

Residential licensees – As a residential licensee:

- How do you help build healthy relationships between the staff and/or caregivers and children and/or young persons?
- What kind of specific activities (i.e. training) to support relationship building can you implement to strengthen this?

Staff and caregivers – As a staff or caregiver:

- How do you promote healthy relationships between yourself and the children and/or young persons you care for?
- How can you shift your lens to a strength-based, relational one?

Placing agencies – As a placing agency:

- How do you support the children or young persons in your care to develop

and maintain healthy relationships with their families and peers outside of the residential placement?

Adult allies – As an adult ally:

- How do you help foster healthy relationships in a child's or young person's life?
- How do you help them when they turn to you in times of need?

Community-based service providers – As a community-based service provider:

- How do you support children and young persons to understand and develop healthy relationships outside of their residential placement, including with you as a service provider?



Practice Example

This practice example focuses on the importance of building healthy relationships with children and young persons, especially between children or young persons and their frontline staff.

Paz has been working in a residential care setting for the last 12 months and many of the children and youth have only been there for a short time. There are no obvious challenges or conflicts amongst residents, but there is a connection lacking. Paz decides to try to talk to each resident for 10 minutes every day and learn about

them, their interests and what is going on in their lives. When his colleagues hear he is doing this they tell him that it is 'too much' or will 'take up too much time', but Paz sees the value and continues to do it. Paz finds out that most of the residents really like to play a video game. The house has restricted internet access so they find that they cannot play the game frequently, but they talk about it a lot. Paz, realizing that he cannot bring the actual game to the group, decides to get the book and creates a group that begins to read the book that the game is based on. They start to discuss the different reference points, missions, possible teams and other things.

This creates a strengthening of connection between Paz and each person in the group. Paz starts to notice that group members are sharing tasks, helping each other with chores and checking in with each other. Throughout this process Paz makes sure to keep up with his daily habit of checking in with the residents. Paz made sure to only check in about their well-being, and not to bring up any missed opportunities, incomplete tasks or negative events - unless the resident brought it up. Paz makes sure to give each resident a choice to connect with him daily, reiterating that it was a choice and that anyone could say 'no' or opt out for a visit anytime. Paz found this to be a restorative process for him, as well as the residents. Paz maintained healthy boundaries throughout, which is demonstrated by an increase in trust from the residents of the house.

Quality Standard 8: Staff and Caregivers



Goal for Children and Young Persons

Children and young persons are cared for by staff and caregivers who have appropriate educational qualifications, skills, training and experience to fully support them, meet their needs, help them thrive, and achieve positive outcomes.



Overview and Intent

Staff and caregivers working in residential settings make the biggest difference in the lives of the children and young persons in their care. These children and young persons do not go “home” at the end of the day, but rather, these places are their homes, even if only for a short period of time. Healthy relationships between staff, caregivers and children or young persons, based on highly skilled human resources, provide for the best and longest lasting positive outcomes for children and young persons in licensed residential settings (Holden, 2009).

Research literature and various reports have often emphasized the importance of pre-service and in-service professional development. Whenan, Oxlad and Lushington (2009) demonstrated that training caregivers before and during care is one of the most important indicators of a caregiver’s well-being. According to research literature, staff in group care settings must create an intricate balance of moderate control, therapy and community involvement to achieve the best outcomes for a child’s and young person’s behavioural development. In order to achieve this balance, staff must possess the adequate training, skills and supports (Knorth, Zandberg, Harder, & Kendrick, 2008). The needs of children and young persons in residential care often demand the integration of complex evidence-based interventions, inter-disciplinary collaboration, and family-system oriented approaches.

The ministry recognizes that Ontario is made up of diverse communities and people. Staff and caregivers need to

understand the differences that exist within communities and people, and how those differences impacts the care they provide to children and young persons. Care provided in a rural or remote community will look different than care provided in a large urban centre, and care provided to a First Nations, Inuk or Métis child or young person will look different than care provided to a Black child or young person. While striving for greater consistency in quality of care for all children and young persons, staff and caregivers also need to be equipped to tailor their approach to caring for all children and young persons.



Evidence of High-Quality Residential Care

When caring for children and young persons in licensed residential settings, the following set of conditions should be present related to staff and caregivers to promote the provision of high-quality residential care:

- **Residential service providers should understand the needs of the children and young persons that will be in their care prior to their placements, and determine what pre-service educational qualifications, and previous experiences their staff or caregivers require to be able to meet those needs, support them to thrive and achieve positive outcomes.**
 - o The residential service provider should then use this for the purposes of hiring staff or recruiting caregivers, and for planning ongoing training

and supports, matched with the programming of the setting.

- **Residential service providers should support the safety of vulnerable children and young persons by conducting appropriate and timely screening of staff and caregivers in positions of trust and authority over a child or young person, including police record/vulnerable sector checks prior to hiring and every year after, if the person is still affiliated with the residential service provider.**
- **Residential service providers should ensure that staff and caregivers receive appropriate training and support to deal with the specialized needs of a child or young person prior to caring for children and on an ongoing basis. Depending on the needs of the child or young person, this may include training in multiple areas:**
 - o Pre-service training on topics including trauma-informed care and practices, relational practice, managing defiant, disruptive or aggressive behaviours, diverse identities and inclusionary practices, cultural sensitivity and safety, youth engagement, caring for youth involved with the justice system, human trafficking awareness, building therapeutic relationships, internet safety, and system navigation (e.g. housing supports, applying for scholarships, bursaries and loans, etc.).

- o Professional development and networking opportunities (e.g. conferences, workshops, etc.) to better understand the broader themes and issues related to the everyday experiences of the children and young persons in their care.
- o Specialized training as needed to support children and young persons with special needs such as developmental disabilities, ASD and FASD.



Evidence Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

- **Staff and caregivers who are providing services to a First Nations, Inuk or Métis child or young person should receive training on matters related to First Nations, Inuit and Métis cultures, histories, heritages, traditions, connections to community and concepts of the extended family, their respective historical and current relationships with Canada, and how all of this connects to their experiences today.**
- o This should be supplemented with specific training/learnings about an individual child's or young person's nation or community, recognizing that First Nations, Inuit and Métis cultures,

traditions, heritages and languages are not the same.

