

# Voices From Within

## Youth Speak Out

Office of the Child and Family Service Advocacy  
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### **THE "VOICES" PROJECT TEAM**

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## **The Advocacy Office**

The Advocacy Office, which has been in operation since 1978, is authorized under the *Child and Family Services Act* to protect the rights of Ontario children and families who are receiving or seeking services through the provincial Ministry of Community and Social Services. The Office advises the Minister on matters that concern children and families. Any student in a residential or demonstration school (Ministry of Education and Training) and any youth in young offender programs and facilities (Ministry of the Solicitor General and Correctional Services) is also entitled to call the Advocacy Office for help.

The Advocacy Office ensures that children and youth in care know and understand their rights and that the laws that protect them from abuse or harsh treatment are enforced. Advocates:

- empower children and families to make complaints about unacceptable treatment;
- intercede and speak for children and their families who might not be able to get needed services or solutions without help;

- help communities with complex, hard-to-serve cases where more than one government or community agency needs to be involved; and
- look into broader problems affecting groups of children and youth that can only be resolved through changes in the system.

The frank and disturbing revelations of youth who participated in this study reinforce the need for Advocates to speak out on their behalf and press for urgent systemic change. The feelings and experiences of the youth interviewed for this project confirm the findings of other reports and make a compelling case for change.

The Advocates' role is to put the words of youth into a broader, systemic context – to widen the lens, in effect, so they can help inform and influence policy and decision makers.

## I. Preface

The UN Convention on the Rights of the Child (Article 12) states that all children capable of forming their own views have the right to express these views freely. Their voice is to be heard and taken seriously on matters that concern them. This very powerful and far-reaching principle has been observed and embraced in the *Voices From Within* project.

This project captures the voices of young people speaking out about their experience in Ontario's care system. The research team, the Child Advocates and the authors of this report made a concerted and conscientious effort to ensure that the report faithfully replays their conversations with youth, in the words and the language of youth.

Child Advocates listen daily to the experiences of young people and have spoken to thousands of Ontario's youth over the years. Advocates assist these youth to learn ways of advocating on their own behalf and, when necessary, they intercede for youth.

This report expresses many enlightened views, though very few of them are new. The fact that these troubling stories have been told many times yet remain unaddressed, is perhaps the most disturbing feature of this report. For a decade, kids in care have been telling adults about these same experiences. They tell us through their words.

They tell us through their behaviour. They tell us through their rage, through their laughter and through their tears.

Many of the young people interviewed during this project were cynical about what would come out of this project. They asked, "What good is talking to you about this again? What will change?" Yet just as many youth believed that they must speak out yet again, if not for themselves, then for others. These youth were as outspoken and critical as one would expect of adolescents – perhaps more so because in telling their stories they were often reliving their trauma.

The youth who participated in the project were not clients of the Advocacy Office. They volunteered at the request of their caregivers and were given full assurance of confidentiality.

At various points in the report, the Advocates provide a context for the words of youth, drawing on their experience and knowledge of the care system. The Advocates' perspective is shaped by an understanding of the complex service systems in Ontario, the culture of care and the impact these have on youth. They also understand the perspective of youth. It is important to recognize that the Advocates' contextual comments speak generally to the situation of young people in care; they are not based on particular cases or anecdotal accounts.



The experiences of the youth interviewed did not focus on any one part of the care system. Their experience ranges across all service sectors — from young offender programs (Phase I and Phase II) to children's mental health programs to child welfare programs.

Youth were very clear in identifying what worked for them in the care system. They told us what they need: "I need one person to stand by me and support me unconditionally." "I need to know and understand what is expected of me." "I need consistency in the rules and in my relationships with my peers and my caregivers." Above all, "I need to be respected for who I am."

They spoke of special places, where special people helped to mold their identity in positive, healthy ways. They also spoke of troubling experiences, where they encountered less supportive, less nurturing care situations.

The youth who were interviewed for this project described many painful, sometimes tragic, experiences in their journey through the care system. There were also many youth in environments that were conducive to healing.

Each of these 315 young people is to be commended for their courage in speaking out yet again, for their persistence and for their hope that change can happen. I also thank those agencies that facilitated youths' opportunity to be heard and demonstrated support for their clients.

Children and youth cannot vote and have limited means of exercising their democratic rights to influence political, social or economic change. It is therefore up to parents, guardians, teachers, caregivers, community leaders, bureaucratic officials and politicians to ensure that the interests of children and youth are represented effectively in political, civic, social and economic forums. We all need to be outspoken champions of children's issues.

Changing the present care system for children and youth in Ontario is a difficult and long overdue task. The care system has become too rigid and institutionalized. Interministerial and sectoral boundaries have become inflexible and unbridgeable. But it is not too late to change the system. Change will necessarily be incremental and dependent on leadership and vision.

The care system exists to meet the needs of its clients: children and youth. It is time their voices were heard.

Judy Finlay  
Chief Advocate  
Office of Child and Family Service  
Advocacy

## II. Historical Perspective

### A Decade of Speaking Out

Although this is not the first document to address problems in Ontario's children's service system, it marks the first time a report has been presented in the words and language of the youth directly affected by the system. Despite this new approach, this report does not express views which are new or enlightened. Rather, it simply confirms the findings of previous reports which have expressed concern for the safety of children and youth in care and the quality of care provided to them.

Since 1989, when CFSA safeguards were introduced, a number of key reports have confirmed the vulnerability of youth in residential programs. The following is a list of some of those reports, submissions and studies:

National Youth in Care Network (1988) Perspectives on Youth in Care. National Youth in Care Network.

Archer, B. (1989) Review of the Young Offender Residential Service System. Ministry Of Community & Social Services.

(CUPE) Ontario Division of the Canadian Union of Public Employees. (1989) Submission to the Ministry of Community & Social Services Young Offenders Residential System Review. Canadian Union of Public Employees.

Campbell, J. (1990) Review of Safeguards in Children's Residential Programs. Report to the Ministers of Community & Social Services and Correctional Services.

Raychaba, B. (1991) We Get a Life Sentence: Young people in care speak out on child sexual abuse. Journal of Child & Youth Care Special Issue.

Herbert, S. (1991) Review of Student Care at the Provincial Schools for the Deaf and Blind and Demonstration Schools. Report to the Minister of Education.

Thelander, M. & Hoen, B (1991) Strengthening Licensing of Children's Residential Programs. Coopershill Publishing.

Finlay, J. (1992) Care of Youth at Thistletown Regional Centre Syl Apps Campus. Office of Child & Family Service Advocacy.

Finlay, J. (1992) Implementation of Recommendations of the "Review of Safeguards in Children's Residential Programs: Status Update". Office of Child & Family Service Advocacy.

Raychaba, B. (1993) Pain lots of Pain. National Youth in Care Network.

O'Brien, C et al. (1993) No Safe Bed—Lesbian, Gay and Bisexual Youth in Residential Services. Central Toronto Youth Services. Toronto.

National Youth in Care Network (1996) Into the Hands of Youth. N.Y.I.C.N.

Sparrow Lake Alliance. (1996) Children in Limbo. Sparrow Lake Alliance

Steinhauer, P. (1996) The Diagnosis, Prevention and Management of Attachment Disorders within the Child Welfare System. P.R.I.S.M.E, 6(4), 604-617.

The aforementioned reports have prompted numerous changes to standards, policies and procedural guidelines. In fact, the findings of these studies have resulted in increased attention to the need for safeguarding children and youth in care. Nonetheless, as the youth who speak in this report attest, changes to practice have not yet occurred.

### III. Voices of Youth

#### A. What Works: What Youth Recommend

##### **Relationships Matter the Most**

Youth identified relationships with staff as the single most critical factor for healing. Respectful interactions, feeling cared for and not being judged, give youth a sense of belonging and safety which increased their ability to trust. These factors are the essential building blocks for self-esteem and the ability to develop interpersonal relationships.

Staff role modeling allow youth to reciprocate and begin to achieve responsibility. The ability of staff to deliver clear, consistent messages and spell out expectations are critical to understanding the rules and following them. Within such an environment, youth have the sense that structure and safety promotes healing. Effective screening of staff makes the achievement of this environment and healing possible.

##### **Respect Me**

Youth were asked to describe the best residential program they had experienced. The most common response was one where they felt respected and cared for. Youth spoke of the importance of front line staff caring, listening and taking time with them.

*“Old foster home, they were really good to me. The kids were good. I was able to visit when I left.” [Child Welfare]*

*“[I] had a suicide episode when [name of youth] left and foster home took me back.” [Child Welfare]*

*“When kids treat staff like assholes, they treat kids with respect.” [CMHC]*

*“There's unconditional care, no matter if you did something wrong.” [CMHC]*

*“Here, we travel together. They're an awesome family. We have good friends here.” [Group Home]*

*“[At group home], [I was] treated like a person.” [Shelter]*

*“Staff treat you with respect.” [YOA I]*

*“They feed you here, they spend time with you. You meet lots of people here.” [YOA I]*

*“It's not like you have to go to them if you have a problem. The staff will ask you.” [YOA II]*

##### **Show Me You Care**

Youth were asked to describe helpful things have been said or done while they were in care. They mentioned staff consistently responding, caring and being supportive of them.

*“If you phone them and you're in a place that is not safe, they'll come and get you right away.” [Child Welfare]*

*"They like spending time with you, they care about you." [CMHC]*

*"A staff told my mom I was doing really good and if I keep it up I will go home." [Group Home]*

*"Grandfather was in hospital dying. [It was] good to have them [staff] around." [Group Home]*

*"Staff saved my life. I had a gun and was ready to kill myself. She talked with me for 4 hours, and talked me out of it." [Shelter]*

*"[Staff helped me get into] drug rehab." [Shelter]*

*"Staff try to talk to you about depression. Try and help you out." [YOA I]*

### **Active Environments Promote Healing**

#### **Programming and Counseling**

The youth frequently mentioned programming, counseling, culture and recreation as aspects of a good residential program.

*"You learn social skills, associate with people your own age and same experience." [Child Welfare]*

*"I learned a lot about myself [ at a drug treatment centre]." [Child Welfare]*

*"[Transitional housing], not just a place for a little while. You learn life skills, when you go out you have some experience." [Child Welfare]*

*"Criteria program, booklets on work, depression, family, feelings." [CMHC]*

*"One place took you on canoe trips, winter camping. They had a tight schedule, always something to do. That place showed me that instead of violence, pulling off scams, there were other things to do." [Shelter]*

*"Able to discuss problems, ability for input into your plan." [Shelter]*

*"Secure facility. Could go outside for three hours. Lots of programming, weight rooms." [YOA I]*

*"They tried to open the [communication] lines to my parents." [YOA II]*

### **Setting Clear and Consistent Rules**

Many youth identified rules as one aspect of a good residential program, noting that having clear, fair and consistently followed rules was helpful to them.

*"The [YOA I detention] was better than the places I stayed. Even though I was locked up, staff weren't as controlling." [Child Welfare]*

*"When I lived with natural parents there were no rules. My foster parents give me rules to show me they care." [Child Welfare]*

*"Rules were fair, written down, people talked to you. [referring to psychiatric hospital]" [YOA I]*

### **Showing Respect**

Youth provided many suggestions for the kinds of advice they would give to staff in residential programs. The consistent theme throughout was that of respect.

**Listen to Us**

*"If you say these foster parents did this to you, they don't believe you."  
[Child Welfare]*

*"Find out what the problem is. Talk to the kid." [Shelter]*

*"They [the system] needs to listen to the kids, because they think the adults are the smart ones." [Shelter]*

**Understand Us**

*"You hear you're going to be a problem child and you eventually become a problem child."  
[Child Welfare]*

*"Workers should be caring and also know where to draw the line. Cause they can do a lot of damage. I had a worker who said she loved me and never would leave. And she moved and didn't call me." [Child Welfare]*

*"Try and put yourself in residents' shoes."  
[Shelter]*

*"Try to understand, get to know where you're [youth] coming from." [YOA I]*

**Don't Prejudge Us**

*"Don't be judgmental. They've never gone through this. Try to be a bit more understanding. Respect privacy, need to understand different kids have different ways of blowing off steam. Let them know you are there." [Child Welfare]*

*"Look at what the children need. Not the label." [Child Welfare]*

*"Don't just read the file." [Shelter]*

*"Just because we have emotional problems, we're not bad and we get treated lower than everyone else." [Shelter]*

*"Give us a chance to prove ourselves."  
[YOA I]*

**Be Fair To Us**

*"Treat kids fairly, don't hurt them." [Group Home]*

*"Don't be a foster parent if you can't have time for kid." [YOA I]*

**There's Room for Improvement**

The youth also voiced suggestions for those who are in charge of the system or charged with designing the child and youth service system.

*"There needs to be more programs." [Child Welfare]*

*"There needs to be programs for 16 year olds." [Child Welfare]*

*"Could be easier when [they] take a child. So traumatic, drop kids in foster care and leave." [Child Welfare]*

*"Every worker I had [that] I liked left."  
[Child Welfare]*

*"Stop closing things for kids, they just get in trouble." [CMHC]*

*"Get better foster parents. Kids get beat up, they don't care what you do. Drink and let you drink, let you do nothing. They should screen [foster parents]." [Group Home]*

*"The Minister of ComSoc should sleep in one of these places for a few days and see what it is like for street kids. [Shelter]*

*"[Need] resources for school, counseling, activities." [Shelter]*

*"I remember when [Youth Shelter] opened. It was a 24 hours emergency shelter, why can't*

*it be an emergency shelter again. They call it emergency, but they kick youth out in the mornings." [Shelter]*

*"Keep confidentiality." [Shelter]*

## B. The Trauma of Coming Into Care

Youth are in crisis at the point of admission to any residential environment. They need help managing this experience and integrating into unfamiliar environments. How youth are integrated into a residential setting will influence how they cope within that program.

To help youth with this traumatic experience, a single staff person should be assigned to walk youth through the admission process. In their state of crisis, youth are likely to forget new information. It is essential that information, such as rights and responsibilities, be reviewed with them at a later time.

### A Bewildering Experience

When asked to describe the first time they went into care, the most frequent response cited was that of feeling frightened. Youth often spoke of overwhelming sadness, fear of the unknown, anger and a lack of information about what was happening to them.

