

EMPTY SPACES CARING CONNECTIONS

The Experiences of Children and
Youth in Yukon Group Care



April 2019

ELDER TEACHING

I was gifted this teaching, as a cultural lifespan tool, from an Elder. The tool is meaningful in my work as it helps me to respectfully hear stories from individuals as they identify challenges in their lives and discover meaningful ways to help on their healing path.

There are five sections of the tool that form the visual, which represent our stages of development; conception to birth, childhood, adolescence, adulthood and Elder years. The rock that sits in the center represents our spirit.

As the circle is formed there are natural occurrences through each stage of development. It is important to remember that these are a natural part of life. Rocks may move to the outside of the circle, representing the negative environmental factors that directly impact our development, such as family violence, child abuse, poverty, homelessness, substance use, Residential Schools and suicide. These negative factors lead to rocks being pulled from the core circle and leaving missing pieces in the whole circle or person.

However, as an individual shares their story they may also identify protective factors such as; connection to culture, attachment to family and community, access to education, housing and employment that contribute to their resilience, sense of belonging and attachment. These connections might bring a rock back in to the circle, or, at least, may help us appreciate the gap in our circle as a natural and beautiful part of our whole self. None of us are perfect circles.

This tool can help individuals but can also be used in a group setting. I have been able to witness how the tool helps draw out stories of struggle, recognize places needing extra support, and create space to recognize strengths. This tool is helpful for the Yukon Child and Youth Advocate Office (YCAO), to understand the experiences of young people in Group Care. These children have more empty spaces in their circle and need more supports in the community to acknowledge, or even fill, those empty spaces.

~ Annie Blake



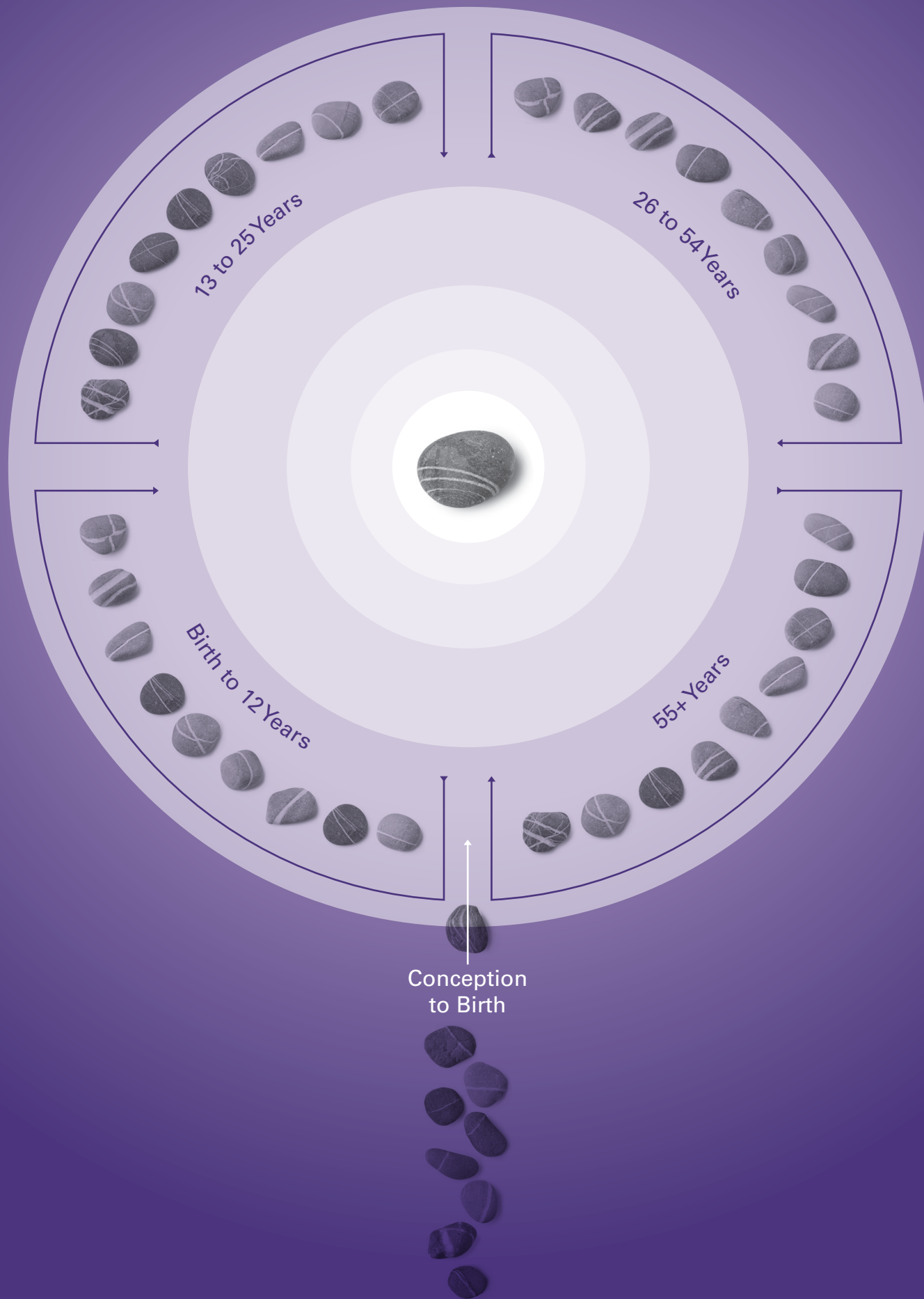


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MESSAGE FROM THE ADVOCATE

Empty Spaces – Caring Connections: The Experiences of Children and Youth in Yukon Group Care

Under the authority of the *Child and Youth Advocate Act*, I have conducted this systemic review (“Review”) to provide advice to the Department of Health and Social Services about the experiences of children and youth living in Yukon group homes (“Group Care”) from April 1, 2015 to March 31, 2018. In agreement with the Department of Health and Social Services, this Review is being publicly released.

The Yukon Child and Youth Advocate Office envisions enhancing the lives of children and youth in government care by promoting their rights and viewpoints. Our accountability remains with all Yukon children and youth. It is through the role of our office and our ongoing connections with youth that we are able to gain insight into the realities faced by children and youth who live in Group Care.

Therefore, this Review is not impartial. It is designed to amplify the voices of young people who have lived in Group Care to show the caring connections they long for, and the empty spaces felt by their families and communities. We are committed to addressing individual advocacy issues until resolutions are found and creating meaningful opportunities that contribute to improved outcomes for young people. It is essential that the heart of this Review respectfully captures the lived experiences of young people and, given the over-representation of First Nations children and youth in Group Care, that First Nations culture and history be incorporated throughout this report.

Children and youth in Group Care face complexities that inhibit their healthy development and sense of identity. Therefore, children and youth living away from their parents, particularly in Group Care settings, have the right to reviews of their living situations and to have their best interests be paramount factors in decision-making (United Nations Convention on the Rights of the Child, Articles 3 and 25).

Our Review team has been deeply honoured to bear witness to the experiences of young people who came forward to share their stories, and we are inspired to promote purposeful change for those currently living in Group Care, as well as for future generations. Essential change to policies and standards is needed through true and meaningful participation of children and youth in order to adequately support the optimal development of our greatest resource, our children and youth.

To the young people, we want you to know that you are not alone and that there are adults who want to improve the programs and services that are intended to support you. I commit to ensuring your views will be heard.

With respect,

A handwritten signature in black ink that reads "Annette King". The signature is fluid and cursive, with a large loop at the end of the last name.

Annette King,
Child and Youth Advocate

if I drew a picture of my experience living in a group home, it would look like this...

Before

After



EXECUTIVE SUMMARY

In the 1973 document *Together Today for our Children Tomorrow* Chief Elijah Smith and the Council of Yukon First Nations stated;

This settlement is for our children, and our children's children, for many generations to come. All programs and the guarantees we seek in our Settlement are to protect them from a repeat of today's problems in the future (p. 17).


The experiences of children and youth in Group Care today are a result of the Yukon history. As was intended in *Together Today for our Children Tomorrow*, this Review aims to improve outcomes for children and youth through a systemic analysis of Group Care from a child rights lens.

The Yukon Child and Youth Advocate Office ("YCAO") provides individual advocacy to children and youth who are eligible to receive Government of Yukon services. In the course of individual advocacy, if a policy or systemic issue is identified, YCAO may conduct a systemic review.

This Review highlights the views and rights of 94 children and youth who lived in Group Care from April 1, 2015 to March 31, 2018 (the "Review Period"). YCAO selected a three-year period of time to ensure a sufficient representation of the issues facing children and youth in Group Care. The term "Group Care" includes receiving homes and group homes. In the Yukon, Group Care is provided by Government of Yukon, Family and Children's Services, Transitional Support Services (formally known as Residential Youth Treatment Services).

This Review is grounded in the framework of the United Nations Convention on the Rights of the Child (UNCRC), the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Calls to Action (TRC). The voices of children and youth are highlighted throughout the Review. Valuable research from across the country amplifies the voices of children and youth living in Group Care. Government of Yukon legislation, policies and strategies mandate the importance of cultural development for children and youth and meaningful participation from First Nations governments. The TRC Calls to Action and UNDRIP further direct the importance of culture for Indigenous children and youth.

Throughout the review we acknowledge the traumatic history of the Yukon, which impacted all 14 First Nations, their citizens and their communities. The legacy of colonialism, manifested in Residential Schools and the 60's Scoop harmfully impacted parenting capacity. Outcomes include substance misuse, loss of identity and difficulty forming meaningful relations due to lack of attachments to biological family and the



**Resources
should be
put into my
extended
family to care
for me (TRC
1(ii))**

traumas experienced in Residential School and in the child welfare system. Although some individuals have returned to their communities and raised families, for some, the removal of children left holes in both the young people who left and community members who stayed (Blackstock, Cross, George, Brown & Formsma, 2006). Consequently, some parents and family members have struggled to form meaningful connections with young people which may lead to child maltreatment and children coming into the child welfare system. For many families, trust in government systems has not been restored. If we are to truly support families and children and work to repair the harm, we must acknowledge our Yukon history and use this knowledge to influence how we work with one another.

In preparing this report the YCAO conducted individual interviews with children and youth; reviewed case file information; reviewed policy and legislation; met with First Nations representatives; met with staff and managers at Health and Social Services; collected information from the Department of Education; and conducted a literature review of relevant research.

Of the 94 children that lived in Group Care during the Review Period, 59 (63%) had files at the YCAO, 69 (79%) children were identified as Indigenous, and 53 (61%) children were citizens or eligible to be citizens of a Yukon First Nation.

This Review explores numerous areas of Group Care. Four key themes emerged during this review, and the findings in this document all relate in some way to one of these themes.

Relationships: Safety, Loss and Caring Connections

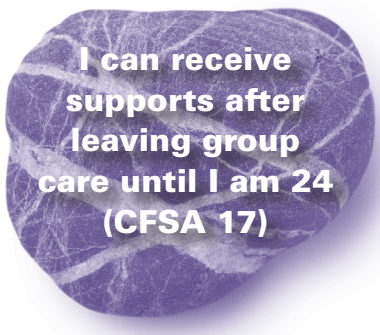
- children and youth in care need meaningful connections in all aspects of their lives, even more so when they are in Group Care
- the severing of ties that occurs when children enter Group Care needs to be recognized, including loss of connections with culture, community, family and siblings
- trauma experienced by children and youth is not always recognized – particularly the trauma of being removed from their families and coming into care
- when a child or youth is separated from their sibling(s) there is inherently profound emotion connected to this loss
- relationships with Group Care staff are often severed when children and youth leave Group Care

Cultural identity

- culture and traditions are vital for children and youth to develop all aspects of their wellbeing and culture contributes to young people becoming healthy, productive citizens
- cultural programming and cooperative planning with First Nations communities must be a priority within Yukon Group Care

Case Planning

- permanency planning is not prioritized in Group Care which leads to children and youth staying in 'limbo', therefore residing in Group Care for lengthy periods of time
- inconsistency in case planning often reflects a lack of involvement of youth



I can receive supports after leaving group care until I am 24 (CFSA 17)

- a rights-based approach would allow children and youth to participate in case planning and decision-making. Children should not be expected to make decisions, but they need to be involved in decision making about them, consistent with their developmental capacity

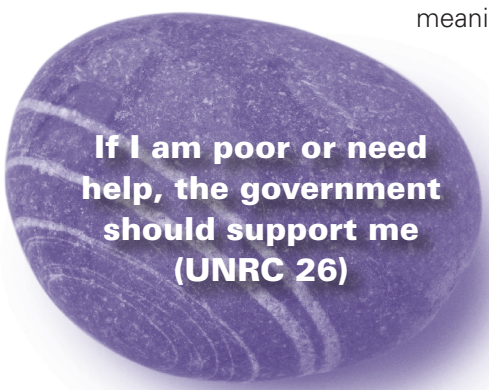
Leaving Group Care

- ageing out of care takes place at the age of 19. It is the responsibility of the government to work with the youth to prepare for ageing out
- youth are ageing out of care without adequate life skills to live independently in adulthood
- children and youth often leave Group Care without meaningful connection to their family or community
- the standard of care needs to protect family and community relationships, which children need to thrive

Throughout this Review, we have included the voices of youth who have had experiences in Group Care. It is also important that we capture feedback from all interested adults who play a meaningful role in the lives of children who live in Group Care, feedback received from Departmental staff and Yukon First Nations.

We recognize that some parts of this Review are difficult to read and it is important to recognize the reality of what children experience when they are residing in Group Care, with the hope that we can find meaningful ways to better support these children.

The intent of this Review is to respectfully bring forth the lived experiences of children and youth in Group Care so that we can create change that makes meaningful differences for these young people and future generations.



If I am poor or need help, the government should support me (UNRC 26)



STEPPING STONES FOR MEANINGFUL CHANGE



Cultural
Identity

Caring Connections and
Community Anchors



Child and Youth
Participation

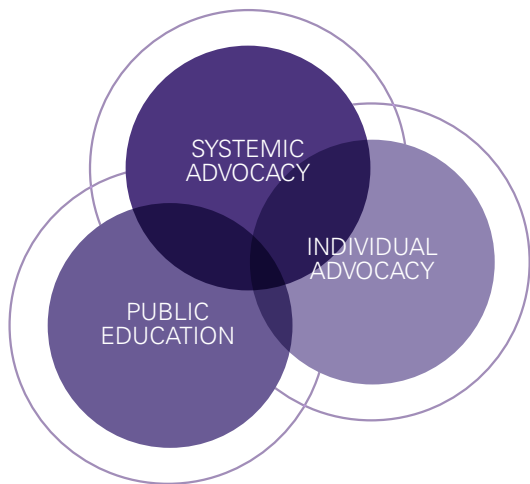
Group Care Through
Child Rights Lens

Be

HEARD

INTRODUCTION

ABOUT YCAO



What Guides Us:

- ★ *Yukon Child and Youth Advocate Act* (2009)
- United Nations Convention on the Rights of the Child
- Truth and Reconciliation Commission 94 Calls to Action
- United Nations Declaration on the Rights of Indigenous Peoples
- National Advocacy Standards (CCCYA)

Individual Advocacy – YCAO helps young people effectively access government services, and have their views and rights heard and considered in the decisions being made by government service providers.

Systemic Advocacy – YCAO may review systemic or policy issues that arise in the course of individual advocacy.

Public Education – YCAO provides information workshops about the role of the Advocate and children’s rights. YCAO attends, participates in and hosts youth-centred community events.

The YCAO is an independent office of the Legislative Assembly. The actions of the YCAO are guided by the *Child and Youth Advocate Act* and the rights of children and youth as outlined in the United Nations Convention on the Rights of the Child (UNCRC). YCAO’s work is further influenced by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Calls to Action outlined by the Truth and Reconciliation Commission (TRC).

The YCAO promotes the rights and interests of young people receiving, or who are eligible to receive services from the Government of Yukon, a school board or a First Nation service authority. YCAO supports young people by listening and empowering them to have their views considered in decisions being made about them. This role reflects Article 12 of the UNCRC.

From 2010-2018, YCAO addressed 504 individual advocacy issues for 366 children and youth. During that time period, 78% of advocacy issues were for Indigenous children and youth.

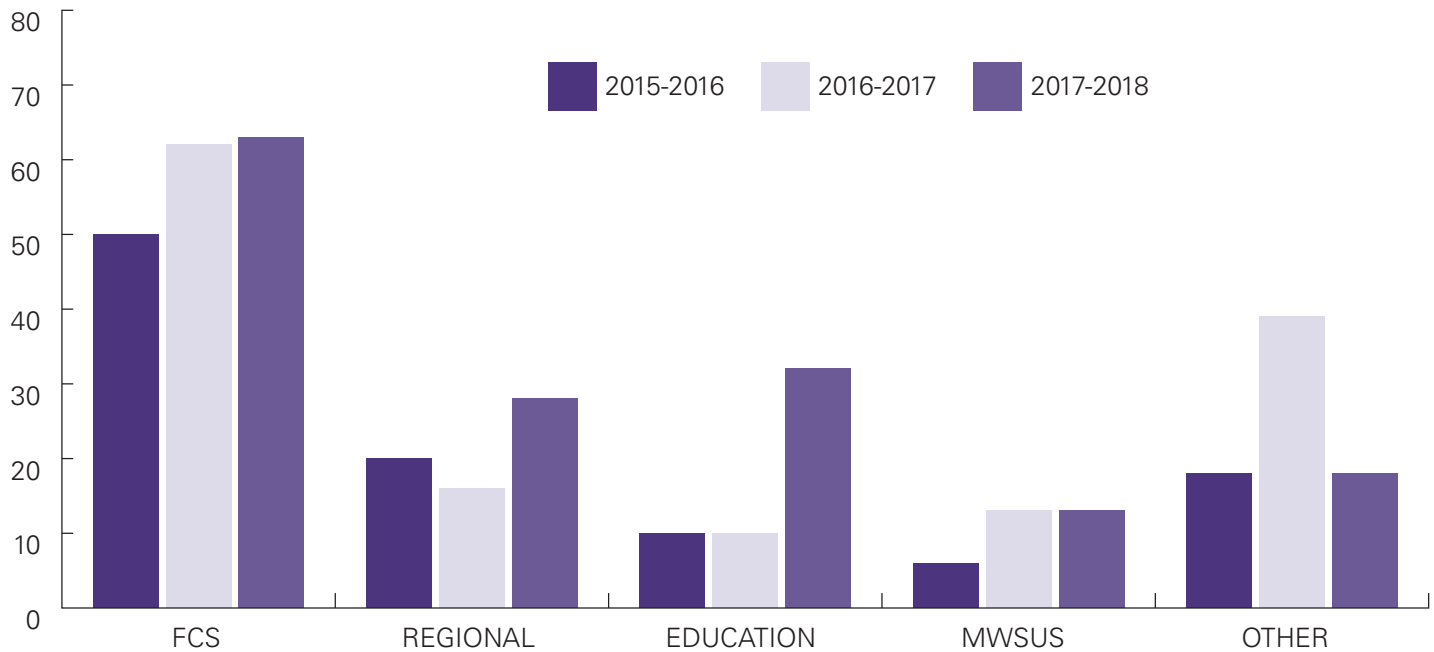
Each year, the majority of advocacy issues addressed by YCAO are for children and youth receiving services through Family and Children’s Services or Regional Social Services, under the *Child and Family Services Act* (2008).

Advocacy Issues by Designated Service

*FCS – Family and Children’s Services

*MWSUS – Mental Wellness Substance Use Services

*Other Departments such as: Youth Justice, Health, Yukon Housing, Whitehorse General Hospital



What is Systemic Advocacy?

If YCAO identifies any policy or systemic issues that raise a substantial question of public interest during the course of individual advocacy, YCAO may conduct a systemic review of the issue.

Systemic advocacy is the process of analyzing Departmental policies and decision making methods from the perspective of children and youth, and then providing advice to the Department, school board or First Nation service authority in order to improve how the programs and services can respond to the needs of children and youth who are accessing the services. Systemic advocacy addresses present-day issues while also attempting to circumvent those that children and youth may face in the future.

On March 26, 2018, pursuant to s. 12 (1) of the *Child and Youth Advocate Act*, the Advocate provided official notification to the Minister of Health and Social Services that an independent systemic review of the experience of Yukon children and youth living in Group Care would be completed by March 2019. The Terms of Reference (Appendix A) for this Review were released on May 4, 2018. YCAO selected a three-year period of time (April 1, 2015 to March 31, 2018) to ensure a sufficient representation of the issues facing children and youth in Group Care.

Children’s voices are highlighted throughout this report in non-identifying anonymous quotes. In addition to children’s voices relevant legislation, conventions, and declarations are highlighted on purple rocks using child friendly language. Although children and youth are entitled to having these rights upheld, this is not always the case.



***Child and Youth Advocate Act (CYAA),
33 sections***

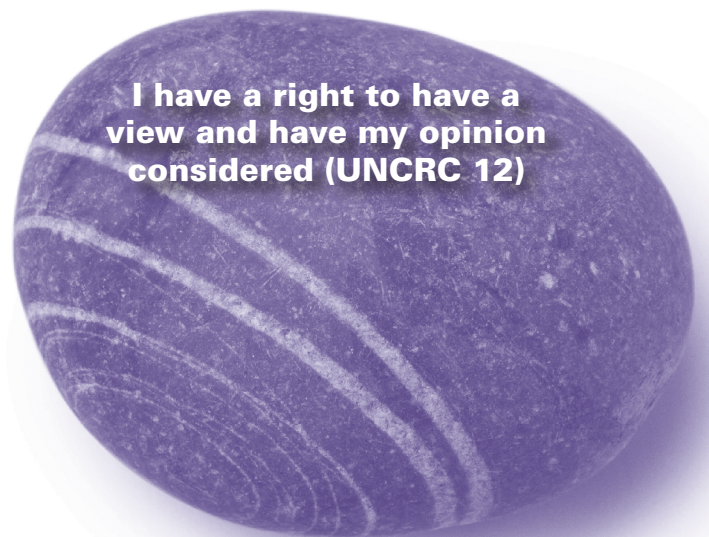
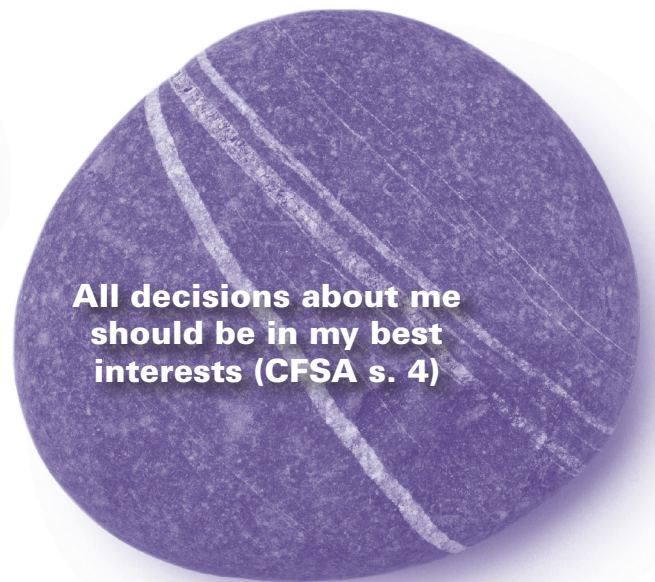
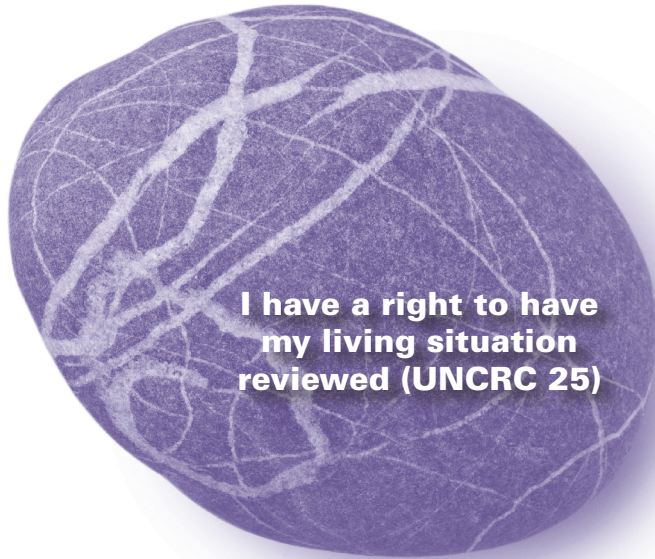
***Child and Family Services Act (CFSA),
212 sections***

***Truth and Reconciliation
Commission Calls to Action
(TRC), 94 Calls to Action***

***United Nations Declaration
on the Rights of Indigenous
Peoples (UNDRIP), 46 Articles***

***United Nations Convention
on the Rights of Children
(UNCRC), 42 Articles***

From April 1, 2015 to March 31, 2018, 94 children and youth lived in Yukon Group Care.



WHY YCAO REVIEWED THE EXPERIENCES OF CHILDREN AND YOUTH IN GROUP CARE

The issue of Group Care is important to YCAO because it is one of the most intrusive forms of child protection. Yukon's *Child and Youth Advocate Act* and the *Child and Family Services Act* clearly articulate the importance of biological family in nurturing and guiding children. Cultural identity and caring connections with consistent and loving relationships are integral to the attachment and healthy growth of a child. Furthermore, participation in decisions by children, youth and their families enhances the strength and resiliency of young people.

Within the Review Period (April 1, 2015 to March 31, 2018), YCAO addressed individual advocacy issues for over 50 children and youth who lived in Group Care. The advocacy issues were complex and rarely about Group Care facilities themselves. Instead, advocacy issues reflected barriers to accessing mental health services, a lack of support in the Youth Justice system, support in school, difficulties in reconnecting with family, and barriers to participation in case planning and transitioning out of care.

Over the last year, the Government of Canada has taken an interest in transforming child welfare systems to support Indigenous children and youth. The TRC calls on the Federal Government to make efforts to improve the experiences of young people in the child welfare system by taking steps to "keep Aboriginal families together where it is safe to do so" (TRC of Canada, 2015). YCAO applies the TRC Calls to Action to each issue as 75-80% of individual advocacy issues involve Indigenous children and youth.

In March 2018, local media took interest in the issue of Yukon children and youth in care. The media raised concerns about children's experiences in Group Care, as well as how they leave Group Care. Furthermore, Youth and anonymous government employees brought public attention to the lived experiences of children and youth in Group Care by speaking with news reporters expressing their concerns.