- o The ministry also recommends that this training accounts for the differences that First Nations, Inuit and Métis children and youth may experience when living in different locations such as in rural versus urban areas.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask every child or young person in residential care:

- How do staff and/or caregivers care for you and meet your needs?
- What needs do you feel they are meeting or not meeting?
- Do you feel that they have enough experience, training and awareness to help meet your needs?

Residential licensees – As a residential licensee, based on the needs of the children and/or young persons in your residential program:

- How do you determine what the educational and training qualifications, skills, and past experiences of your staff and caregivers should be?

Staff and caregivers – As a staff or caregiver:

- Are you provided with opportunities for formal training and professional

development to help you provide care to children and young persons?

- Do you find these opportunities beneficial?
- How has this training helped you meet the needs of the children and/or young persons you are currently serving?

Placing agencies – As a placing agency:

- How do you know that you are placing children and/or young persons in residential settings where the staff and/or caregivers are able to meet their needs?
- How can you promote the practice of placing children and/or young persons in residential settings with staff and/or caregivers who are able to meet the needs of children and young persons across your organization?

Adult allies – As an adult ally:

- How can you help to ensure that children and young persons are adequately cared for in licensed residential settings?
- Do you know who you can speak to if you have concerns?

Community-based service providers – As a community-based service provider:

- How can you help ensure that children and young persons are adequately cared for in licensed residential settings?
- Do you know who you can speak to if you have concerns?



Practice Example

This practice example focuses on how a licensed residential service provider could recruit, retain and train their frontline staff.

A residential service provider that holds a licence to operate a children's residence in Ontario reported to the ministry during their residential licensing application process that they will provide care to youth aged 12 to 17 who are experiencing complex mental health challenges. This organization determined that all of its frontline workers need to have a college diploma in a social services field or equivalent, two years of paid or unpaid previous experience working with children and youth facing adversities, ministry approved physical restraint training, a police record check and vulnerable sector screening, and two references. This residential service provider also determined that all of its supervisors need to have a college diploma in a social services field or equivalent, five years of paid previous experience working with children and youth facing adversities, ministry approved physical restraint training, leadership training for individuals working in human services, a police record check and vulnerable sector screening, and two references.

In addition to the pre-service qualifications, all frontline and supervisory staff will receive in-house, mandatory training in the following topics:

- ☒ Cultural competency focused on First Nations, Inuit and Métis cultures, heritages, traditions, connections to community and concept of extended family, as well as with respect to Black/African Canadian and other racialized populations.**
- ☒ Trauma-informed care.**
- ☒ Therapeutic relationship building.**

This residential service provider will also support all its frontline and supervisory staff to select one workshop or conference to attend annually to promote their professional development.

Quality Standard 9: Health and Well-being



Goal for Children and Young Persons

Children and young persons live in an environment where their physical, emotional, cultural, spiritual and mental health and well-being is promoted, and where they can access the appropriate services to meet their overall health needs.



Overview and Intent

Sometimes, children and young persons come into residential care requiring services and supports to improve the many aspects of their health and well-being. This includes their physical, emotional, cultural, spiritual and mental health and well-being. Children who feel cared for and have a sense of connection to their communities are far less likely to exhibit high-risk behaviours and are physically, mentally and emotionally healthier (Resnick, Harris & Blum, 1993). In the context of licensed residential services, it is even more important that children and

young persons are in environments and surrounded by individuals who promote their physical, emotional and mental health, as they are more likely to have higher needs than their peers who are not living out of home. The health and well-being of children and young persons in residential care can be viewed in the following mainstream areas:

- Health promotion: promoting the overall health and well-being of children and young persons in residential care, including through proper nutrition, exercise/recreational activities and other preventative measures such as the provision of/access to personal care items.
- Primary healthcare: access to front-line providers such as family physicians, nurse practitioners, and pharmacists, including referrals to, and coordination with, other types of care, as required.
- Specialized services: referrals to specialized care/treatment services such as developmental or mental health services, speech-language pathology or occupational therapy provided in the

residence, in school, in the community, or other institutions.

- Additional services: services commonly not publicly funded for the general population, including dental and vision care. Dental and vision services are publicly funded for children and young persons in residential care.

It is also important to understand the health and well-being of children and young persons in the context of their social determinants of health. The social determinants of health are commonly defined as the social and economic factors that influence a child's or young person's health, which become apparent in the living and learning environments that children and young persons experience everyday. These factors include: social status, support networks, social and physical environments, health practices and coping skills, healthy child development, gender and sexual orientation, and culture. This is especially important for First Nations, Inuit, Métis, Black and racialized, and newcomer children and young persons who may have experienced inter-generational trauma and continue to experience systemic racism. It is integral that all residential and health care service providers view a child's or young person's health and wellness within their social context and understand how that context may negatively impact their health.

The ministry recognizes that for First Nations, Inuit and Métis children and young persons, health and well-being may have additional considerations than the areas described above. This may also be similar for

other marginalized groups. For all residential services providers, it is important to consider the following when understanding how to recognize, respect and promote the health and well-being of First Nations, Inuit and Métis children and young persons:

- Use of traditional medicines and ceremonies.
- Inclusion of healers, Seers, Elders, Knowledge Keepers and medicine people in health care, and residential care more broadly.
- Use of traditional forms of health-based services, such as land-based healing.
- Use of traditional forms of holistic health that encompass physical, mental, emotional, cultural and spiritual balance, language and connection to Indigenous identities.
- Differences that may impact a child's or young person's access to these traditional services and ceremonies, including place of residence.



Evidence of High-Quality Residential Care

When supporting the health and well-being of children and young persons in residential care, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

- ☑ **Children and young persons have regular access to trauma-informed health care and practices to maintain their physical, emotional, cultural,**

spiritual and mental well-being, and healthcare practitioners that are affirming of their identities.