*"I didn't even know why I came into care. It was scary. No one would explain why I was there." [Child Welfare]*

*"I hated it. I wanted to kill myself. I locked myself in my room for days." [Child Welfare]*

*"Getting moved around scares me. Makes me feel like nobody wants me. It's ruined me totally. I don't know who I am or where I'm going." [Child Welfare]*

*"I was sad, unhappy. I couldn't be with my brothers." [Child Welfare]*

*"You don't know what to expect because you're new." [Child Welfare]*

*"When one says 'foster home' you get a certain picture in your mind." [Child Welfare]*

*"Scary, frightening. At first you want to leave." [CMHC]*

*"I was scared because I did not know anybody there. The staff was really weird." [CMHC]*

*"There is safety concerns until you are in the environment. You don't know what to make of it." [CMHC]*

*"It was hard to get used to the rules and everything." [CMHC]*

*"I didn't know I was coming here. They thought I was going to run. I came from a foster home." [Group Home]*

*"It was scary, but it was better than being at home with my mother. I begged them to go back to jail. I went home one hour and my mom kicked me out again." [Shelter]*

*"Scary, I was 17, scared of people, don't know what to expect." [Shelter]*

*"Sad, embarrassing, nervous, upset, angry." [YOA I]*

*"I cried at night, felt kind of lost." [YOA I]*

*"Didn't tell me where I was going. In crisis unit, no one told me why I was there." [YOA I]*

*"Anyone that comes into custody is scared." [YOA II]*

*"Scared leaving parents." [YOA II]*

### **Stay Out If You Can**

Youth were asked what advice would you give to a young person coming into care. Many youth outside of the child welfare system urged youth to "stay out if you can."

*"Run, don't do it." [CMHC]*

*"Get out." [CMHC]*

*"Make sure you don't get too involved in the system. You get trapped in a cycle. You can't help but fall in the hole again and again." [Shelter]*

*"Do something before you get into system." [Shelter]*

*"Don't come, don't do it." [YOA I]*

*"Don't go to a foster home." [YOA I]*

*"Try and stay out of here. Don't come back, miss out on a lot of stuff."*

*[YOA II]*

### **Follow The Rules**

Youth offered others coming into care several messages about rules. The first was to follow the rules, as they are meant to be helpful. The second message, a less encouraging one, was to be careful. A third message, also cautionary, was to know your rights.

### **Rules Can Help**

*"Don't automatically think they'll be mean to you, give them a chance. They may be tougher on you but it's for your own good. Don't test them, try to get to know them."*

*[Child Welfare]*

*"Get involved. I was afraid to go, no one can relate to me, coming here. I love it, got a job out of it." [Child Welfare]*

*"It's pointless not to follow rules." [CMHC]*

*"Follow the routines, you'll be OK. If you don't it's crappy." [CMHC]*

*"Keep your head up, reach for the stars, try your best, do the right thing." [CMHC]*

*"Good place to go when you haven't any other place, but I'd rather be independent." [Group Home]*

*"When you come into a shelter you should lay low, check it out, staff need to advise kids on what to expect." [Shelter]*

*"Take advantage of the opportunity you can get here. Plan your days and listen to what they're saying. They're trying to help you get*

*somewhere in life. I wish I would have listened when I was 16 years old.* [Shelter]

*“Don’t mess with the program.”* [YOA II]

### **But Be Careful**

The second message was more cynical, reflecting a lack of trust of both the rules and the staff who administer them.

*“Trick the staff, act real good, then do what you want.”* [YOA I]

*“Keep your mouth shut.”* [YOA I]

*“Sometimes you get lucky, get great people. But sometimes shitty, bad family, they get divorced and you get caught in middle. Love no one.”* [YOA I]

*“Tell them to shut up. The less you say the better because first time in custody [if] you say stupid things, you can get beat up.”* [YOA II]

### **Know Your Rights**

Another piece of advice was to know your rights.

*“You have rights.”* [Child Welfare]

*“Know your rights.”* [YOA I]

## C. Children and Youth Have Rights

The *Child and Family Services Act* (CFSA) guarantees certain rights to youth receiving services mandated under the Act. Section 103 of the CFSA outlines the rights of children in care. The following list is a summarized version of the rights to which children in care are entitled:

1. Right to **be heard and express opinions.**
2. Right to **participate in their plan of care decisions.**
3. Right to **freedom from corporal punishment.**
4. Right to appropriate **health care.**
5. Right to **education and religion.**
6. Right to be **informed of their rights** under the act in a manner in which they can understand.
7. Right to **understand the rules, disciplinary practices and responsibilities** at a placement.
8. Right to **access** with family and to speak in private with a Lawyer, Advocate, Ombudsman or a member of the Legislative Assembly of Ontario or of the Parliament of Canada.
9. Right to reasonable **privacy.**
10. Right to know **how to make a complaint and the existence of the Advocacy Office.**
11. Right to appropriate **clothing.**
12. Right to **recreation.**



The Act also lists specific rights for native children, youth with special needs and young offenders.

Respect of individual rights is an indicator of human value and worth deemed by a society. The acknowledgment and enactment of children's rights is viewed as a protection for society's vulnerable members. The provision of children's rights does not impede parental rights.

Observing the rights of children/youth in care is a significant safeguard for their protection. The youth interviewed for this project often had limited knowledge of their rights. Children in foster care were particularly unfamiliar with their rights.

How rights were explained to residents varied considerably across the care system in Ontario. Youth often reflected consistently on the devaluation and disrespect of children's rights. Many youth felt that the fulfillment of their rights was conditional on their behaviour.

### **Knowledge of Rights Varies Widely**

Most youth knew some of their rights and were able to identify what those rights were. Some youth were not aware of their rights, while others commented that they had learned about their rights some time after having been in care.

*"Right to religion, privacy, nutrition, proper clothing, see a lawyer, mental health, private mail." [Child Welfare]*

*"You have the right to say something about the rules and to call your parents." [Child Welfare]*

*"Didn't know until twelve." [Child Welfare]*

*"I don't know my rights." [CMHC]*

*"Yes, to live a clean and safe environment, proper clothing." [CMHC]*

*"Right to privacy, no corporal punishment, right to be heard, right to clothes, right to visit, right to health care, right to plan of care, right to talk to lawyer and probation officer." [YOA I]*

*"Culture, religion." [YOA I]*

*"Right to go to school." [YOA II]*

*"Right to speak your own language." [YOA II]*

### **Rights Often Not Respected**

Youth's words reflected a sense that their rights were being devalued. They suggested that their rights were not absolute, but were being redefined or made conditional. They were cynical about the observance of their rights and felt that their rights were frequently not respected.

*"No one is allowed to touch, hit or yell at you. That doesn't stop them though." [Child Welfare]*

*"I got a book at each foster home. They didn't abide by one of them." [Child Welfare]*

*"My worker told me my rights. But once she leaves, you got no more rights." [Child Welfare]*

*"It's too late for rights." [Child Welfare]*

*"No one listens to it [rights] cause it's just garbage." [CMHC]*

*"No there are rules, not rights."  
[Group Home]*

*"Tell worker about abuse by staff, they don't  
care about rights." [Shelter]*

*"I told them they can't read it. They cross out  
bad words, they censor our mail." [YOA I]*

*"Don't have no rights." [YOA II]*

*"People write up letters all the time to the  
Ombudsman. Staff said you'd be surprised  
how few letters get there."  
[YOA II]*

### **Youth In Foster Care Less Aware of Their Rights**

Youth who had experienced foster care commented that they felt that rights were for the foster parents rather than themselves. Many foster care youth interviewed commented that they did not know their rights.

*"They should update them, the wording,  
pictures. The rights are for the foster  
parents." [Child Welfare]*

*"Didn't tell me what my rights were. I asked  
the worker and she told me."  
[Child Welfare]*

*"There's an unwritten rule in foster care.  
Whatever happens in there, stays in there."  
[Child Welfare]*

*"None of the foster homes told me my rights."  
[Child Welfare]*

*"Nobody told me my rights in foster care."  
[CMHC]*

*"Foster homes, [you] have no rights."  
[YOA II]*

### **Informing Youth of Their Rights**

The responses indicate a wide variability in the manner in which children and youth are informed of their rights. Many youth were told to read the rights booklet without consideration of their ability to read.

*"There's booklets. I didn't get one. The  
other guys got a blue book." [CMHC]*

*"Have a booklet on rights, and this boring  
video." [Child Welfare]*

*"They read them to us." [CMHC]*

*"Did not know rights, I ought to know  
because I was a psychiatric patient."  
[CMHC]*

*"I was given a book of rights. I couldn't read,  
nobody helped me." [Shelter]*

*"Threw book at us and were told to read it."  
[YOA I]*

*"I had to read it out loud." [YOA I]*

*"I didn't know when I could make a telephone  
call or to who. Staff after four days said  
here's a book and read it." [YOA II]*

*"Facilities tell you rights." [YOA II]*

## D. Is the Care System a Safe System?

Youth in residential settings are often subjected to abusive treatment. These historical and current abuses include name-calling, threatening, assault, and racial and cultural intolerance. It is little wonder that youth questioned the system's ability to keep them safe when the system itself is a source of threat.

Effective safeguards against abusive behaviours are lacking. Because youth are unwilling to report abuse for fear of reprisals, the ineffectiveness of existing safeguards continues unaddressed.

### Disrespectful Comments And Name Calling

When asked whether something had ever been said or done to them that made them feel bad or uncomfortable while in care, youth raised a number of instances where they had experienced a lack of respect, disrespectful comments, harsh judgments and name-calling.

*[Foster parents say] "You're not worth it. You are stupid. Why can't you get your life together? It is your fault for why you are here." [Child Welfare]*

*"I've been called a liar, a loser by the foster parents." [Child Welfare]*

*"Staff comments about my weight. I get comments every day." [Shelter]*

*"I have long nails and I broke one. Said I broke one. Staff said, shut up you homo." [YOA I]*

*"Talking to teacher, he's always calling us criminals." [YOA II]*

### Taunting Youth With Their Past

Youth in care spoke of staff making unflattering comparisons to a parent and having their past thrown in their faces. They also mentioned being teased and threatened.

*"You're going to be an alcoholic like your mother." [Child Welfare]*

*"You're schizophrenic like your father." [Child Welfare]*

*"I would be an alcoholic for the rest of my life, it followed me." [Shelter]*

*"Sometimes when I get mad, they bring up my past." [Group Home]*

*"It is easy for staff in an institution to be psychologically abusive. Can threaten you, take away TRs [temporary release passes]. I would rather be subjected to corporal punishment than be threatened all the time." [YOA II]*

### Discrimination Against Youth

Youth described being treated differently on the basis of race, culture, religion or sexual orientation.

#### Race

*"Foster parents make comments about blacks, damn niggers. I hate it." [Child Welfare]*

*"In my foster home, there was three native people. It was the kids, not the adults. Adults wouldn't say anything, maybe didn't hear. Also a problem with someone who was being promiscuous. The girl didn't last too long."*  
[Child Welfare]

*"Used to think with rules, thought they were racist, no respect, not treated fairly, [I was the] only black kid in camp, a little tension around me."* [C.M.H.C.]

*"A resident was racist to me and I complained to the staff, and they did nothing. They said that they have to hear it before they do anything."*  
[Group Home]

*"We get hassled because we have black friends. Cops hassle us, follow us if we are with blacks."* [Shelter]

*"In [town name] Ontario, there was one black person in town, living in group home. Staff called him 'nigger' all the time."* [Shelter]

*"In jail they centre the blacks out, because they think they have drugs."* [Shelter]

*"Yes, at times called names. Comments made about me by staff -- We don't like Chinese."*  
[YOA I]

*"In the [YOA II detention], they are so prejudiced against blacks, I was in seg with 3 black people. The guards would be rude to me because I talked to black people and they are so rude to the black people."* [Shelter]

*"Every day see racism. For instance, his brother [black] has a criminal record and can't visit him. My white brother with a criminal record can [visit me]."* [YOA II]

*"Guards start most of the race wars, tell white guys to take a stand."* [YOA II]

### **Culture and religion**

*"I was in a foster home where there was a native boy who was into spirit stuff. They would beat him."* [Child Welfare]

*"Made fun of a guy because of his religion."*  
[YOA II]

### **Sexual orientation**

*"A black gay guy wore makeup and people were making fun of him."* [Shelter]

*"In jail, gay kids, all gays in cottage, get beating."* [Shelter]

*"Gay kids would be dead."* [YOA II]

### **Us and Them: Different Treatment for Natural and Foster Children**

Youth also noted that some foster families drew clear distinctions between foster kids and their own children.

*"What I really hate, the foster parents' real kids take something, and they always accuse me, never their own kids. My kids wouldn't do that."* [Child Welfare]

*"I hate when you're at a house that has biological kids. They always say yes to their own kids and no to us."* [Child Welfare]

*"Disrespect? They didn't treat you like a human being. A couple of places people had kids of their own. We had to sit at a different table to eat. We had water to drink while they got milk or juice. They got cheese or peanut butter in their lunch, we had plain bread. Makes you feel really low, like scum." [Child Welfare]*

### **Reacting to Abuse**

Youth were asked how they would respond if they had a problem in care, such as being hurt, abused or having their rights violated. Most youth indicated that they would tell someone outside of the agency. Other youth discussed retaliating, hurting themselves, running away or just doing nothing.

*"I told so many workers, but I didn't get moved till I did something real bad to get moved. Made me feel like a piece of meat. Nobody cares." [Child Welfare]*

*"Talk to a friend, talk to my worker. If it was my worker I wouldn't tell anyone." [Child Welfare]*

*"Tell mom." [Child Welfare]*

*"I would call my social worker and my lawyer." [C.M.H.C.]*

*"Go to CAS worker, staff worker, or higher up people." [Group Home]*

*"Call Advocacy." [Shelter]*

*"Call police, talk to director/staff, someone could help." [Shelter]*

*"I wouldn't tell nobody, just keep it inside me til it piles up, til it explodes." [Child Welfare]*

*"What do you do when you've told a worker you were raped and [she] does nothing?" [Child Welfare]*

*"Go AWOL and never come back." [C.M.H.C.]*

*"A knife on my wrist." [C.M.H.C.]*

*"Revenge, get angry." [C.M.H.C.]*

*"I would probably start drinking or taking drugs again." [Shelter]*

*"Would call friends." [YOA I]*

*"Go through steps, chain [of command], staff, head of group home, social worker, Advocacy." [YOA I]*

*"Call the Advocacy, call cops, call probation officer." [YOA I]*

*"Judge could pull me out." [YOA II]*

### **Fear of Reprisals**

Youth questioned the effectiveness of the response they would receive if they asked someone for help. They frequently discussed fear of reprisals.

*"Living with this family, I was angry and I threw this math book down the stairs. The father kicked me down the stairs. Booted me back up the stairs. I told my worker, she didn't believe me." [Child Welfare]*

*"The foster mum picked me up by the neck and tossed me. No one could help, my social worker was on maternity leave. I called the Advocate and the foster mother hung up."* [C.M.H.C.]