"I feel exposed and disrespected because of what was said."

~Youth quote

Several other reviews and investigations ensued as the Legislative Assembly began to ask serious questions about safety and support for children and youth in Group Care. YCAO is concerned about the impact of the public attention on children and youth, as well as their families and communities, and considers it vital that privacy be upheld when amplifying the voices of children and youth.

As an Office with legislated independence, YCAO is in a unique position to provide a broad systemic review of the issues facing children and youth living in Group Care. This Review is not intended to assign legal responsibility, nor does it replace other processes such as criminal investigations or performance management for specific employees. The intent of this Review is not to find fault with specific individuals but is meant as a way to identify systemic concerns and to advocate for the overall safety and wellbeing of children and youth in government care, specifically for those placed in Group Care.



THE REVIEW PROCESS

March 2018	Notification to the Department that YCAO is conducting the Review
April 2018	Notification to First Nation Governments that YCAO is conducting the Review
May 2018	Released Terms of Reference for the Review
June 2018	Requested records from the Department of Health and Social Services. The Department identified 94 children and youth who had lived in Group Care during the Review Period
June – Dec 2018	Reviewed individual advocacy issues at YCAO for children and youth living in Group Care during the Review Period
June 2018 – Feb 2019	Visited Group Care facilities, interviewed children and youth, outreach via social media to children and youth who are no longer in Group Care
June 2018	Developed community advisory group (Wisdom Circle)
Aug 2018	Developed Memorandum of Understanding between the YCAO and the Alberta Office of the Child and Youth Advocate
Aug 2018 – Jan 2019	<p>Reviewed records and literature</p> <p>Reviewed file information from Family and Children’s Services, Regional Services and Transitional Support Services</p> <p>Reviewed school attendance records from Department of Education</p> <p>Reviewed Health and Social Services legislation (<i>Child and Family Services Act</i>) and Policy and Procedure Manual (2013)</p> <p>Met with the First Nations Health Commission and representatives identified by First Nations Governments</p> <p>Met with community members and family members</p> <p>Met with Yukon Employees’ Union</p> <p>Met with federal representatives from Crown Indigenous Relations and Northern Affairs Canada</p> <p>Met with management teams within the Department of Health and Social Services including supervisors, managers, Placement Resource Committee and Human Resources</p>
Sept – Nov 2019	Collected Department of Health and Social Services staff views through anonymous online employee survey and individual meetings



THE FINDINGS


CHILDREN AND YOUTH IN GROUP CARE

**“I don’t know why I went
to a group home.”**

~ Youth quote

94 children and youth
lived in group care
between April 1st 2015
and March 31st, 2018.





**“what I’m asking for is
a healthy place where
I can succeed”**

~Youth quote

Children and youth who live in Group Care are unique and have vastly different experiences. Their age, sex, ethnicity, type of care-order, and the facility they are placed in may influence the experiences they have in Group Care. YCAO recognizes that the age of a child and youth has a considerable impact on what those experiences are and how children and youth cope with life in Group Care.

Types of Care Orders

Children in Group Care may be in care under the following orders:

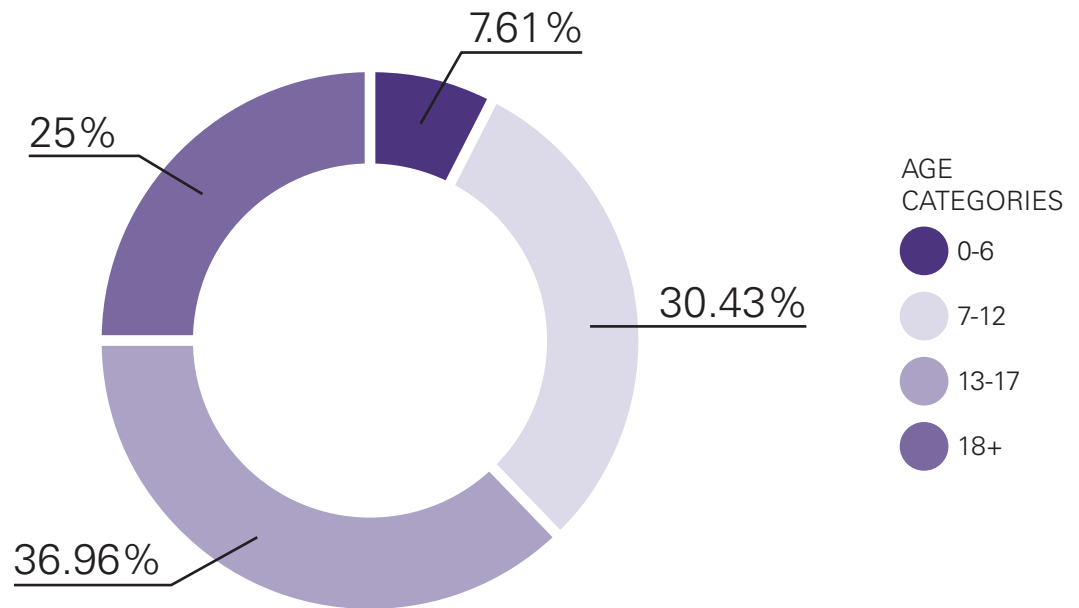
- Voluntary Care Agreement** The agreement is initially signed for up to six months by the legal guardian and must be reviewed every six months for extension, or at any given time.
- Temporary Custody Order** A short term agreement approved by the Court where the Director or other individual is granted custody of a child for a period of no more than 12 to 24 months, depending on the age of the child.
- Continuing Custody Order** An order placing the child in the continuous custody of the Director; all parental rights (care and custody) are removed from the parents.



Children and youth involved in this Review range in age from 2 to 20 years old at the midpoint of the Review Period (November 2016). The average age while they were in Group Care was 13.5 years old. 38.04% of the children and youth in this Review were under the age of 13, which was roughly the same percentage (36.96%) as those aged 13-17. Children under seven made up a small percentage (7.5%) while youth over 18 reflected 25%.

49% of the children and youth identified as female and 51% as male.

Age of Children and Youth at Review Mid-point

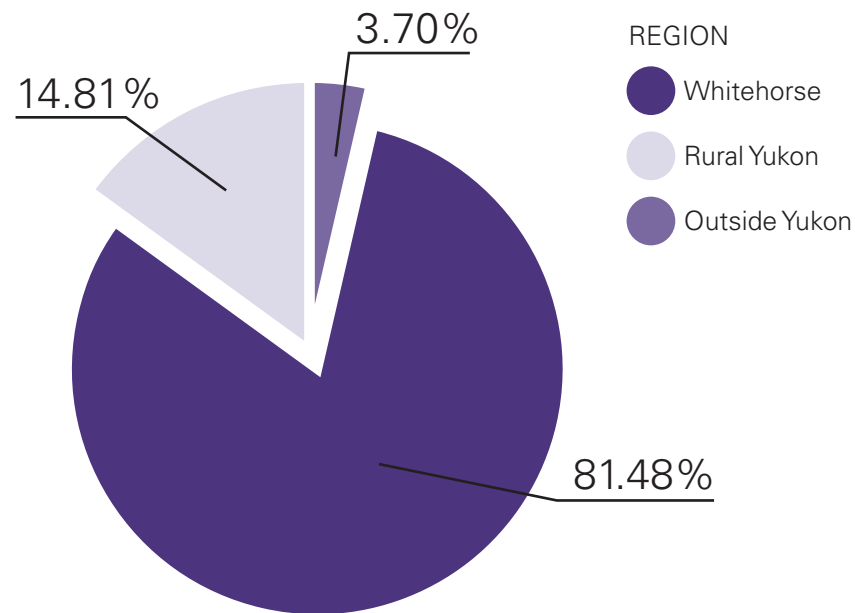


Where the Children and Youth in Group Care Come From

As of the 2016 census, the population of the Yukon Territory is 35,875. 70% (25,085) of the population live in the capital City of Whitehorse. Children and youth aged 0-19 years represent 23% of the Yukon's total population (Statistics Canada, 2017).

81% of children and youth in this Review were 'mostly raised' in Whitehorse while 14% were 'mostly raised' in rural Yukon. Less than 5% were 'mostly raised' outside of the Yukon.

Region Raised



About Group Care

Eight Group Care facilities were identified within the Review Period - two Receiving Homes and six Group Homes. Receiving Homes are intended to provide short term placements for up to 90 days for children and youth over 10 years of age. Group Homes are intended to provide longer term care for children and youth. The majority of children and youth in this Review (54%) resided in a Receiving Home.

All of the Group Care facilities are located in Whitehorse, Yukon. Six Group Care facilities are government owned buildings and two are privately owned where Government of Yukon pays rent. One Group Home is a contracted, non-government specialized treatment home. One facility was closed during the Review Period.

The approximate cost of Group Care per child per day was \$880.00 in 2017/18, as reported by the Department. The Department recovers expenses for Indigenous children and youth from Indigenous Services Canada. This cost varies depending on the individual needs of the child or youth and may change over time.

Descriptions of Homes:

Each Group Care facility has a program description for how children and youth are placed. However, throughout the Review Period, the Department allowed for discretion to accommodate special circumstances.

Children's Receiving Home – Boys' Residence - 6 bed short-term (less than 90 days) emergency service for males ages 12-18. Primary purpose is stabilization and assessment. However, during the course of this Review the boy's residence was used for longer than 90 days, was used for girls to accommodate sibling groups, and was used for children under 12.

Children's Receiving Home – Girls' Residence - 6 bed short-term (less than 90 days) emergency service for females ages 12-18. Primary purpose is stabilization and assessment. However, during the course of the review, the girl's residence was used for longer than 90 days.

Transitional Support Services Annex - 4 bed long-term treatment home for boys, generally ages 14-18. Most boys transition into independent living from the Annex.

Transitional Support Services Klondike – 6 bed long-term treatment home for girls, ages 14-18. Most girls transition into independent living from Klondike. However, during the course of the review, the Klondike home was used for children under 14 to accommodate special needs or sibling groups.

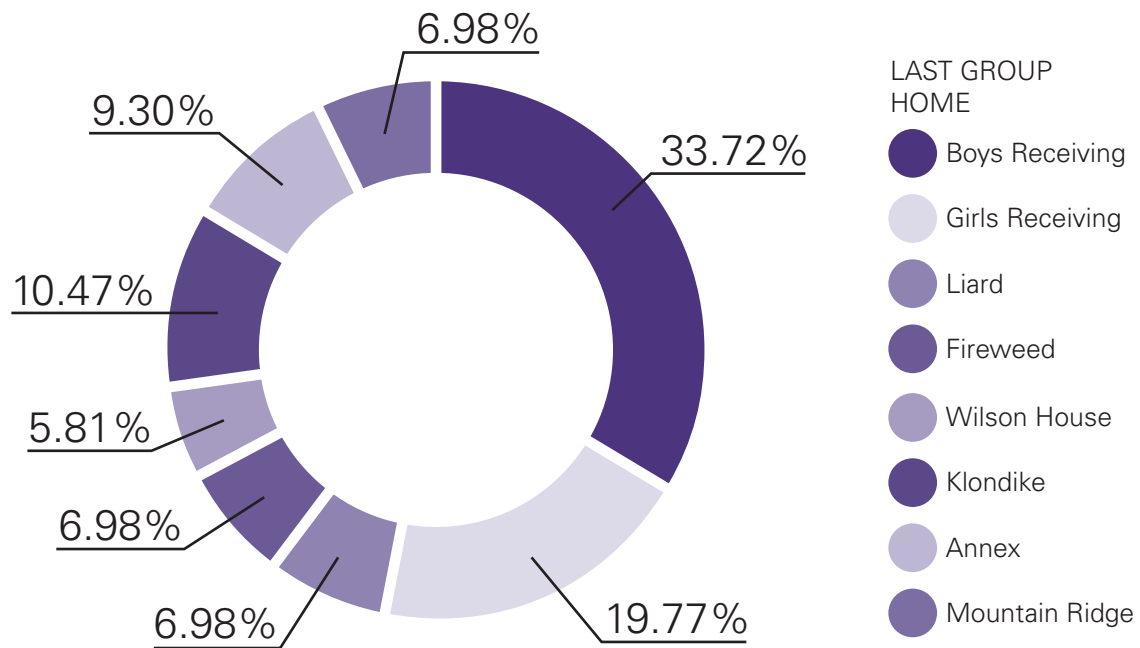
Transitional Support Services Wilson – 3 bed care and treatment home for girls, ages 12-18 years of age. However, during the course of the review the Wilson home was used for girls under 12.

Transitional Support Services Fireweed – 4 bed treatment home for younger boys, ages 8-12. The program is designed for boys to re-integrate home or into a foster or adoptive home.

Transitional Support Services Liard – 4 bed care and treatment home opened temporarily to accommodate the unique circumstances of young children. This home was folded into Fireweed in 2017.

Mountain Ridge – specialized contracted home for boys ages 13-19. Group Care staff are not employees of Yukon Government. Contract has been in place for over 20 years.

Count of Last Group Home



While the Girls’ Receiving Home housed only girls during the Review Period, the Boys’ Receiving Home housed boys and girls in certain cases. The average number of days spent in the Boy’s Receiving Home was 203 days. The average number of days spent in the Girl’s Receiving Home was even higher at 387 days. Notably, the length of stay at the other two girls’ facilities, Klondike and Wilson, was slightly higher than their corresponding boys’ facility (Fireweed and Annex).

Sibling Placement

Sibling Placement

	Frequency	Percent
NOT PLACED TOGETHER	14	26.9
TOGETHER FOR PART OF TIME	10	19.2
PLACED TOGETHER	28	53.8
TOTAL	52	100.0

Younger children tended to be placed, at a higher rate than older youth, with at least one sibling. There appears to be mixed gender Group Care for younger children, whereas current policy tends to separate older youth into gender specific homes. Older youth coming in to Group Care are less likely to be placed with siblings of a different gender.

Sibling Placement by Age Group

AGE		Not Placed Together	Together for Part of Time	Placed Together
0-6		0	1	5
7-12		3	4	16
13-15		3	1	3
16-18		3	2	4
19+		5	2	0
TOTAL		14	10	28

**my community
needs support to
keep my family
together (TRC 1.ii)**

How long Children and Youth live in Group Care

The *Child and Family Services Act* (2008) established timelines for children and youth under Temporary Custody Orders. The timelines in the table below identify the length of time that a child can remain in temporary care depending on their age. The Director of Family and Children’s Services may request extensions from the Court.

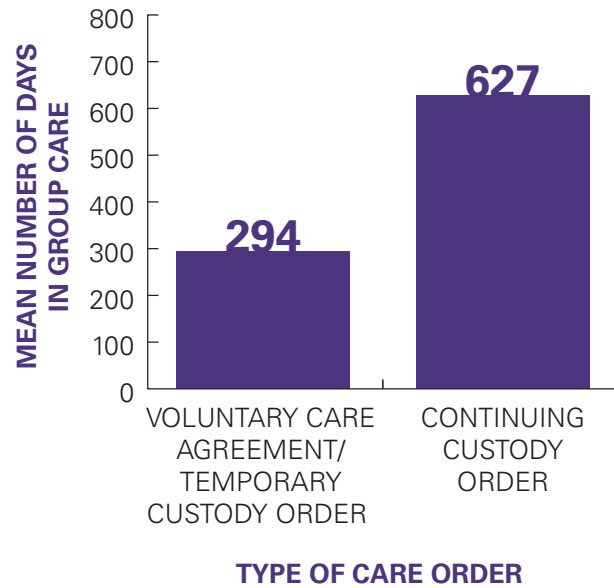
The time limits for temporary out of home placements are described, in FCS policy (2013), as follows:

Age of Child	Maximum Allowable Time in Out of Home Care	Period of Extension ONLY in Exceptional Circumstances
Child under the age of 5	12 Months	Up to 3 months
Child between the age of 5 and 12 years old	18 Months	Up to 6 months
Young person between the age of 12 and 19	24 months	Up to 12 months

During the Review Period:

- 56% of children and youth were under a Temporary Custody Order or a Voluntary Care Agreement while 44% were under a Continuing Custody Order
- Indigenous children (48%) were more likely than non-Indigenous children (17%) to be under a Continuing Custody Order
- Yukon First Nations children and youth were the most likely to be living under a Continuing Custody Order (57%), followed by non-Yukon Indigenous children (31%)
- Only 17% of non-Indigenous children were under a Continuing Custody Order

Mean number of days in Group Care by type of care order

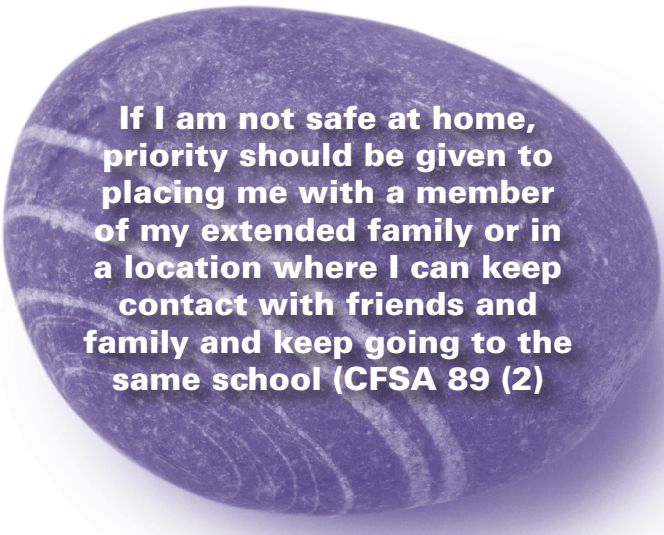


Type of Care Order / Indigenous Identity

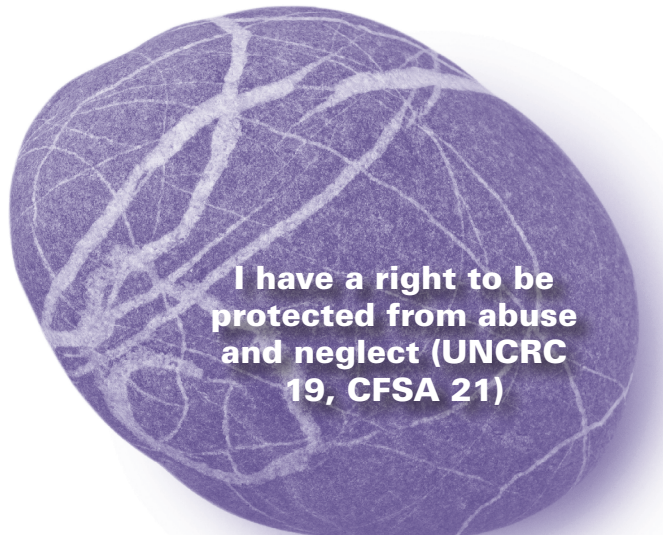
TYPE OF CARE ORDER	INDIGENOUS IDENTITY			TOTAL
	NON-INDIGENOUS	YUKON FIRST NATION	NON-YUKON INDIGENOUS	
Voluntary Care Agreement/Temporary Custody Order	83.3%	43.4%	68.8%	56.3%
Continuing Custody Order	16.7%	56.6%	31.3%	43.7%
TOTAL	100%	100%	100%	100%

How Children and Youth come into Group Care

Children and youth are placed in Group Care under the authority of the *Child and Family Services Act* (2008). Children and youth are placed in “the care of” the Director of Family and Children’s Services (the “Director”) after they are determined to be in need of protective intervention and requiring out of home care. Before bringing a child into care, the Director must weigh the potential harm of staying in the home against the harm of leaving the home. In this Review, many children and youth had been in other out of home care (such as extended family care and foster care) prior to being placed in Group Care.



If I am not safe at home, priority should be given to placing me with a member of my extended family or in a location where I can keep contact with friends and family and keep going to the same school (CFSA 89 (2))



I have a right to be protected from abuse and neglect (UNCRC 19, CFSA 21)

How Long Have You Been Living in the Group Care?

One youth said,
"I stopped counting after two months."

~ Youth quote

Another stated,
"505 days."

~ Youth quote

"There are many young children in Group Care due to the lack of foster homes and extended family homes. Some of these children have been in Group Care too long."

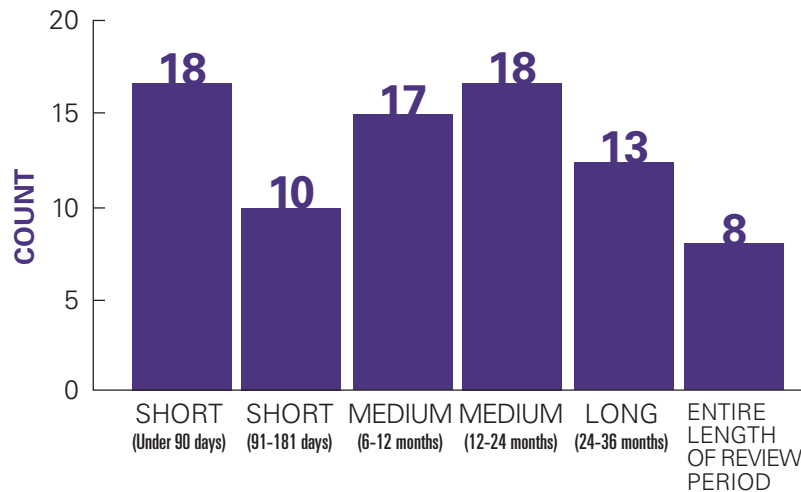
~ First Nation quote

During the Review Period, the average length of time in a Group Care facility was 440 days, or roughly one year and three months. The minimum number of days spent by a child in a Group Care facility was 2 days and the maximum number of days was 1095 (the entire Review Period).

Of the youth included in this Review, seven stayed in Group Care for less than 30 days while eight were living in Group Care for the entire Review Period. 33% of children were in Group Care for just under six months, 46% were in Group Care for longer than one year and 25% were in Group Care for over two years.

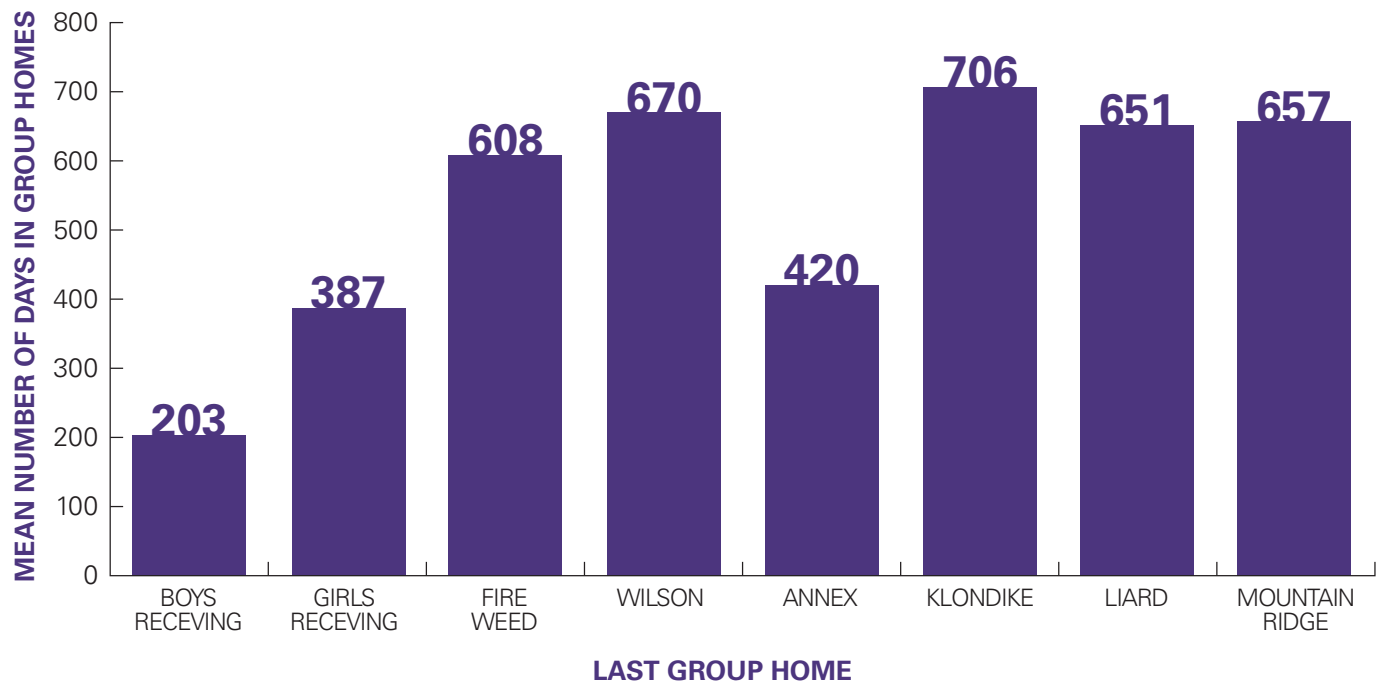
The type of Care Order a child was under was a factor in how long children stayed in Group Care. Children under a Continuing Custody Order stayed in Group Care at least twice as long as children under Voluntary Care Agreements or Temporary Custody Orders. 74% of children under Temporary Custody Orders or Voluntary Care Agreements stayed in Group Care for less than one year while 73% of children under a Continuing Custody Order stayed in Group Care for over one year.

Length of Time in Group Care

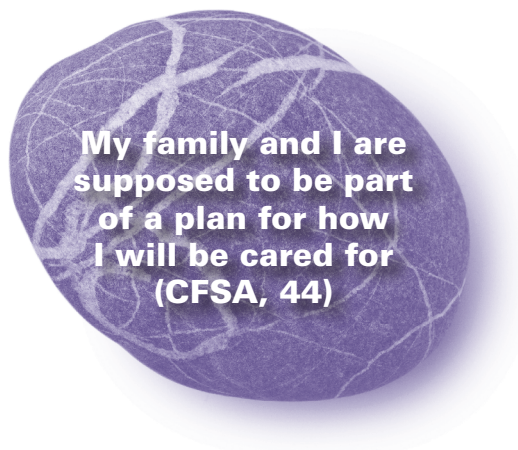


Note: The numbers represent the number of youth living in Group Care for that period of time.

Number of Days in Group Care by Group Home



Further discussion and information sharing with the Department of Health and Social Services regarding the total cumulative period of time that children and youth are kept in care under temporary custody orders, including extensions of these orders, is necessary.