- o Given the impact that untreated health issues, stress and trauma can have on a child's or young person's development, it is essential to identify and treat physical and mental health conditions, including trauma, early to prevent or minimize the impact on overall growth and development. The social determinants of health must also be considered.
 - o Children and young persons have access to a mental health assessment and counselling, or other specialized supports, when they need it.
 - o Recognizing the positive impacts of having access to counsellors with lived experience of child sexual exploitation, children and young persons who have been trafficked, or are at high risk of being trafficked, should be connected to counselling services led by persons with lived experienced.
 - ☒ **Residential service providers develop community partnerships with local health care providers (e.g. doctors, dentists, optometrists) that have a greater level of understanding or training in working with children in residential care.**
 - ☒ **Each child or young person is consulted on the nature of the services provided, or to be provided, to them, participates**
- in decisions about the services provided, or to be provided to them, and is advised of decisions made in respect to those services. These services could include a mental health service, a service for a child with a physical or developmental disability, or a counselling service.
 - ☒ **Children and young persons can ask questions and be informed about their health care and any medication, including understanding any potential side effects.**
 - ☒ **Plans of care or case management/ reintegration plans are implemented in a way that empowers children and young persons to take age- and developmentally-appropriate responsibility for their own health and well-being (e.g. learning to recognize signs for the potential need for health services, to prevent health concerns).**
 - ☒ **Residential service providers engage in discussions with all children or young persons in their care to understand how they would like their family, community and/or peers included in their health care, where appropriate.**
 - ☒ **When the child or young person comes into residential care or there is a placement change, effort is made to maintain consistent health care providers to promote continuity of care for the child or young person.**



Evidence Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

- ☐ **First Nations, Inuit and Métis children and young persons have access to health care that aligns with their cultural and spiritual identities, including health care practices specific to their First Nations, Inuit and Métis traditions.**



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask each child or young person in residential care:

- How are you supported and empowered to make informed health care choices?
- What does this look like for you?
- How could this be improved?
- Do you have access to traditional health practitioners in accordance with your culture?

Residential licensees – As a residential licensee:

- How do you promote and support the health and well-being of the children or young persons being cared for?
- What practices have proved to be effective?
- How could these be strengthened?

- How do you work with health care sector leaders to build pathways at a systems-level and plan for the diverse needs of children and young persons in residential care?

Staff and caregivers – As a staff or caregiver:

- How have you been able to effectively assess and respond to the health needs of a child or young person?
- How did you promote the child's or young person's voice in their health care?
- What could be improved?

Placing agencies – As a placing agency:

- How do you effectively work with the residential licensee, child or young person, and their family, where appropriate, to provide and arrange for health services for a child or young person?
- How could this collaboration be strengthened?
- How do you work with health care sector leaders to build pathways at a systems-level and plan for the diverse needs of children and young persons in residential care?

Adult allies – As an adult ally:

- How do you work with residential licensees, placing agencies, staff and caregivers to support children and young persons to receive the health care they need?

Community-based service providers – As a community-based service provider:

- How can you help support the health needs of a child or young person in residential care?
- How do you work effectively with residential licensees or others to do this?



Practice Example

This practice example focuses on the prioritization of a child named Randy's health and well-being, including his mental and physical health.

Randy, a First Nations (Cree) young person, was recently transferred to a secure custody facility in Northern Ontario to be closer to home. Physical well-being is a priority for Randy as he likes to be active. His favourite sport is basketball. The day is quite structured at this facility and most activities are planned a month in advance. However, staff are flexible and walks in the yard occur multiple times a day, no matter what is planned for recreation. The structured environment, with a school at the facility as well as set meal and snack times and a set bed time, has allowed Randy to develop a good routine that promotes his wellness. To ensure Randy can practice health and wellness in his own way, staff have provided him with the opportunity to smudge in accordance with his Cree culture at least twice daily. Randy has also been provided with medicine wheel teachings, as well as the opportunity to engage in traditional spiritual practices such as beading and moccasin making. In consultation with his First Nation, Randy

was also provided an opportunity to meet regularly with an Elder from his community on an ongoing basis. To meet Randy's mental health needs, the staff at this facility ensure that Randy has access to a psychiatrist in town on a bi-weekly basis. The facility also makes use of the ability to take part in tele-psychiatrist consultations with a doctor in Toronto.

Quality Standard 10: Educational Achievement



Goal for Children and Young Persons

A child's or young person's right to receive an education under the Act is facilitated by the residential service provider, local school and local school board. The education of children and young persons is actively promoted as valuable and considered an important part of their preparation for leaving residential care and moving into adulthood.



Overview and Intent

Education is a key enabler for breaking the cycle of poverty, supporting child survival, growth, development and well-being, and closing the gap in social inequality (Residential Services Review Panel, 2016). Under the Act, all children and young persons in residential care have a right to receive an education that corresponds to their aptitudes and abilities, in a community setting whenever possible, and, ideally, this right should be supported with minimal

disruptions to the child or young person. It is only through the active involvement and support of each child or young person that they will become more invested in their education and develop aspirations to pursue further/higher education, training, and/or employment. Education must be treated as a priority for each child or young person.

Education may also occur outside of formal school settings. For example, for First Nations, Inuit and Métis children and young persons, land-based learning opportunities are important for learning skills, connection to the land, and building relationships.

Residential service providers, placing agencies, local school, and school boards should make a concerted, collaborative effort to ensure that all children and young persons are attending a school that meets their needs, supports them to thrive, and achieves positive outcomes. This includes sharing of information as appropriate and having the right supports inside and outside of the classroom or other setting for learning and safety.