*"You get into trouble even more if you try to get your rights."* [Shelter]

*"Who will believe us if we're in here. It's your word against theirs."* [YOA I]

*"Yes, the Advocacy Office. But after you call, you are threatened and treated badly. So people are scared to call."* [YOA II]

*"Not all staff are like that, but one letter I wrote didn't get to the Ombudsman, even though it was a serious issue."* [YOA II]

### **Group Consequences**

Most youth had experienced some form of sanction as a group, known as group consequences. Youth perceive group consequences as unfair and feel that at times they can promote peer-on-peer violence.

*"One person in foster home leaves a dish out and all have to do dishes all week."* [Child Welfare]

*"One person stole beer, they didn't know who. Punished me, then found out who did it, but didn't even apologize."* [Child Welfare]

*"Three days after I arrived we were consequence for something that happened before I came."* [CMHC]

*"If someone leaves their laundry in the laundry room, nobody gets to do their laundry."* [Group Home]

*"Something happened, no one fessed up to it and 18 people were kicked out. The police was called and people were searched."* [Shelter]

*"Lose out on a outing because one person acts up. Only that person should not go."* [YOA I]

*"If you get the group in trouble, you may get beat up the next day."* [YOA I]

*"The smallest, weakest confesses."* [YOA I]

*"Group consequences are to try and get you to beat up the kid that did something."* [YOA II]

*"This way they get the kids on their side. The kids against kids."* [YOA I]

*Youth provided suggested alternatives to group consequences:*

*"They should at least apologize if they find out you didn't do it."* [Child Welfare]

*"Should just punish the people who do it."* [Group Home]

*"Only consequence those acting out."* [YOA I]

*"Ask kids individually."* [YOA I]

*"Shouldn't punish anyone unless [they] know who did it."* [YOA I]

*"Should not be responsible for other people's actions."* [YOA II]

## E. Youth Comment on Behavioural Controls

Questions about physical restraint and seclusion generated the most emotional response and comment from youth in care. While youth acknowledged the need for behavioural intervention at times of crisis, they noted the inconsistent and unpredictable applications of those interventions. In fact, youth often viewed these measures as disrespectful and at times a pretext for abuse. They felt humiliated, powerless, unsafe and punished. The purpose of behavioural controls is to ensure safety, but the words of these youth show these controls are applied in a way that contradicts their intent.

Behavioural controls need to be applied judiciously and only in unsafe situations, after all other forms of de-escalation have been attempted. Safeguards against intrusive and abusive controls need to be enhanced.

### 1. Physical Restraint

All focus groups responded to the questions about physical restraint. The youth spoke more about physical restraint than any other question asked in these groups.

#### Youth Understand the Rationale for Restraint

Youth clearly understand the rationale for restraint. They are able to describe appropriate reasons for restraint, as well as situations in which they have found it helpful.

*"They keep you safe. They keep the people around you safe." [Child Welfare]*

*"I was happy I was restrained. I was so hyped up by the alcohol I wanted to hurt myself. I was glad they stopped me." [Child Welfare]*

*"When I had it used on me I was under the influence of alcohol and I was hitting people and they didn't want me to hurt anybody." [Child Welfare]*

*"Only time I could see restraining a kid is if he was hurting somebody. Not even property. If he damages property, let him pay to have it fixed." [Child Welfare]*

*"Mostly it's if you're out of control. I was restrained when I was really mad. I need someone to help me calm down. They're just helping you get under control." [Child Welfare]*

*"Should never be used unless kid hurts themselves or others." [CMHC]*

*"Yes, they're necessary if you're beating someone up." [CMHC]*

*"Going after staff, fighting, AWOL. Hurting yourself or someone else, endangering facility." [YOA I]*

*"If staff feels they're in danger." [YOA I]*

*"Yes, I needed to be restrained." [YOA I]*

*"They should have removed me earlier." [YOA I]*

*"I don't know, I still got mad when they did it. It was necessary at the time, I was out of control." [YOA I]*

*"If there was danger in the house." [YOA I]*

*"If you're swinging' at staff, there's nothing else they can do." [YOA I]*

### **Excessive Force: "It Hurts"**

Youth describe in detail practices of restraint they perceive as unsafe, inconsistently applied and excessively forceful. They frequently report injuries. They also find that physical restraint often serves to escalate the situation.

*"When they do it at [facility name] they really hurt you. All I was doing was pushing." [Child Welfare]*

*"I have asthma and the pressure is on my chest and it really hurts." [Child Welfare]*

*"I got thrown down and got a cut and I had to get stitches." [Child Welfare]*

*"Sometimes they put their hand over your mouth." [Child Welfare]*

*"Sometimes they want to hurt you." [Child Welfare]*

*"Restraining me, they popped me in the head and put me on the floor." [Child Welfare]*

*"They grab your arms, throw you down, bend your arms up your back. It's painful." [Child Welfare]*

*"Adjustment problems in school. I had trouble listening in school, called on Principal. Eventually they suspended me. I was talking back to the teacher and they grabbed me by my waist, dropped me on the floor, put their knees in my back and twisted my arms. It was painful, very!" [Child Welfare]*

*"They grab you, throw you down. If I hit my face, I hit my face. I start to turn around, he put his knee in my stomach." [CMHC]*

*"Sometimes they get hurt because somebody [staff] gets pissed off." [CMHC]*

*"Grab your arms and put their legs in front of you and knock you down and chicken wing you." [CMHC]*

*"Staff grabbed kid by the hair and pulled him in the house. When same staff came to restrain me, I was afraid. Being restrained [I] tell staff [I] can't breathe, only when your face is really red will they let go." [CMHC]*

*"They grab your arms and hurt you. It feels like you're being abused. Someone else taking control of your body." [CMHC]*

*"When I was at [facility name], there was a cement wall with bricks with sharp edges. I got thrown on a corner. I split my head, it kept on bleeding. I didn't get to go to hospital." [CMHC]*

*"I kicked a hole in the wall. When they restrained me they left a whole lot of marks on me. About five staff held me at [group home]." [CMHC]*



"They dropped me on my head. I had a black eye and they sprained my arm." [Group Home]

"Laying on the ground with your face smashed in, somebody sitting on you, beating your face on the ground." [Group Home]

"They'll slam your head on concrete." [Shelter]

"Knee on the throat." [Shelter]

"Two guys dragged me down, holding my arms, threw me down the stairs." [YOA I]

"Put arms behind almost to a point of breaking." [YOA I]

"It don't work, when they let you go, you are more pissed." [YOA I]

"It hurts when you get your head bashed on concrete." [YOA I]

"Tossed you against the wall, grabbed by neck, handcuffs and shackles, and arms crooked at [YOA Detention]. Threw me on the ground with 3-4 people. All jumped on me and put arms behind the back and knee on spine and kills like crazy." [YOA I]

"I saw a staff clothes line a kid to get them down." [YOA I]

"Hog-tie you, put you in room." [YOA I]

"Starts riots when someone gets restrained." [YOA II]

"...behind your back, on the ground. It's usually male staff. I've never seen female

staff Reverse handyman on the ground, and they have knees in the middle of your back." [YOA II]

"Ten staff come running to restrain a person." [YOA II]

"Some places pull your hair, bang you off walls." [YOA II]

"Times when I got in fights staff would crack me one, punched me." [YOA II]

"I had my collar bone broken at [YOA I Detention]. I was sitting there crying. They didn't need to do what they did." [YOA II]

### **No Clear Rules or Reasons**

Youth pointed to a lack of consistency in the reasons for using physical restraint. Their descriptions indicate that neither staff nor youth are clear on what "out of control" really means. They often describe physical restraint as a first intervention technique.

"They do it too fast, sometimes they jump. He went to his room and they restrain him in my foster home." [Child Welfare]

"If you're swearing, that's why they restrain you." [Child Welfare]

"Sometimes you are restrained for stupid reasons." [Child Welfare]

"For verbal abuse." [CMHC]

"Sometimes they do it for no reason." [CMHC]

"If someone [is] in [their] room or won't have a shower, they shouldn't be physically restrained." [CMHC]

*"I was yelling at this woman, I was restrained on the wall. She grabbed my arms and smooshed me into the wall. I was this far off the ground [indicates feet off ground]."*  
[Group Home]

*"Teachers use physical restraint on students. A student wanted to use the bathroom, the teacher abused the student verbally. A student walked out and the teacher grabbed him by the shirt. It was not necessary. They grab your arms and twist behind your back and ram you into the wall."* [Shelter]

*"Need to be rules of when to use restraint. Sometimes use excessive force at [Group Home]."* [YOA I]

*"Ate [my french] fries before Prayers. Attacked me, [I was] trying to push staff off. Head slammed into wall, leg caught in door, arm almost broken. We're going to move you no matter what. Staff get mad."* [YOA I]

*"[Restraint] used for not listening, participating. Told me to go to my room. I swore, they grabbed me and tossed me over the couch."* [YOA I]

*"[YOA I Secure] a girl didn't want to wear jogging pants to bed, so they grabbed her and put her in the quiet room. She had bruises on her arms."* [YOA I]

*"I was lying in bed with my light off. I shouted, I didn't do anything. Looked out of room and two staff pulled me out of my bed in underwear. I wasn't a threat. He hit my head against the wall. My arms hurt for a week. I had to go to the doctor."* [YOA I]

*"Half the time just for yelling or swearing."*  
[YOA I]

*"I told staff to fuck off, they threw me on the ground."* [YOA I]

*"They use restraints too freely in these places."* [YOA I]

*"Whole point of restraint is to get hurt, so you give up."* [YOA II]

### Alternatives to Physical Restraint

Youth commented about the process leading up to and following a restraint. Youth were able to identify and in some cases take responsibility for actions leading up to restraint. But they reported minimal use of debriefing following a physical restraint. They found little attempt to head off the use of restraints by de-escalating the situation or using other measures. They also suggested various alternatives to restraint.

*"[They could have] sat me down in a chair or left me in peace."* [Child Welfare]

*"They don't talk afterward. It just makes things worse if you don't."* [Child Welfare]

*"They should try to let them calm down on their own."* [Child Welfare]

*"Sometimes it was necessary, but they could have put me outside or left me on the stairs."*  
[Child Welfare]

*"Holdings do not work. Tell the kid to shut up and go to bed."* [Child Welfare]

*"I would rather sit down and talk to someone rather than restrain."* [Child Welfare]

"They could try just talking. Staff should come in quiet and calm and everything ends right there." [CMHC]

"They should just give consequences." [CMHC]

"They could talk, [have you] go to your room, lose privileges. Staff get frustrated and next thing you know they're on top of you." [CMHC]

"Take you out of the room, or in a group." [CMHC]

"Sit you down, give you time out." [CMHC]

"Staff should have training to ask youth what is going on and pick up signs to know the difference, rather than assume that someone is going off the deep end." [Shelter]

"[Staff] don't try other resolutions." [YOA I]

"They don't ever talk about it after. They just write a report." [YOA I]

"Staff just try to forget about it. They don't bring it up." [YOA I]

"I was at a treatment facility. They restrained me to get me in the van. They didn't talk about it after." [YOA I]

"Don't go busting kids up." [YOA I]

"Could have taken my privileges away instead." [YOA I]

"I wouldn't waste my energy. I was just being an idiot in my room. They could have just closed the door." [YOA I]

"Try talk to you first before restraint." [YOA I]

### **Violent Physical Restraint: "Scary, Awful"**

Youth frequently discussed the force and perceived violence of restraint. They mention being hurt, afraid and finding it disturbing to watch. Physical restraint was seen by youth as being violent, aggressive and "scary."

"Yes [it's necessary], if they don't use too much force. Staff get just as mad as kids do. Not trained to keep their anger under control. I got slammed into a wall." [Child Welfare]

"In my foster home, [child is] hyper. If he tries to hurt himself, they try to hold him down. They want me to help do that and they shouldn't do that. It's scary, awful." [Child Welfare]

"I haven't been restrained but it really upset me to see [resident] restrained. I couldn't even do my work." [Child Welfare]

"I call it abuse." [Child Welfare]

"It is abuse, promotes violence. The system tries to take you from violence but they put you back into it." [Shelter]

"Five to six staff all pile up on you. One's pulling your hands behind your back, another is giving you kidney shots. They should do it the way they were taught to do it." [YOA II]

"Whole point of restraint is to get hurt, so you give up." [YOA II]

*"Six staff members jumped me and my shoulder hurt for days." [YOA II]*

### **The Randomness of Restraint**

The lack of predictability or rationale for a restraint was noted by youth, who sensed it was random punishment that could happen anywhere, at any time and without justification.

*"In group homes, restraints [happen] four, five times a day." [Child Welfare]*

*"Each place is different. Some places don't do it much, others do restraints all the time." [CMHC]*

*"You walk into the kitchen without asking, you're restrained. You get angry and punch the wall, you're restrained. You don't ask to go to the bathroom, you're restrained. You call someone a name, you're restrained." [CMHC]*

*"Some places never, some places four times a day." [YOA I]*

*"Every day, even in the special classroom, people get restrained." [Group Home]*

*"At a shelter, staff prompted me to express myself, and when I did, they called the ambulance, I was in a straight jacket, they drugged me up and took me to a hospital." [Shelter]*

*"I got restrained because I wanted to have a shower. They came and restrained me while I was nude. We were fighting for ten minutes in the shower. I banged his head against the wall, he banged me." [YOA II]*

*"Once I was sitting there, they said they were going to restrain me. No reason to, sat on me half an hour." [YOA II]*

### **A Power Struggle**

Some youth found the threat of physical restraint and the unpredictability of its use intimidating. They felt that the threat of physical restraint was used as a means of exercising power and control.

*"When all the big staff are working, you know it's 'slam night'." [CMHC]*

*"Sometimes staff have a bad day, power trip themselves. I'm the staff here. Depends on how the group goes." [CMHC]*

*"Staff said If you don't stop I'll have to restrain you. I stopped but staff still did it." [Shelter]*

*"One resident acting up verbally. This staff says, Act up, I want to restrain you." [YOA I]*

*"Power struggle, restraint." [YOA I]*

### **Physical Restraint is Humiliating and Degrading**

Youth who experience restraint describe feelings of powerlessness, hopelessness, humiliation and dehumanization. Youth sometimes blame themselves for the restraint being applied, even when there was no clear reason for using it.