Unauthorized Absences from Group Care

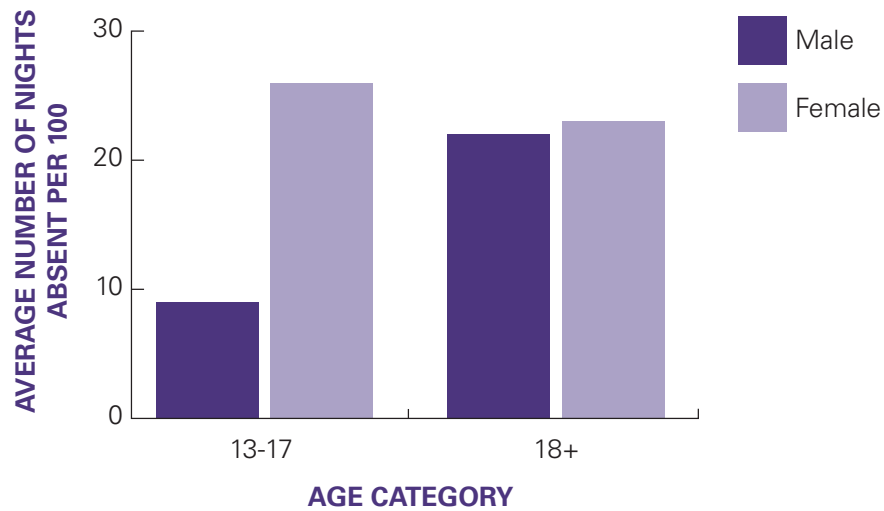
“ I ran away a bunch of times. (What made you want to run away?) Staff being rude, grabbing me and escorting me to my room, and they lean against the door so I can't get out. They raise their voice, tell me to do a chore ... (Where would you run to?) To hang with my friends, downtown. Would leave after school and be gone till 4 or 5 in the morning. (What happens when you run away?) They look for me till midnight and when they don't find me, they send a report to RCMP to look for me. Sometimes RCMP bring me back to the group home.”

~Youth quote

An Unauthorized Absence (“UA”) occurs when children and youth leave the Group Care facility without planning or permission or if they do not return to the Group Care facility at the pre-arranged time or curfew.

During the Review Period, data was collected on how often children and youth leave without permission and are recorded as being UA. Data shows that females in Group Care were more likely to have UA's than their male counterparts. UA's were rarely an issue for children under 13 years of age in Group Care. An indicator of young people's UA behaviour is shown by the ratio between the number of UA's over the number of nights spent in Group Care. For example, a youth with a UA ratio of 12 could be said to have been away from Group Care for 12% of their stay there. The graph below identifies how often youth were absent from Group Care based on their age and sex.


Average number of nights per 100 Absent by age and sex



The data also shows an increase of UAs for Indigenous females starting at 13 years of age. The risk for young, Indigenous females increases when they are on the street or seeking shelter from unknown or casual acquaintances. They are at an increased risk of sexualized violence, violence, drug and alcohol use, criminal activity and exploitation. Exposure at a young age can lead to mental health issues, addiction issues and further exposure to violence, such as physical and sexual abuse, as an adult (Hudon, 2017). During this Review, girls also spoke about other female residents bullying them, feeling unsafe, having no privacy and having their clothing/belongings taken by others. Some youth felt that Group Care staff tried to address the issues but there were often no positive outcomes to these efforts.

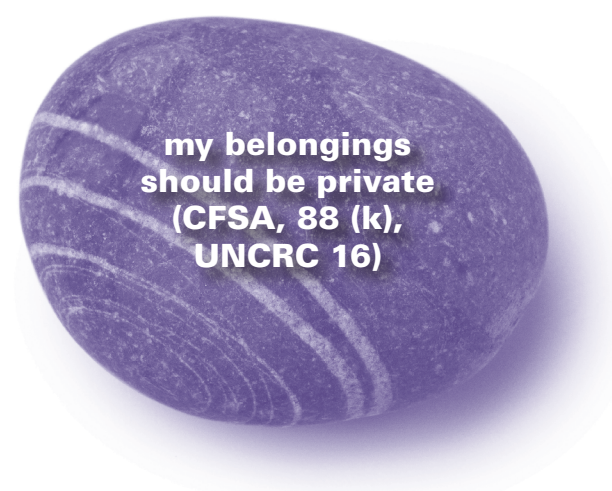
Young people 13 years of age and older who live in Group Care for under one year have a significantly higher mean UA ratio (.30) than those who lived in Group Care for more than one year (.19). This suggests that young people living in Group Care for shorter periods of time were more likely to have UAs in comparison to those who had lived there longer.

Youth living in Group Care for longer periods described feelings of safety, routines, establishment of a care plan and development of relationships with Group Care staff. Further analysis is required to determine the cause for decreased UAs after one year in Group Care.

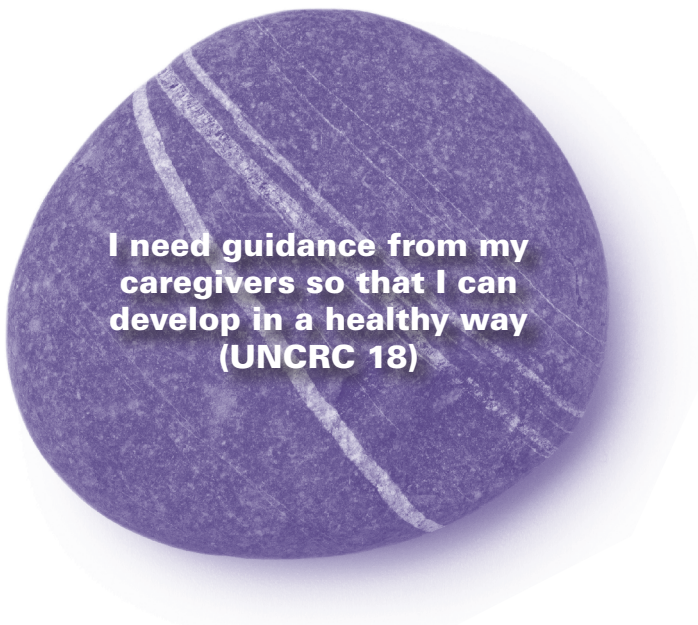


“I thrive in an environment where I get one on one attention from staff, and would not like to be placed with other youth with unhealthy lifestyles”

~Youth quote



**my belongings should be private
(CFSA, 88 (k),
UNCRC 16)**



**I need guidance from my caregivers so that I can develop in a healthy way
(UNCRC 18)**

Education Outcomes for Children and Youth in Group Care

**“I suck at Math. I need
to go to school”**

~Youth quote

There are 180 days in a school year for Yukon students. The following chart lists the mean and median number of school days missed by children and youth in Group Care, as well as the minimum and maximum number of absences from school. On average, the median is considerably lower than the mean implying that a smaller number of children and youth have a high number of absences. Data is not available on how this compares with absence rates for children and youth not living in Group Care.

Number of School Days Missed by Year

	2014/2015	2015/2016	2016/2017	2017/2018
MEAN	29.1642	31.0702	35.4561	28.8163
MEDIAN	23.0000	25.0000	22.0000	17.0000
MINIMUM	0.0000	2.0000	2.0000	2.0000
MAXIMUM	102.0000	141.0000	105.0000	121.0000

Definitions:

Mean- the average number

Median – the middle value in a list of numbers

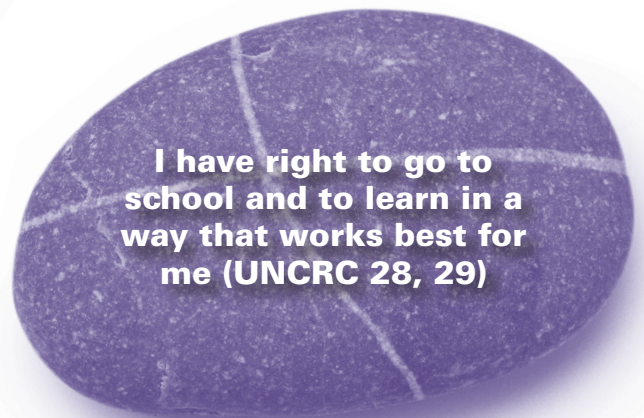
Of the 33 youth who were no longer attending school on the final date of the Review Period, 25 had withdrawn from school altogether, 6 graduated and 2 were listed, by the Department of Education, as inactive.

Of the 6 youth who graduated, 5 graduated from the Individual Learning Centre and 1 graduated from a community school.



Last School Attended before Withdrawing

F.H. Collins	Individual Learning Centre	Vanier Catholic	Other Schools
12	5	5	4



STAFF OF GROUP CARE FACILITIES

About the Group Care Staff

Group Care staff are employed by Family and Children's Services, a branch of Health and Social Services. The number of staff working in Group Care during the Review Period was approximately 152. 108 of which were auxiliary on-call or casual employees. An exact number is not available as some staff had multiple positions within the Department. The average time that staff were employed by Family and Children's Services was five years, nine months. 94 staff held their position for 5 or less years while 29 staff held the position for 10 or more years.

Of the 152 staff, 22 (15%) self-identified as having Indigenous ancestry; a noteworthy figure given that 79% of children and youth residing in Group Care are Indigenous.

The positions in Group Care range from Residential Care Workers, Child and Youth Case Workers, Supervisors for Transitional Support Services, Residential Services Coordinator, Administrative Assistant, and Manager of Transitional Support Services.

Essential qualifications for working in Group Care include:

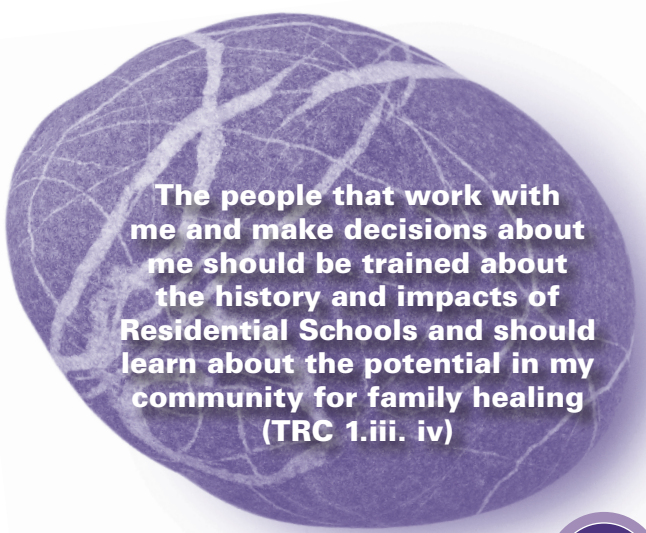
- a Degree in Child and Youth Care, Social Work, Psychology or a diploma with related experience
- standard First Aid with CPR-C/AED (Automatic External Defibrillator)

Once hired, policy requires employees to attend:

- a three-day orientation session that includes medication administration, policy, procedures, and health and safety management
- three shadow shifts with a senior Residential Care Worker
- non-violent crisis intervention, Risking Connections (three-day basic/foundational workshop to be completed during first year of employment)
- History of Yukon First Nations
- other administrative training

Caseworkers and Supervisors are required to take suicide assessment and intervention as well as a course on restorative justice approaches.

In addition to orientations and mandatory courses, optional training is available. YCAO did not review the degree to which the orientation and training requirements are upheld.



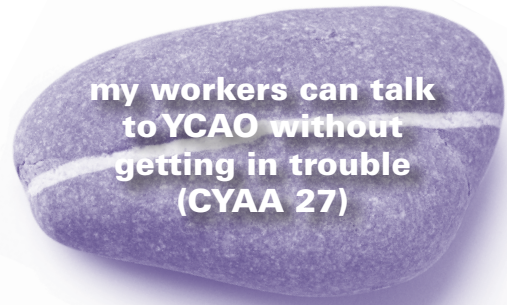
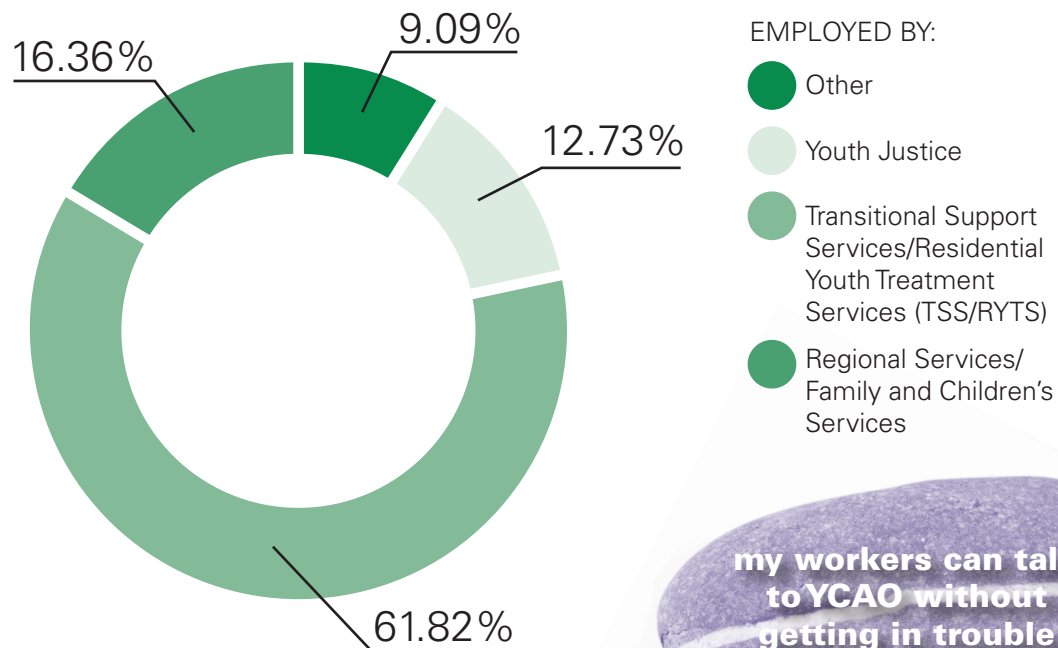
The people that work with me and make decisions about me should be trained about the history and impacts of Residential Schools and should learn about the potential in my community for family healing (TRC 1.iii. iv)

What Group Care Staff Have to Say

As part of this Review, the YCAO invited input from staff and contractors who have or are currently working in Group Care, child welfare case management and youth justice. An anonymous survey was sent out to approximately 200 employees along with the option for one-on-one interviews, upon request.

Prior to sending out the survey, YCAO met with senior management within the Department of Health and Social Services, as well as Group Care Facility supervisors, and were informed that the Department would cooperate with the Review. After the survey was sent out, some employees reportedly made inquiries to management and were told they could choose to participate at their own discretion. However, some Group Care Facility staff were initially told "DO NOT fill out the group home survey at this time". This directive was later reversed. Ultimately, YCAO received a total of 55 responses. 62% of completed surveys were from frontline Group Care staff. The information provided valuable insight into the strengths and areas for improvement in Group Care.

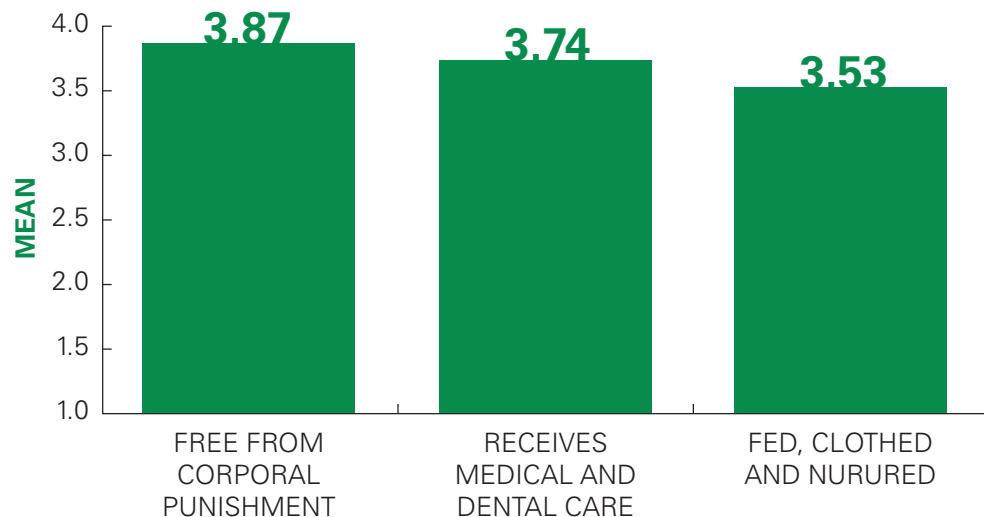
Respondents Employment within Yukon Government




The rights of young people (0-19 years old) are enshrined in the 42 articles of the United Nations Convention on the Rights of the Child (UNCRC). The *Child and Family Services Act* specifically refer to 10 of those articles, which are demonstrated in the following chart. In the first part of the survey staff were asked to rate, on a scale of 1 to 4, how the rights of children in Group Care are being upheld.

Rights of a Child in Care		
Physical Wellbeing	Socio-Emotional Development	Rights and Responsibilities
<p>Article 37: Child is free from corporal punishment</p> <p>Article 27: Child is fed, clothed and nurtured</p> <p>Article 24: Child receives medical and dental care</p>	<p>Article 5: When appropriate, is free to receive visits from family members in private</p> <p>Article 31: Can participate in community, social and recreational activities</p> <p>Article 14: Can pursue religious and spiritual activities</p> <p>Article 30: Receives guidance and encouragement of their cultural heritage</p>	<p>Article 12: Ability of the child to participate in decisions that affect them</p> <p>Child is informed of standards of behaviour and potential consequences</p> <p>Article 16: Child has privacy when communicating with their representatives</p> <p>Child has reasonable privacy regarding their possessions</p> <p>Article 42: Child is informed of their rights and official complaints procedures</p>

Staff Ratings of Children’s Physical Wellbeing




Regarding the upholding of children's rights, the ratings by staff were generally high. In the additional feedback section of the survey staff identified four areas for improvement: the unavailability of healthy food, a lack of adequate winter clothing given the northern climate, access to medical and dental care, and barriers to providing a nurturing environment. A key concern for staff is being able to provide a nurturing environment in a workplace that is often reactive and 'crisis driven'.

A photograph of three smooth, rounded stones stacked on top of each other. The stones are in shades of grey and black. The background is a textured, greenish surface, possibly sand or a similar material, with a soft, diffused light source from the left, creating a gentle shadow to the right of the stack.

“Nurturing to the standard of the best quality of care is impossible in group care due to the rotating staffing bodies, changing Social Workers, and group care environment. Although workers are doing their best, it is still a job and children in care feel that difference.”

~ Staff quote

A photograph of three smooth, rounded stones stacked on top of each other, similar to the one above. The stones are in shades of grey and black. The background is a textured, greenish surface, possibly sand or a similar material, with a soft, diffused light source from the left, creating a gentle shadow to the right of the stack.

“Some children are not followed by a family doctor and I believe they should have access to doctors at least once every 6 months or more to communicate concerns. Youth are at risk and need more than a few supports, their doctor could be a huge trusting factor.”

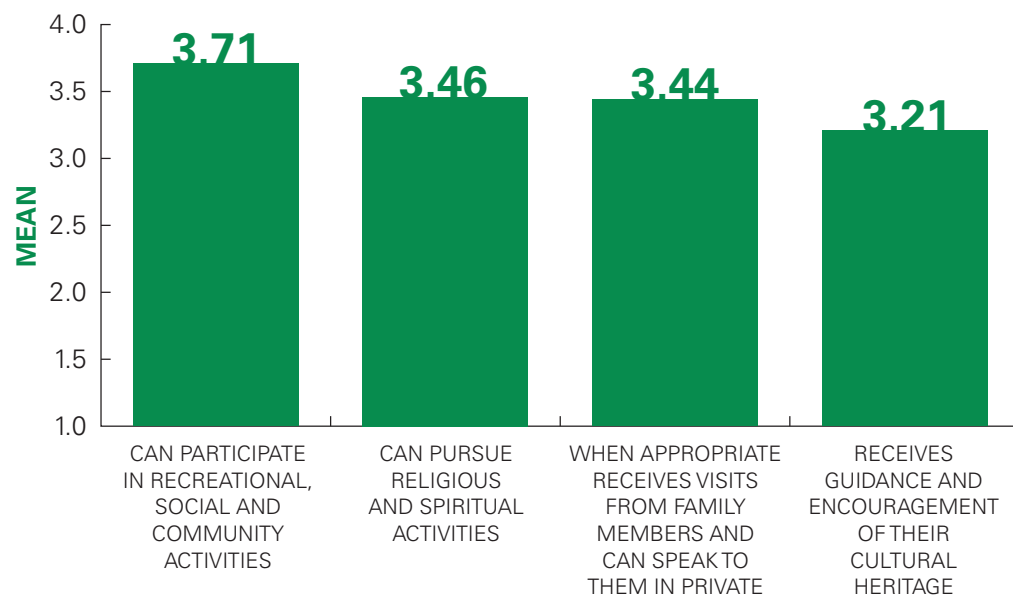
~ Staff quote

there are gaps in health outcomes between me and my non-Indigenous peers (TRC. 19)

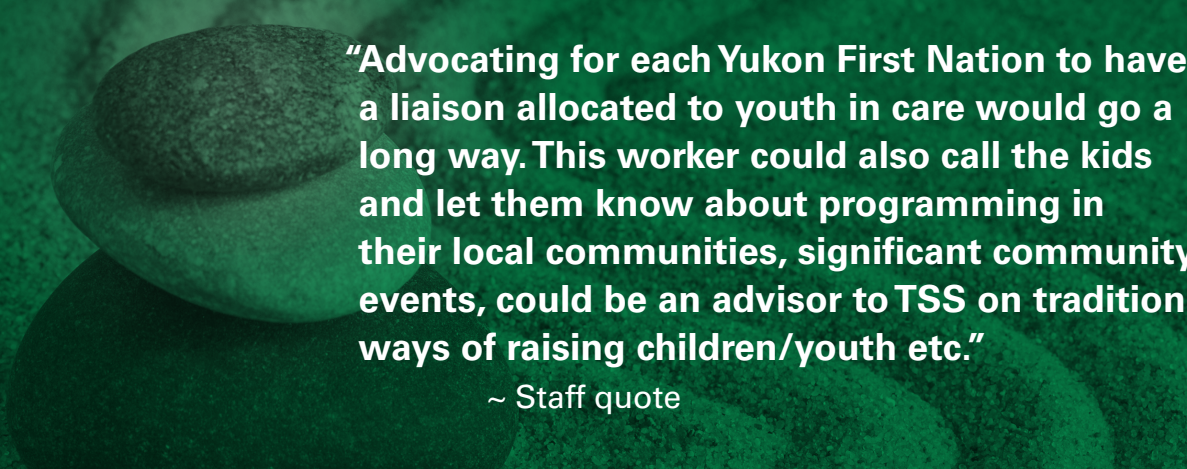
I should have the highest level of health possible (UNCRC 24)

my physical and mental needs should be met with an adequate standard of living (UNCRC 27)

Staff Ratings of Opportunities for Children's Social and Emotional Development




The ratings of children's rights with respect to social and emotional development were somewhat lower than those related to physical wellbeing. More than one fifth of respondents indicated that the right to receive guidance and encouragement from cultural heritage was only somewhat being upheld and just over half of staff reported rights to family visits and cultural heritage as being fully upheld. This ranking is consistent with comments from staff which expressed challenges in effectively implementing cultural opportunities for children and youth.



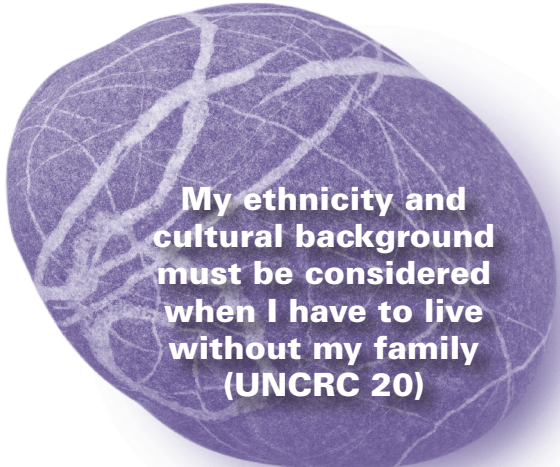
“Advocating for each Yukon First Nation to have a liaison allocated to youth in care would go a long way. This worker could also call the kids and let them know about programming in their local communities, significant community events, could be an advisor to TSS on traditional ways of raising children/youth etc.”

~ Staff quote




“Efforts are made but it very insufficient. When a youth is francophone however they seem to have an abundance of programming options. When they are First Nations not so much. A few get to do a cultural camp, and a few get to do a moose hunt. But no fish camps, berry picking, beading etc.”

~ Staff quote

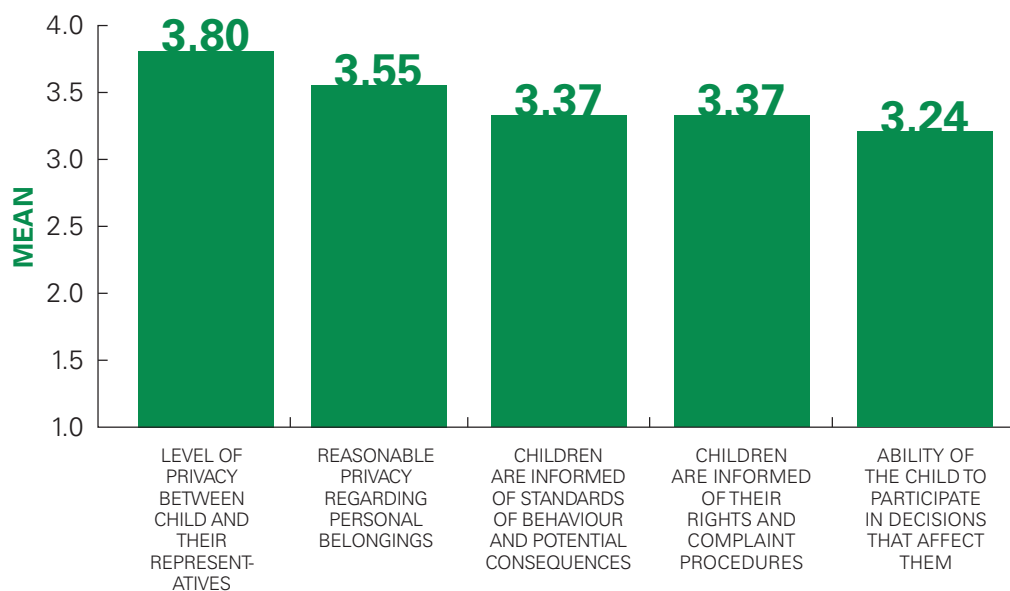


**My ethnicity and cultural background must be considered when I have to live without my family
(UNCRC 20)**



**I have the right to practice my cultural traditions and customs
(UNDRIP 11)**

Staff Ratings of Children’s Understandings of their Rights and Responsibilities



Staff rated five areas on how well children’s rights to privacy and administrative processes were being upheld. Of these, staff rated privacy rights as fairly high, while rights to participation in administrative processes were rated lower. The following section looks at these categories of rights in more detail.