Evidence of High-Quality Residential Care

When supporting the educational achievement of children and young persons in residential care, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

- ☒ **All children and young persons receiving residential care have a right to receive an education that corresponds to their aptitudes and abilities, in a community setting wherever possible. This includes being actively enrolled in school or an alternative education setting (which may include online learning) and being supported to attend regularly. Residential licensees should be making appropriate arrangements, such as facilitating school registration as quickly as possible, planning for educational transitions, transportation, access to technology, educational resources and supports, and supporting participation in extra-curricular school activities.**
- ☒ **Residential service providers, including their staff and caregivers, should maintain regular communication with Education Liaison Officers in school boards to help coordinate educational supports, in alignment with the needs of the child or young person.**
- ☒ **Alternative education settings (e.g. Education and Community Partnership Program (ECP) classrooms) should be used intentionally. In the case of ECP, these programs are to support the child's or young person's primary need for treatment or care, or due to a court order while still maintaining education.**
- ☒ **Residential service providers are equipped to provide a suitable study environment, to support with homework and assignments, and to facilitate access to additional supports or learning opportunities.**
- ☒ **Residential service providers engage with placing agencies, district school boards, schools, school authorities, communities, education liaisons, attendance counsellors, principals and teachers to form working relationships at a systems level, as well as to plan for the educational needs of a specific child or young person.**
 - o There should be mechanisms in place to monitor school attendance, academic progress and identify any potential issues or barriers early on.
 - o The child's education and school attendance should be reviewed at each plan of care meeting. This includes any special education needs as outlined in their individual education plan, as well as how they are engaging in, and feel about, their education and school.
 - o Throughout this process, the residential service provider should help the local school and school board, and

all involved educators, to understand the residential service sectors and build their capacity to care for and teach the child or young person in their classrooms.

- o The child's or young person's special education needs should also be considered when applicable (e.g. as identified in a child's or young person's Individualized Education Plan).
 - o All residential service providers should be aware of the local **Joint Protocol for Student Achievement** between district school boards and children's aid societies and participate in Realizing Educational Achievement for Children teams where possible.
- 🔖 **The child or young person is an active participant when it comes to decision-making about their education.**
- o When making decisions about which school to attend or courses to take, for example, children and young persons should be meaningfully engaged in order to support their longer-term education and career goals. Their views must be respected and taken into account based on their age and maturity.
 - o Residential service providers, placing agencies, and local schools, starting in Grade 7, should support all children and young persons to develop their Individual Pathways Plans (IPP) to help establish their career, education/life plans and goals.

🔖 **Decisions related to residential placement changes consider the child's or young person's progress in the school year as a priority before they are moved to a new placement. If possible, deferring the residential placement change until the next semester or a natural break in the school year, is the preferred option.**

- o If the child or young person must move schools, a transition plan is created with the previous educator and/or local school board, community, new educator and/or local school board, the placing agency, and residential licensee to support a successful transition.

🔖 **Local schools, school boards and educators are meaningfully involved in the care of the child or young person, if that child or young person provides their consent. This includes the sharing of personal information of the child or young person, as well as information specific to the care of the child or young person (e.g. plan of care, social history, medical history, etc.).**



Evidence Specific to Providing Services to First Nations, Inuit and Métis Children and Young Persons

🔖 **When planning for the education of a First Nations, Inuit and/or Métis child or young**

person, residential service providers should engage system leaders at the school board and community level (e.g. Indigenous Education Leads, Indigenous Graduation Coaches, and System Navigators).

📌 **First Nations, Inuit and Métis children and young persons are provided with:**

- o English as a Second Language resources and supports at school if English is not their first language.
- o Access to language supports for Indigenous languages.
- o Access to culturally responsive and trauma informed educational opportunities and supports developed in partnership with local communities.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask each child or young person in residential care:

- How are you supported to be the best you can be at school?
- How do staff or caregivers talk to you about your education?
- How can you be better supported by them?

Residential licensees – As a residential licensee:

- How do you work with local schools and district school boards to help

support those being cared for to receive education with the least disruptions and the right supports, including any necessary special education supports?

- What are some of the barriers to doing this and how could they be mitigated?

Staff and caregivers – As a staff or caregiver:

- How do you support a child or young person that may be struggling with educational attainment or generally showing a lack of interest/motivation?
- Does this child or young person have any special education needs that are not being met?
- How have you supported the child or young person to develop educational goals, including courses they would like to take and/or plans to attend post-secondary education?
- What can be challenging about this and how could you be further supported?

Placing agencies – As a placing agency:

- How do you consider the educational needs of a child when making placement decisions and with continued oversight of the placement?
- What are some examples of effective working relationships that you have formed to support this, including with local schools and district school boards?
- How could others be involved in supporting the educational goals of a child?

Adult allies – As an adult ally:

- How do you support children and young persons with their school work, help identify educational supports needed, and generally promote the value and importance of an education?
- How could you be better enabled to do this?

Community-based service providers – As a community-based service provider:

- How do you support the educational achievement of children or young persons in residential care?
- Are you aware of the barriers or challenges that these children or young persons may face and how you can help overcome them?



Practice Example

This practice example focuses on the importance of school for promoting learning, establishing routine, consistency and supporting the development of relationships for a child named Mary.

When Mary arrived at her new live-in care placement, the support worker immediately worked with her to get her back to school as soon as possible. Mary was eager to get back into her regular routines and familiar connections. The support worker took the required steps to arrange for transportation, connect with Mary’s guidance counsellor and principal and ensure that Mary had money for lunch. The support worker also helped Mary get educational supports when Mary

expressed that she was having trouble in one of her classes. During the school year, Mary communicated to the support worker that she really wants to go to college. So, Mary and her support worker did research on different post-secondary institutions, trades colleges and other options. They created sample monthly budgets and explored options of Mary working while in school and not working while in school. They also applied for a few scholarships and bursaries. When it was time to apply to college/university, the support worker made sure to get all the necessary documentation so that Mary could apply for college/university, including a credit card so that they could process the application fee. Mary was excited to see which programs she would get accepted to and was very thankful to her support worker for helping her through the process.

Quality Standard 11: Access to Electronic Communication

Goal for Children and Young Persons

Where it has been deemed to be safe, children and young persons have developmentally-appropriate access to means of electronic communication, including electronic devices with internet access, in accordance with their needs and the placement setting.

Overview and Intent

Children and young persons in residential care should not be at a disadvantage in a world where technology and the internet are a major part of everyone's lives.

Children communicate electronically more than any other way and technology can help children and young persons engage in many experiences outside of their homes,

schools and local communities (Martin & Stuart, 2011). Access to the internet provides opportunities for children and young persons to learn, be creative and communicate with their peers, regardless of where they are in the world. Additionally, access to the internet is important to help children and young persons form personal relationships, express their identities, and in many ways, provides connections to their cultures and communities (e.g. online team gaming where LGBT2SQ children can socialize without physical presence and fear of being judged).