*"Then they say shut up, shut up if I'm crying when I'm restrained." [Child Welfare]*

*"Would restrain you in front of everyone. Pull down my pants and put a needle in my butt." [Child Welfare]*

*"Pull your hands behind your back, and up to your head. They're sitting there laughing at us. When we say we're hurt, they won't get off us." [CMHC]*

*"Treat you like a rat. Felt it was humiliating." [YOA I]*

*"They make jokes about it." [YOA I]*

*"Guards look at you like you're not human, a caged animal." [YOA II]*

*"No control, powerlessness." [YOA II]*

### **Reacting to Physical Restraint**

Youth report reactions that range from distrust of staff to a sense of injustice to simply becoming used to it.

*"I felt sorry for them for getting beat up. Don't trust staff." [YOA I]*

*"Staff try to [talk after] but there's no use. They've already done it and they want to talk to you. They tackle you. They practically hurt you and then they want to talk to you." [YOA I]*

*"It was funny, I was 14-15 and five grown men trying to throw me around." [YOA II]*

*"You get used to it after a while." [YOA II]*

## **2. Seclusion and Isolation**

Youth were asked a number of questions about the use of seclusion, a question that yielded the second largest number of responses. Youth spoke of the impact of seclusion, frequently using language that reflects a sense of dehumanization and deprivation. The youth had mixed reactions to the use of seclusion. At times they found it helpful, at other times punitive.

Most youth, regardless of the type of facility they had been in, had experienced some form of isolation.

### **Which Form of Isolation?**

Youth experienced a profound sense of uncertainty and unpredictability about the experience of quiet rooms and seclusion rooms. Youth did not understand the criteria for using seclusion, and found little difference in the reasons for choosing seclusion, quiet rooms and other forms of isolation.

*"I've been locked in a basement one time from 8 pm to 5 am. I was screaming and pounding the walls." [Child Welfare]*

*"They have a rubber room. It's got rubber walls. I was put in for half an hour for telling a staff something." [Child Welfare]*

*"I was in from Saturday night to 8:00 in the morning and they don't feed you. This happened about 30 times." [Child Welfare]*

"Get room restriction at beginning of placement, when attempted suicide. You get 24 hours. It was supposed to be 24, but [I] gave them an attitude and got longer. Could've been handled a different way. I hated pyjamas. If [they] let me keep my clothes on I would've been fine. I had a book but [staff] wouldn't give it to me, just sat there. Purpose was to give me time to think about what I did." [Child Welfare]

"They sent me to the basement for 24 hours at group home. I ate and slept down there. They carried me in restraints." [CMHC]

"One month last time. Slept. All you can do." [Shelter]

"I swore and I got 35 hours. They woke me up in the middle of the night and sent me down. They could have asked me what my problem was." [Shelter]

"Yes, [in] time out you sit in [a] chair for one to two hours. Could spend all night in chair." [YOA I]

"Seclusion, locked up for as long as it takes. Sleep in there. Fed in there." [YOA I]

"Once I swore at staff. I was in for a day." [YOA I]

"At [placement] you can get 24 hours, 48 hours, 72 hours or longer. As long as it takes." [YOA I]

"Depends on what you do -- four days, three days, two days, thirty days." [YOA II]

"Time out [is] different. Quiet room and seclusion [are] the same." [YOA II]

"Eleven days straight with 20 minutes of yard time." [YOA II]

"Spent 3 days in seg for having a ruler." [YOA II]

### **Describing the Isolation Experience**

"Being locked in a bare room, no pictures, no nothing. In a foster home they had a room, you'd be stuck in there five hours. I was 14. Just for telling someone where to go." [Child Welfare]

"If it's more serious, you could go without food. Once I was even in there overnight. My worker didn't believe me, I told her where the room was but they wouldn't show her the room. One time they left me in there practically the whole day, and once I had to sleep in there." [Child Welfare]

"They treat you like animals. I don't want anybody to be treated like I was." [Child Welfare]

"Seclusion for two months. So medicated, I couldn't cope. A lot of time didn't know I was alive. So much medication." [Child Welfare]

"I think seclusion makes you go totally insane." [CMHC]

"I see it as emotional abuse. People don't have the right to make me feel that way. I'm not a criminal. I shouldn't be locked up like an animal." [Shelter.]

"Terrifying." [Shelter]

*"It's a bit brutal." [YOA I]*

*"Locked in room. I was pissed off. Makes you even more mad." [YOA I]*

*"You still have your bed in there. Attendants come in and talk to you. It's helpful. It's not punishment. Kind of scary. I don't like being in this room all by myself." [YOA I]*

*"Get a lot of sleep, time to think. Not that bad, straightens you out." [YOA I]*

*"When they put you in the cell, you're just going to get more vexed." [YOA I]*

*"Just a cell, just looking at a pink wall. Makes you crazy." [YOA II]*

*"Feels like you are the last person on earth, except for the time check that beeps all the time." [YOA II]*

*"Necessary in some circumstances. Half are legitimate reasons." [YOA II]*

## **An Overwhelming Sense of Deprivation**

In discussions about conditions in seclusion, there was an overwhelming sense of deprivation and a lack of basic needs and rights.

*"I was grounded in my room and not allowed to go to the bathroom." [Child Welfare]*

*"One foster home, they got a piece of rope and put you in a corner until you dropped. They tied your hands behind your back." [Child Welfare]*

*"When I was in the basement, they took the bed frame, box spring and mattress. I was told I had to sleep on the floor. It was winter, and I told them I was cold and asked for my quilt and they still said no." [CMHC]*

*"[Quiet room] It's cold and dark, no windows." [CMHC]*

*"Now it is one colour in a room and it is called therapy. Whereas before it had lots of colours and called confinement." [Shelter]*

*"It sucks, nothing to do, you just sit there." [YOA I]*

*"Everything's taken away." [YOA I]*

*"You're not allowed to sleep." [YOA I]*

*"No blankets, sometimes mattresses. In winter it is freezing, they make you clean it when you leave." [YOA I]*

*"Can't call." [YOA I]*

*"Can't read." [YOA I]*

*"They don't heat them." [YOA II]*

*"Here you can catch head lice and scabies. They don't clean. They just held a girl there for 18 days for nothing." [YOA II]*

*"Friday I had another [asthma] attack and asked for my inhaler and it took over 40 minutes to get it." [YOA II]*

### What They Call Seclusion

The name of the seclusion area varied within facilities and across agencies.

*"In [CMHC], they put you in a rubber room."  
[Child Welfare]*

*"QR, isolation, time out box, coke box,  
seclusion, segregation." [CMHC]*

*"Carpet room." [CMHC]*

*"Quiet room or bubble room." [CMHC]*

*"Lock down." [Shelter]*

*"Segregation." [Shelter]*

*"Called the behaviour modification room."  
[Shelter]*

*"Lock-up, quiet room." [YOA I]*

*"Room groundings, fresh air breaks."  
[YOA I]*

*"Solitary confinement." [YOA I]*

*"Your room." [YOA I]*

*"Restraint Room [in secure crisis facility]."  
[YOA I]*

*"Called seg." [YOA II]*

*"The hole." [YOA II]*

*"The hole, the diggers, quiet room, segs, PC  
cell." [YOA II]*

### 3. Searches

#### Room Searches

Youth spoke often about room searches, noting an apparent disregard for their belongings and a lack of respect for their privacy in the way these searches were conducted. Youth felt that they should be present while their room was being searched.

*"In foster care, they'd search my room every day. My room would be a mess. I wasn't there." [Child Welfare]*

*"Room searches were done with me. I was at [group home] visiting and had a drug search and my friend had drugs. Also in my foster home, my foster mom was very snoopy. But for others, would search room for stolen goods."  
[Child Welfare]*

*"In foster home, room searches, would find drugs, knives, Visine." [Child Welfare]*

*"One time I was sleeping. They threw everything on the floor. Then I got a bad mark for a messy room." [CMHC]*

*"Any time something is missing they do room searches." [CMHC]*

*"Not there when they search your room. I think it is necessary." [Shelter]*

*"We have to make up our beds. When they do a room search the bed gets wrecked, we have to make bed again. Sometimes staff make it up, kind of. Have us there when they do it."  
[YOA I]*



*"It's [room search] necessary for safety. You should be there while they are going through your stuff." [YOA I]*

*"They trash your room and expect you to clean it." [YOA I]*

*"During room searches they rip your room apart, bed apart, throw papers, books around, religious artifacts." [YOA I]*

*"They do room searches for cigarettes and matches. They mess up the room and leave it messy, so you have to clean it up." [YOA II]*

*"Room searches necessary. Be respectful. Don't tear it up. Clean up after it." [YOA II]*

### **Frisk Searches or 'Pat Downs'**

Youth spoke of the routine "pat downs" but many of them acknowledged the need to provide some form of security to prevent dangerous items entering the program.

*"Sometimes they ask you to pull out your pockets." [CMHC]*

*"Here in day treatment they pat you down, so you don't bring in smokes." [CMHC]*

*"Police and [adult shelter] have done body searches on me." [Shelter]*

*"Pat downs are routine." [Shelter]*

*"Psychiatric hospital search when you go in. Just procedure, like to protect others." [Shelter]*

*"Pat downs, it's for everyone's safety. They want to make sure you don't have knives or guns." [YOA I]*

*"Pat downs, every day, when you leave the [YOA II Detention]. Never pat down at [YOA II Secure]." [YOA II]*

### **Strip Searches**

Youth often spoke of the humiliation experienced as a result of strip searches. They referred to it as being "disgusting" and "degrading." Many youth suggested alternative ways of doing strip searches to minimize embarrassment or avoid violating privacy.

*"Rumor going around that I had drugs. The cops came. Foster mother looked in my private spots, looked where she wasn't supposed to. It was embarrassing, want to kill her. She did it in front of cops, other foster kids, etc. I wish she had talked to me, taken me into another room. She could have done it privately." [Child Welfare]*

*"I have been strip searched here, if you run from here [group home]." [Child Welfare]*

*"I got strip searched every time things were missing. I'm an expert at taking things apart. Any time I went to the washroom, I'd get searched." [CMHC]*

*"If I have my period, they check under the pad." [Shelter]*

*"Strip searches are the worst. No clothes, can't have anything." [YOA I]*

*"They should do house coat search. Put on a house coat instead of being naked and jump up and down." [YOA I]*

*"Don't like the strip-search. Disgusting, 'dirty pigs', watch you, check your bum for drugs or weapons." [YOA I]*

*"[Strip searches are] degrading, uncomfortable... feel staff is dirty for looking at them." [YOA I]*

*"Best, you get to hold up a towel, they don't look at you, most respectful." [YOA I]*

*"First you take off your outer clothes. Then you take off your underclothes. Then you have to bend over and cough." [YOA II]*

*"When you're all scared and nervous, you feel weird stripping down in front of a male." [YOA II]*

*"They make you take your tampons out in front of them." [YOA II]*

### 4. Chemical Restraints

Youth were asked if they had ever been given medication, sometimes called chemical restraints. The wording of this question created some confusion over the exact meaning of chemical restraint. Youth tended to comment on medication they were taking, rather than on chemical restraints. Many youth commented that they were not given sufficient information about the medication they had been given or why it had been given.

*"When you refuse meads, they give you a needle. When you refuse the needle, they just jab you." [CMHC]*

*"I was not told about the medication when it was given to me." [Shelter]*

*"I am ADD, people were always hitting me. I grew up with that. I have no clue what I was drugged on. Always gave me meads, never told what type of medication, said it was sugar pills." [Shelter]*

*"I was given liquid medication. I wasn't told what it was. Was told why -- because I was too hyper. Could have sat me down, calmed me down." [YOA I]*

*"Reptilian. They gave me 4 pills and force you to drink it in detention. To calm me down, I didn't know what it was." [YOA I]*

*"[In secure crisis] they didn't tell me what they gave me. They have a cup of medication, they don't tell you what it is. If you refuse, they turn you over and give me a shot." [YOA I]*

*"Before the needle I was feeling I shouldn't be here. I should be in jail. I went to quiet room to talk. I grabbed my stuff, threatening to leave. I went to leave quiet room, restraint, fighting it. Called the doctor, he came and gave me a needle. Without needle I might've needed restraining. I was obviously out of control. I guess I kind of needed it." [YOA I]*

*"In mental health it is used. I flipped out, a bunch of attendants held me down and gave me needle. I started stuttering and then passed out. Wasn't told what it was. They could have talked to me instead. I woke up I was still higher than a kite." [YOA II]*

## 5. Mechanical Restraints

Youth were asked a number of questions about the use of mechanical restraints, such as handcuffs, shackles, bed restraints and strait jackets. Youth spoke of the use of mechanical restraints mainly by police or corrections officials. They also discussed the routine nature of using mechanical restraints. Often, youth reported injuries as a result of the use of mechanical restraints. Some youth discussed being placed in vulnerable situations while being mechanically restrained.

*"In hospital, I wore a heavy night gown, and had legs and arms strapped down. It's called hog-tied. It didn't feel very good. They could have just left me in the room."* [CMHC]

*"They hog-tie you with your feet behind you, and your hands, they tie them."* [Child Welfare]

*"When I was 7 years old, I smashed things and did break and enter. I was caught by the police and they handcuffed me. It was terrible."* [Child Welfare]

*"Handcuffs, so tight I got bruises. I'm like this little puny thing."* [Shelter]

*"Straitjackets are pathetic. Handcuffs and shackles aren't bad if you're an AWOL risk."* [CMHC]

*"I assume because I am big, they think I am dangerous. So they shackle me all the time."* [Shelter]

*"[They are used] every time you go out. To see a doctor etc."* [YOA I]

*"In [Hospital] I was undressed, face up for the night. They can keep you there as long as they want, make it so you can't talk because of the drugs. My legs were pinned apart. If you have been sexually abused before, they still do it. They don't care. It is hard, very scary."* [YOA I]

*"Start to bleed on your wrists."* [YOA I]

*"I tried to commit suicide, put me in a straitjacket."* [YOA I]

*"I got handcuffed here because I was carving my arm up. First isolation, second in a room with handcuffs on. Third in room without handcuffs."* [YOA I]

*"The shackles hurt the ankles real bad. They put it right on the bone and it hurts like hell, but they don't care. When you complain they don't change it. Just tell you to shut up."* [YOA II]

*"[I] understand when you come from closed [custody]. But when you're in open [custody] it's crazy to put me in handcuffs to go to court. If the house takes you, you don't need handcuffs."* [YOA II]

*"I had been in an accident. They shackled my legs and arms to the hospital bed, I was so hurt I couldn't move. Any way it hurt."* [YOA II]

*"Had to go to Grandmother's funeral in shackles and cuffs."* [YOA II]

## F. Youth Comment on the Pre-Court Experience

Many youth commented on their rough handling by police, bailiffs and correctional staff prior to court. This unsafe and punitive treatment suggests that youth were being judged and punished before their court disposition.