Family, Culture and Spirituality

“This is challenging as often the family a youth wants to visit is not determined as safe or appropriate by an arbitrary decision by a social worker or supervisor, yet in practice youth could be supported to better healthy avenues for contact with family”.

~ Staff quote

Many respondents noted that arranging, maintaining and following up with family contact is challenging since Group Care staff are generally not responsible for this part of case planning. Approval for family contact and arrangements for visitation are the responsibility of social workers at Family and Children’s Services and Regional Services. Group Care staff noted that the division of labour between Group Care staff and social workers can create barriers for children. Group Care staff can play a role in supporting family visits but also indicated that there needs to be more resources, such as more staffing and formal programming, directed at making family connection a priority. One respondent explained their strategies for integration of culture into programming while recognizing bureaucratic limitations.

“This is an area that needs attention, more visits with family is needed, a visiting program needs to be set up, the group homes do try and have regular visits but at times had to have the visits at the group home due to staff shortages which is not always ideal.”

~ Staff quote

With respect to cultural heritage, respondents highlighted the ongoing lack of First Nation’s Group Care staff, the ‘governmental nature’ of Group Care, and lack of communication with individual First Nations. Respondents also critiqued the ‘once a year’ approach of a cultural camp and stressed the importance of more funding for on-going land-based programming and family healing, as outlined by TRC Call to Action 1.iv.

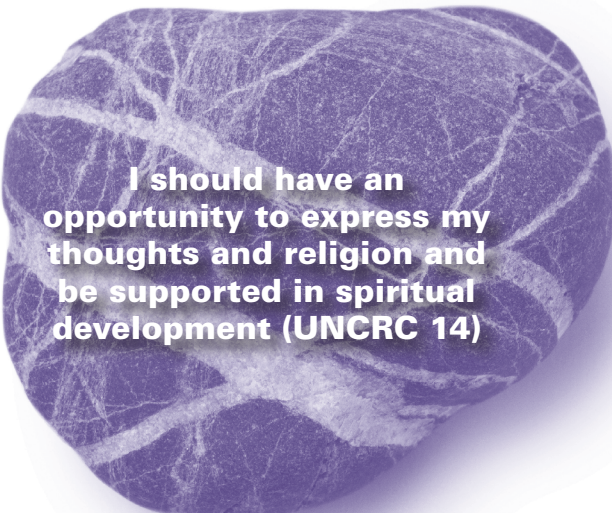
Cultural programming can feel forced and unnatural if it does not occur through families and community connections. Several respondents noted the need for better connections between First Nation governments and Group Care programs.

While most respondents expressed support for spirituality and religious practice, it is not an area that is commonly encouraged. Staff indicated that most young people did not pursue these avenues however, when they did show an interest, some staff would attend events with them.

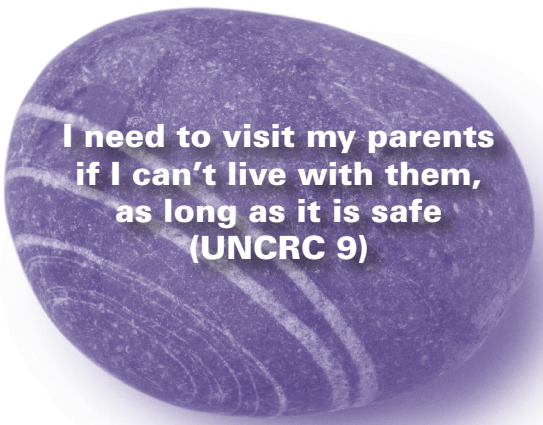
It is likely that spirituality is not explored by young people in Group Care as it can be difficult to connect with. It is generally understood that if basic needs for belonging and emotional stability are not met, more complex needs such as spiritual practice may be unattainable (Brendtro, Brokenleg and Van Bockern, 2002).

“This area is rarely initiated by staff, and our clients are not fully aware of their options for spiritual and/or religious development, activities, or instruction.”

~ Staff quote



I should have an opportunity to express my thoughts and religion and be supported in spiritual development (UNCRC 14)



I need to visit my parents if I can't live with them, as long as it is safe (UNCRC 9)

Child and Youth Awareness of Rights

Children in Group Care are to be informed of their rights, formal complaint procedures and the role of the YCAO. Staff respondents had three explanations for why this might not occur, including:

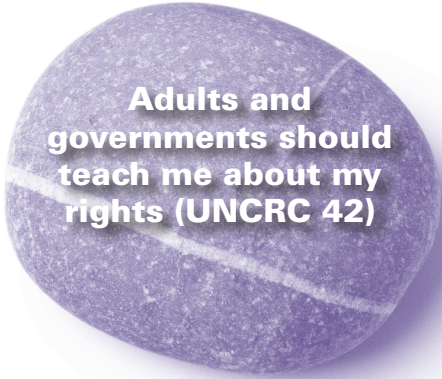
- cognitive and developmental understandings of rights and processes
- staff perceptions of confusing and bureaucratic nature of the complaints process
- staff being dissuaded by supervisors from helping youth make complaints.

When informing children and youth of their rights and the role of the YCAO, staff appeared to confuse this with complaints about Group Care. Most respondents expressed concerns about the internal process to deal with complaints.

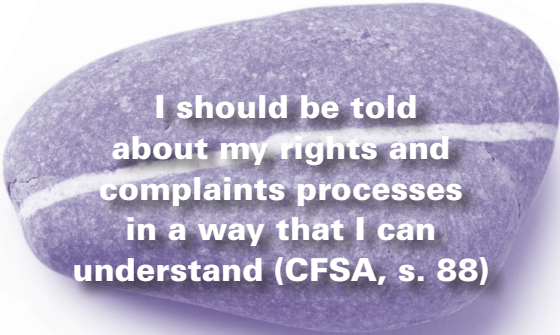
Several staff provided suggestions on how to address the confusing nature of complaints, as outlined in the quote below:

“Complaints policies and procedures are complicated and by nature confusing and overwhelming to children and youth. It would likely work better if they had one point of contact for their complaints and ideally this would be someone outside of I believe all complaints about their home (TSS), their treatment at home, concerns about the running of their homes/staffing of homes etc. must take place outside of TSS. Even if once per month they met with their SW pre-emptively to discuss how life at TSS is going and have a say in the day-to-day running of the homes/ the home-environments, the approach of staff and so forth, this would go a long way.”

~ Staff quote




Adults and governments should teach me about my rights (UNCRC 42)



I should be told about my rights and complaints processes in a way that I can understand (CFSA, s. 88)

Respondents reported that their supervisors discouraged staff to contact YCAO and typically recommended addressing concerns or issues internally. These comments show a lack of understanding of the role and focus of the YCAO as supporting a child's voice in decision making, not necessarily fielding complaints. Some respondents were unsure of their own role in informing young people of their rights.

YCAO will continue to provide education on their role and children's rights so Group Care staff and their management are comfortable making referrals and assisting young people to self-advocate. The YCAO has hosted workshops and information sessions regarding children's rights to designated services, including Family and Children's Services.



"It has not been my experience that [educating children about their rights] is common practice. Multiple caregivers results in consistently blurred differences in staff level of behaviour and care giving ethos. Youth who have had concerns are often unheard. When there are child protection concerns in a family home, intake is involved in an investigation. When a child articulates concerns in a group home, the process for reporting those concerns was not clear and how those concerns are dealt with not necessarily info privy to a child."

~ Staff quote



"Many RCW's were not aware of the rights of children, including complaint processes etc. So they require further training about how to inform children."

~ Staff quote

Privacy

The majority of staff respondents were clear that there is less privacy in Group Care due to valid safety reasons. How privacy was addressed depended on which Group Care facility the young person was living in. Some facilities conduct regular room checks while other facilities only conduct a room check if there was a reason for concern. The inconsistency is a balancing act between trying to provide a normal home environment versus the realities of an institutional setting where residents often have little privacy or control over their belongings. Youth also spoke about other youth having access to their belongings. Staff suggestions included having lockers and keeping valuables in the staff office.

“Room checks are part of TSS policy; these can be intrusive when compared to a regular home environment. Front line staff are often sandwiched between wanting to make our homes more “normal” and homey and having to abide by policy and procedure. There are bigger structural issues (policy & procedure, HR protocols) that dictate small day-to-day practices, and this is where change is required also so that the front-line can be empowered to make good caregiving decisions.”

~ Staff quote

**my personal information
and belongings should
be private (UNCRC 16,
CFCA s.88k)**

Behaviours and Expectations

“My brother has an anger management problem because the group home lets him do what he likes.”

~ First Nation quote

I have a right to have parental guidance (UNCRC, 18)

With respect to practices regarding behavioural expectations respondents consistently noted the lack of ‘consequences’ available for youth who push or exceed limits. Group Care staff stated they had ‘few options’ until behaviours escalated, possibly necessitating police involvement. Other respondents expressed an over-reliance on police for behavioural issues, but this varied between Group Care facilities. Feedback suggests the need for training and education regarding addressing and managing situations prior to escalation.

“[This is a] work in progress, as most staff do not have education in child development, training or experience with Group Care settings involving younger youth-ages 12 and under. Most often, staff who have children of their own, use their personal parenting techniques/skills. Which naturally is not suitable for the environment of trauma focused care.”

~ Staff quote

“[One problem is] staff taking the behaviours of our clients personally. We need to remember that these clients have been exposed to various traumatic events, and the effects of that do not go away just because they’re removed from the traumatic situation. Their brain function has been hardwired based on those traumas. So many, if not all, our clients, are constantly faced with challenges and struggles that they’re doing their best to handle. Their behaviours are adaptations they’ve learned and have had to rely on to cope. They’re struggling, not ‘out to get staff, push staff buttons, or trying to upset staff on purpose’. We as staff need to be more understanding and compassionate, rather than judging or criticizing the clients or they’re families. I see so much judgment on part of staff, it’s not fair to the clients. ”

~ Staff quote

Respondents noted that struggles include consistency between staff, difficulties in holding youth accountable, providing meaningful consequences, decisions about involving police, and balancing risk with maintaining relationships. In the survey responses Group Care staff are requesting further discussions to reach a mutual understanding of how and when to provide trauma-informed consequences for children and youth.

“[There is a] small percentage of highly complex and high risk youth. I feel they need a more specialized and secure placement to allow for stabilization, sobriety, and trauma treatment/grieving. When they are a lesser risk to themselves and others - they would do so much better in a generalized Group Care setting. Most of the kids we have - are just wanting to be kids and live in safe, predictable and loving environment.”

~ Staff quote

Case Planning

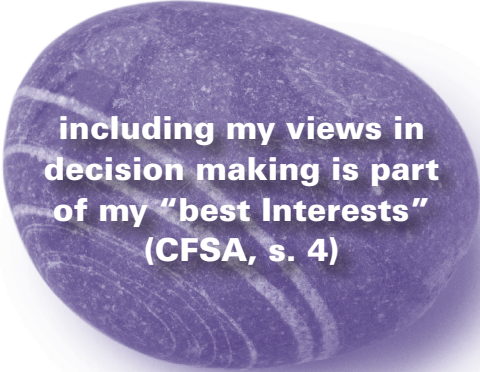
“I believe the child’s views and preferences are well recognized with the group homes, however, the disconnect between children/youth-in care and social workers (who ultimately have decision-making authority in most cases) is severely lacking.”

~ Staff quote

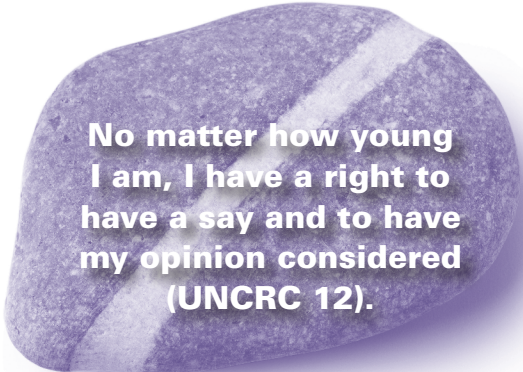
Young people’s involvement in case planning and decision making was rated as being minimal. Respondents described several factors, including the child’s interest, in being involved in the process. While involvement is an option presented to children and youth, often it is not encouraged. Strategies for engaging youth in their own decision making may not be fully understood. There is often a gap between supporting children and youth to communicate their views while also understanding limitations to decision making and maintaining safety.

“Case planning is often something youth/kids do not want to participate in and avoid - particularly as they get older. The issue may be more of needing to make these meetings less formal and intimidating and more family-oriented. Engagement is an issue in all planning we do with the youth. *Utilizing Family Group Conferencing services more frequently for these types of meetings is an idea.”

~ Staff quote



including my views in decision making is part of my “best interests” (CFSA, s. 4)

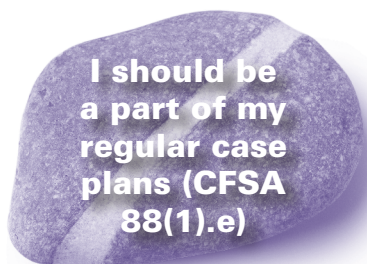


No matter how young I am, I have a right to have a say and to have my opinion considered (UNCRC 12).

Respondents commented that regular treatment planning and case planning is not completed within the required timelines, often leaving the young person in a state of uncertainty. Regarding decision making, the lack of involvement of those closest to the child, such as teachers, family members and health professionals, was also noted as a concern. At times, young people are informed about, but not involved in, discussions regarding moves or plans of leaving care.

“...in regard to case plans outside of TSS, ex. Child In-Care social workers (FCS), children/youth in-care are rarely involved in meaningful decision-making (ex. placement options).”

~ Staff quote



Staff reported that enhancing the child’s best interest involved the use of inclusive case planning and decision-making processes. The frontline staff in Group Care provide work directly with young people on a daily basis, however they are often excluded from providing input into case planning. Frontline staff spend the largest amount of time with the children and youth and are involved in activities, appointments and multiple aspects of these young peoples’ lives. Group Care staff may also have built relationships with young peoples’ families, friend groups and know what relationships are meaningful to them. As such, their involvement would enhance decision-making as they would be able to provide information and a point of view that are not necessarily being explored. Their relationship with the child needs to be fully recognized.

“Youth rarely have input beyond what they talk with a case worker about. Unfortunately, day to day decisions can’t be accounted for in building big picture plans.”

~ Staff quote

Success Stories

Respondents described successful events for children and youth living in Group Care.

The responses for success ranged from learning to tie shoes, school graduations, family reunification, successful transitions to both adulthood and parenthood, and successful suicide interventions.

Respondents provided insight into the Group Care system. There is a lot of knowledge, experience and suggestions to improve not only Group Care but also child intervention services. For continuous improvement to occur, conversations must occur in a safe environment for all those involved with Group Care. Equally important is the inclusion of First Nation worldview, knowledge, experience, partnership and collaboration. Discussions provide the opportunity to share insights and to start building bridges between those that provide day to day care of young people and those that make decisions for young people.

“One of my success stories is where I hired a youth who at one time resided in Group Care.”

“Teen in group care who improved many skills such as self-worth, social skills, academic skills and continues to learn and grow.”

“Complete reworking of the Group Home (to meet two children’s needs) which has greatly benefited the other children already in the home. Very proud of the work that was done and the attachments that they made. Thanked by the family for the work that was put in and the care provided.”

~ Staff quote

Moving Forward

“I would like to see the front-line staff being engaged more conversations around our work and best practice. Many of the people working at TSS are dedicated, trained (some highly trained), loving, therapeutically minded staff. Many of are also First Nation. We have a lot of ideas about what is working and what isn’t but are often not consulted when these reviews happen. Furthermore, we are often demonized, in the media for example, and are not allowed to respond due to our jobs within government. Many of us have extremely strong attachments and wonderful relationships to the children and youth we work with and it would be nice for people to consult with us/ tell the stories about the good things we do from the children’s perspective (rather than focusing in on the negative stories, which also need telling). Many people on the front-line would be open to collaborating with anyone and everyone and in the home I mostly work in we would be very transparent about our work because I think we do a good job.”

~ Staff quote

Respondents had a number of suggestions for moving forward, these ranged from suggestions for best practices within Group Care to changes in child protection practices and improving case management.

Improvements to Group Care included creating home environments that favour child needs as opposed to employee needs and changing hours of work and keeping staff from frequent moves between homes to help develop meaningful relationships. Respondents spoke about improving the education and skill level of Group Care staff and how this might impact practice when working with children and youth. Staff also recommended that all those working in Group Care recognize their own values,

biases, beliefs and triggers as this influences the work that they do. While each employee has their own values and biases which impact their responses and their work, each also has strengths such as skills working with certain ages, genders or special needs. Capitalizing on staff strengths contributes to positive outcomes and ensures the best possible support is provided to children and youth in Group Care.

Many respondents commented on how youth can become traumatized when placed in homes with youth with very high needs and historical exposure to abuse and emotional harm. Staff also spoke about the “institutional” nature of Group Care versus family based placements, and a lack of foster homes, particularly the lack of First Nation foster homes.

“I would like to see less high-risk youth being placed together in the same home by reducing the number of children in one home. When we place youth with high-risk behaviours such as substance use, skipping school, and engaging in unhealthy activities, it makes it difficult to draw them away from that because their peer group becomes the other youth in Group Care.”


~ Staff quote

They also expressed the need to ensure Group Care is “homey” through tangible actions such as staff showing respect for the home (i.e. taking shoes off) and regular upkeep and maintenance of the homes. Children and youth benefit when they feel that the residence is their home. Additional recommendations include having a cultural or spiritual space in the homes for children and youth to be able to access throughout the day.

One notable theme was the disconnect between Group Care staff and management. Many respondents perceived a lack of support and that the “real issues” in Group Care are not addressed as the emphasis is on making it “appear that everything is fine.” Additionally, decisions about children are often made by social workers, who may not know the specifics of children, in comparison to the Group Care staff who have more frontline involvement with children and youth.

“...more active involvement in our homes of First Nations/family and community members would be wonderful. Again, more collaboration and investment with and by our First Nations so that we can balance the limits of government with the perspective of our First Nations and for the First Nations to have ownership in how group care is organized.”

~ Staff quote



**I have a right
to practice and
teach my spiritual
traditions (UNDRIP
12(1))**

“Focus on what really matters, like teaching/showing every client they’re worth, building up their self-esteem, their resiliency and compassion for themselves and others. So they can grow stronger, believe in themselves and advocate for themselves, and live the lives they dream of.”

~ Staff quote

“That all youth are seen as having unique needs; all youth/children who are in Group Care are traumatized by being there. These youth/children require the highest level of emotional/psychological support and care.”

~ Staff quote

Suggestions for system improvements regarding case planning reflected information sharing of service providers, on-going and timely assessments, exploring family and community connections and stronger supports for education and after-care services. Respondents stated that information sharing has been an on-going difficulty, particularly between Government departments, in relation to privacy and sharing legislation. Further, timely assessments are often impacted by staff caseloads and availability of resources. As mentioned above, exploring family and community connections is typically a responsibility which falls to social workers leaving Group Care staff, who might have previously established relationships, often uninvolved in the planning for such connections. After-care services have been the focus of several reviews in the Yukon, and throughout the world, and will be the focus of additional reports from the YCAO (Anglin, 2001; Smith, 2011; Stein, 2004). Recommendations to increase the age of support from age 24 to 30 years of age may more accurately reflect the amount of time children and youth, who are ageing out of care, benefit from receiving additional supports in comparison to the current age limitations in the *Child and Family Services Act* (Government of Yukon, 2008).

“I don’t pretend to know what the right answer is but what we are doing now is not it.”

~ Staff quote

Recommendations from Staff respondents:

- increased supports for youth transitioning to independent living
- increasing and supporting healthy attachments and relationships with family (ie. family-oriented therapy)
- wrap-around inclusion, regarding decision making, of significant people in the child’s life
- deeper staff understanding of First Nation’s history
- increased training for staff in a variety of areas
- changes to residential structures, including natural immersion of cultural aspects

The respondents demonstrate insight into the role of Group Care, and their role as staff, as benefitting from moving towards a holistic approach, and inclusion of all those that are involved with the child, in supporting children.

Best Practices for Group Care	Improvement to Systems and best practices for Case Management
Create a home environment with a cultural or spiritual space	Information sharing between service providers
Demonstrate reciprocal respect	Timely assessments
Develop meaningful relationships to support engagement with children and youth	Exploring family and community connections
Improve the educational and skill level of Group Care staff	Increased supports for education and after care
Identifying individual strengths, values, biases and triggers	Increase resources
Systematic maintenance of the home	Reevaluate caseloads

FIRST NATIONS AND FAMILIES

79% of children and youth in Group Care during the Review Period are Indigenous.

What are First Nation and Families Saying?

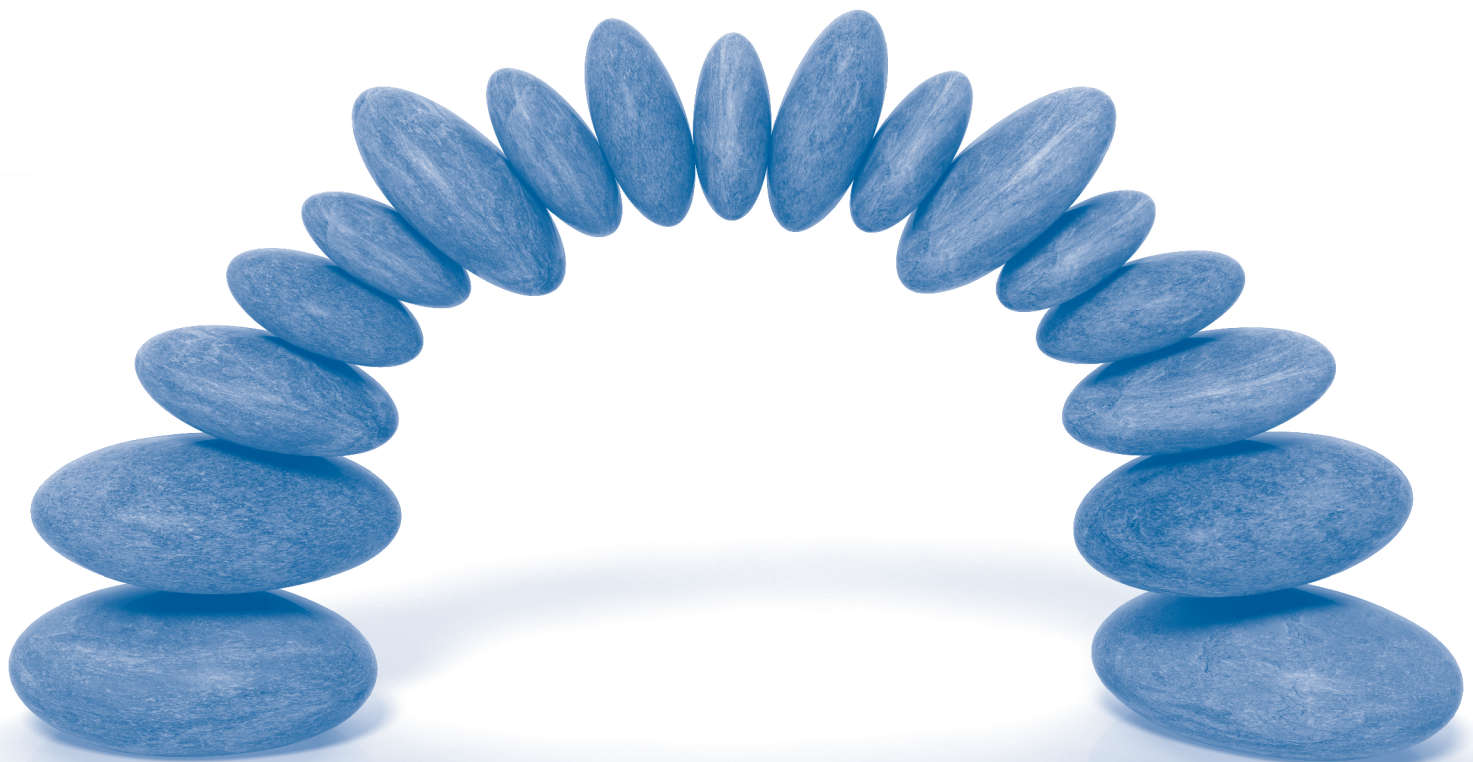
For the purposes of this Review, First Nations input is essential. In April 2018, YCAO notified all Yukon First Nation Chiefs and the Council of Yukon First Nations that YCAO was conducting a systemic review of the experiences of children and youth in Group Care. YCAO followed up with the Directors of Health and Social Programs for Yukon First Nations as well as the Council for Yukon First Nations. Meetings were held with the First Nations Health Commission, representatives identified by First Nations governments, and community members who reached out to YCAO with a focus on creating meaningful change for future generations. The discussions with participants (“First Nation Participants”) focused on a vision for improving the experiences of children and youth in Group Care, as well as the steps to be taken to make those improvements.

“Children need to feel the love they have. Sometimes they turn to the wrong place for love. I never believed in group homes because of our family experience with Residential school.”

~ First Nation quote

My cultural identity should be persevered while I live in the group home (CFSA 2(d)).

I should feel belonging to my community and know the traditions and customs (UNDRIP, Article 9).



Where we are

Our Vision

Where we are: Siblings separated; lack of supports to prevent kids going into care; plan more of helping families and their children; high number of Non-Indigenous staff for few children who are majority First Nation; currently no Cultural committee, community involvement or Youth Advisory group; investing in million-dollar home for Government of Yukon.

Our Vision: First Nation employees; less kids in group homes; more kids with their families; Yukon and First Nations focused trauma training for staff; active transition planning; emergency receiving home (72 hours); Ottawa to look at alternatives for funding; reallocation of Federal funding to First Nations; advocacy to ensure mental health is not criminalized but supported; increase in graduation rates; community housing for families; ceremony and healing opportunities.

How we get to the Vision: Start over; change funding agreement and model; review tools to make decisions regarding placements; re-allocate funds towards working with families.

“...building a better bigger mouse trap known as Group Care – what really needs to happen to stop this?”