The *United Nations Convention on the Rights of the Child* (1989) and the **United Nations Universal Declaration of Human Rights** (1948) recognize the important function performed by mass media and declares that each country has a responsibility to support every child and young person in accessing information and material from diverse national and international sources,

especially those aimed at the promotion of their social, spiritual and moral well-being, and physical and mental health. This responsibility includes protecting children and young persons from information that may be harmful to their well-being and helping them find and understand the information they need if they are unable to do so themselves.

Equitable access to technology and the internet should be given to children and young persons across licensed residential settings, where the service provider has determined that it is appropriate and will not be harmful to them. The ministry understands that in youth justice settings, limits are appropriately placed on young persons' access to electronic communication, electronic devices and access to the internet, as a safety and security measure. Similar limits may need to be placed on children in other licensed residential settings as safety and security measures, or where the residential program intentionally excludes these devices (e.g. land-based programming). Consideration must also be given when introducing this technology to a child or young person that will not have the same sort of access in their home community due to the lack of infrastructure in some places across Ontario.



Evidence of High-Quality Residential Care

When providing children and young persons

with developmentally appropriate access to electronic devices with internet access, the following set of conditions, should be present to promote the provision of high-quality residential care:

- ☒ **Where it has been determined that it is safe, a child's and, where authorized, young person's access to electronic devices and the internet is supported to the extent possible.**
 - o Residential licensees should undertake a safety assessment to determine whether it is safe for a child or young person to use electronic devices and the internet.
 - o Children, and where authorized young persons, are provided with opportunities to access the internet (i.e. using a cell phone, laptop, and/or desktop computer). This access to the internet can take place at the licensed residential setting or elsewhere in the community, such as a public library.
 - o A child's or, where authorized, young person's, access to electronic devices and the internet will support their learning needs and help them achieve educational success, as well as supporting their social interactions with peers, cultural interests, and overall well-being.
- ☒ **Residential service providers have clear policies and procedures in place that outline how they provide the children and young persons in their care with**

access to electronic devices and the internet. This includes electronic devices provided to the child or young person by their school.

o If a residential licensee is unable to provide access to electronic devices and the internet within the setting, their policies and procedures should outline other ways they provide that access to the children and young persons in their care, assuming it is safe to do so (e.g. arranging for a child to be taken to the public library).

☒ **Each child's or young person's access to electronic devices and the internet is outlined and explained in their plan of care or case management/ reintegration plan. If a child or young person cannot have access to electronic devices or the internet without supervision, a rationale for that decision is clearly articulated in their plan, including how the residential licensee provides access with supervision.**

☒ **Residential service providers put safeguards in place (e.g. use of privacy settings or age-appropriate filters, creation of safety plans) while children and young persons are accessing the internet to avoid inappropriate use or access to inappropriate content.**

o Given the importance of the internet and electronic devices to children and young persons, removing access

should never be used as a punishment.

☒ **Children and young persons are supported to understand the limitations of electronic-based communication, and the balance between social media and in-person connections and relationships.**



Questions for Reflection

Children and young persons – Guided by the child's age and maturity and whether their use of the internet and electronic devices has been determined to be safe, ask the child or young person in residential care:

- How do the individuals that care for you respect and promote your access to information electronically and/or through the internet?
- Who can you talk to, to help you understand how to use technology and access the internet in a safe way?

Residential licensees – As a residential licensee:

- How do you support children and young persons to have access to electronic devices and to the internet within your residential program, in a safe and developmentally appropriate way?
- How do you prepare yourself to understand the risks for children and young persons while using the internet and its associated indicators (e.g. related to cyber bullying, online grooming and recruitment for human trafficking, and

grooming, recruitment and distribution of online child sexual abuse images/child pornography)?

- How do you make children and young persons aware of such risks?

Staff and caregivers – As a staff or caregiver:

- How are you equipped to provide guidance to children and young persons to support their appropriate use of and access to the internet?
- How have you been supported by your employers or agencies to understand the risks for children and young persons while using the internet and its associated indicators (e.g. related to cyber bullying, online grooming and recruitment for human trafficking, and grooming, recruitment and distribution of online child sexual abuse images/child pornography)?
- How do you make children and young persons aware of such risks?

Placing agencies – As a placing agency:

- How are you working with the residential licensee and others to support the child or young person in accessing technology and the internet?
- Are your roles and responsibilities clear?
- How can you make them clearer?

Adult allies – As an adult ally, where it has been deemed to be safe:

- How can you support a child's and young person's access to electronic devices and the internet while they are receiving residential care?

Community-based service providers – As a community-based service provider, where it has been deemed to be safe:

- How do you support children and young persons to have access to electronic devices and to the internet outside of their residential placement?
- Are you aware of some of the risks associated with this?
- How have you taken steps to safeguard against these risks?



Practice Example

This practice example focuses on the critical nature of internet access for children and young persons in residential care.

Elisapie, a 12-year-old Inuk child who lives in Ottawa, was recently placed in a group home for young girls who struggle with eating disorders near her grandparents' home. Before coming into residential care, Elisapie regularly used the internet to communicate with her friends. When she was nine years old, Elisapie travelled to Nunavut with her birth parents to visit other members of their Inuit community. While she was there, she made many friends her age who she continued to communicate with online once she returned home to Ottawa.

On her first day at the group home, Elisapie nervously asked her primary staff person for the password to the wireless internet. She was worried that the group home would not have access to the internet, and that it would negatively impact her friendships with members of her community in Nunavut. Her primary staff person smiled at her and let her know that she would be able to have the password to the wireless internet after they had a discussion about who she would be communicating with, how to safely use the internet, potential risks that exist online, and who Elisapie can approach if she ever feels threatened by what she is reading or experiencing while accessing the internet. In addition to this interaction between Elisapie and her primary staff person, the primary staff person also reviewed Elisapie's plan of care and file, spoke with her placing agency, and determined there was no prior history and/or any previously identified safety risks of Elisapie using the internet and that it would be safe for her to have access now. This allowed the primary staff person to make an assessment of whether Elisapie could safely use the internet. This interaction between Elisapie and her primary staff person and the safety assessment aligns with the group home's policy and procedure related to internet use while in the residence. After this conversation and assessment, Elisapie's primary staff person provided her with the password for the wireless internet and agreed to have weekly check-

ins with each other to discuss Elisapie's experiences online.