### Excessive Force During Arrest

Youth were asked whether they had ever been arrested and what that experience was like. Youth frequently report the use of excessive force during an arrest.

*"Pain! The cops push you against the car or on the floor." [Child Welfare]*

*"Sometimes cops hurt you when they restrain you." [Child Welfare]*

*"They slammed me up against the car." [CMHC]*

*"I have been roughed up by police on several occasions." [Shelter]*

*"They should get sponge police cars so when they hit your head off it doesn't hurt." [YOA I]*

*"All they have to say is they were having problems. That's why they get away with beating us." [YOA I]*

*"Thrown to ground, bounced off the car, thrown into the back seat." [YOA II]*

### Youth in Holding Cells

When discussing their experiences in police and court holding cells, youth described being placed in cells close to adult offenders. They reported a lack of privacy and poor conditions in the cells. They also noted a lack of appropriate and effective supervision, which put them in potentially dangerous situations

*"They're cold. All you get is a blanket. You use it either for a pillow or a blanket." [Child Welfare]*

*"It was cold. We had a blanket. There were people in other cells., they just stare at you when you go to the washroom." [Child Welfare]*

*"Adults around, they make comments." [CMHC]*

*"When I first came in I had my period. I had to change and a guy cop came in and watched me change my tampon in the holding cell." [Shelter]*

*"The worst -- no blankets, no pillows, only the last layer of clothing. They let me just keep on my tights, a bra-top, my socks." [Shelter]*

*"Use blankets as toilet paper." [YOA I]*

*"There's a camera staring right at you when you are going to the washroom." [YOA I]*

*"Sometimes overpopulated. Throw you in bull pen with adults." [YOA I]*

*"Guard doesn't like you, wouldn't stop someone from going into your cell."  
[YOA I]*

*"Holding cell makes you go crazy. Light on, couldn't sleep. Wouldn't let black kids go to washroom, but let me." [YOA I]*

*"They don't feed you all night." [YOA I]*

*"Left with adults in court holding cells, got jumped and shoes taken." [YOA I]*

*"They put me in with an adult murderer to scare me." [YOA I]*

*"I was beat up and stripped down and they stuck me in a cell in my underwear in front of a camera." [YOA I]*

*"If you make noise they cuff you to the cells."  
[YOA II]*

## **Youth in Paddy Wagons**

*Youth discussed being in unsafe situations while being transported in paddy wagons.*

*"I had to ride in paddy wagon a long way with an adult. He was scary. If he did anything, I couldn't have done nothing."  
[YOA I]*

*"You're locked in the paddy wagon. It's a long ride in shackles. There's no seat belts and you slide around." [YOA I]*

*"Adults in paddy wagon sometimes pass you smokes." [YOA I]*

*"Scary at first. I was the only YO in there."  
[YOA I]*

*"Youth are unsafe in paddy wagons. Adult could get you easily." [YOA I]*

*"No seat belts." [YOA I]*

*"If there is impact, [and the] door should pop open [during an] accident, you are screwed."  
[YOA I]*

*"Could have opportunities to do something to you [in paddy wagons]. Guards can't hear you." [YOA I]*

## IV. Voices for Youth

### Why Advocates Speak Out

The frank revelations of the youth who participated in this study reinforces the need for Advocates to speak out and for urgent systemic change. The words of the youth in this project are powerful, compelling and confirm the findings of other reports. Advocates have put these words into a context to provide a systemic focus to their words. By broadening the lens, Advocates hope to assist youth in influencing policy and decision makers, and caregivers.

Advocates attempted to understand and reflect the unique experiences of youth in their journey through the care system. Hearing the voices of youth in care, one begins to appreciate the pain and complexity of these kids' lives, which sometimes take tragic pathways.

### What Advocates Have To Say

#### About Caregivers

Many locations entered by the project team offered youth environments conducive to healing. The willingness of agencies to help youths' voices be heard testifies to their efforts to empower and support their clients.

These programs provide quality care and opportunities for growth. Dedicated staff developed meaningful and enriching relationships with the youth in their care. These young people are the most difficult, are often aggressive and consistently direct their anger at staff. Nonetheless, staff engaged these youth in deliberate efforts

to provide reparative relationships. They sheltered these youth from self harm and worked side by side with the youth in developing positive self esteem. Child and Youth Workers and Foster Parents often work in conditions that are under valued, isolated, inadequately resourced, at times unsafe, for long durations with exceedingly high demands. In these conditions, Child and Youth Workers and Foster Parents, the backbone of the care system, receive inequitable remuneration. Young people often describe these same care givers as the single most influential factor in promoting their healing.

#### About the Youth in this Project

The project team acknowledges that the youth participating in 'Voices' represent a highly troubled and vulnerable group of young people. This was evident through their cynicism combined with the dramatic placement histories. For example, one quarter of the youth report at least one admission to a residential treatment centre. Psychiatric admissions were reported by 13% of the youth. Secure treatment admissions were reported by 12% of the youth. Another disturbing statistic is that 10% of these youth stayed at least once in a family violence shelter. Overall, one third of the youth had reported one or more admission to a crisis facility (ie: street shelter, family violence shelter or psychiatric hospital). The histories of these youth detail the highly disrupted and disadvantaged lives they've endured. It is evident that these youth have complex clinical and psycho-social needs.

### **About Lack of Attachment**

A healthy attachment to primary caregivers is critical to successful interpersonal development.<sup>1</sup>

Requirements for healthy attachment include:

- mutual trust
- consistent caring
- unconditional acceptance
- communication and interaction
- commitment
- few or pre-planned separations
- physical / functional nurturing / responsiveness, emotional nurturing
- promotion of self-esteem
- absence of trauma
- protection

While the caregiver relationship is most significant during infancy, it remains important for developing interpersonal relationship throughout life. Attachment is the essential building block for all interpersonal relationships. How children and youth interact with their world depends on their interactions with attachment figures.

People re-enact the experience of their primary childhood relationships.

Children who have strong attachments and positive self regard engage in nurturing interactions. Conversely, those children who have experienced disruptions in their attachments to caregivers will confirm their unloveability in their interactions with others. Children who have been traumatized may also have a diminished sense of safety and security, undermining their ability to form trusting relationships.

### **About "Distressed" Children in the Care System**

The instability of care giving prior to the experience in care was not discussed by youth. There was no opportunity for disclosure about the youth's experience in their families of origin. Assumptions could be made however, that out of home placement was sought after a period of disruption and/or deprivation and abuse.

According to the descriptions of youth interviewed in this project, admission to any care residence may be experienced as a crisis. This experience forces a separation from former caregivers and presumes the establishment of an attachment to a new set of caregivers. For the majority of young people, this experience and this expectation were repeated frequently. More than fifty seven percent (57.2%) of the youth self-reported five or more placements. In fact, 101 youth (32.1%) reported 11 or more placements.

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<sup>1</sup> Among the studies conducted by child development practitioners that confirm this are Bowlby (1969), Cicchetti (1993) and Steinhauer (1991).

This represents considerable movement and attachment disruption in the lives of these young people, whose average age was 16. While children enter the care system to remedy existing crises, this disruption exacerbates their already fragile existence and further undermines their ability to feel safe and trust others.

Youth voiced additional distress over the constant turnover of workers assigned to them. This frequent change in staff reinforces the feeling that all relationships are tentative and makes them more wary of engaging with caregivers.

Residential programs, including foster care, group homes and institutions, depend on building relationships with children and youth in their care. Youth conditioned to protect themselves from loss and rejection pose a serious challenge to the ability of youth workers to effectively engage them. Youth may resist or sabotage efforts at relationship building. Many of them will re-enact past rejections by caregivers as a self-fulfilling prophecy. A subgroup of youth exhibit extreme behaviours that actively break down placements as a means of gaining a sense of control over their lives.

Since these youth come from highly disrupted and traumatic backgrounds, both in and out of the care system, they quickly overwhelm programs, leading to placement burnout and the need for a move. Sadly, this reinforces their history and negative self image, causing them to respond with extremely aggressive or self-abusive behaviours and leading to even more intrusive containment for them within the care system.

Many youth described multiple placements in the children's service sector prior to their entry into the young offender system. This suggests that earlier attempts at intervention were inappropriate, ineffective or lacking in necessary intensity. This lack of meaningful intervention reinforced and exacerbated their disruptive behaviours and propel them into the young offender system (see Figure 9 in Appendix B: Demographics).

Youth who report contact with the young offender system also report multiple contacts with the children's service system. It is the experience of the Advocacy Office that the young offender system is the last stop for highly troubled "system" kids. These young people present complex and entrenched clinical needs that Ontario's young offender programs are ill-equipped to address.

### **About The Culture of Care in Ontario**

The interviews revealed that young people have varying expectations and definitions of abuse. In fact, the interviewers regularly had to define abuse and clarify for the young people what would be acceptable behaviour by an adult caregiver and be consistent with provincial standards and guidelines.

Many youth in the care system have a history of abuse, and this may distort their ability to recognize abusive interactions. Although young people reported disturbing interactions, interviewers were surprised by the lack of affect when recalling these situations. This led the project team to surmise that many young people had detached themselves from their feelings about these events as a



protective response. Nonetheless, there were some young persons who recalled disturbing situations with a great deal of emotion.

A constant theme running through every interview was young people's experience of **disrespect from adult caregivers**. This ranged from name-calling to differential treatment between natural and foster children to racist and threatening statements and actions. Youth also commented on adults' inaction or lack of intervention, which they interpreted as condoning or colluding with the negative behaviour of their peers. This was evident across all service sectors.

Although the project team anticipated finding a disrespectful culture mainly in young offender institutions, it appeared in many other settings, including foster care and residential treatment. This was the most troubling finding of this project.

**A meaningful relationship with a staff member** was the single most important factor identified by young people for promoting their growth. The significance of these relationships was evidenced by youth's ability to recall in great detail the interactions, statements and activities between themselves and particular caregivers.

It was striking that many young people acknowledged the importance of a single relationship that they had with a staff person. Young people spoke with emotion about the importance of those individuals in influencing them. Youth described these staff as caring, unconditionally supportive and willing to

stick with the youth for long periods, often during challenging times. These staff provided youth with positive role modelling which they were able to emulate in their own attempts at communication and problem-solving. Through these consistent and nurturing relations, youth developed a sense of self worth and belonging.

These strong adult/youth relationships facilitated the development of interpersonal skills and the desire of youth to seek out healthy interpersonal relations. Again, this finding reinforces the primacy of healthy attachments in maturation and growth.

The **management of aggressive behaviour** represents one of the greatest challenges faced by caregivers across all service sectors. Effective and safe intervention is critical to defusing crises. Skilled crisis management is required for the integrity of adult authority and the maintenance of workable staff/youth relationships. Successful resolution of the immediate crisis can lead to the prevention of future aggressive acting out and the preservation of a safe work and care environment.

As indicated earlier, youth identified inconsistent, unpredictable and punitive applications of behaviour management practice. Due to their histories of abuse, these young people may have provoked abusive interactions with staff or experienced unsafe crisis intervention as a re-enactment of their own past abuse. An environment with clear, consistent rules and expectations diminished the amount of aggressive acting out. Clearly, youth felt safer in environments where staff intervened skilfully in de-escalating crises.

**Intervention strategies** need to be based on the underlying philosophy and practice of the agency/institution, consistent with legislation and mandate. This is the baseline for any intervention strategies. If front line staff are not adequately trained in these principles and values, a program drifts to one of control where punishment becomes the primary behaviour management strategy.<sup>2</sup>

Staff may be fearful of youth who exhibit verbally abusive behaviour or aggressive acting out, particularly if they have a history of aggressive behaviour. Youth's disrespectful behaviour towards staff may remain unchecked by fearful, unskilled staff. Alternatively, it may meet with aggressive, retaliatory interventions.

Many interactions between youth and staff are confrontational, with staff seeking control. Emphasis placed on the control of a youth's behaviour will lead to the excessive use of physical confrontation. A worker's fear of youth may be grounded in insecurity or lack of skill. This may lead to aggressive posturing on the part of staff to compensate or to feel empowered. Alternatively, trusting relationships between staff and youth (as opposed to unquestioning compliance) will reduce oppositional behaviour on the part of adolescents.<sup>3</sup>

There is a clear and dramatic need for **safeguards for child and youth workers and foster parents**. Lack of training, lack hands on supervision and role modelling and insufficient staffing resources, has often led to the care system being an

unsafe work environment. This results in high staff turnover, burnout, poor judgement, injuries, excessive reliance on behavioural controls and feelings of insecurity by staff and youth. There is inadequate staffing resources required to provide essential, fundamental and therapeutic opportunities for children and youth. Adequate staff / youth ratios are critical to achieving meaningful relationships between the client and the caregiver. Foster parents must be provided with sufficient training, supervision, respite, clinical intervention and consultation to address the disruptive behaviour and emotional needs of the children in their care. Furthermore, there needs to be equity in the payment of all trained caregivers.

The **use of language** in any community is reflective of its culture. The jargon in the care system confirms that this is a culture of control and disrespect. For example, physical restraints were referred to as; "throw down, holding, slammed, clothesline, chicken winged, pinned, rush you, hog- tied, rugged". Staff's interactions with youth were fraught with disrespect, as illustrated by the derogatory names applied to youth: dummies, criminal, nigger, homo, stupid bitch, loser, ugly, etc. This language sets a disrespectful tone for both youth and staff, which carries over into behaviour and patterns of communication.

Youth are reluctant to complain about interactions that verge on abusiveness or derogatory name-calling due to the legitimate **fear of reprisals** or retribution.

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<sup>2</sup> Collar, 1983.

<sup>3</sup> DiLeonardi & Kelly, 1989.

Sometimes youth felt that the alternative of another placement might in fact put them at greater risk. For this reason, they were greatly deterred from complaining. Throughout this project, as well as in the Advocates' experience, it was obvious that retribution or reprisals do occur with regularity when young people complain about staff behaviour.

Most frequently, complaints become the youth's word against that of staff. Complaint processes in place through legislated requirements appear to have a built-in bias in favour of the caregiver. The process of filing complaints with the worker or supervisor is seen by youth as futile. Often, each step up the complaints ladder seems to simply legitimize the decision made by the person previously reviewing the complaint. There is a lack of independence and impartiality in reviewing complaints. Using the Advocate to facilitate a more unbiased review is often discouraged by staff.

All of these factors contribute to a culture of care that may place vulnerable children at risk. History has taught us that effective and meaningful safeguards need to be developed. This has been reported over and over again within the last decade, yet little has changed.

### **About The Failings of the System**

Early intervention has been clearly identified as critical by child development experts.<sup>4</sup> In their own experience of working with thousands of children and youth in Ontario's care system, Advocates have learned that services tend to be

introduced reactively. For children's lives, this means that services are introduced after a long period of distress and/or trauma.