~ First Nation quote

“Children can’t learn how to love in an institution; they actually need to feel the love; families and communities need to be involved with children every step of the way.”

~ First Nation quote

the impacts of Residential Schools need to be considered when making decisions about me and my family (TRC 1.v)

First Nation Participants stated that the Group Care system is reflective of the Residential School system. The current system removes children from families which results in a loss of connection to community, culture, and extended family. Young people returning to their home communities after being in the system are often angry with their families and community due to feelings of loss of connection and abandonment.

“Grandparents don’t want to lose their children to the system. Living in poverty, raising the whole family for \$500 a month.”

~ First Nation quote

“What do we do with all these young people who are coming back to our communities, raising havoc and involved with the law? ”

~ First Nation quote

“The system needs to have the willingness to make dramatic change – we didn’t want to lose children to the system.”

~ First Nation quote

The views expressed by the participants of this Review are not different than those from First Nation people across the country. Langevin (2017) states that:

“There is a lack of opportunity, development and growth in northern communities. It’s long past time for Canada to decide are we going to continue down a historical path of a short-term solutions that do not address intergenerational trauma, cultural variance and systemic causes of poverty or are we going to work towards measurable outcomes, recognizing that all people in Canada maintain the right to an equal standard of living? Children have the inherent right to be raised in a safe and nurturing environment within their culture and community, it’s time they receive what they have a right to.”

“Grandparents would be the first place and family is the first resource – this has worked – work with community to have family and extended family as the first option.”

~ First Nation quote

Despite the fact that Family and Children’s Services’ have been given the responsibility to work collaboratively with First Nation governments, First Nation Participants relayed that young people are taken into Group Care without involvement from their First Nation or family and, once in Group Care, their families and communities do not have a voice in the decision-making process. The lack of real involvement of First Nation communities and families in decision-making, planning and continued involvement with child welfare makes moving forward a struggle.

First Nation Participants suggested that efforts be made to seek out alternatives, prior to a First Nation child coming into care, within the community and family. This requires that child welfare staff work with communities and build on family based strengths. Regional social workers who have a relationship with First Nation communities indicated that they would be more than willing to seek out alternatives to keep children within their community and maintain family connections. The identified barrier is similar to that seen between Group Care staff and social workers; conflict with a supervisor who is not actively in the communities but has the ultimate authority for making decisions.

“Family is part of the treatment – traditional knowledge – language and culture – Elders need to be involved – it must be part of daily living skills – not a day here and there.”

~ First Nation quote

Once a child or youth enters the Group Care system, First Nation families, potential caregivers and communities identified not feeling welcome to participate in the young person's life.

Identified barriers to maintaining relationships with young people in Group Care include:

- visits occurring in areas with little privacy or not enough room for participants
- having to fit into the Group Care schedule which may not work for a parent or visitor
- not being invited to attend activities
- parents and families having no say in what they viewed as important for their child
- delays in decision making from social workers
- mistrust and historical relationship with government systems

“When my family member was having behaviour problems in the group home and at school, I offered to address it with cultural teachings and traditional ways of handling these behaviours in our family. I feel like there’s nothing I can do because when I offer to help the social worker says they are working on it.”

~ First Nation quote

“It can be difficult due to other children in the home and balancing their rights for consistent care in the home. There are times when other children express concerns over parents coming into the home consistently while they have no visitors or parental involvement.”

~ Staff quote

“When I was working with a child who was very distressed I took him to see his Aunt to help him feel better. I was disciplined for this”

~ Staff quote

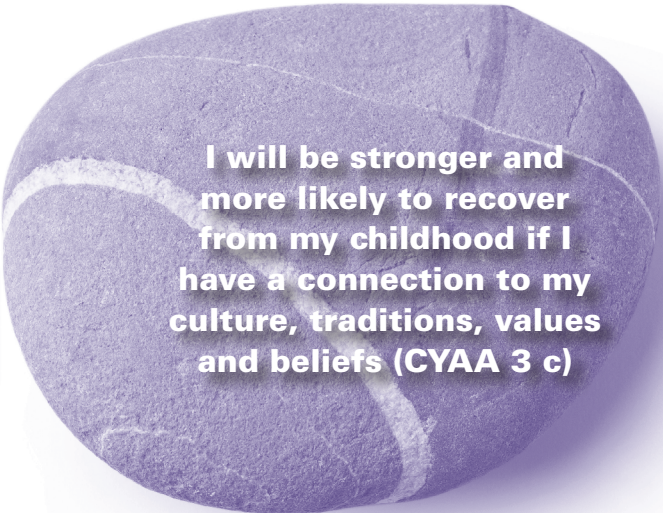
First Nation Participants expressed that the Group Care staff who do see value in cultural planning and family connections for children were frequently “shut down” by other staff members who did not share these values.

“Work culture is geared not to change. If you do something different for the sake of the child or family, you are not seen as a supporter of solidarity, you’re the weak link, and seen as playing favourites, why, because you care and you showed that.”

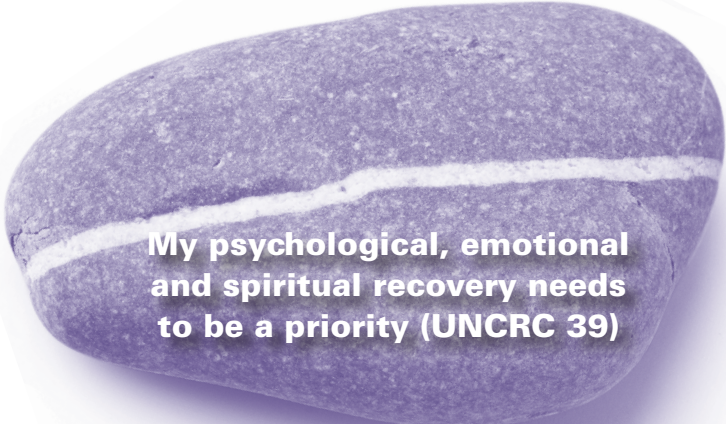
~ First Nation quote

First Nations Participants expressed a desire to make change and address the concerns by developing cultural and family workers who could build connections and work with the community. Such workers could navigate barriers between Group Care staff and social workers in order to reassess family situations for possible return, or find First Nations families to care for young people.

Further, these workers could provide Group Care and child welfare workers with understanding of a specific child’s family/community traditions, routines and important connections. There are 14 First Nations in the Yukon and the traditions and practices in each of these cultures goes far beyond beading, berry picking, hunting and fishing. Traditional healing and spirituality, based on specific First Nation practices, need to be an integral parts of recovery from trauma.



I will be stronger and more likely to recover from my childhood if I have a connection to my culture, traditions, values and beliefs (CYAA 3 c)



My psychological, emotional and spiritual recovery needs to be a priority (UNCRC 39)

“Grandparents want to make children strong – children of today are the next leaders of tomorrow – grandparents will walk beside them.”

~ First Nation quote

Looking towards the future, First Nation Participants had a sense of hope. They noted that some communities are working towards building their internal capacity and are not ready yet to take over delivery of services, while others are well positioned to start down this path.

Recommendations from First Nations Participants:

- hiring that focuses on understanding First Nations in the Yukon, including the impact of historical events, knowledge of culture and the ability to work with family and community (family centered practice)
- supporting First Nations to restore language and culture.
- improving service provision for protecting children and families within First Nation communities
- reviewing funding model and allocation of funds provided by Indigenous Services Canada
- developing a family preservation and healing team to work closely with families to decrease amount of time children and youth are in Group Care
- working from a holistic standpoint that includes emotional health, spirituality, physical health, cultural connection, and education
- sharing Traditional knowledge and involving Elders in children and youth development
- establishing an independent cultural committee within Family and Children’s Services that has equal voice in the delivery of cultural services
- incorporating First Nation input on placement decisions for children and youth
- actively involving First Nations in planning and decision making when a young person is leaving Group Care
- establishing a youth advisory committee for those in care
- Government of Yukon’s official recognition and commitment to United Nations Declaration on the Rights of Indigenous People and TRC Calls to Action



“Raising my grandkids, it’s a lot of work but it’s worth it.”

~ First Nation quote



WHAT THE FINDINGS MEAN FOR CHILDREN AND YOUTH

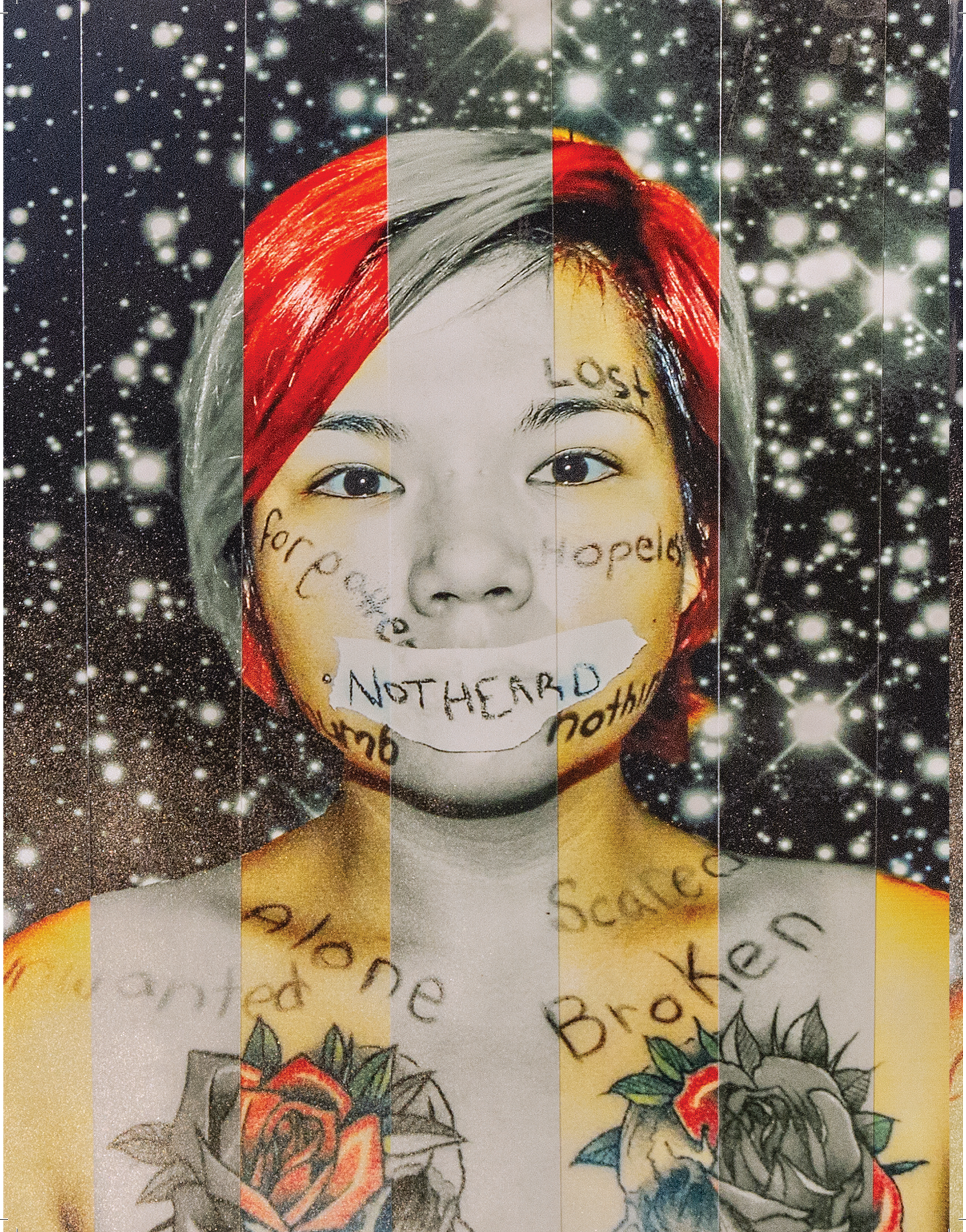
The use of Group Care is not new. While there have been no clear conclusions about the benefits and positive results of Group Care, Whittaker (2012) states that “[a] group home in any of its forms is no panacea”. Whittaker (2012) goes on to suggest that Group Care requires critical reviews in order to determine the proper function of Group Care in the continuum of child welfare services.

In the Yukon, Group Care is part of the continuum of care used by Family and Children’s Services. Group Care needs to be critically reviewed as part of the overall intervention plan, depending on the young person’s developmental needs, and provided at the right time.

Group Care can be a good placement option when there is a clear plan to transition to family based placement or supported independent living. All Group Care placements need to focus on the whole child or youth and their specific needs. Further, all Group Care options need to include healing opportunities and tools to support children who have experienced trauma. This Review informs us that every child who has come in to the Group Care system has experienced trauma in their lives.

The findings of this Review feature the following areas for discussion:





LOST

for peace

hopeless

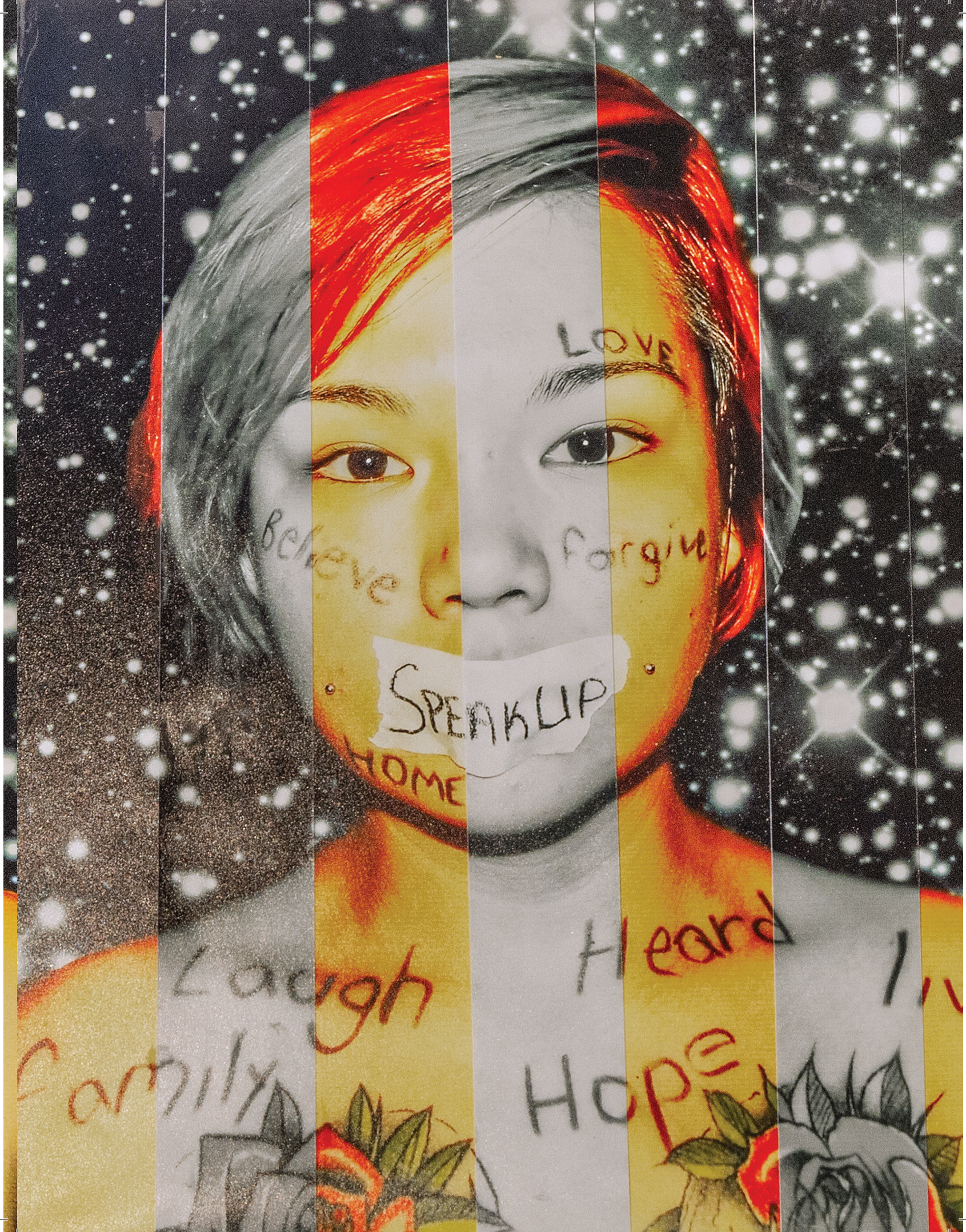
NOT HEARD
nothing

alone

Scared

BROKEN





LOVE

Believe

Forgive

SPEAK UP

HOME

Laugh

Family

Heard

HOPE

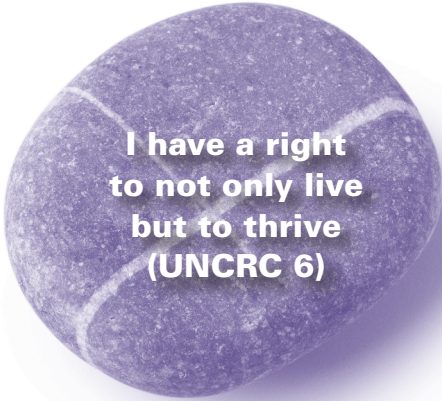
“In First Nations culture, life span is viewed in a circle but the care in the group home creates breaks in the circle when there isn’t any connection to family or culture.”

~ First Nation quote

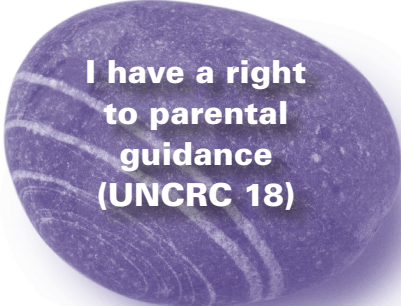
Young people in Group Care are no different than their peers in the sense that they need to be valued, respected, and have a voice in decisions affecting them. They need to be provided with the supports necessary to develop and thrive, with all the same wellness outcomes as children and youth who aren’t removed from their families.

However, children and youth living in Group Care have experienced abuse, neglect and trauma that inherently accompany being removed from their homes and their families. Understanding the young person’s experiences is integral to ensuring a child or youth’s needs are met. Brendtro, Brokenleg and Van Bockern (2002) state that: “These young people need opportunities to develop the skills and the confidence to assert positive leadership and self-discipline. Without opportunities to give to others young people do not develop as caring persons” (p.64-65).

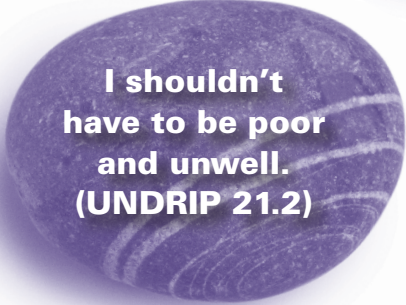
Children and youth have a variety of needs which reflect emotional, social, spiritual, physical, intellectual and psychological needs and wellbeing (Brendtro, Brokenleg & Van Bockern, 2002). When examining Group Care, a focus on children’s needs must encompass all of their needs for successful outcomes. This also reflects traditional teachings of First Nations and is linked with the Medicine Wheel understanding of health and healing (Brendtro et al., 2002). Bringing a young person in to Group Care needs to only be used when this type of setting is necessary and such placement is in the child’s best interest.



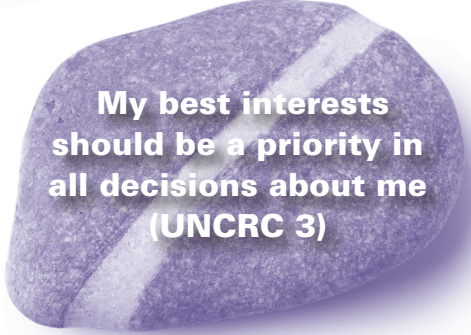
**I have a right
to not only live
but to thrive
(UNCRC 6)**



**I have a right
to parental
guidance
(UNCRC 18)**



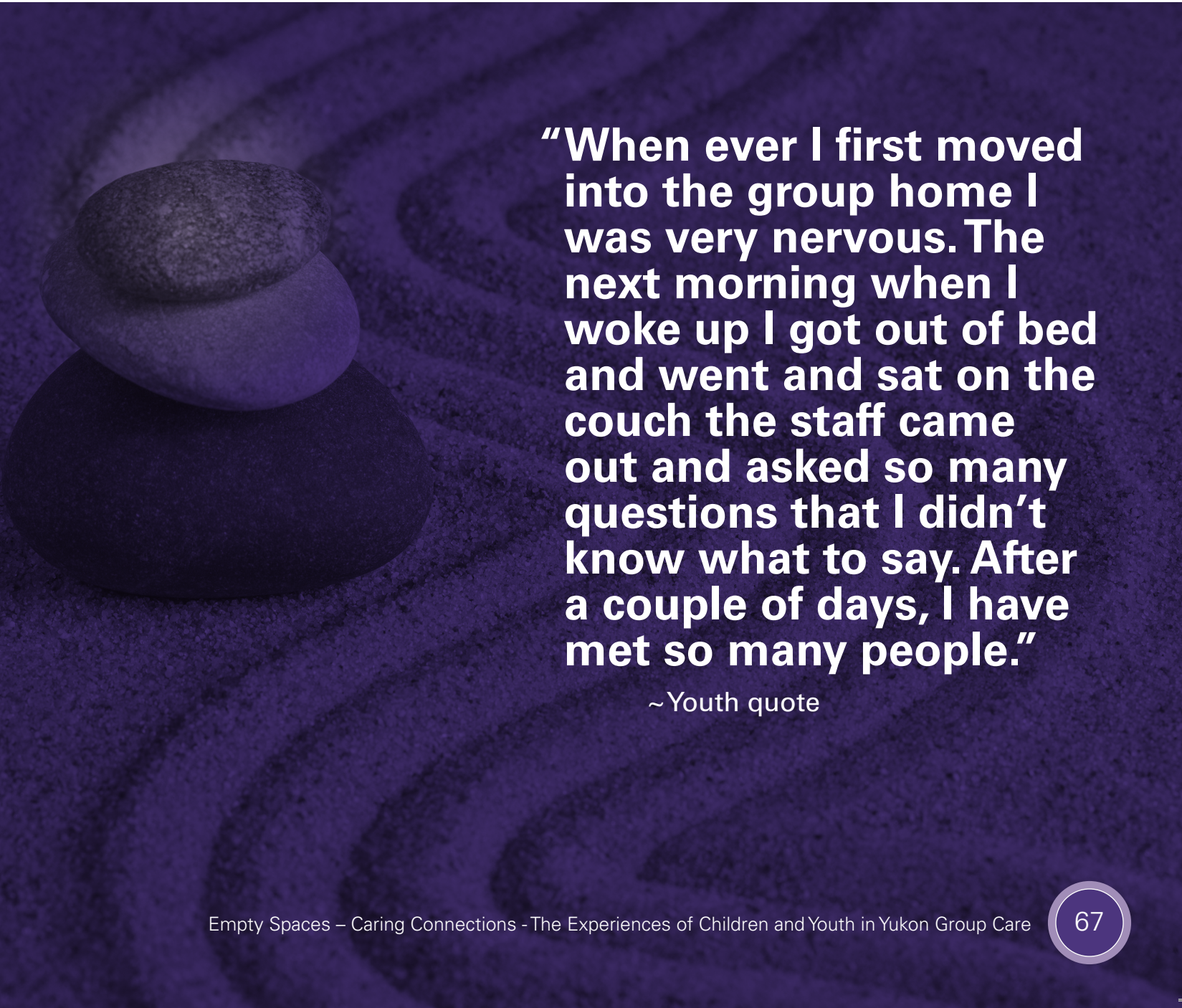
**I shouldn’t
have to be poor
and unwell.
(UNDRIP 21.2)**



**My best interests
should be a priority in
all decisions about me
(UNCRC 3)**



RELATIONSHIPS: SAFETY, LOSS, AND CARING CONNECTIONS



“When ever I first moved into the group home I was very nervous. The next morning when I woke up I got out of bed and went and sat on the couch the staff came out and asked so many questions that I didn’t know what to say. After a couple of days, I have met so many people.”

~Youth quote



**“It didn’t feel like home
– it felt like a facility.”**

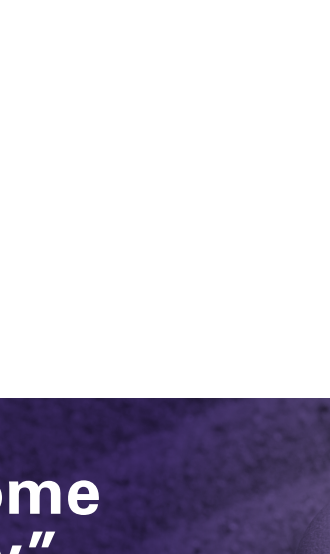
~Youth quote

Safety:

During the Review Period, there were allegations of bullying, physical abuse, sexual abuse, suicide attempts, self-harm and other high risk behaviour that resulted in incident reports, criminal charges of the youth under the *Youth Criminal Justice Act* or hospitalization under the *Mental Health Act*. Most of these incidents did not occur in the Group Care facilities. Children and youth who were harmed while living in a Group Care were most likely to be hurt by other children and youth, others in the community or themselves. The file review did not indicate reports of staff hurting children or youth.

This Review found that the responses to the maltreatment of children and youth while in care were inconsistent. Recording of critical incidents was inconsistent, sometimes subjectively focusing on youth’s negative behaviour, and did not clearly document the experience of the child or youth, nor the outcome or resolution for the child or youth. When an injury to a child in Group Care causes potential serious long-term impairment to the child’s health, the incident needs to be investigated as a critical incident. There does not appear to be a clear process for critical incident reporting, nor a process for independent investigations of abuse when a child is in Group Care.

Girls in Group Care, in particular, spoke about other residents bullying them, feeling unsafe, having no privacy and having their clothing/possessions taken by others. This typically has the effect of increasing the sense of loss and grief experienced by young people who no longer feel safe in their ‘home’. Several residents shared that the conflict with other residents or staff led to placement moves.



**I should be
protected from
abuse and
exploitation
(UNCRC 19, 34)**



**“I didn’t feel safe, the other
girls took advantage of me
and the staff did nothing”.**

~Youth quote

“I liked having people who care for me but I couldn’t go back there because I had an assault charge.”