About one week later, the wireless internet in the group home was down while Elisapie had planned to use FaceTime to connect with her friend, Nuniq. Elisapie told this to her primary staff person, who in turn asked Elisapie to send a text message to Nuniq asking to re-schedule their FaceTime call to the next day. The next day the wireless internet was, unfortunately, still down, so Elisapie's primary staff person took her to the nearest public library. Her primary staff person did this so Elisapie could have free, public access to the internet, because they knew the importance of Elisapie maintaining her friendships. Following her FaceTime call with Nuniq, Elisapie and her primary staff person had a check-in to ensure that Elisapie's experiences online had been safe.

Quality Standard 12: Supported Transitions



Goal for Children and Young Persons

Children and young persons receive care that helps prepare and support them in transitions, including placement changes, returning home, to independence and adulthood, and to adult services. Unplanned transitions are avoided as much as possible.



Overview and Intent

While change is inevitable, it should be recognized that transitions can be disruptive in a child's or young person's life and should be mitigated as much as possible. When transitions do occur, it is important to understand the needs and level of development of the child or young person to better understand how they will respond to the transition. Improved knowledge of the child's or young person's needs can help those working with them to more intentionally support them during that

time (Rutman, Barlow, Hubberstey, Alusik & Brown, 2001).

Whether between residential placements or out of residential care (including to permanency, returning to family, independence or adult services), a child or young person should be prepared for transitions and feel supported and respected throughout them. Placing agencies play a critical leadership role supporting the transition for a child or young person in collaboration with the residential licensee, community-based service providers, Indigenous service providers, a child's or young person's band and First Nations, Inuit and Métis communities, schools, child and youth mental health providers and adult service organizations (such as Developmental Services Ontario (DSO) offices).

Children and young persons in residential care should always have their needs met and be treated with dignity and respect. Where appropriate, children

and young persons will be supported to return to living with their immediate or extended families as soon as they are ready to do so and should receive the necessary supports required to make this transition or reintegration successful. Young persons must also be supported to reach independence, re-integrate into their communities and be provided with opportunities to find work or finish school. If returning to home is not possible, children and young persons should receive the necessary supports to achieve permanency in a stable setting.



Evidence of High-Quality Residential Care

When supporting transitions in a child's or young person's life, the following set of conditions, some of which are legal requirements, should be present to promote the provision of high-quality residential care:

- **The child's or young person's views with respect to decisions about transitions into and between residential placements are given due weight in accordance with their age and maturity. This includes their views on where and with whom they will be placed and, at a minimum, being informed of where they will be placed and preparing for the transition.**
 - o If a placement is far from their home community, based on the needs or wishes of the child or young person or within a culture or community that is
- **Children and young persons are made aware of placement changes as soon as possible and they are informed of and understand the need for the change. They are supported to express and cope with their feelings about the transition and to maintain the friendships and healthy relationships that have developed to date (e.g. use of technology to keep in touch via video calling or arranging for regular in-person visits).**
 - o Supports for children or young persons with special needs during times of transition may include use of visual aids such as picture schedules and calendars.
- **A familiar staff member or other important person in their life should accompany the child or young person with the placement move to support a smooth transition.**
- **Children or young persons are treated with dignity throughout the transition process and provided with the necessary equipment for moving placements such as suitcases and duffle bags. Items such**

not familiar to them, attention should be placed on supporting the child or young person through this transition and providing culturally specific supports. This could include reaching out to the nearest Indigenous service provider or LGBT2SQ organization, or enrolling the child or young person into appropriate cultural programming.

as garbage bags must never be used for transferring belongings, unless there is no other option available and the circumstances necessitate an immediate placement change.

☒ **Transition planning is a clear component of the plan of care or case management/reintegration plan. A transition plan is developed that is sustainable, inclusive of the child or young person, and supports them in achieving independence.**

o Transition planning should begin as soon as a child or young person is admitted into residential care and should always aim to include continuity of services and supports, connections to family and community, and planning for permanency.

o Transition planning should be done using a multidisciplinary, multisectoral and/or circle of care approach.

o All members who are involved in the development and review of the plan of care or case management/reintegration plan should also be involved in the development of the transition plan and the transition itself.

☒ **Transitions to adulthood, independence, school, work and/or adult services are treated as a gradual process throughout the child's or young person's life, based on their needs and abilities.**

o Children are supported to develop or have access to a "Lifebook" that outlines their time in care through a narrative and the use of photos that capture important events throughout their time in placements. This can help the child make sense of their time in residential care and reflect on their past experiences.

☒ **Residential service providers help to facilitate access to any necessary adult services within the limitations set out in any privacy laws (e.g. developmental or mental health services, including connecting them to their local DSO if appropriate, social assistance such as Ontario Disability Support Program, etc.).**

☒ **Children and young persons are supported, as appropriate, to get a driver's licence, bank account, Ontario identification and/or photo card, immigration status and/or passport while in residential care to support their independence while in residential care, as well as once they transition out of residential care.**

☒ **Children and young persons are supported throughout their time in residential care to learn important life skills to support their independence. These skills include financial literacy, grocery shopping, cooking, cultural land-based learning (e.g. planting, harvesting, medicine), paying bills, navigating local transit systems and doing tax returns.**

- o This includes prioritizing employment opportunities (e.g. part-time jobs) and providing flexibility within the residential program to support this.



Questions for Reflection

Children and young persons – Guided by the child's age and maturity, ask each child or young person in residential care:

- What positive experiences have you had in times of transitions?
- What worked well to make you feel supported and respected?
- What could have been done better?

Residential licensees – As a residential licensee:

- What processes are in place to facilitate smooth transitions?
- How do you effectively support a child or young person that is either leaving or coming into your care?
- How do you mitigate some of the difficulties experienced in unplanned transitions?