As discussed earlier, multiple moves are indicative of a **lack of effective early intervention**. The initial intervention with children at risk requires a comprehensive assessment of needs and risk factors, which directs the development of an intervention plan. The outcome of this assessment will determine the appropriate level of intervention required to deal with and safeguard the child.

The *Child and Family Services Act* builds on the premise that "support should be given to the autonomy and integrity of the family unit." It favours "the least restrictive or disruptive course of action that is available and is appropriate." (Article 1b & c) However, in many situations the assessment may determine that an intrusive remedy is required early in the sequence of interventions.

In these cases, often less restrictive interventions are repeatedly tried, fail, and problems become more entrenched. The consequences for children are deteriorating mental health, disrupted attachment and difficulty forming meaningful relationships with alternative caregivers. The system reacts to the level of disturbed behaviours or aggressive acting out by placing the youth in residential care. Again, it begins with the least restrictive out of home care, such as foster care, which is quickly overwhelmed by the complex and fixed problems exhibited. This results in placement breakdown.

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<sup>4</sup> Offord, 1986; Steinhauer, 1996.

## Voices From Within

A series of graduated residential placements evolve, with the levels of intrusiveness and security increasing as each subsequent placement breaks down.

The current system of service delivery for children and families is complex, fragmented and difficult to access. This is largely due to a lack of integration and collaboration among the five ministries (and the service sectors within those ministries) that primarily serve children and youth. Each ministry offers a comprehensive set of services ranging from the least to the most intrusive (see Figure 1). Services are largely organized

around programs, rather than individuals, and are rarely accountable to the family or the community.

Service integration optimally does not necessitate the blending of service sectors. Child Welfare and Children's Mental Health Services have distinct and separate functions. Whereas effective collaboration is essential for the provision of quality care, the specialization of the service must be maintained. One service cannot be subsumed or diluted by the other through inappropriate merging of services.

The care system is not set up to effectively treat and manage the needs of a child. Rather, the child is moved from program to program, system to system, worker to worker, reinforcing their unmanageability. Staff at each new placement attempts to care for the child in a manner consistent with its mandate and program model. Often, due to factors already identified, the child undermines the program by not accommodating the model and the placement breaks down.

Programs and systems need to be flexible enough to match the needs of the child or youth. This can be achieved through individualized programming, wrap-

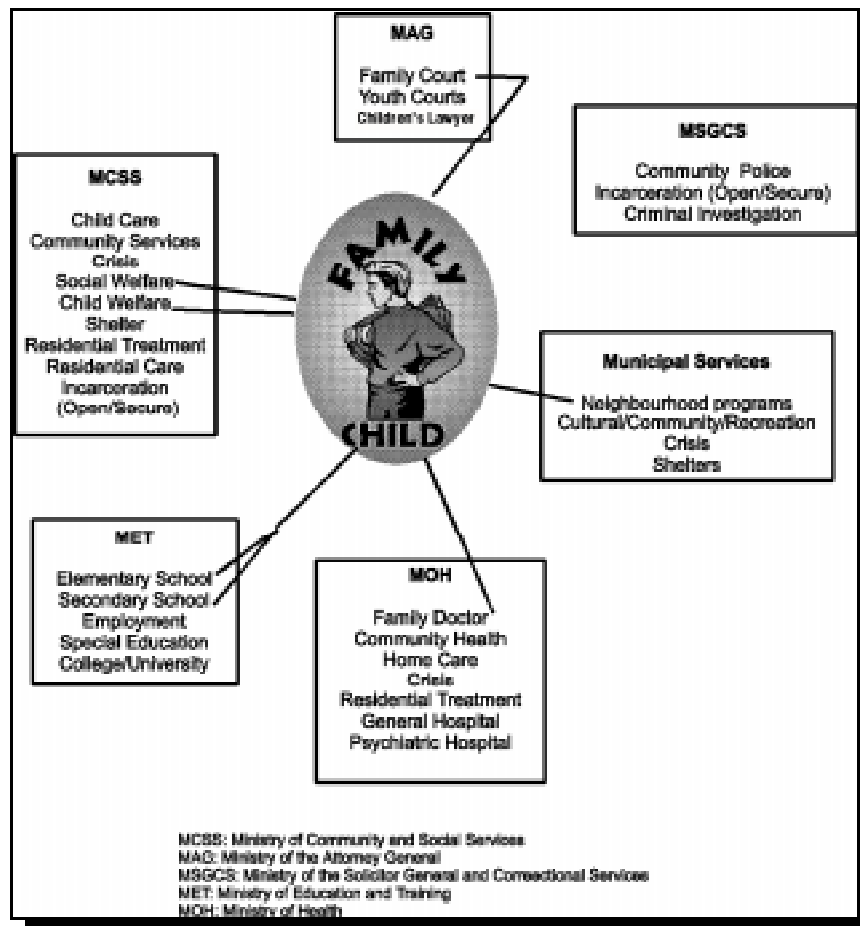


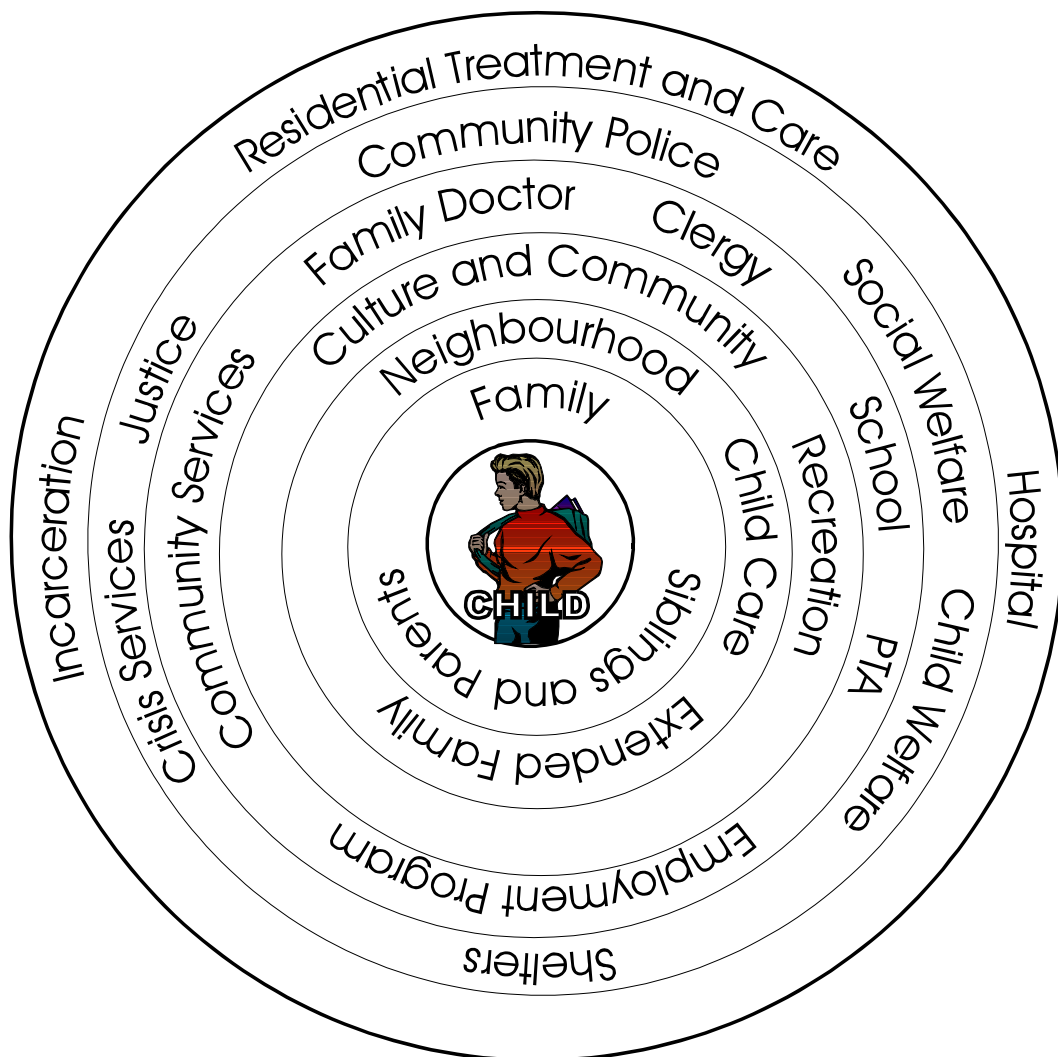
Figure 1

around services and the integration of service sectors. Often there is no service provider designated to enact and coordinate an intervention plan. There is a need for a single case manager who follows each child from the point of system entry to discharge, regardless of the program, system or ministry.

An ecological model of service delivery purposefully places the child at the centre, and layers supports around the child like 'skins on an onion'. This formulation

more closely resembles the reality of the lives of children and families who live in communities (see Figure 2).

This effective model of case management will help promote continuity of care, ensure the implementation of an intervention plan, and encourage community and service sectors to organize around meeting the needs of the child. A community-based plan reduces the young person's isolation and serves as a safeguard.



**Figure 2**

Children who experience multiple placements and repeated attachment ruptures, become ‘system kids’, bumped from worker to worker, program to program, agency to agency, system to system, ministry to ministry.

The youth who participated in this project had multiple admissions to child welfare and children’s mental health programs. Lack of effective early intervention propels them into the young offender system. Close to two thirds of the young people interviewed who had experienced the young offender system also had previous children’s services admissions (see Figure 10, Appendix D: Demographics). In fact, one quarter of these young people reported over five different placements prior to their entry into the young offender system. This is the last stop for highly troubled ‘system kids’ and, although they enter it with complex and entrenched clinical needs, children’s mental health services rarely follow them. These young people are Ontario’s hardest to serve and are most vulnerable to life-long difficulties. Ironically, their last chance of rehabilitation is in a system the least equipped to deal with their mental health needs.

As shown in Figure 8 (see Appendix B: Demographics), two thirds of the youth who participated in this project had experience in a police or court holding cell. The Advocacy Office has alerted the

government to the poor conditions and risk situations in those facilities. This is a clear example of a lack of safeguards, accountability mechanisms and complaint processes, due to structural barriers. No one ministry has accepted responsibility for what takes place in the holding cells, despite the fact that the youth are ‘clients’ of numerous ministries.

Another area which involves several ministries is the provision of drug and alcohol treatment to adolescents. Youth who participated in this report identified a need for drug and alcohol treatment specific to children and youth. In fact, the lack of services for transitional age youth (ages 16-18) was a common theme throughout this report. Transitional supports are also needed to help youth leaving residential care systems reintegrate into their home communities. The lack of supports for older adolescents (age 16+) in transition from the children’s service system to the adult service system presents the greatest gap in service. These adolescents are not eligible for child welfare services, they have difficulty accessing children’s mental health services, and they often find services in the adult mental health system inaccessible or inappropriate. Transitional age youth need the ability to access the child welfare system. Otherwise, these youth are at risk of chronic homelessness or delinquency, and often end up living on the streets, in shelters or in young offender centres.

## V. Characteristics of Good Programming and Best Practices

This part of the report has been included as an addendum based on feedback received from service providers and government officials on draft versions of this report. This section discusses elements of good practice based on comments from youth and the Advocate's experience with programs in all service sectors across the Province. This is not intended to be exhaustive as volumes have been written on this topic. Rather, its intent is to outline basic elements of good practice. There are many exemplary programs throughout Ontario, in all service sectors, that demonstrate good practice. These programs should serve as a baseline for improving our service system.

Therapeutic-rehabilitative practice is based upon a treatment plan derived from a comprehensive need and risk assessment. A decisive approach to intervention is required at the point of identification of the need for service. It is critical that when an out of home placement is the appropriate intervention, that the intensity of service provided is sufficient to ensure the stability and effectiveness of the placement.

The first out of home placement, regardless of age or service system, must be able to provide the services identified within the assessment. Services needed must be brought to the child, forming 'wrap around care' to ensure the efficacy of the intervention. Case management systems need to be utilized to facilitate coordination of services, monitoring of the intervention plan, and follow up care.

While the provision of a single case manager will be a challenge to the bureaucracy, it will go a long way in ensuring continuity of care, the coordination of services, and a seamless care system.

A child centred model that builds on meaningful relationships in the child's life is the optimal form of care. This model allows for flexibility in the intensity of intervention based on the evolving needs of the child. Crisis intervention is available as needed, as is clinical intervention and consultation. This holistic approach which more closely replicates the healthy elements of family life is in contrast to what traditionally exists in institutional care. Holistic care ensures continuity and the maintenance of attachments. Community and family involvement in the care of vulnerable children diminishes isolation and insulation that are risk factors associated with institutional abuse.

The placement of a child in care must enhance the child's life chances. Currently, there is insufficient information to determine the outcomes of children placed in any form of care. The most critical outcome measures need to address safety, child functioning, family functioning and permanency. Therefore a cultural shift must occur that allows for the incorporation of evaluation in all practice. The social service system needs to embrace research methods to understand and articulate best practice. Service must be analysed to determine cost-benefit. With such an analysis,

investment strategies could be developed to enhance the lives of Ontario's children and families.

### **Components of Good Practice in Residential Care**

#### **1) Therapeutic-Rehabilitative Practice**

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

#### **2) Community and Family Involvement**

- Active participation of child in all aspects of care plan
- Opportunities for family healing ranging from supportive to intrusive in home intervention
- An Ecological approach (see page 38 figure 1))
- Programs accountable to communities
- Structures for peer support and advocacy
- Communities embrace each child
- Integrated services

#### **3) Milieu Care**

- Qualified, mature and well trained staff
- Hands on supervision provided to care givers
- Adequate staff -youth ratios
- Adequate support to front line staff
- Team practice
- Stable, experienced caregivers
- Reinforcement of meaningful staff-youth interaction
- Positive role modelling
- Active, structured, relationship orientated programming
- Programming geared to meet the specific needs of each child
- Care givers highly skilled in crisis management
- Clear consistent rules and expectations
- Compliance to a well articulated care philosophy

#### **4) Safety and Security**

- Effective, consistent and safe behavioural intervention
- Care givers well trained in a continuum of intervention strategies
- Non-punitive interventions
- Skilled crisis management
- Integrity of authority
- De-escalation as primary intervention in crisis situations
- Standardized practice within and across service sectors
- Debriefing of all aggressive incidents
- Internal and external review of all serious occurrences
- Adequate staffing resources to contain volatile and dangerous behaviours



- Independent and impartial complaints processes
- No retribution for reporting complaints
- Comprehensive screening of care givers
- External accountability mechanism ensuring compliance

#### **5) Respect**

- Rights are respected
- Rights are attached to the child not the institution
- Rights are not attached to responsibilities or behaviours
- Children are treated as individuals
- Diversity is valued and respected
- Care givers role model respectful interactions
- Language promotes a healthy care culture
- Care givers do not collude through inaction

Throughout the project, specific programs were named that were successful in providing good experiences and quality care. The programs identified consistently applied the above components as part of their service philosophy and practice. In these agencies, young people found safety, respect and programs to meet their psycho-social needs.