~Youth quote

**I have a right to be protected from being hurt in body or mind
(UNCRC 19)**

**If I commit a crime, no one can punish me in a cruel or harmful way
(UNCRC 37)**

**I have a right to be protected from harmful drugs and the drug trade
(UNCRC 33)**

**I have the right to be free from sexual abuse
(UNCRC 34)**


Loss

Trauma-based behaviour in children is often viewed by child welfare workers as occurring prior to coming into care. Because of this belief, the grief and loss a child may suffer after being put in a “safe place” often goes unrecognized. Anytime a child is removed from their home as a protective intervention, there is an additional layer of trauma on the child, the family and the community.

In discussing the unaddressed grief and loss that is associated with coming into care, the Office of the Child and Youth Advocate Alberta (2016) explains that “grief that is unacknowledged or unidentified can have life-long consequences and far reaching effects”, which is prevalent for young people in Group Care.

“Children are traumatized, and culture shocked by being taken away from family and community and being placed in foster care placements. Their eating and clothing needs are met however their nurture needs are often not met.”

~ Staff quote



**I need help to
recover from
the harm I have
experienced
(UNCRC 39)**

“The system struggles with recognizing a child’s level of attachment and emotional ties to those significant individuals who are deemed as those provoking the child to be in need of protection. This is often where the conflict with the system and youth/child are anchored.”


~ Staff quote

As outlined in their policy manual, the focus of Family and Children’s Services is on the concerns regarding safety and the risk of abuse and/or neglect regarding children and youth. (Government of Yukon, 2013). If there is a concern for safety, the young person’s environment is assessed by Family and Children’s Services to determine if the child is in need of protective intervention. When out of home care is required, the focus continues to be on safety and protection and, as such, additional factors in the child’s life may be missed or not considered. One example is when a child’s community anchors are not considered such as protective and safe supports for a child including community members, their school, friends, extended family and trusted adults. Moving, regardless of whether it is into Group Care or to a new town, can lead to feelings of loss related to the familiarity of the world the young person once knew. Children often do not understand why they have been removed from their family, and into a new home. They may come to their own conclusions such as feeling it is their fault, worrying about their parent(s) or feeling abandoned which can compound the experience of trauma inherent in the move (Office of the Child and Youth Advocate Alberta, 2016).

Children placed in Group Care are expected to adjust to numerous people caring for them, new rules for behaviour, routines, other unknown children, and sometimes a new school, neighbourhood and community. Disruption in routines can compound the losses that the child or youth are already experiencing, whereas maintaining routines can mitigate the grief experience. Connections to important people in the child’s life could help determine if there are routines that could be carried over into the new placement and could lessen the impact of the transition. For example, if the child or youth is enrolled in a soccer team prior to coming in to Group Care this needs to continue.

Further to the experiences of children and youth brought into Group Care, communities also experience grief and loss when a child is removed (Wesley-Esquimaux & Smolewski, 2004). While the purpose of this Review is to address young people’s experience in Group Care, acknowledgment of the loss that a community feels when a child is removed must be acknowledged in relation to the eventual return of that child to their home community. As Group Care is intended for transitional placement purposes, supporting the community to attend to their own grief can assist children in returning in a positive way.

Caring Connections



“Staff constantly talking to me, being nice, came to visit weekly, comforting, easy to talk to, understanding and supportive. I was there for two years and then the staff changed so it was hard to build relationships. That was hard.”

~ Youth quote

Lifelong connection or ‘relational permanence’ needs to be developed throughout a young person’s life which is especially important for children and youth in Group Care (Samuels, 2009). Relational permanence is the concept of having caring connections with caring adults and at least one adult to provide parent-like permanent supports. While Group Care staff can be supportive, their relationships with children and youth are professional in nature, time limited, and should not be viewed as primary relationships (Doucet, 2018).

Supportive relationships that focus on the core values of “love, emotional support, belonging, safety, stability, and a commitment to life-long continuity in the relationship” are the most successful relationships for young people in, and leaving, Group Care (Freundlich, Avery, Munson & Gerstenzang, 2006). While often being strong supporters, staff do have an unspoken professional authority over, and distance from, children and youth who live in Group Care. The relationship between youth and Group Care staff is not authentically equal. Even when staff members have a connection, it is professional in nature, interrupted by shift schedules, and contains a power dynamic that cannot be ignored. Staff members have to follow procedures, policies and standards of care for the young people. As well, staff members have varying degrees of decision making ability depending on their role. As such, external relationships and cultural connections need to be a priority for those involved in the care of the young person in Group Care. Regardless of where the young person lives parents, siblings, Elders, community members, teachers, service providers, and caregivers must support children to reach their full potential.

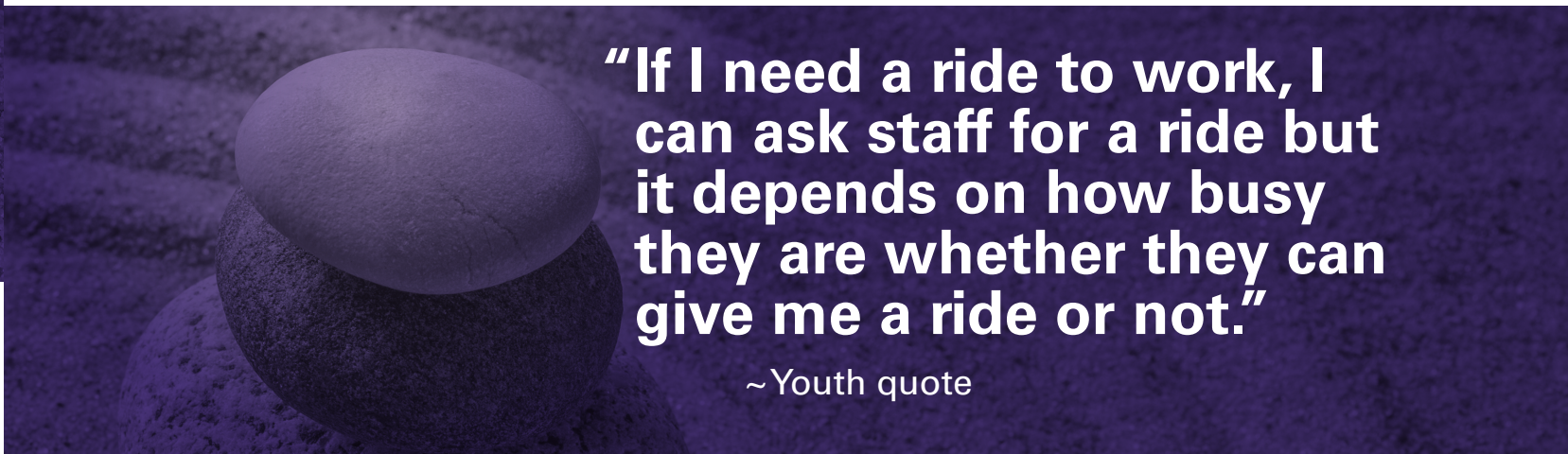


“Firm attachments are encouraged but unfortunately not considered when a child is moved or a staff is transferred.”

~ Staff quote

Although relying on Group Care staff to provide a child's primary relationships is not a long-term solution, Group Care can provide children and youth with opportunities to develop meaningful connections with safe adults. This is especially true when the young person is not able to handle family intimacy or has insecure attachment with family members as the Group Care setting can provide a sense of safety (Dozier et al., 2014). Depending on age and length of time in care, children may develop relationships as their physical needs are being met and a routine is established.

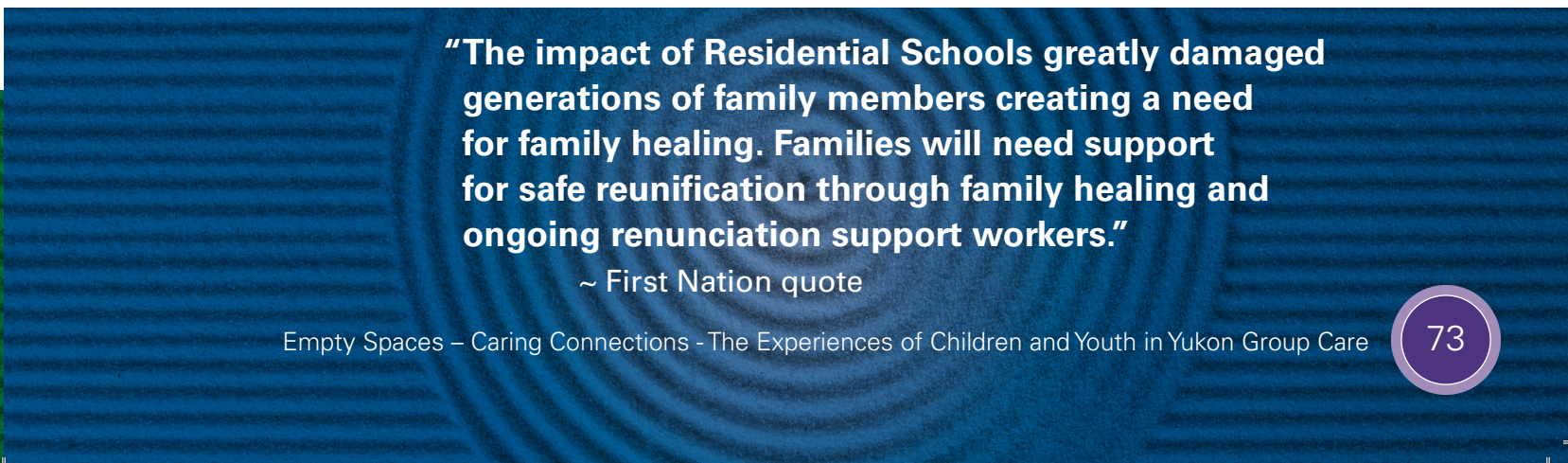
Through this Review, YCAO heard examples of youth who have aged out of care later returning to their previous Group Care facility for supper, for a ride downtown or for a visit. This is an informal process with positive outcomes and one that is important for the young people as it maintains connections. Encouraging those who have left Group Care to have continued contact with staff reinforces a meaningful connection and is a source of support for the young person.



“If I need a ride to work, I can ask staff for a ride but it depends on how busy they are whether they can give me a ride or not.”

~ Youth quote

The work of Group Care staff is only successful when there are meaningful connections between children or youth in care and staff. Group Care staff can bridge relationships with family, friends, neighbours and others close to the child to encourage ongoing contact with the young person. Facilitation of this contact is in keeping with the child's best interest and promotes healing for both the child and the community. Maintaining contact or reconnecting young people to their life prior to coming in to care helps maintain their sense of identity.

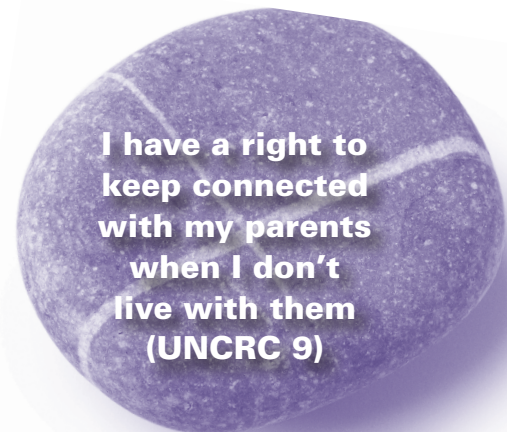


“The impact of Residential Schools greatly damaged generations of family members creating a need for family healing. Families will need support for safe reunification through family healing and ongoing renunciation support workers.”

~ First Nation quote

To have successful outcomes, case planning for children and youth in Group Care needs to reflect intentional efforts to maintain previous relationships such as access to community and culture and relationships with family members, where safe (John & Chief, 2016). Young people need adults who are in charge of their care to facilitate the ongoing contact with the people that are important to them. If children aren't supported to maintain their sense of belonging from their time before care, or to build groups and relationships in the Group Care setting, they are likely to find belonging in negative ways such as through substance use or gang participation (Brendtro, Brokenleg & Van Bockern, 2002). Each young person, throughout their life, needs access to at least one person who is caring, competent and provides a nurturing relationship (Butler, 1999).

Relationships already in place need to be sustained. Group Care is intended to be a short-term solution. As such, it is ideal to maintain routines where possible to improve transitions into, and out of, Group Care. Children and youth need to have ongoing access to events and activities in their home communities to support enduring relationships and maintain connections as the young person grows.



"Felt that I was not welcomed in the group home. It was hard to set up a time to see my child because they were always busy doing other things. I didn't know what was happening."

~ First Nation quote

CULTURAL IDENTITY

**“DÄNADEK’E
KENNJI”**

**“Person who
knows their
way of life.”**

~ Elder, Hazel Bunbury

As outlined in their policy manual, Family and Children’s Services emphasizes the importance of cultural identity for children and youth in Group Care (Government of Yukon, 2013). However, those policies are not consistently demonstrated in practice with children, youth and families involved in the Group Care system. Government of Yukon legislations, policies, strategies and the UNCRC mandate cultural development for children and youth and meaningful participation from First Nations governments. The TRC Calls to Action and UNDRIP further identify the importance of culture for Indigenous children and youth living in Group Care.

When children and youth in Group Care were asked which First Nation they belonged to several said “I don’t know”. Others mentioned their parents’ First Nation and how they learned about their culture depending on where they were living, or which parent they were living with, at the time.

“I grew up in foster homes and group homes, so I sometimes talk, and act like them. All this time I thought I belonged to one First Nation, then when I was older, I found out I belonged to another First Nation. I was really confused, I knew more about the traditions of the First Nation I didn’t belong to.”

~ Youth quote



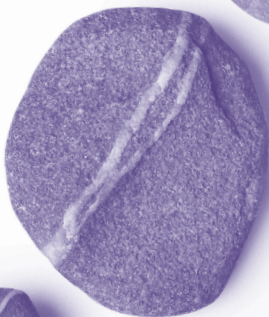
I need to learn about my culture, history and language (UNCRC 30, UNDRIP 12)



If I can't live at home, my placement should recognize my culture (UNCRC 20, TRC 4iii, CFSA 4f, 6c)



My First Nation should be involved in decision making that affects me (UNDRIP 18, CFSA 2j, 3e)



My culture should not be taken away from me (UNDRIP 8, CFSA 2d,)



I need Elders and cultural leaders to teach me my history and language (UNDRIP 13, CFSA 88i)

“Traditional knowledge, what was the role of parents in being the best they can be. It takes community to raise the child: parents, aunties, uncles all spent time with the child to pass on knowledge, skills and traditions.”

~ First Nation quote

This Review found that cultural development in Group Care requires substantial attention and improvement.

Culture and ceremony are vital for children and youth as these customs are inherent to the identity of being First Nation. Traditionally, life lessons were part of understanding how each individual contributed to the survival of the family and community and children were taught ways of being in harmony with the land. These teachings are gifted from one generation to the next and when a young person does not identify with their First Nation or these teachings, they lose connection to their culture, history, family and their community.

Safety and culture need not be mutually exclusive. While it is recognized that it is sometimes unsafe for children to live with their parents, the standards of Group Care needs to protect the family and community relationships that children need to thrive. Traditionally, “children were trained to see themselves as related to virtually all with whom they had regular contact” (Brendtro, Brokenleg & Van Bockern, 2002, 46). The loss of identity for children and youth who have been removed from their families and communities contributes to impaired physical, spiritual, mental, and emotional health (Bennett, 2014).

During the TRC statement gathering, the Commission heard about how Residential Schools separated children, as outlined by Maclean’s (2015);

“from their language, culture, spiritual traditions, and their collective history, how children became unable to answer questions as simple as: Where do I come from? Where am I going? Why am I here? And, who am I? These fundamental questions guide us in life, influence our choices, strengthen our ability to take advantage of opportunities and help us find and fulfil our sense of self”

“Father, uncles taught the children how to live off the land. Mothers taught young girls, to cook, sew and live off the land.”

~ First Nation quote

“There is a need for collaboration to happen with parents to determine what First Nation to register child’s citizenship and beneficiary status, and ensure all documentation is completed and on file. There is also a need for the Department to ensure social workers are trained on the processes to have this complete for kids eligible for INAC status and beneficiary enrolment.”

~ First Nation quote

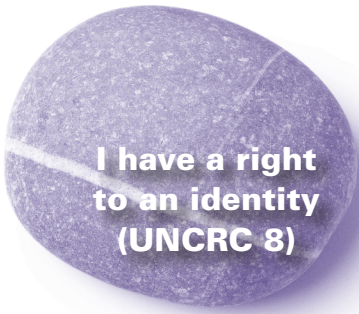
During the Review Period, 69 (79%) children and youth living in Group Care identified as Indigenous. Of those, 53 (61%) children were citizens, or eligible to be citizens, of a Yukon First Nation.

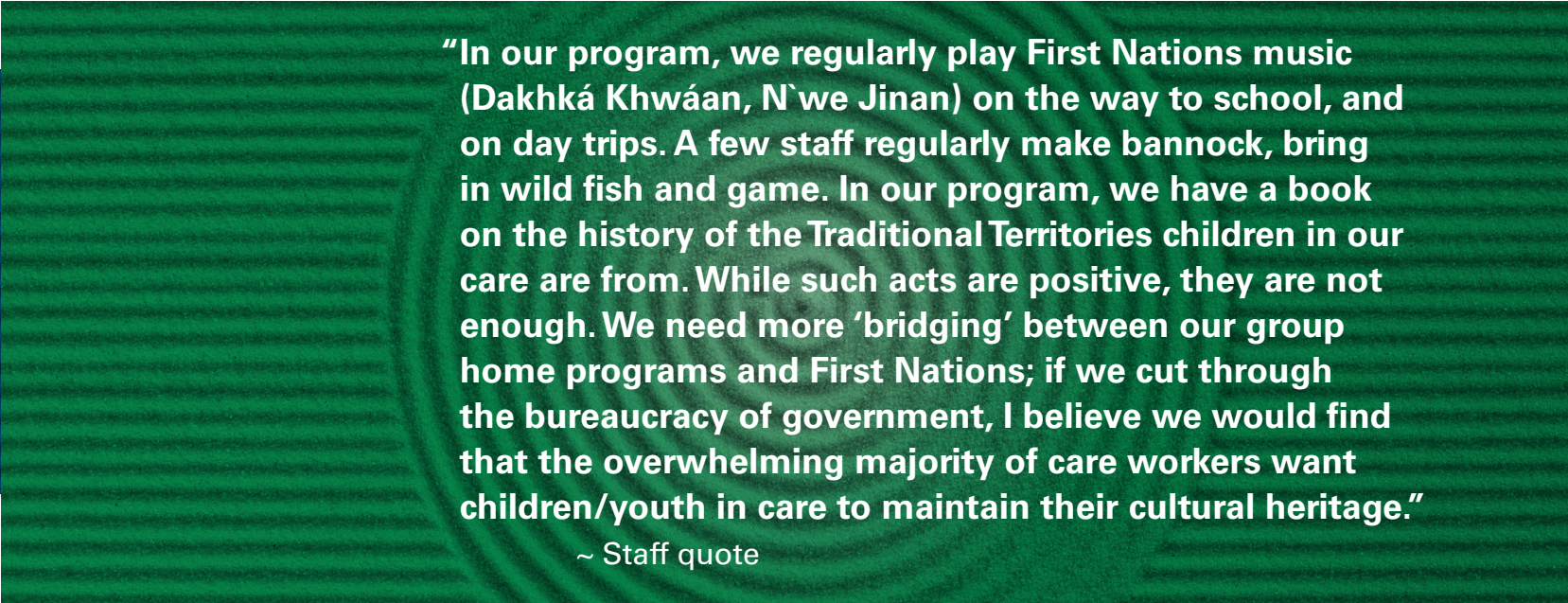
Indigenous Identity

	FREQUENCY	PERCENT
NON-FIRST NATION	18	21%
YUKON FIRST NATION	53	61%
NON-YUKON FIRST NATION	16	18%
TOTAL	87	100%

Note: Children whose Indigenous heritage is from outside of Yukon may identify as being First Nations, Inuit, Metis or Indigenous

Family and Children’s Services records identify which First Nation a child or youth belongs to. In the case that a child or youth does not have a federal status number, the file information typically indicates which First Nation membership they would be eligible for. In some cases, children are identified as members of a First Nation without being an official citizen and in some cases that identification changes over time. For example, within this Review one child was identified by staff as a member of one First Nation and later identified as being a member of another First Nation. Some First Nation children in Group Care were not identified or registered as First Nation.





“In our program, we regularly play First Nations music (Dakhká Khwáan, N`we Jinan) on the way to school, and on day trips. A few staff regularly make bannock, bring in wild fish and game. In our program, we have a book on the history of the Traditional Territories children in our care are from. While such acts are positive, they are not enough. We need more ‘bridging’ between our group home programs and First Nations; if we cut through the bureaucracy of government, I believe we would find that the overwhelming majority of care workers want children/youth in care to maintain their cultural heritage.”

~ Staff quote

All children and youth benefit from knowing who they are and where their families originate from. Families and communities are part of creation and have rich histories. As citizens of a First Nation, being keepers of that knowledge and skill leads to a solid sense of belonging and pride in one’s identity.

As identified by Group Care staff previously, cultural programming and cooperative planning with First Nation’s communities must be a priority for children and youth living in Group Care. A yearly culture camp or exposure to generic Indigenous cultural programming does not meet the needs of children and youth. Knowing their history, community and traditions is an important factor for a child to develop their cultural identity (Blackstock et al., 2006). All children and youth in Group Care need to be connected to a representative, or extended family, from their community to obtain teachings that will support them throughout their lives.



“Need to understand that FN culture is more than culture camp and minor activity. FN culture places great emphasis on relationships. Teachings of culture need to be reflective of all YFN culture and children’s background. Story and language are also important elements of culture as that is where we learn about our values, beliefs and traditional laws and ways of seeing and being in the world.”

~ First Nation quote

Group Care staff and youth clearly indicate that staff members need ongoing experiential training regarding Yukon First Nations culture and history. Such training can assist staff to connect young people with their culture and enhance relationships between children and their communities to gain access to First Nations traditions. The goal needs to be supporting children and youth to become knowledgeable of their culture and heritage and build their own lasting connections with mentors within their communities. Some children and youth expressed interest in participating in cultural activities while others stated they went to events just to go into the community. First Nations representatives spoke of a shared responsibility, on the part of First Nations and Group Care staff, to maintain cultural connections for young people. A positive outcome of this Review was that, in some Group Care settings staff members provide young people with access to First Nations art, music, and traditional food. Young boys are often provided with opportunities to be involved in cultural practices such as hunting and fishing.

“[The] staff does their best to engage and try to get them to participate. Some youth do not have an interest to engage. I believe this should be organized by people in the community / outreach / Elders to provide this maintenance of their heritage.”


~ Staff quote

“I wasn’t allowed to go to Moosehide.”

~ Youth quote

In First Nation storytelling, every story shares a lesson about life. Storytelling is an opportunity to pass knowledge between generations and learn how to work together to contribute to the survival of the community. While there are similarities, each of the Yukon’s 14 First Nations has their own history and teachings. Further, each community has a different relationship with their traditional territory and seasonally based activities, as well as with their traditional foods.

Traditional knowledge, ceremony, spiritual gatherings and access to Elders are considered vital for young people developing their First Nation sense of identity. Supporting children in Group Care to return to their home communities throughout the four seasons can connect children and youth with cultural teachings in different and meaningful ways. Such opportunities act as healing rituals to address the struggles children and youth in Group Care may experience.



“Not many staff are aware or knowledgeable enough about Indigenous ways to encourage this. More training should be offered like the 7 Grandfather teachings.”

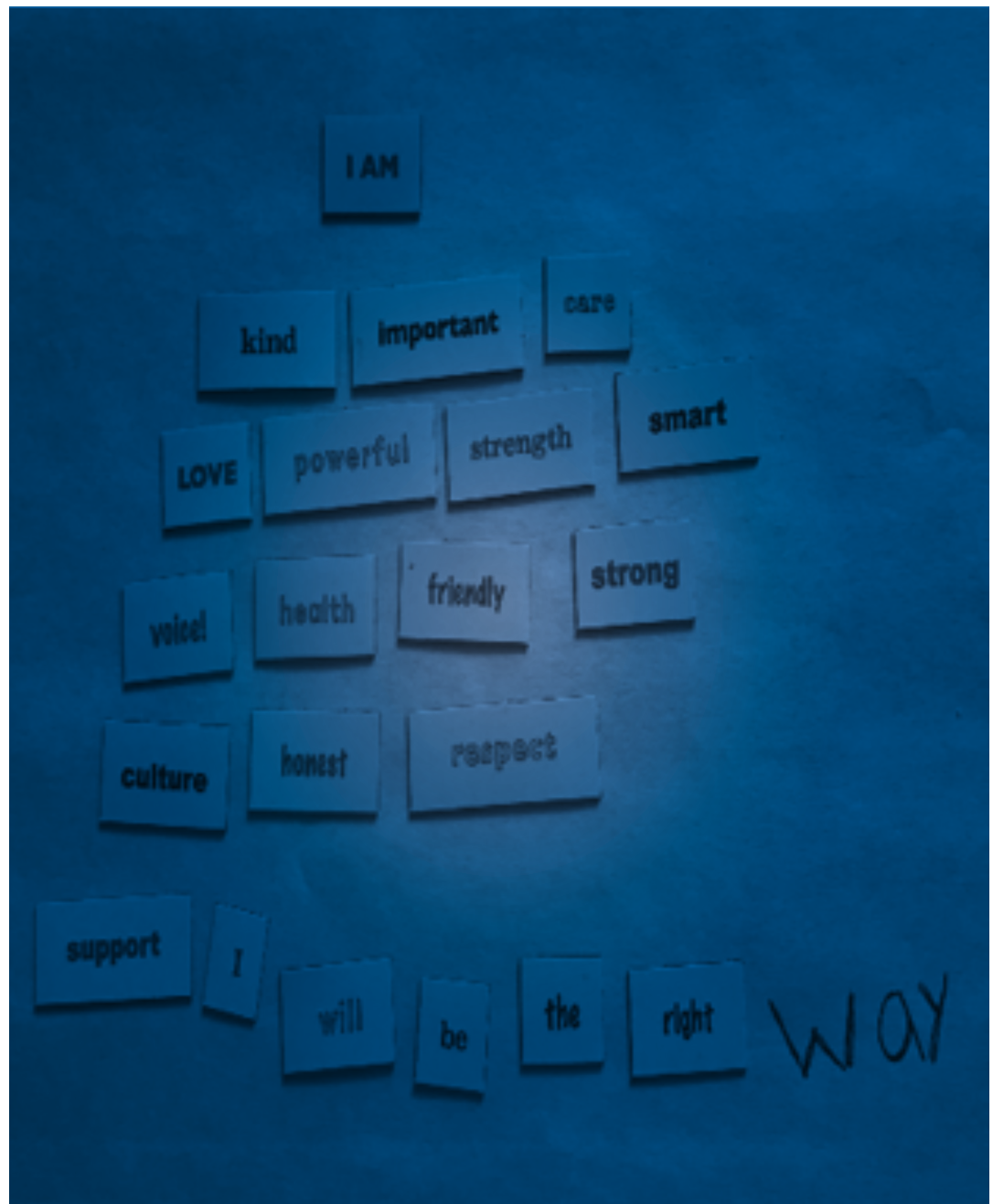
~ Staff quote

“Only for larger scale community events like National Indigenous Day, and only by staff who feel like it.”