Staff and caregivers – As a staff or caregiver:

- How do you help to ensure that children and young persons feel supported and involved in decision-making related to the transitions in their life?

Placing agencies – As a placing agency:

- How do you help a child or young person prepare for a natural transition, such as to adulthood?
- What services or supports are in place or offered to do this?

Adult allies – As an adult ally:

- How do you advocate for a child or young person when they are transitioning into care, between placements or out of care?
- How can you provide some stability or consistency for the child or young person?

Community-based service providers – As a community-based service provider:

- How do you help make a child or young person feel supported through a transition, whether you are going to keep providing them a service or not?
- How do you plan for the transition within your own organization and work with the residential licensee and/or placing agency?



Practice Example

This practice example focuses on a child named Jazmine who was adequately supported while transitioning out of residential care and into adulthood.

Jazmine, a 16-year-old Jamaican-Canadian girl, has been in residential care for three years. During this time, she has lived with the same foster parents who she feels have become part of her family. Within her

first week in residential care, Jazmine, her foster parents, the licensee and children's aid society worker (worker) began to develop Jazmine's transition plan. They all quickly realized that to be able to develop a comprehensive transition plan, more people would need to be involved. Jazmine was asked who she thought needed to be a part of her transition plan, and asked that her teacher, soccer coach, and school guidance counselor should all be a part of this process. So, the licensee and worker determined amongst themselves who would be responsible for reaching out to Jazmine's teacher, soccer coach and school guidance counselor. Three-weeks later, the first transition plan meeting took place at the foster parents' home and a draft plan was created. Jazmine voiced during this meeting that she really wanted to learn more life skills, such as cooking and budgeting, as well as wanting to attend university one day.

Since that meeting, Jazmine has accomplished the following goals outlined in her transition plan with the assistance of her care planning team:

- Jazmine learned how to cook some of her favorite meals, including curry goat, fried dumplings and ackee and saltfish.
- Jazmine earned her G1, the first step in earning a full driver's licence in Ontario.
- Jazmine got her first Canadian passport.
- Jazmine successfully completed her grade 10 academic courses.



Final Thoughts

This standards framework is an important step towards enhancing the quality of care provided in licensed residential settings in Ontario. The ministry will continue to regulate the delivery of licensed residential care through strong oversight and enforcement practices that result in compliance and, in turn, support the provision of high-quality care and services for children and young persons by residential licensees. The ministry is also working with stakeholders and partners in the mental health, child welfare, special needs, youth justice and education sectors to continuously support those service providers as they implement improvements so children and young persons in licensed residential settings get the best care and services.

The ministry is committed to working with its partners, families, residential licensees and other service providers to develop an integrated, consistent, evidence-based approach to residential services. Services must emphasize safety, quality and responsiveness, with particular consideration for overrepresented populations such as First Nations, Inuit and Métis, Black and African-Canadian, and LGBT2SQ children and young persons.

Appendix A: Overview of Past Reports and Recommendations

Residential Services Review Panel

The former Ministry of Children and Youth Services commissioned the Residential Services Review Panel to review residential services for children and young persons across Ontario. In May 2016, the Panel provided their report, **“Because Young People Matter”**, to the former Deputy Minister. The Panel’s report makes 33 recommendations in 10 key theme areas, including governance, quality of care, data and information, and human resources. The Panel found that there are many individuals in licensed residential services that are dedicated to the ideals of high-quality residential care, and many residential service providers across the province who strive to provide the best care possible. However, the Panel also indicated a strong need for change throughout licensed residential services across Ontario, particularly related

to the low quality of young people’s experiences in residential care and their poor outcomes overall.

Residential Services Youth Panel

In December 2016, the ministry established the Residential Services Youth Panel (RSYP) composed of 12 children and young persons aged 18-25 years old with lived experience in licensed residential settings. Over a 16-month period, the RSYP provided input to the ministry on what high quality care looked and felt like for children and young persons receiving care in licensed residential settings. This input was documented into a report written by the RSYP, *“Envisioning Better Care for Youth: Our Input into the Blueprint”*, outlining six quality of care domains. Through building positive relationships with members of the RSYP, the

ministry learned how significant an impact the quality of care provided in licensed residential settings has on the everyday experiences of children and young persons. This standards framework is anchored in this understanding, and on the six quality of care domains.

The Office of the Chief Coroner's (OCC) Expert Panel

In September 2018, the OCC released **“Safe with Interventions: The Report of the Expert Panel on the Deaths of Children and Youth in Residential Placements”**. The expert panel reviewed the recent deaths of 12 youth who were in the care of a children's aid society and living in residential settings to determine whether these tragedies were a trend and/or systemic problem. The 12 young people all experienced mental health challenges. Eight of the youth identified as Indigenous from First Nations communities in North Western Ontario, one was Black, and many identified as LGBT2SQ. None of the 12 deaths were determined to be caused by “natural” circumstances. This report contained five recommendations, including that the ministry immediately enhance the quality and availability of residential placements for young people in residential care, and specifically establish quality standards for all residential services in Ontario.

Glossary

Anti-racist lens: A way of thinking and acting that promotes racial equity.

Anti-colonial lens: A way of thinking and acting that promotes political and economic equity, and opposes practices of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically.

Anti-oppressive lens: A way of thinking and acting that promotes racial and social equity, and opposes the use of power to disempower, marginalize, or otherwise subordinate one social or racial group to further empower and/or privilege another social or racial group.

Caregivers: Foster parent or parents, kinship or customary caregivers who provide residential care for one or more children in their own homes.

Case management/reintegration plan: In licensed and directly-operated youth justice facilities, a young person's plan of care is referred to as the "case management/reintegration plan". A young person's plan of care must be prepared and reviewed within specified timeframes

governed by the Act and its regulation. The regulation sets out specific content that must be included in the child's plan of care, including their needs, desired outcomes and specialized supports where required. A case management/reintegration plan includes considerations for the reintegration needs of the young person to support their transition out of residential care and is supported by a specialized case management team.

Child: A person younger than 18.

Child in residential care: A child or young person receiving residential care from a service provider, including a child in the care of a foster parent and a young person detained in a place of temporary detention or committed to a place of secure or open custody under the *Youth Criminal Justice Act, 2003 (Canada)* and the *Provincial Offences Act, 1990*.