For example, one 16 year old youth wrote the Advocate's Office expressing gratitude for having foster parents to "make sure I'm okay all the time". This young person also credits foster care as giving her hope and the ability to "see a future for myself".

Throughout the project young people spoke of their sense of hopelessness and helplessness, often accompanied by suicidal thought. However, young people spoke of staff in children's mental health settings having saved their lives. In the words of one youth: "staff saved my life. I had a gun and was ready to kill myself. Staff talked to me for hours".

Even though young offender settings present a harsher reality in terms of their care, youth noted the importance of meaningful relationships that they were able to develop with staff. Youth also spoke of the importance of being able to attend school and achieve success in these specialized schools. This level of success was not attainable in community schools. Furthermore, prior to leaving these institutions, youth welcomed assistance in planning for their reintegration into the community.

## VI. Recommendations

Most of the recommendations in this report are directed towards the children's service sector and the Ministries to which they are accountable to i.e.: Ministry of Community and Social Services and the Ministry of the Solicitor General and Correctional Services. Although these ministries have taken many steps in the past few years to improve the care system, much work remains to be done.

The Ministry of Community and Social Services has a solid understanding of the needs of children and families and is in the best position to implement changes to serve those needs better. In recent years, the ministry has made significant inroads in creating a more accessible, integrated children's services system. The monumental task that remains is putting in place the regulations and structures to ensure that this commitment is met by various agencies and government offices.

The Ministry of the Solicitor General and Correctional Services has made, and continues to make, extensive changes to policy and procedural guidelines in the young offender system. The ministry is making efforts to address the abusive nature of the institutional culture and the issue of peer on peer violence. The ministry is committed to moving young offenders out of facilities that primarily serve adults. Finally, the ministry is in the process of implementing a number of initiatives in the secure custody system. The goal of these initiatives is to reduce the number of youth transfers within the

system, enhance the breadth of and timeliness for assessments, and provide a greater degree of specialized service.

The Laidlaw Foundation has established the "Voices from Within" Monitoring Task Force. The goal of this task force is to ensure continued and timely progress of the implementation of these recommendations by government and communities. Membership includes: foundation directors, representatives from the private sector, academics, communication consultants, community service providers and youth.

**This Task Force will produce an annual report card.**

### A: Care System Journey

#### Recommendation 1:

Acknowledging the impact of multiple placements and the need for stable and consistent care givers, the children's service sector and ministries must make **stability for children in care the priority.**

a) The government should develop a **computerized tracking system to monitor movement of youth across all residential service sectors.** A computerized tracking system will, reduce the movement of young people in care, enhance safeguards, help to determine the efficacy of existing programs, and reinforce accountability.

b) Establish a threshold indicator at which a child's movement will be reviewed. This indicator must begin tracking at the point of service activation.

c) Resources should be directed towards **research to determine, trends in the care system**, effectiveness of safeguards, and the stability and continuity of care for children across all service sectors.

d) Develop outcome measures on the effectiveness of care in the primary areas of: safety, child functioning, family functioning and permanency.

**Recommendation 2:**

Resources should be directed towards prevention and early intervention to ensure that the well being of children and families is protected.

a) Ensure that the first out of home intervention is decisive, and is of sufficient intensity to meet the identified needs of the child and family.

b) The treatment plan for an out of home intervention is derived from a comprehensive need and risk assessment that is holistic and accountable to the child's community.

c) The children's service sector and Ministries providing service to children must **develop clear guidelines for supportive admission** processes to any residential setting and recognize that an admission is a crisis to the child.

**Recommendation 3:**

**A single case manager should be assigned to follow each child from point of entry into the system to discharge**, regardless of the program, service sector or ministry involved.

**B. Enhanced Safeguards**

*CFSA PART VI, EXTRAORDINARY MEASURES* has been proclaimed only in part. As a result, there are inconsistent definitions, standards, procedures and practices with regard to the application of intrusive measures. Leadership and commitment are required to develop and administer safe and effective, behavioural management strategies that are child-focused, not institutionally-focused.

The use of intrusive measures is a crisis response to unsafe situations. Unfortunately, intrusive interventions can deteriorate into a form of punishment. Without training and support in the management of aggressive behaviour, programs will continue to rely on intrusive measures as the primary means of behavioural intervention.

The Ontario Association of Children's Mental Health Centres should provide leadership in the development, implementation and evaluation of safe and effective methods of behavioural interventions.

**Recommendation 4:**

The Ontario government should move to **proclaim Part VI, Extraordinary Measures of the *Child and Family Services Act*** in full in order to reduce the incidence of youth abuse and injury.

Because it will take some time to implement Recommendation 4, in the interim, the following recommendations should be implemented immediately:

### **Recommendation 5:**

**a) Child welfare agencies must honour their obligation to investigate** allegations of excessive use of force in the management of children under the age of 16 in Ontario's care system.

**b) Law enforcement agencies must honour their obligation to investigate** excessive use of force applied to youth over the age of 16 in residential care in a thorough and unbiased manner. If neutrality is compromised, alternative investigations need to take place.

### **Recommendation 6:**

The Ministry of Community and Social Services must take the lead in the **development of new methods for the restraint of children** and conduct research to determine which youth are amenable to certain physical restraint methods. Any form of physical restraint needs to be viewed as a serious occurrence, with all the implications that this entails.

### **Recommendation 7:**

**A clear standardized definition of isolation needs to be developed.** The administration of this intrusive measure needs to be regulated across service sectors.

### **Recommendation 8:**

The Ministry of Community and Social Services and the Ministry of the Solicitor General and Correctional Services should **conduct research to determine the psychological impact of isolation on children/youth** and determine which children/youth should receive this kind of sanction.

### **Recommendation 9:**

**Training and supervision in de-escalation strategies** must be provided to all front line staff. Intrusive measures should be used only in response to verified security needs or for therapeutic purposes.

### **Recommendation 10:**

**When personal searches are conducted, the least intrusive procedure** and should be used and it should be subject to external accountability.

### **Recommendation 11:**

The Ontario government should **establish an external review process to ensure that children/youth in care have access to a complaints process** as provided for in the *Child and Family Services Act*. Each agency's complaints policy must ensure that there be no retribution for reporting violations and that measures to address retributive situations be taken. Each complaint should be accepted as valid until investigated or reviewed.

### **Recommendation 12:**

All children, regardless of age or literacy level, must be ensured private, independent and regular **access to a variety of advocacy interventions.**

### **Recommendation 13:**

Enhanced safeguards need to be applied to the most vulnerable children in care. **The care and safety of foster children must become a priority** for the children's service sector and the government.

**Recommendation 14:**

The Ministry of Community and Social Services and the Ministry of the Solicitor General and Correctional Services must **explore and outline alternatives to group consequences**, particularly in environments where there is a high degree of peer-on-peer violence (e.g. young offender programs).

**Recommendation 15:**

The government must **immediately ensure that safeguards are in place to protect young persons during pre-court management**. These safeguards must include appropriate supervision, effective external complaint mechanisms and separation of youth from adult offenders.

### C. Service System

**Recommendation 16:**

The Ministry of Community and Social Services should continue to assume leadership for **interministerial and sectoral integration of services to children**. Programs and services should be organized around the needs of children and families, rather than agencies and ministries. Child welfare should continue to have a distinct and separate function.

**Recommendation 17:**

All ministries serving children and youth should **improve the culture experienced in care** by reducing unnecessarily harsh and disrespectful treatment and reinforcing the establishment of meaningful relationships.

**Recommendation 18:**

- a) Any **services or programs that a youth receives prior to involvement in the young offender Phase II system should follow that youth** into that system.
- b) **Clinical resources should be applied to the young offender Phase II system** to enhance its ability to meet youth's complex and entrenched mental health needs.

**Recommendation 19:**

Transitional age youth should be eligible for child welfare care.

- a) Mental health services, including drug rehabilitation, reintegration programs and life skills **programs, should be readily accessible to transitional age youth.**<sup>5</sup>

**Recommendation 20:**

Enhance services and supports to foster care such as is available in treatment foster programs in order to accommodate the complex needs of the children in their care.

- a) Elevate the role of foster parents to recognize their professional contribution to the care team.

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<sup>5</sup> "Transitional age youth" is defined and understood as youth 16-21 who are transitioning between the child and adult service sectors and transitioning out of institutional care into communities.

### D. Towards a Scientific Culture

#### Recommendation 21:

The social service system needs to embrace research methods to understand and articulate best practice.

- a) Evaluate the care system based on cost-benefit analysis and develop investment strategies based on outcome measures.

### E. The Voice of Youth

Youth in the care in the Province of Ontario are not restricted to the child welfare service sector. Youth in care include any child or youth who resides in residential care funded by the government. This includes, for example, children/youth in children's mental health settings, all young offenders, and children/youth in programs for the developmentally challenged.

#### Recommendation 22:

All youth in care must have an **independent voice and the opportunity for peer support across service sectors**. Ministries involved in the care of children must collaborate to ensure that this voice is heard.

- a) PARC<sup>6</sup> and NYICN<sup>7</sup> should be used as models for the development of peer advocacy programs throughout the Province.

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<sup>6</sup> PARC = Pape Adolescent Resource Centre

<sup>7</sup> NYICN= National Youth in Care Network

## **Appendix A: Methodology**

### **Collecting the Voices of Youth**

The project team used local social service directories to select a non-random stratified sample of agencies across the province including a broad range of residential programs (foster homes, group homes, children's mental health residences, shelters and young offender residences) in each area.

Agencies were contacted about participating in this focus group study and sent them a flyer promoting the project and a goal sheet outlining the objectives. Interested agencies recruited youth volunteers. The final group of volunteers was selected from this group using a non-random snowball sample stratified by geography and agency type.

In all, focus group interviews were conducted with 315 youth in 53 groups in 29 locations across Ontario. Although this sample size is relatively small, researchers made every attempt to ensure that it was representative of the estimated 16,000 children in care in Ontario. However, it is important to remember that the focus group interview method is interpretive and represents the experiences of youth who volunteered and cannot be generalized to the experiences of all youth in care.

### **Designing the focus group interviews**

Researchers used the results of a 1994 pilot study on youth perception of intrusive measures conducted by

Szandtner & Troughton and a comprehensive literature review to develop the interview design for the focus groups. The interview guide was reviewed by supporting agencies and revised by the research team as we gained experience with the project.

### **Ensuring confidentiality**

Ensuring confidentiality for the participants was extremely important. They needed to know that they could speak freely and without retribution. To facilitate this, participating agencies arranged an appropriate time and location for confidential group interviews.

The project team assured complete confidentiality to both the agencies and the participating youth as well as any agency or persons they would talk to. However, agencies and youth were informed verbally and in writing that "group leaders were required by law to report to the Children's Aid if any youth is being hurt or abused". Indeed, many youth in this project received Advocacy services to address concerns they had regarding their care. This was reinforced during the initial contact with the agencies, with the participating youth at the beginning of each focus group session and in all documentation. To further increase the comfort level of the participants, agency staff members were not permitted to attend any of the focus group interviews. Youth who felt uncomfortable in a group setting could opt for individual interviews.

Due to concerns about literacy, the researchers read a confidentiality form out loud to ensure that all youth participants understood and consented to the project. Each youth who agreed signed a confidentiality form and kept a copy for their records.

### **Interviewing the Youth**

Researchers stressed the voluntary nature of participation in writing initially and later in person with the research team, the agencies and the youth. Neither the participating agencies nor the youth received any remuneration but transportation costs were reimbursed to two agencies at their specific request.

The focus group interviews lasted for about one and a half hours. At the beginning of each session, participants completed a brief demographic form outlining their placement histories and researchers explained the purpose of the study, the possible risks of the study and any possible limits of confidentiality (i.e. mandatory reporting of child abuse). Following that, researchers asked the youth a series of questions and encouraged each one to answer.

To ensure clear and accurate reporting of the youth's statements, a facilitator took verbatim notes during the interviews. Although verbatim notes do not have the same accuracy as taped transcripts, we felt that it was the best approach in light of concerns about confidentiality and comfort level of participants.

Focus groups have some limitations, including a possibility for distorted information due to the retrospective nature of responses and a possibility for

one individual's opinions to influence those of the group. To counter this, researchers attempted to elicit the opinions of each group member. Also, to reduce the bias posed by such a design, the youth quotes included in the report were drawn from a large number of groups, and analyzed carefully by the project team. The overwhelming consistency across locations and agencies is what gives this report its strength.

Youth participants were assured that the facilitators were available for discussion following the group. Each participant was given the name and toll-free telephone number of the principal investigator. As well, all youth participants were offered advocacy services and support at any time following the group, should there be any adverse reactions or situations which required follow-up. Time was available at the end of the focus group interview to debrief and to seek youth input into the interview process.

### **Analyzing the information**

After the research process, the entire package of recorded verbatim quotes was sorted by question and separated into two categories: Intrusive Measures (including physical, mechanical and chemical restraint, searches and isolation) and Rights Advice and Care (including knowledge of rights, what helps, confronting problems, advice to others).

The project team divided into two sub-teams, each taking responsibility for one of the categories. Sub-team members individually reviewed the material individually to identify recurrent themes that had emerged from the comments and to highlight individual quotes that



represented each theme. As well, they noted quotes that were important but didn't necessarily fall under one of the themes. Child advocates added a summary of each theme and suggestions for how the situation could be improved.

This was followed by a meeting to compare their conclusions and develop the final themes based on the volume of words generated by each question. Advocates added their comments to provide a framework for each section, put the youth comments in context and

provide suggestions for improvement. Caution was used throughout the process to present the overall messages youth gave the team in their actual words and ideas, rather than to interpret what was said from the team's perspective.

After collecting the data, researchers met with youth advisory groups (comprising youth in care who had not been part of the *Voices From Within* project) to get their feedback on the presentation of the themes and quotes. The feedback was used to revise and modify the summary statements for clarity.



## Appendix B: Demographics

A stratified selection process was used to ensure that our 315 youth participants and their situations were representative of the estimated 16,000 children and youth in some form of care in Ontario at any one time.