~ Staff quote

Indigenous Services Canada is a partner in providing financial resources for young people in Group Care, and their families, to maintain ongoing contact. First Nation's communities play a critical role in establishing connections and cultural teaching. This ensures that all First Nations children and youth in Group Care establish and maintain a sense of connectedness to their identity. Family and Children's Services need to welcome Elders, and cultural and land based activities, in to Group Care and case planning.

CASE PLANNING



Case Planning for Children (under the age of 10)

When placing children and youth in Group Care, all options need to be explored, including the benefits of being placed with siblings (Dozier et al., 2014). From the onset, an individual child's needs must be assessed carefully including their plan of care, based on the anticipated length of time to be spent in Group Care.

During the Review Period, children as young as two years old were placed in Group Care. Many were placed for short periods of time while some children under 10 years of age were in Group Care for the duration of the Review Period. Children under the age of 10 have specific developmental needs that are compounded by the traumatic experiences that brought them into care in the first place (British Psychology Society, 2012). It is unacceptable that some of the children under 10 within the scope of this Review have lived in Group Care for more than half their lives. For children under the age of six, Group Care settings need to not be an option at all (The Annie Casey Foundation, 2015). It is problematic for a young child to be exposed to upward of 15 different caregivers, with varying levels of skills and abilities. Regardless of how dedicated staff members are, long term Group Care is not likely to provide an opportunity for young children to form secure attachments and have specific needs met from a primary caregiver (Samuels, 2009).

“I don't know who will be there when I wake up.”

~Youth quote

(When you attend meetings with your social worker do they ask you what you want?) **“Not really.”** (What do you think they could do better at those meetings to get you to share what you want for yourself?) **“Ask who we would want to live with and where we want to live.”**

~Youth quote

The Family and Children's Services policy manual states that children who are 10 years of age or under are not to be placed in the Children's Receiving Homes (Government of Yukon, 2013). However, in exceptional circumstances, and with approval of the Assistant Director, such children may be placed in the Children's Receiving Homes. The policy states that in this circumstance, staff members must continue efforts to find an immediate alternative placement and consult with their Supervisor weekly.

Further outlined in the Family and Children's Services policy manual is that, in cases where placing a child under 10 is challenging, the case is brought to the Placement Resource Committee within 45 days of the initial placement (Government of Yukon, 2013). If Group Care is determined to be necessary, there needs to be a clearly defined purpose with the placement being short-term and involving planning based on the needs of the child. Therefore, long-term Group Care may be a placement option for children, 10 years of age and older, whose needs cannot be met in a family setting.

Anglin (2001) recommended that the Yukon develop specialist foster care homes, with one or two residents each, and smaller, home-style Group Homes to meet the needs of children between the ages of 6 and 10. The Annie Casey Foundation (2015) suggests that younger children raised in Group Care are at high risk for clinical attachment disorders due to being raised outside of biological family. The first six years of a child's life are critical for physical, intellectual and social-emotional development which requires consistent caregivers and stable routines. During the first six years children draw emotional stability and security from their interactions with adults with whom they feel secure, particularly during challenging situations and circumstances (British Psychology Society, 2012). Importantly, for some children, Group Care is never appropriate. With these considerations, it is vital to critically review the use of Group Care as a placement option for very young children.

Children and youth coming in to Group Care require a family based setting with staff members that have the training and ability to continually care for the child and if possible, they need to be placed with their siblings. Dozier et al. (2012) state that all children need families for the love, commitment, support, direction and structure they provide. These things may be provided by birth parents, extended family, foster caregivers or other parental figures.

"Our program is not designed for long term placements for young children. A child came in with a lot of behavioural needs and has been ready for a family for a long time."

~ Staff quote

Sibling Relationships

(If you could magically make things better for another 17-year-old what would you do?) **“Keep siblings together.”**

~Youth quote

“One of the workers at my group home connected with my brother at his group home, so I liked her because of that connection.”

~Youth quote

When a child or youth talks about being separated from their sibling(s), there are inherently profound emotions connected to it. The reactive nature of Group Care placements often leaves siblings separated for days, weeks, months and years, adding to the trauma of placement. Supports need to be provided to these children and youth, from the onset, to work through their feelings of grief. Feelings of grief often become internalized and show up in unhealthy behaviours such as outbursts, self-harming, mental health issues and/or addiction.

“Even if the sibling relationship has been negatively impacted, measures need to be in place to restore that relationship and attachment.”

~ First Nation quote

This Review found that 24 children and youth placed in Group Care were either separated from their siblings' altogether, or placed with them for only part of their time in Group Care. 28 children and youth were placed with at least one of their siblings for the entire Review Period. Of these 28 many had other siblings in and out of group care that they continued to be separated from.

Getting to know each child and their relationship with their siblings is important in determining whether siblings need to be separated or placed together. Children's best interests, including their point of view, must be considered when deciding placement of siblings. The relationship between siblings is critical as they are their first friends, have a shared history and provide an on-going connection which can meet needs such as emotional support and mutual understanding (Angel, 2014).

If the sibling-bond and attachment has not been disrupted, moving towards a family based living arrangement can occur more quickly (Kothari et al., 2017). If the sibling-bond and attachment has been disrupted, Group Care staff members need to support the rebuilding of the sibling relationships to maintain relationships outside of the Group Care setting.

Some sibling relationships are harmful and require therapeutic interventions before reunification is considered. If the sibling relationship has been negatively impacted, there are treatment options, such as mediation, counselling or traditional healing, to repair the relationship and restore attachment. Ultimately, children and youth who have strong sibling relationships are shown to have an increased resilience and improved outcomes in the face of adversity (Wojciak, McWey & Waid, 2018).

“It is unnatural for siblings to be separated simply because they are boys and girls. Should look as much like family as possible.”

~ First Nation quote

All eight Yukon Group Care facilities have specific programs for either boys or girls. During the Review Period, efforts were made to keep mixed-sex siblings together but this was frequently done by placing female siblings with their brothers in the Boys Receiving Home, a temporary placement for boys ages 12-19.

Decisions to place siblings together need to not be solely based on gender and need to involve input from the children and youth themselves, as well as from people that know the children well.

“Growing up in care I never knew how long I was going to be in the home they put me in or when I would get to see my brother; I felt like what I wanted didn’t matter I never really knew who was making all of the decisions about life”

~ Youth quote

Participation

"I know that every child in the care of the Government should have a plan of care document. This doc is updated every six months and changes based on the needs of the child. These meetings and plan of care documents are not happening for the youth who I work with. These meetings would allow the youth to participate and express their views about decisions that will potentially affect them. Also, on a group home level, treatment plans are not being developed for youth and those meetings are not happening on a regular basis."

~ Staff quote

My view is part of what is best for me (CFSA, 4)

I should be able to be part of the meetings about me (UNCRC 12)

Somebody should be checking in to be sure that my living situation is what is best for me (UNCRC 25)

The people in my life should be getting together to create plans for where I'm going to live (CFSA, 44)

Many children and youth in Group Care describe feeling disempowered by living in a context where everything is done for them and decisions are made about them, without them. This Review found that young people in Group Care often don't know why they came in to care, are unsure of how long they are supposed to be in care, and don't have information about how their family is doing. Children do not develop and thrive when they are living in a constant state of uncertainty. They need to know the information about what happened that led them to come in to care, as well as timelines and where their long term home will be.

“Collaboration with the caseworker and supervisor are wonderful. Collaboration with the youth’s social worker would be a great addition.”

~ Staff quote

Case planning for children and youth in Group Care is inconsistent and children and youth are rarely involved. Those working with the child must ensure that a current case and permanency plan is completed within the required timelines. In reviewing records, this Review found that there were several young people who were under a Temporary Custody Order for lengthy periods of time. From the YCAO’s review of the files of the Department of Health and Social Services, it is unclear if children were being kept in care under Temporary Custody Orders for periods of time longer than permitted by the *Child and Family Services Act*. It may be that the Director of Family and Children’s Services obtained extensions of time where Temporary Custody Orders were set to expire. It is necessary to conduct further discussion and information sharing with the Department of Health and Social Services regarding the total cumulative period of time that children are kept in care under Temporary Custody Orders, including extensions of these Orders. In addition to extended Temporary Care Orders, The Review found that there were children and youth under Continuing Custody Orders seemingly without a permanency placement plan.

During the Review Period, many children and youth transitioned between their family home and extended family. However, some returned to Group Care multiple times. For some youth, the focus of their permanency planning was on transitioning to a permanent spot in one of the ‘older’ Group Care facilities.

“I believe I was left out of several placement decisions.”

~ Youth quote

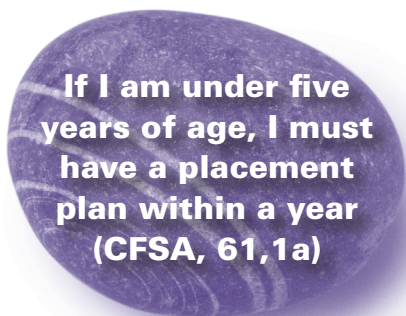
“Best Interests” is a term used in relation to decision making in Group Care. When deciding to place a young person in Group Care, “best interests” must include a representation of the young person’s view point, based on their developmental stage. In the *Residential Group Care Services for Children and Youth Review*, Anglin (2001) recommends that:

Young people need to be actively involved in all decisions directly affecting them (e.g. in the assessment of needs, care planning, care reviews, formulation of residence rules, transition and placement decisions, preparation for independent living, etc.) (p. 38).

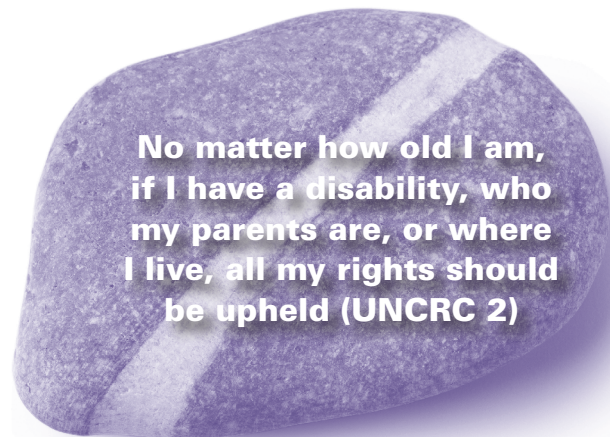
Some of Anglin’s (2001) recommendations were incorporated into policy but more needs to be done to address the disconnect between policy and practice.

This Review found that managers have made decisions regarding “best interests,” without speaking with children and youth about what is “best” for them. In many cases, managers do not meet children and youth. The Placement Resource Committee (PRC) is an internal committee of managers that reviews a child or youth’s information to make a Group Care placement recommendation to the Director. The child or youth voice, in this instance, is limited to the information presented by the social worker. When a decision is made for Group Care, a rigorous assessment needs to involve full consultation with the child or youth and all those involved.

Representation from First Nation community, mental health support workers, schools, front line caregivers and other services involved with the child can help the child or youth express their views and opinions. Residential Care Workers (RCW) often have close connections to children in Group Care. Although RCWs spend the most time with the young people, they have limited authority to make decisions or provide input into case planning.



If I am under five years of age, I must have a placement plan within a year (CFSA, 61,1a)



No matter how old I am, if I have a disability, who my parents are, or where I live, all my rights should be upheld (UNCRC 2)

Representation from First Nation communities, mental health support workers, schools, front line caregivers and other services involved with the child can also help carry forward the views and opinions of young people. Group Care staff often have close connections to children and youth in Group Care. Although Group Care staff spend the most time with the children and youth, this Review found that they have limited authority to make decisions or provide input into case planning.

“They [decision makers] want me to be unhappy.”

~ Youth quote

When a child or youth does not feel heard the consequences may result in behaviours such as running away from their placement or/and use of alcohol or drugs (Brendtro, Brokenleg & Van Bockern, 2002). Because of such behaviours, the child or youth may then be labelled as disengaged and resistant. Other behaviours can include isolating oneself, aggression, negative language and self-harming. Youth identify a feeling of losing control over their life if they are not given the opportunity to express what they think is best for them. Children and youth need to feel empowered rather than institutionalized. As stated by Brendtro, Brokenleg and Van Bockern (2002); “Children who lack a sense of power over their own behaviours and their environment are developmental casualties whose disorders are variously labeled as learned helplessness, absence of internal locus of control, and lack of intrinsic motivation (p. 52):”

“Children in Group Care are often so used to being taken care of by the system that they do not participate in their case planning because the process doesn’t feel good to them. Being a child in Group Care and having to go through those documents and processes feels awful and most children avoid it.”

~ Staff quote

Throughout the Review Period, children and youth were sometimes offered opportunities to participate in case planning and decision making. However, many were unwilling or unable to do so. Also noted were the effects that institutionalization, stigma and trauma have on youth's willingness to participate and create barriers to youth engagement. Some Group Care staff noted that attempts to engage youth were not 'youth friendly' and that reducing the formality of the process could be one step toward supporting youth participation. Suggestions from staff include using child friendly language, preplanning with youth as to what areas the meeting will address and allowing young people to share their views in creative ways, such as through writing or art.

YCAO offers support for young people to participate in meetings and encouraging youth to share their concerns, as well as to be a voice for them if they are not able to speak for themselves. Expressing oneself in a group of professionals can be intimidating for young people in Group Care. Children and youth in Group Care, at any age, are able to share their views and opinion in a way that is developmentally appropriate for them to. This can include art, writing, speaking or bringing a support person, such as a teacher or counsellor, to assist in sharing their view.

Anglin (2001) recommended the implementation of an independent child and youth advocate for the Yukon. YCAO opened in 2010 with the primary role of supporting, assisting, informing and advising children and youth in accessing Government of Yukon services and programs. However, information provided to Group Care staff and youth suggests that YCAO is the last step of a complaints process.

A rights-based approach allows children and youth to participate in case planning and decision making. Children should not be expected to make decisions, however, they need to be involved in decision making about them.

“Sometimes I don't know what the meetings are about. When I'm in a meeting, I'm only in the meeting for a couple of minutes and then I have to go wait out in the hall – then after a long time I come back into the meeting and it's over.”

~ Youth quote

This Review found that children and youth in Group Care are not properly informed about their rights. Children and youth in Group Care, typically, were not aware of what children's rights are or the fact those rights apply to them. Some were aware of the YCAO, however, the majority of children and youth were not aware that they could contact YCAO. Several youth were not aware that they had a right to attend meetings and be a part of the decisions that affected them.

In March 2017, YCAO and the Department of Health and Social Services updated the Protocol between the Yukon Department of Health and Social Services and the Yukon Child and Youth Advocate Office ("the Protocol, 2017"). The introduction of the Protocol states that the YCAO and the Department are committed to promoting and supporting meaningful and effective advocacy on behalf of Yukon children and youth who are receiving or are eligible to receive Designated Services. Both parties will strive for professional and collaborative working relationships in achieving the best interests of children and youth.

As outlined in the Protocol, the Department's Roles and Responsibilities include:

- providing children or youth with access to the YCAO at the request of the child or youth or other persons with an interest in the child or youth, in order to uphold the participation rights of children and youth at case planning meetings or other decision making processes;
- providing children and youth receiving Designated Services, and their families with information about and access to the YCAO's services;
- encouraging communication between the YCAO, children/ youth, caregivers and employees

"I am asked who should attend the meetings. Social worker invites First Nations reps, which I want. Family members are invited. I don't know what they talk about actually it's weird."

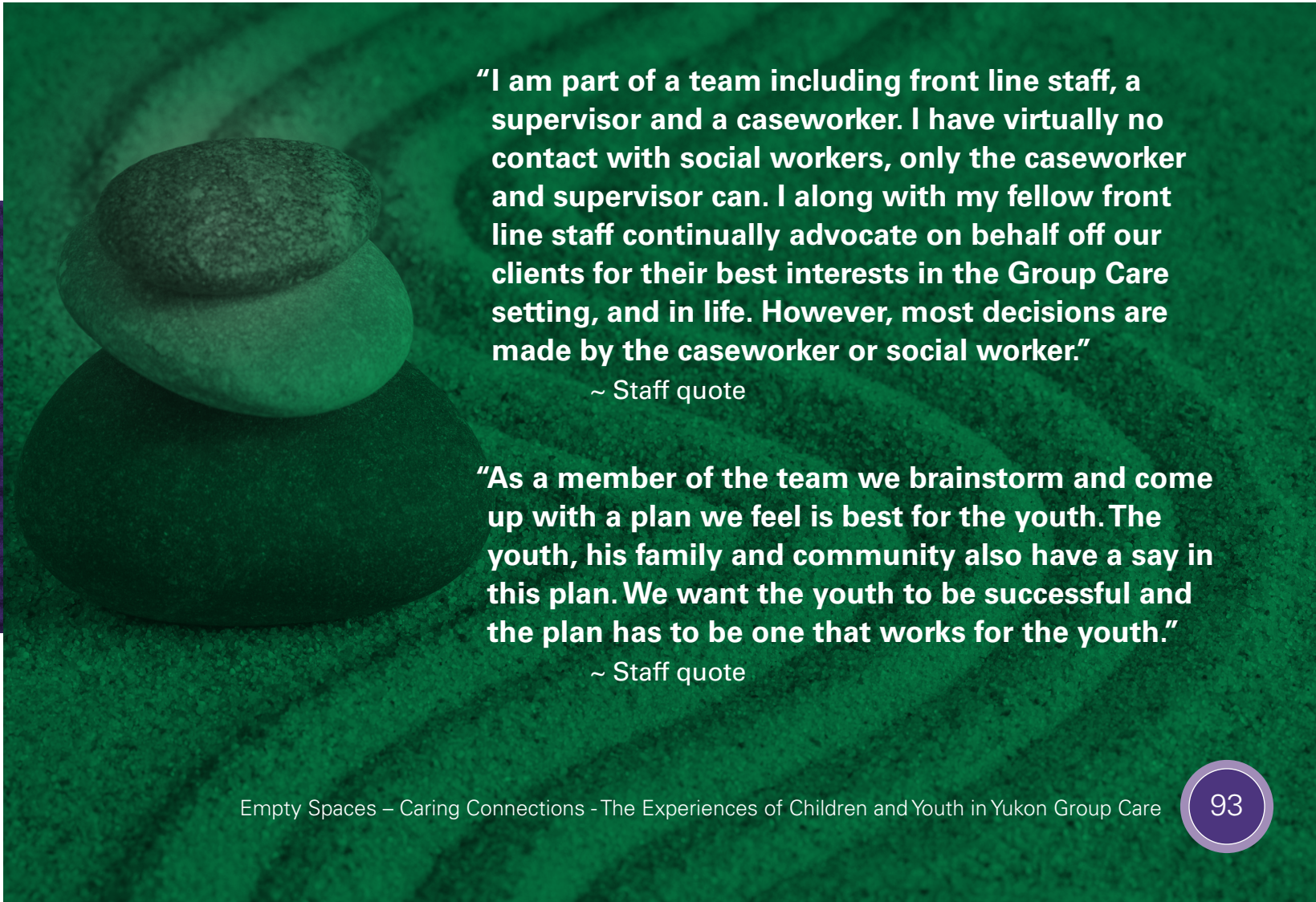
~ Youth quote

The results of having a child's voice in case planning and decision making is profound for the young person, and those involved. The Ontario Advocate for Children and Youth (2011) states:

“When we involve youth in decisions that affect them, their life experience is validated, their decision-making skills are honed, their self-confidence is fostered, and their sense of hope is often restored. Conversely, taking choices out of young people’s hands is demoralizing and at times dehumanizing — not only for the children involved, but for those delivering the service as well.

Giving youth a voice means not only granting them opportunities to speak but, more importantly, making sure that they are being listened to and truly heard. They need to see that their words have an impact (p. 20).’

Involvement in decision making is not limited to voicing an opinion about a recommended direction, such as moving from one Group Home to another. It is important for young people, when being brought into Group Care, to have a say in what belongings, particularly those with meaning for the child or youth, are brought from home. Young people often have alternative or creative ideas about solving problems and who to connect with to come up with solutions. In addition to improving the wellbeing of the child or youth, engaging them can result in enhanced working relationships, fewer nights away from Group Care, participation in household events or activities and more cooperation when things don't work the way the young person wants.



“I am part of a team including front line staff, a supervisor and a caseworker. I have virtually no contact with social workers, only the caseworker and supervisor can. I along with my fellow front line staff continually advocate on behalf off our clients for their best interests in the Group Care setting, and in life. However, most decisions are made by the caseworker or social worker.”

~ Staff quote

“As a member of the team we brainstorm and come up with a plan we feel is best for the youth. The youth, his family and community also have a say in this plan. We want the youth to be successful and the plan has to be one that works for the youth.”

~ Staff quote

LEAVING GROUP CARE



“When caring for my cousins after they experienced trauma, there was not enough help. Being the case manager and a caregiver is very exhausting and can cause burn out in family caregivers.”

~ First Nation quote

“It doesn’t feel like home, they don’t want it to feel like home because it is supposed to be a quick stop, but I know a few kids who stayed there for years.”

~ Youth quote



The empty spaces felt by young people and their families are often intensified when children and youth leave Group Care. During the Review Period, children and youth left Group Care to a variety of different places.

Children and youth may leave Group Care to return to their biological parents, they may be adopted or go to live with extended family. Children and youth may still be in care of the Director when they leave Group Care, such as when they are placed with a foster home. Some children and youth leaving Group Care transition to independent living, therefore no longer having a care giver.

For some youth, leaving care at age 19 is too young. For others, they want to revoke their care arrangement and begin independent living sooner so they can make placement decisions for themselves before they are 19. Regardless of where children and youth go after Group Care, or what type of care order they are under, there is a need for more support.

“The system does not always do transitions well. Often children/youth are transitioned to other placements with very little or no planning or bridging with other care providers.”

~ Staff quote

“There is a whole checklist of life skills these kids never get and then are discharged.”

~ Staff quote

Transition planning needs to be started well before the child or youth moves out of Group Care (Stein, 2004). As has been stressed throughout this Review, the continued involvement of family and community for transition planning while the young person is still in Group Care is essential. A shift needs to occur from supporting the young person in the context of Group Care to supporting the young person in the context of family and community. Group Care must focus on family-centered practice for young people moving towards a family based setting. The focus for young people moving towards independence must be on building their community anchors and circle of support. If connections have been maintained or rebuilt during the young person's time in Group Care, connecting after care will be easier for everyone involved.

It is important to maintain informal supports and connect children and youth with ongoing opportunities to be in their home communities while they are living in Group Care. To maintain a sense of belonging, Family and Children's Services staff need to focus on maintaining informal supports to ensure not all people involved in child/youth's life are paid to be involved. Children and youth notice who the paid people are and who their informal supports are.

Transitioning to Family Based Setting

While many of the children and youth in this Review returned to their families, some children and youth remained in temporary placements for years. It was unclear within this Review as to whether Family and Children's Services maintained these placements through appropriate custody extensions outlined in their Policy Manual. A young child should not remain in Group Care due to a delay in approval processes for foster or kinship care placements. For a young child, three months can feel like forever (British Psychology Society, 2012). Timely planning needs to occur for children and youth in Group Care. For children under the age of 10, an efficient plan for leaving Group Care is best practice (The Annie Casey Foundation, 2015). These complications need to be clarified and addressed for the sake of the experience of children and youth in Group Care.

The priority for placing young children must be a family based setting. Assessments, family placement planning and supports for the family placement need to become a priority. A family centered approach for moving from Group Care to a family based setting includes involving all those who have an interest in a young child. The views and opinions of the young person and their family are to be incorporated into the planning. A relationship based on trust between Group Care staff and parents/caregivers is essential for future success. Extended family, future caregivers, Elders and others who provide support can engage with Group Care staff to assist in understanding parenting practices, family processes, cultural influences, child-specific needs and potential placement options. Engaging all community members allows opportunity for discussions of loss and harm, as well as healing, to determine and understand necessary after-care so the child can successfully return to the community.

“What about the devastating impacts of Residential School on the family and community. Family treatment and after care is necessary for the child to be able to re-integrate back into the family and thrive.”

~ First Nation quote

Social workers can work with family members of children and youth, prior to bringing a child into care, to identify potential placement options within the extended family or community (Dozier et al., 2014). Once a child is in care, approval and support of the placement needs to occur quickly. A family centered approach will assist in transitioning a child or youth back into a family based setting that can be supported, with or without child welfare involvement. This builds both parenting capacity to prevent future placement breakdown and community capacity. Community capacity is one of the first recommendations in the TRC Calls to Action (Truth and Reconciliation Commission of Canada, 2015).

An example of building community and family capacity, and promoting successful transitions back to family based homes, includes continuation of extracurricular activities. While in Group Care, a young person has access to different activities like sports, dancing, etc. Some of these activities are costly and require transportation. While the outcomes of such activities for the young person are positive, part of the conversation surrounding the affordability and ability to continue these activities after a child is returned home needs to address what happens after the child leaves Group Care. This, again, emphasizes the importance of having family members and relevant community anchors involved in decision making for young people in Group Care. Options need to be explored early on so the young person can continue to participate in activities regardless of where they live.

Resources need to be provided to the family until the child is well adjusted and other resources have been identified to address the gap.

“The group homes provide all these different activities like, soccer, dance, gymnastic which is good for the child while in Group Care, however, this creates unrealistic expectations for the child when they return home, as the parents cannot afford to pay for sports and do not always have access to transportation.”

~ First Nation quote



Transitioning to Independent Living

“Kids should have different programming for different age groups, I was more mature than some of the other kids. After moving out I needed more support. After care is really good, they (group home workers) still drive me to work if I need a ride”.