Child, Youth and Family Services Act, 2017: Referred to as "the Act" or "CYFSA" throughout the standards framework, this is an Ontario statute with the paramount purpose of promoting the best interests, protection and well-being of children.

Children’s residence: Sometimes known as a “group home”, a building, group of buildings, or part of a building where children live and receive residential care. A children’s residence includes:

- A parent model residence having five or more children not of common parentage or,
- A staff model residence having three or more children not of common parentage, including an institution that is supervised or operated by a children’s aid society or a place of temporary detention, of secure custody or of open custody.

A children’s residence does not include the following:

- A community health facility within the meaning of the *Oversight of Health Facilities and Devices Act, 2017* that was formerly licensed under the *Private Hospitals Act*.
- A child care centre as defined in the *Child Care and Early Years Act, 2014*.
- A recreational camp under the *Health Protection and Promotion Act*.
- A home for special care under the *Homes for Special Care Act*.
- A school or private school as defined in the *Education Act*.
- A hostel intended for short term accommodation.
- A hospital that receives financial aid from the Government of Ontario.
- A group home or similar facility that receives financial assistance from the Minister of Community Safety and Correctional Services but receives no

financial assistance from the Minister under this Act.

- Any other prescribed place.

Community-based service provider: A generic term for services provided outside of a licensed residential setting, usually by organizations located in a specific community. These services are usually provided as additional support to the child or young person.

Customary care: The care or supervision of a First Nations, Inuk, or Métis child by a person who is not the child’s parent, according to the custom of the child’s band or First Nation, Inuit or Métis community.

Developmentally appropriate: An approach to caring for children and young persons in a way that respects and considers their age, maturity and individual needs (Maier, 1987).

Foster care: Under the Act, means the provision of residential care to a child, by and in the home of a person who,

- Receives compensation for caring for the child, except under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997* and,
- Is not the child’s parent or a person with whom the child has been placed for adoption under Part VIII (Adoption and Adoption Licensing).

“**Foster home**” and “**foster parent**” have corresponding meanings.

Healthy relationship: A connection between a child or young person and their primary staff and/or caregivers that allows the child or young person to feel trusted, valued, respected and cared for (Residential Services Review Panel, 2016).

Human trafficking: A crime under the *Criminal Code of Canada, 1985* and the *Immigration and Refugee Protection Act, 2001*, human trafficking involves the recruitment, transportation, harbouring and/or exercising control, direction, or influence over the movements of an individual in order to exploit that individual, most often for the purposes of sexual exploitation or forced labour.

Identity characteristic: A reference to the child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs.

Intersectional lens: A way of thinking and acting that considers the interconnected nature of social categories such as race, class and gender as they apply to a given individual or group. These overlapping identities create something unique and distinct but can also lead to disadvantage and discrimination (Ontario Human Rights Commission, 2001).

Kinship care: Residential care provided to children who are in the care of a children's aid society and are placed with a member of their extended family or community.

LGBT2SQ: Refers to gender identities and sexual orientations including, but not limited to, lesbian, gay, bisexual, transgender, Two-Spirit, queer, and questioning. It is important to remember that terms used to describe gender identities and sexual orientations are always evolving. Other variations of the acronym may be ordered differently (e.g. GLBT, 2SLGBTQ), or include other letters to give visibility to identities (e.g. intersex, asexual) that are not explicitly reflected in shorter acronyms (e.g. LGBT2SQIA).

Mass media: Radio, newspaper, books, computers and other sources (UNICEF Canada, 2019).

Multidisciplinary teams: A group of service providers from different professions who work together or towards the same goal to provide the best care or outcomes for an individual or group of individuals (Chor, et al., 2015). For example, a team with a psychologist, psychiatrist, social worker, occupational therapist, child and youth care practitioner, and other social service professionals as needed by the child or young person, is noted to be a best practice in the child-serving sector.

Placing agency: Under the Act, this is defined to mean a person or entity, including a children's aid society, that places a child in residential care or foster care and includes a residential licensee. For the purposes of these standards, it also includes a youth justice provincial director and/or placement coordinator.

Plan of care: Under the Act, every child in residential care has a right to a plan of care designed to meet their particular needs, which must be prepared and reviewed within specified timeframes governed by the Act and its regulation. The regulation sets out specific content that must be included in the child's plan of care, including their needs, desired outcomes and specialized supports where required.

Residential care: As defined under the Act, residential care is the boarding, lodging and associated supervisory, sheltered or group care provided for a child away from the home of the child's parent, other than boarding, lodging or associated care for a child who has been placed in the lawful care and custody of a relative or member of the child's extended family or the child's community.

Service provider: Under the Act, a service provider means:

- The Minister.
- A licensee.
- A person or entity, including a children's aid society, that provides a service funded under the Act.
- A prescribed person or entity.

A foster parent is not included in this definition, but a licensed foster care agency is.

Staff: A person employed in a children's residence, staff-model home or foster care agency involved in the delivery of residential care.

Staff-model home: A building, group of buildings, or part of a building where residential care is provided, directly or indirectly, for three or more children not of common parentage in places:

- Where adult persons are employed to provide residential care to children on a basis of scheduled periods of duty.
- That are not children's residences.

Trauma-informed care and practices: Trauma-informed care and practices are organized by a service provider in a manner that reflects an understanding of trauma, and the impact traumatic experiences can have on human beings. At a basic level, an organization that has adopted trauma-informed care and practices ask "what has happened to you?" instead of "what is wrong with you?" when designing and delivering human services (Child and Parent Resource Institute, 2020).

Young person: Under the Act, a "young person" means:

- A person who is or, in the absence of evidence to the contrary, appears to be 12 or older but younger than 18 and who is charged with or found guilty of an offence under the *Youth Criminal Justice Act (Canada)* or the *Provincial Offences Act*.
- If the context requires, any person who is charged under the *Youth Criminal Justice Act (Canada)* with having committed an offence while they were a young person or who is found guilty of an offence under the *Youth Criminal Justice Act (Canada)*.

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