A non-random stratified sample of agencies across the province was selected and asked to recruit youth volunteers. The final group of volunteers were chosen using a non-random snowball

sample stratified by geography and agency type. The resulting sample included a wide range of age and gender composition as well as types of residential programs.

Through charts and graphics, this section illustrates the composition of participants, types of agencies, interview locations, young offender admissions and placement histories. This data was collected through self-reported placement histories.

<b>Figure 3</b>	
<b>Number of Groups</b>	
Child Welfare <sup>1</sup>	9
CMHC <sup>2</sup>	8
Group Home <sup>3</sup>	2
Shelter <sup>4</sup>	9
YOA I <sup>5</sup>	17
YOA II <sup>6</sup>	8
Total Agencies	53

**1. Child Welfare:**

*Foster Care*

*Children’s Aid Society group home*

*Youth in care group*

*Semi-independent living*

**2. C.M.H.C. (Children’s Mental Health Centre):**

*Residential treatment centre for children and youth under 18 years of age*

**3. Group Home:**

*Residential service for youth 16 to 21*

**4. Shelter:**

*Youth or adult emergency housing*

**5. YOA I:**

*Youth sentenced or detained for criminal charges incurred between the ages of 12 to 15. Residential facilities include open custody, secure custody and detention.*

**6. YOA II:**

*Youth sentence or detained for criminal charges incurred at the ages of 16 and 17. Residential facilities include open custody, secure custody and detention.*

<b>Figure 4</b>	
<b>Groups of Youth Were Interviewed In:</b>	
Barrie	North York
Belleville	Ottawa
Brampton	Peterborough
Clarksburg	Port Colborne
Etobicoke	Sault Ste. Marie
Gananoque	Simcoe
Hamilton	Sudbury
Kingston	Thunder Bay
Kitchener	Toronto
Lindsay	Trenton
London	Uxbridge
Napanee	Waterloo
	Welland

**Figure 5**

**Out-of-Home Placements**

- **Children’s Service Placements**  
One quarter of youth report 5 or more children's service admissions. Children's service admissions excludes crisis admissions and YOA I and YOA II admissions.
- **Foster Home Admissions**  
43% of youth (135) report one or more admissions to a foster home. Of those, 40% (54) report three or more admissions.
- **Group Home**  
38.5 % of the youth report one or more admissions to group homes.
- **Residential Treatment**  
One quarter of the youth in this project report one or more admission to a residential treatment centre.
- **Psychiatric Hospital**  
13.4 % report one or more admissions to a psychiatric hospital
- **Secure Treatment**  
11.5% of the youth report one or more admissions to secure treatment.
- **Youth Shelter**  
One quarter of the youth in this project spent at least one night in a shelter.
- **Family Violence Centre**  
9.6% of youth in this project report having stayed at least once in a family violence centre.
- **Crisis Placements**  
One third of the youth (116 youth) report one or more admissions to a crisis facility such as a family violence shelter, youth or adult shelter, or a psychiatric hospital.



Figure 6

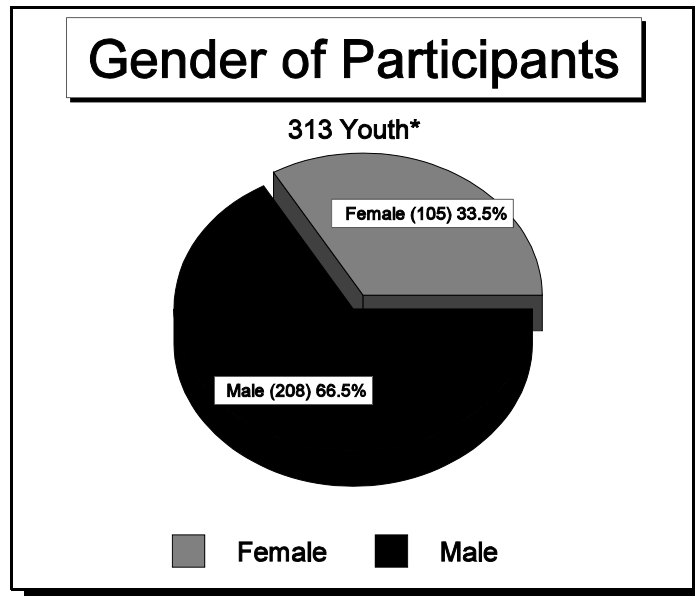


Figure 7

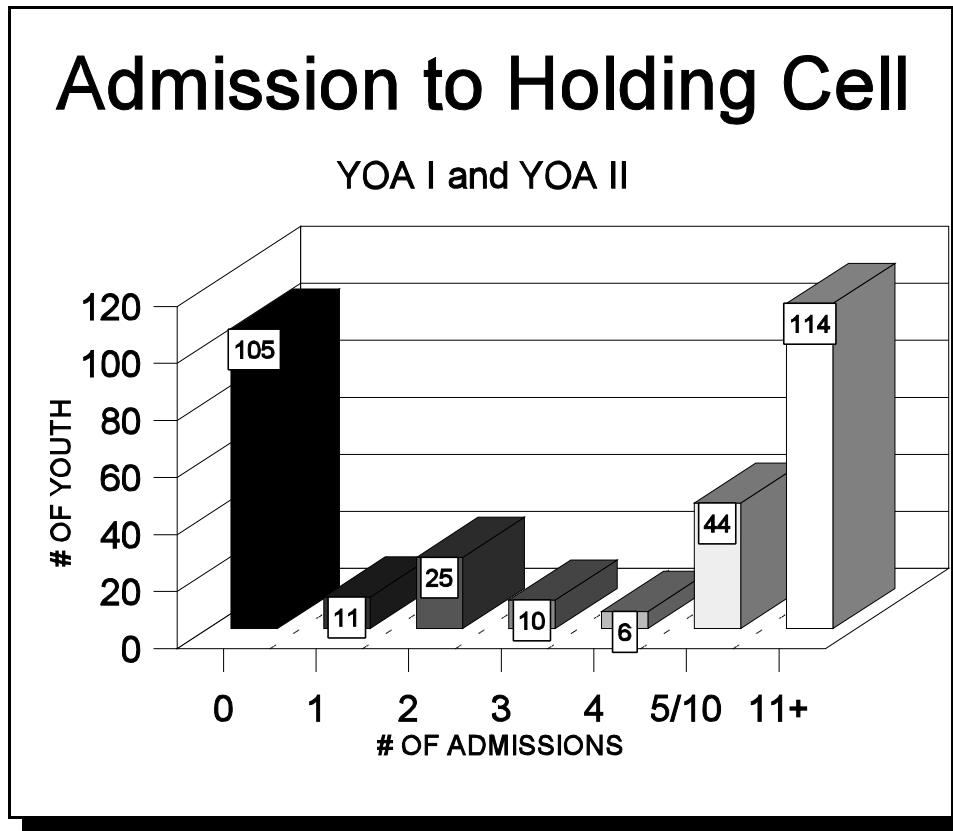


Figure 8

67.3% (210) youth report one or more admissions to a police or court holding cell. 115 of them (55%) report more than 5 admissions. Almost half of them were less than 16 years of age when they reported these placements.

Figure 9		
Young Offender Placements (Open, secure, detention)		
YOA I <sup>1</sup> 12-15 yrs	Youths	Placements
	45.7% (144)	0
	10.8% (34)	1
	8.3% (26)	2
	5.1% (16)	3
	3.2% (10)	4
	14.6% (43)	5-10
YOA II <sup>2</sup> 16-17 yrs	74.3% (234)	0
	25.7% (81)	1-11+

- 54.8% of the youth report one or more placement within the Phase I young offender system. Of these youth, 49.71% report more than 5 admissions.
- One quarter of the youth interviewed (25.7%) had one or more placement in a Phase II young offender setting.

Of all the youth in this project, 201 had experience with either Phase I or Phase II young offender systems.

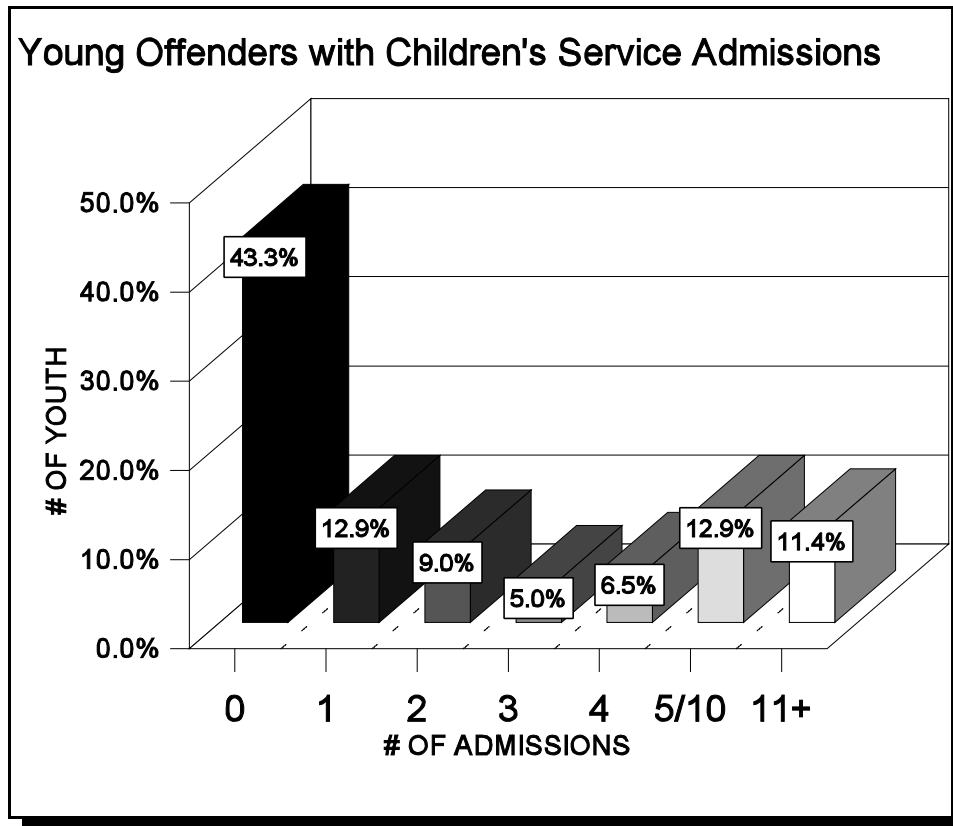


Figure 10

Of the youth involved with the young offender system, 56.7% have had contact with the children's service system. One quarter (25.1%) report at least one crisis placement admission and 41.3% report at least one foster placement. Of youth reporting a foster placement, 15.9% report three or more foster placements. This is consistent with the findings of other studies which show that young offenders have considerable contact with the child welfare and children's services systems (Andrew & Leschied, 1992, Thompson, 1988).



## Appendix C: Interview Guide and Release Form

### Introduction/Preamble

- ▶ Goals of focus groups
  - ▶ Confidentiality
  - ▶ Opportunity for individual interview
  - ▶ Opportunity at the end to raise any issue
- **Describe the best residential program you've been in.**
    - What about it made it good?
    - What helped you the most?
  - **What was it like the first time you came into care?**
    - What advice would you give a young person coming into care?
  - **Do you know your rights?**
    - What are they?
  - **Were you told your rights when you arrived at each placement?**
    - How were you told?
  - **If you had a problem in care, such as being afraid, being hurt or having your rights violated, what would you do?**
    - Is there anyone that can help?
  - **Let's start with Physical Restraint:**
    - Is it called anything else?
    - Why would it be used?
    - Describe how it was done?
    - What was it like for you?
    - Was there a debriefing? (A time to talk about what happened afterwards)
    - What was most helpful to you about these restraints?
    - When does it work?
  - Did anyone get hurt?
  - Was it necessary? Could something else have been done?
  - How often would this happen?
  - **What about seclusion or isolation?**
    - Is it called anything else?
    - Is there a difference between seclusion, quiet room and time outs?
    - What was it like for you?
    - How long were you secluded?
    - Why were you secluded?
    - Was it necessary? Could something else have been done?
    - How often would this happen?
    - What was most helpful to you about being in isolation?
    - When does it work?
  - **What about medication, sometimes called chemical restraints? [Can be omitted]**
    - Is it called anything else?
    - Why would it be used?
    - What was it like for you?
    - What were you told about it?
    - Was it necessary? Could something else have been done?
    - How often would this happen?
  - **What about mechanical restraints such as handcuffs, shackles, bed restraints (4 points) and straight jackets?**
    - Are they called anything else?
    - Why would they be used?
    - What was it like for you?
    - Was it necessary? Could something else have been done?
    - How often would this happen?

## Voices From Within

- **What about searches? Pat downs, strip searches and room searches?**
    - Are they called anything else?
    - Why would they be done?
    - Are there differences between the types of searches?
    - What was it like for you?
    - Was it necessary? Could something else have been done?
    - How often would this happen?
  - **If you've ever been arrested:**
    - What was that like?
    - What's it like in the police holding cells?
  - **Is there anything else you want to say about intrusive measures? Have you ever been consequenced as part of a group for something one person did? [can be omitted]**
    - What do you think about that?
    - What else could be done?
  - **Have you ever seen groups of youth treated differently because of their race, culture, religion or something else?**
  - **Have things ever been said to you by staff that made you feel bad or uncomfortable?**
    - What was said?
  - **Have staff done or said things that helped you a lot?**
    - What was done or said?
  - **What has meant the very most to you the whole time you've been in care?**
  - **If you had to give advice to staff or those running homes for kids in care, what would you like to tell them?**
  - **What else would you like to tell us about your time in care?**
-

## **Release Form**

OFFICE OF CHILD & FAMILY SERVICE ADVOCACY  
2195 YONGE STREET, 10<sup>TH</sup> FLOOR  
TORONTO, ON M7A 1G2  
TEL. #: 416-325-5669 / 1-800-263-2841  
FAX #: 416-325-5681  
TTY #: 416-325-9756

I \_\_\_\_\_ understand that this focus group is CONFIDENTIAL. My NAME WILL NOT BE USED, the agency I may discuss will not be named and I WILL NOT BE IDENTIFIED IN ANY WAY.

THE group leaders AGREE THAT THEY WILL NOT DISCUSS OR REPEAT SPECIFIC DETAILS THAT COULD IDENTIFY ME.

I understand that the group leaders are required by law to report to the Children's Aid if any youth is being hurt or abused.

If I have any questions about this project, now or at a later date, I can speak to a facilitator or phone:

Kim Snow at 325-5669 or 1-800-263-2841

I have been given a copy of this form for future reference.

DATE: \_\_\_\_\_

GROUP PARTICIPANT: \_\_\_\_\_

GROUP FACILITATOR: \_\_\_\_\_