~ Youth quote

The Vulnerable People at Risk Working Group (2017) developed a community action plan, *Safe at Home*, to prevent homelessness in Whitehorse. A focus of the report was to examine systemic failures and gaps in service. One issue identified as a systemic failure was young people leaving Group Care. As also mentioned in the Anglin (2001) report, young adults transitioning from Group Care may need support beyond the age of 24. Of the homeless people surveyed, 43% had a history of foster or Group Care. Systemic failures, which can include lack of appropriate supports when leaving care, occur when service gaps prevent an effective system based response to individual needs (The Vulnerable People at Risk Working Group, 2017). Developmental research illustrates that young people, in general, are becoming more dependent on their support networks, as opposed to independent from them (Beaujot & Kerr, 2007; Molgat, 2007). They rely on their parents, friends, and community for advice, support and comfort throughout their life. This research speaks to the necessity of robust after care planning for youth and their ongoing need for formal and informal intensive supports. This is particularly true for youth in Group Care who may struggle with trauma and institutionalization. Suggestions include extending the time a file for a youth is open after ageing out of care, as this can allow the youth to be involved in determining if they are ready to live independently. This approach also provides a safety net if the young person initially does well after transitioning, but begins to struggle and later needs to rely on their previous caregiver again to get through a difficult time. Children and youth living in Group Care must receive the same level of care and support on leaving Group care as those raised in more traditional family homes.



**“I am not safe at home,
I need financial assistance so
I can live somewhere else.”**

~Youth quote

**“I can’t go back to the
Receiving Home. There
are too many bad
memories from there.”**

~Youth quote

**“I want to be out of the
custody of the government.
I don’t want to live
alone. I want to live in
my community.”**

~Youth quote

As outlined above, a transition out of care plan, including a life skills development plan, needs to be a part of case planning early on.

Outcomes for youth who age out of care have been tracked across Canada by Child and Youth Advocate offices, as well as various researchers. The results for young people leaving Group Care are poor across Canada; outcomes for youth include poor physical health, mental health issues, suicide, low academic achievement, unemployment or underemployment, homelessness and housing insecurity, criminal justice system involvement, early parenthood and loneliness.

In a study which looked at the experiences of young people in Group Care for three or more years, by Kovarikova (2017) states that:

It is tempting to suggest that traumatic backgrounds and personal characteristics of youth are the “cause” of these poor outcomes; however, the findings from this study suggest structural factors and professional practices inherent in the child protection system may contribute significantly to poor outcomes for youth ageing-out of care. Both policies and systemic practices must be examined so they are more informed and able to meet the needs of young people leaving care (p. 4).

Although this research comes from Ontario, it is relevant to the experiences of young people who participated in this Review. When asked about how they were being prepared for independent living most of the youth responding could not say how that was being done.

“Once in a while we cook a meal together.”

~Youth quote

“A staff member taught me about budgeting, taxes, helped get me a bank account and assisted me with making a resume.”

~Youth quote

“Outcomes for kids leaving care are similar to the outcomes of children leaving Residential School.”

~ First Nation quote

Ageing out of Group Care requires intentional planning to ensure the young person has all the necessary supports and tools to be successful. This Review found that there are barriers to transition planning that need to be addressed in order to create successful outcomes for children and youth. One example of a barrier is children and youth not having a safe place to go when they leave Group Care, another is a lack of specific life skills related to what their anticipated independent living needs will be. For example, one youth may have strong math skills and therefore not need assistance in creating a budget, however that same youth may struggle in setting healthy boundaries when forming new relationships and benefit from coaching about options to navigate difficult social situations. This is a complication of institutionalization as many youth in Group Care have not had to learn certain activities for daily living themselves, but instead have had those things done for them.

“The rigid age-range at TSS (the day youth turn 19 they have to leave TSS) leads to a gap in service. Our home does a good job, I feel, of filling the gap between 19 and 24 to an extent. However, we don’t have the staffing for it nor access to funding and therefore we are often doing it outside of hours on our own-time or trying to run around like headless chickens trying to meet the needs of the 19-24 year old who we love. Having a clear mandate, staffing group and funding to this group of youth would be ideal for TSS as we already have a strong attachment and have often been parental figures to them for years when they were under 19. We could teach them driving lessons, help them prepare for job interviews, we could support them with college studies, actively support them to find accommodation and access support services. Right now there is not a service that can provide this “practical” support like this, which most 19-24 year olds would access their families for (ISYY can’t take kids anywhere in vehicles and there is often red-tape for them and TSS in terms of being allowed to support them in practical ways). TSS ends up helping in crisis mode when we could do it differently.”

~ Staff quote

A young person, from Group Care, moving towards independent living must be involved in the planning and be given the chance to take the necessary steps to achieve success. (The Alberta Office of the Child and Youth Advocate, 2013). Just like any other youth, those living in Group Care have their individualized interests, strengths and desires. As such, care processes must adjust to meet the changing needs of the youth and will be more successful if the youth is involved in that process.

Life skills and day to day living must be planned and, where possible, actively experienced by the youth. Additional barriers include the ages and needs of other children in the Group Care facility. The ability to make decisions and determine how they will spend their time is another key learning. Youth must have opportunities to care for themselves and make decisions, particularly while living in a supported housing environment. When someone becomes institutionalized, they gradually become less able to think and act independently (Provincial Advocate for Children and Youth [Ontario], 2016).

Group Care staff need to be creative in assisting the young person in experiencing semi-independent living prior to living on their own. This may include providing support for a young person to buy food and cook, help youth to seek employment, understand different expectations regarding curfew, and manage additional responsibilities or chores, etc. Youth are often aware of what responsibilities they need to know more about and can help creatively planning transitional skills exposure. Additional options may reflect a gradual move to independence. For example, supporting a youth in Group Care to take 6 months to transition back to their biological families where youth get opportunities to try living on their own without losing the connection to a safe place.

“Perhaps they can age out over time instead of abruptly. For example spend weekends on their own, and eventually increase days on own and decrease days at group home. Incorporate life skills teachings (cultural) with community and First Nation, and informal supports. Need to also consider the grief that comes from ageing out of care.”

~ First Nation quote

While life skills are concrete and can be taught, moving towards independence is much more complex. When moving from Group Care, the difficulties of living independently cannot be understated. Group Care provides established routines and schedules whereas living independently is not as structured. Transitioning to independent living is an exciting time for any young person but can also be difficult and stressful. The move to having sole responsibility for your own care can be overwhelming and lonely. As previously discussed, a young person needs to have caring connections, established prior to leaving Group Care, to help guide them through difficult times. Positive people in their life can support and assist youth transitioning from Group Care. Several of the youth who were part of this Review returned to visit the Group Care facility after moving out because they had relationships with the staff and knew they would be welcome.

“There needs to be recognition that staff work with children and youth for years and develop a relationship and connection that should be allowed to be maintained after they leave care if both parties are open to that. Due to Policy, children and youth who have had these attachments have them severed and only contribute to their grief, loss and disorganized attachment.”

~ Staff quote

Young people transitioning to independent living from Group Care, typically require extensive supports. Suggestions from this Review include allocating a specialized person who can work within the youth’s circle of support to facilitate a youth’s transition to independence when leaving Group Care. Also, it is critical that plans for independence include recognition of a childhood that has exposed youth to trauma, loss of culture, grief and loss, separation from loved ones and developmental delays. Facilitating connections to culture and community, if the youth desires this connection, is an additional part of transition planning. This specialized person could assist in navigating professional services such as sexual health resources, mental health and addiction services, career planning including education and employment, stable housing, and managing finances.

For most youth leaving Group Care, Family and Children’s Services has acted in the role of a parent. As such, staff have additional responsibilities for young people, leaving Group Care, to ensure their success as adults. In traditional family structures, young adults are supported to access post-secondary education, find housing, connect with relevant resources, set up banking and financial supports, etc. Although it is unlikely that professional services can provide the same supports as traditional families, there is room for improvement of services currently provided.

Although child welfare interventions currently strive for family reunification or permanency planning, there are times when children and youth stay in Group Care until adulthood. In these cases, the youth require support to age into adulthood.

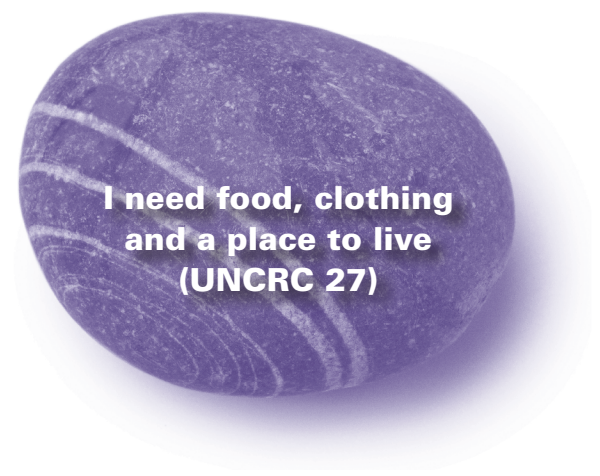
Children and youth want to know that they are cared for. During this critical stage when youth transition from Group Care to independent living, their need to be loved is amplified. Consequently, the feelings of abandonment are often intensified for children and youth leaving care. Most youth leaving Group Care are not ready to be independent adults with no adults to care for them. They can only be ready when “their needs are met for attachment, for nurturing contact, and for being able to depend on the relationship unconditionally” (Neufeld, 2013). Children and youth who lived in Group Care and who are struggling often reach out to the place they at one time felt connected too. This may be a previous foster parent, an extended family member, or a specific Group Care staff.

Children and youth often leave care without any connection to their family and community. This connection needs to be something that starts before the youth’s 18th birthday. As outlined throughout this Review, children and youth are best supported when connected to their family, extended family, friends and community members throughout their experience in Group Care.

This Review found that the independence of young people in Group Care was not well developed while they were in care. Reportedly, most things were done for them by multiple caregivers who work shift work. This can create a sense of institutionalization and reduce their sense of independence.

For many youth in care, the transition to adulthood needed to have been the priority. However, this Review found that this transition was very often incredibly difficult. Youth identified that they were not adequately prepared for independence and their access to after-care supports was limited.

The Office of the Auditor General of Canada (2014), when reporting on Yukon children in the child welfare system, stated that “only 7 of 17 files included a reference to transitional case planning.”



Youth need to be involved in their transitioning out of care plan and in identifying what they need, how long they need support, when the plan will be reviewed, and who is involved. Having community members or family contribute to documentation, as well as having youth lead transition plans, can be beneficial for getting a holistic understanding of the young person's needs as they transition out of care.

Youth reported they did not have the basic life skills or education to live independently and they were not aware of the services available to them or how to access services.

**“Who helps me
with what?”**

~ Youth quote

Consequently, youth from Group Care often end up living in poverty, struggle to find consistent work and housing, and become reliant on social assistance for income. Emotionally, these young adults tend to report feeling unsettled, uprooted, overwhelmed and sad, grieving the loss of connections to safety, routine, staff and other residents from Group Care. The goals of care, should focus on more than removing a child or youth from an unsafe parent; children and youth need support to develop and thrive, ultimately becoming stable adults.

**“Often they would tell us they need
help negotiating healthy supports.”**

~ First Nation quote

STEPPING STONES FOR CHANGE

It is the hope of YCAO that the voices and experiences of young people, highlighted in this Review, will inspire a child rights focused response and improve outcomes for children and youth living in Group Care.

YCAO recognizes that there have been several reviews and reports provided to the Department of Health and Social Services, each with recommendations for improving Group Care. The *Child and Family Services Act* is currently under review and Federal legislation is being developed to reform Indigenous child welfare.

Yukon legislation partly incorporates the UNCRC and the importance of family and culture for children and youth living in Group Care. However, **there are areas where legislation and policy needs to be strengthened and there are gaps between policy, practice and the lived experiences of children and youth.** These gaps are observed by family members, First Nations, staff, and the children and youth who lived in Group Care.



“Words don’t change children’s lives. Real action by government and equality would.”

~ Cindy Blackstock

Stepping Stones for Change

YCAO respectfully recommends the following steps toward improving service for children and youth in Group Care. In accordance with s. 21 of the *Child and Youth Advocate Act*, YCAO requests to be advised of steps taken by the Department. The Advocate requests an initial response in writing no later than July 31, 2019 followed by subsequent progress reports twice per year thereafter. The Advocate will report on the Department's progress in the YCAO annual report

Based on this Review, Family and Children's Services must;

1. Conduct a review of how policy, as prescribed by the Child and Family Services Policy Manual (2013), is implemented in employee practice. Through this Review, children, youth, families, and First Nations identified gaps between the implementation of Policy into service delivery. A comprehensive review of the Child and Family Services Policy and Procedures, through a child's rights lens, is required to address the gaps in service delivery with particular attention to Chapter 13: Children in Care.
2. Provide intensive and culturally based supports for families to address protection concerns for children and youth without removing children from their home. Supports need to augment the parent's caregiving strengths and enhance caregiver capacity and safety.

CARING CONNECTIONS AND COMMUNITY ANCHORS

3. Increase family visitation by engaging children and youth in discussions to determine the people who are important in their life. Explore community anchors to actively facilitate safe family contact and promote meaningful connections.
4. Review the process for sibling placement decisions and develop plans for contact or reunification. Ensure discussion and decision points are documented. Children and youth need to have access to family and significant individuals throughout their childhood so they have a place to belong when they leave Group care.
5. Work with Department of Education to address attendance and learning gaps for children and youth living in Group Care. Schools are often core community anchors and impact positive educational outcomes such as graduation, post-secondary studies and future employability.
6. Amend the *Child and Family Services Act* and associated policy s. 8.2.8, to extend eligibility to receive supports beyond 24 years of age. Developmental ages need to be considered for youth ageing out of Group Care.
7. Implement policies to ensure formal supports and continuity for children and youth transitioning from Group Care to families or independent living.

CULTURAL IDENTITY

8. Confirm that children and youth in Group Care who are eligible to register with a Yukon First Nation have their enrollment forms completed and accurately documented in client files. Children and youth must have knowledge of their First Nation culture to make informed decisions about maintaining their language and cultural identity. It is important for children and youth to stay connected to their family and community, and participate in cultural activities.
9. Create opportunities to hire cultural advisors to work within Group Care. An advisor would be a liaison for connecting the child or youth with their First Nation, local community, guide the child or youth in cultural teachings, attend cultural events, and support access to all aspects of their culture.
10. Engage children, youth, families and First Nations in researching and completing Genograms, Eco maps and/or Lifebooks. Upon leaving Group Care, the child or youth must receive a copy of any documents describing their family history and cultural connections.
11. Work with local First Nations and the Council of Yukon First Nations, as per Section 22.4.1 of the Umbrella Final Agreement, to address barriers to increasing the low numbers of First Nations staff working in Group Care. The number of First Nation staff working in Group Care needs to increase.
12. Design an independent cultural/reconciliation committee which includes children and youth in Group Care and make access to cultural events and land based opportunities a priority.
13. Ensure mandatory attendance and accountability of staff participation in the History of Yukon First Nations course, as outlined in the CFSA Policy and Procedures Manual. Staff must attend this training within six months of being hired to ensure best practice.
14. Promote the development of, and incorporate opportunities for, family healing, as outlined in the TRC Call to Action 1-iv, through culturally appropriate avenues. Treatment options must ensure safe and supportive healing and address experiences of harm to all family members, while reflecting the inherent trauma and loss of being in Group Care.
15. Provide mandatory First Nation focused trauma informed training within six months of hire to all staff working with children and youth. Trauma informed practice must be implemented when working with children, youth and their families. Staff require training and clinical supervision to de-escalate behaviours and manage crisis situations in the Group Care settings.

CHILD AND YOUTH PARTICIPATION

16. Ensure staff have the qualifications and access on-going professional training that is specific to the developmental needs of children and youth in Group Care. This includes life skills and understanding related to engagement, developmental stages, and the impacts of trauma on development.
17. Ensure staff inform children and youth living in Group Care about the reason they were brought into Group Care.
18. Engage children and youth in development of a new child friendly booklet that welcomes them and outlines the house rules. As an orientation protocol, Group Care staff need to assist children and youth to navigate this booklet to ensure the young person understands the contents.
19. Implement mandatory training of the UNCRC for staff which includes the responsibility of governments to implement and uphold the rights of children and youth in care, and how staff can effectively interact with YCAO.
20. Inform children and youth of their rights, particularly the right to privacy, within the first week of placement in Group Care.
21. Inform children and youth of the timelines of the case planning process and emphasize the ways in which participation will be structured so as to include an opportunity to express their view and voice their concerns in decision-making.
22. Engage and motivate children and youth, to participate in case planning meetings, in developmentally appropriate ways such as hosting them at child friendly venues, and having drawing materials or other ways to communicate that align with the child or youth interests.
23. Implement and utilize a holistic approach to support the young person's physical, mental, emotional, social and cultural wellbeing in order to improve outcomes for children and youth.
24. Replace the current complaints procedures handout with a document that has a child rights lens and is developmentally appropriate. This document is to be reviewed by YCAO before being finalized.
25. Develop formal reporting and independent investigation processes for responding to critical incidents for children and youth residing in Group Care. Include the child or youth's experience, and perspective, in the review and document both follow up and outcomes.
26. Provide staff with clinical supervision in order to ensure best practice and quality supports for children and youth living in Group Care.

GROUP CARE THROUGH A CHILD RIGHTS LENS

28. Review current case and transition plans to ensure children and youth in Group Care have comprehensive and complete plans which reflect the recommendations of this Review.
29. Review and monitor the timelines of Temporary or Continuous Custody Orders for children and youth in Group Care and ensure the safety, best interests and views are considered when extending a placement or moving a child or youth.
30. Review and reconsider the purpose of Group Care based on current best practice, research and recommendations regarding the use of Group Care as a placement option for children and youth.
31. Provide exit surveys for staff prior to their leaving the Department. Surveys are to document reasons for leaving the position and ensure quality of care for children and youth in Group Care.

CLOSING REMARKS

Hearing from young people is the heart of child advocacy. It is an incredible honour to be able to document the lived experiences of children and youth and promote their views for the purpose of making meaningful improvements in the systems that are intended to support them. With this comes the responsibility to ensure the needs, rights and views of children and youth are paramount in decision making.

Despite some of the strengths highlighted, I recognize that it may be difficult to read that the best interests of children and youth are sometimes overlooked. I am optimistic, however, that those who are able to make necessary changes are listening and truly want to improve the experiences for young people. The Department has a lot of work ahead of them; it is worth investing in children and youth, our greatest resource.

We appreciate the community members, family members and staff who contributed to this Review and who provide daily support to children and youth. You are the caring connections that fill the empty spaces.

Most importantly we recognize and appreciate the voices of the many young people we spoke to during the course of this Review. Your strength, bravery, honesty and openness have been an inspiration for us working toward improving the system. We worked diligently to honour your experiences while respecting your privacy and we hope that you gain strength from being heard.

The work of the Advocate does not stop here. I look forward to reviewing the Department's responses to this Review and to learn more about how the issues for children and youth are being addressed. We will persistently review the Department's progress over time.



Annette King,
Child and Youth Advocate

RECOGNITION

YCAO is thankful to the children and youth and their family members who bravely shared their stories, and art trusting that meaningful change could happen.

YCAO appreciates the contributions of First Nation Governments, The First Nations Health Commission, community members and representatives who contributed to this Review. Your experience and historical knowledge and insight, voiced that the time for change is past due.

YCAO acknowledges the valuable contributions of the Wisdom Circle Advisors – Elders Frances Woosley and Truska Gorrell, Jason Charlie and Joy Harry. Your time, dedication and experience have highlighted your passion to seek positive outcomes for our most valuable resource, our future leaders.

YCAO's small staff worked tirelessly with dedicated contractors and contributors to respectfully collect the lived experiences of children and youth living in Group Care. YCAO is grateful to the Office of the Child and Youth Advocate Alberta for their support and expertise.

YCAO appreciates the wisdom of Elder, Hazel Bunbury of the Ta'an Kwäch'än Council for the Southern Tutchone translation "Dän adek'e kennji" "Person who knows their way of life."

GLOSSARY

<i>Child and Family Services Act (CFSA)</i>	Yukon legislation that governs the care of children in need of protection.
<i>Child and Youth Advocate Act (CYAA)</i>	Legislation that guides the operations of YCAO (Yukon Child Advocate Office).
Continuing Custody Order	Is an order placing the child in the continuous custody of the Director; all parental rights (care and custody) are removed from the parents.
Cooperative Planning	Planning which involves respectful and meaningful relationships between different groups
Dän adek'e kennji	Person who knows their way of life (translation Elder Hazel Bunbury).
Family and Children Services (FCS)	A branch in Health and Social Services
Group Care	In the Yukon, Group Care is provided by Government of Yukon, Family and Children's Services - Transitional Support Services (formally known as Residential Youth Treatment Services). Group Care is an overarching term referring to children in the Group Care program, Group Care staff, the Social Workers of children living in Group Care and the management of Group Care programming and facilities.
Group Care facility	Refers to receiving homes and group homes. A staff model living situation, to care for children who require out of home care due to protection concerns.
Group Home	A placement facility for children and youth, usually beyond 90 days.
Health and Social Services (HSS)	The Department
Indigenous	The Constitutional definition includes First Nations, Inuit, and Metis Peoples.
Intergenerational	Experiences that affect more than one generation of people. The term intergenerational is often used when explaining the impacts of trauma within one or more families
Mean	The average number.
Median	The middle value in a list of numbers.
Panacea	A solution for all difficulties

Receiving Home	A Group Care facility for assessment and stabilization for up to 90 days for children and youth over 10 years of age.
Residential Care Worker (RCW)	Front line staff working in Group Care facilities.
Risking Connections	A training program providing a framework and skills for working with survivors of traumatic experiences
Temporary Custody Order	A short term agreement approved by the Court where the Director or other individual is granted custody of a child for a period of no more than 12 to 24 months, depending on the age of the child.
The Review Period (Scope)	April 1, 2015 to March 31, 2018.
This Review	Empty Spaces – Caring Connections: The Experiences of Children and Youth Living in Yukon Group Care.
Transitional support Services	Previously Residential Youth Treatment Services (RYTS), TSS reflects Group Care based supports for children in the child welfare system
Umbrella Final Agreement	Represents a political agreement made between three parties and reflects provisions for each First Nation Final Agreement, excluding specific provisions for individual First Nations, in Yukon
United Nations Declaration on the Rights of Children (UNCRC)	These articles explain how governments and international organizations like UNICEF will work to ensure children are protected with their rights.
Unauthorized Absence (U/A)	Occurs when children and youth leave the Group Care facility without planning or permission or if they do not return to the Group Care facility at the prearranged time or curfew
Voluntary Care Agreement	The agreement is initially signed for up to six months by the legal guardian and must be reviewed every six months for extension, or at any given time.

APPENDIX A

A Review of the Experience of Children and Youth in Yukon Group Homes “(The Review)” Terms of Reference

1.0 AUTHORITY:

The Yukon Child and Youth Advocate Office (the “Advocate”) operates under the authority of the Child and Youth Advocate Act (the “Act”). The Advocate is conducting a review of the experience of children and youth in Transitional Support Services also known as Residential Youth Treatment Services (“Group Homes”) pursuant to s. 12 (1) of the Act. The Terms of Reference will guide The Review.

12 (1) if in the course of performing the individual advocacy function on behalf of a child or youth under section 11 primary role, the Advocate becomes aware of a policy or systemic issue in respect of the designated service that raises a substantial question of public interest, the Advocate may review and provide advice in respect of the issue to the Department, First Nation service authority or school board that is providing the designated service.

2.0 ISSUE:

Children and youth in need of protection or in government care are entitled to having their physical and emotional needs met and their rights upheld. In the course of providing individual advocacy, the Advocate has learned of complaints regarding the care and placement of children in Group Homes. In the opinion of the Advocate, this systemic issue raises a substantial question of public interest meriting a review.

3.0 OBJECTIVE(S):

- To review and examine the services and supports provided to children and youth placed in Group Homes;
- To provide meaningful advice to the Department of Health and Social Services (“HSS”) that advances the interests and wellbeing of Yukon children and youth in Group Homes thereby creating positive systemic changes;
- To examine how children’s rights and interests are upheld, including:
 - o Policies of HSS with respect to the care of children and youth in Group Homes;
 - o Training provided to HSS employees and contractors working in Group Homes;
 - o Decision-making by HSS employees and contractors including, but not limited to, caseworkers and Group Home staff;
 - o The views, preferences and experiences of children and youth currently, or recently, living in Group Homes; and
 - o Input and cultural considerations from First Nations governments and communities to incorporate First Nation culture, history and knowledge.

A Review of the Experience of Children and Youth in Yukon Group Homes “(The Review)” Terms of Reference

4.0 SCOPE/LIMITATIONS:

The Review will include:

- Children/youth who have lived in group care between April 1, 2015 – March 31, 2018.
- The services and supports children and youth received from HSS, and Group Homes.

The Review is not intended to assign legal responsibilities, nor does it replace other processes that may occur, such as criminal investigations or performance management for specific employees. The intent of this Review is not to find fault with specific individuals, but to identify and advocate for systemic improvements that will enhance the overall safety and wellbeing of children and youth who are in government care and placed in Group Homes.

5.0 METHODOLOGY:

A working group will be established and the process for the Review will include:

- Personal interviews (children and youth currently, or recently, living in Group Homes; caseworkers, supervisors, managers and staff for Group Homes; First Nation government representatives);
- Review of documentation and reports;
- Review of Group Home policies, procedures and decision making processes;
- Review of Family and Children’s Services policies, procedures and decision making processes;
- Review of protocols and any Memorandum of Understanding with First Nation governments;
- Examination of critical issues raised;
- Consultation with relevant experts and advisors;
- Inter-jurisdictional reviews and relevant research; and
- Other factors that may arise for consideration.

6.0 TIMEFRAME:

The Review will be completed by: March 2019

7.0 REPORTING:

A report on The Review will be made public by the Advocate while ensuring the protection of privacy rights of children and youth. Currently, the Act does not provide the Advocate with the authority to publicly release a report regarding The Review. Rather, the Advocate’s authority is limited to reviewing the systemic issue and providing advice to HSS. Notwithstanding this limitation, HSS has provided a written statement authorizing the Advocate to publicly release a report regarding The Review.

- To examine how children’s rights and interests are upheld, including:
 - o Policies of HSS with respect to the care of children and youth in Group Homes;
 - o Training provided to HSS employees and contractors working in Group Homes;
 - o Decision-making by HSS employees and contractors including, but not limited to, caseworkers and Group Home staff;
 - o The views, preferences and experiences of children and youth currently, or recently, living in Group Homes; and
 - o Input and cultural considerations from First Nations governments and communities to incorporate First Nation culture, history and knowledge

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