MEMORANDUM

TO: HON. ROSS WISEMAN
FROM: KATHLEEN HEALEY
SUBJECT: SUMMARY OF FOCUS GROUPS
DATE: 7/9/2008
CC: DONNA BREWER

CODE # EXE-019899
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REGISTRY ☐

PLEASE FIND ATTACHED THE FINAL VERSION OF THE SUMMARY OF FOCUS GROUPS.

Summary of Focus Groups

Strategy for Services to Children, Youth and their Families

May-June 2008

Jane Helleur & Associates Inc.

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EXECUTIVE SUMMARY

The Department of Health and Community Services (DHCS) is developing a Strategy for Services to Children, Youth and their Families. As the initial component of the planning process, a two-day planning forum was held in February 2008 with approximately 100 participants from a wide array of stakeholder organizations and groups. The DHCS, building on the work of the planning forum, wanted to hear more directly from frontline workers in each of the four geographical areas covered by the Regional Health Authorities. In addition, focus groups were held with youth and community-based organizations. The series of focus groups were held as follows:

Focus Group Schedule		
Aboriginal Leaders	Happy Valley-Goose Bay	May 12, 2008
Frontline Workers	Happy Valley-Goose Bay	May 13, 2008
Frontline Workers	Corner Brook	May 29, 2008
Youth	Corner Brook	May 29, 2008
Frontline Workers	Gander	June 5, 2008
Community-Based Organizations	Gander	June 5, 2008
Frontline Workers	St. John's	June 16, 2008
Youth	St. John's	June 23, 2008

The discussion generally fell into three main themes: (1) current barriers and challenges, (2) human resources, and (3) suggestions for the strategy. Not all focus groups were able to delve into the depth of discussion of all themes equally.

Based upon the low show rate at the Gander focus group for community-based organizations, a separate email survey was conducted. The survey was emailed to 54 community-based organizations throughout the province. In total, four surveys were returned. However, the views and opinions expressed by these four respondents are consistent with those observed in the focus groups. The following is a synopsis of significant comments made throughout the focus groups:

- The current focus is on crisis intervention versus early intervention and prevention. The best interests of the child must come first.
- More frontline workers must be made available, including community-based workers. Current workers are too transient and their caseloads are way too high. This is significant given the complex needs they are attempting to address.

- Frontline workers need more flexiblity and autonomy to do what it takes to meet the needs of children and their families. The sytem has become overly bureaucratic.
- There is exceptionally high turn-over of staff. Key professionals are also missing from an interdiciplinary team-based approach.
- Community-based resources are significantly underdeveloped (especially outside the St. John's region). Communities need to be engaged in developing greater community capacity to meet the needs of children and their families.
- A pressing and urgent need is for parent coaches and mentors to address significant defcits in parenting skills.
- To retain frontline workers, investments in continuing education, mentorship and peer support and team approaches, travel subsidies and adequate pay are required. Sole practitioner positions are not sustainable.
- The Client Referral Management System (CRMS) is cumbersome and is not meeting the needs of frontline workers. Double and sometimes triple documentation is occurring that is taking away from time for direct client contact.
- Communication barriers among professionals and other organziations were described as being significant. Privacy legislation and consent requirements are serving to perpetuate an environment where discovery of other professionals working with children and families is accidental. Case conferencing which had worked in the past appears to have been abandoned and at the expense of well-coordinated services to children and families.
- Frontline workers need a complete and continually updated inventory of programs and services which are available, both provinically and within their regions.
- Significant gaps exist in services to support children and their families, especially when children transition to school.
- A focus on providing early childcare is necessary, as this is the best opportunity for prevention and early intervention.
- Regions are large and transportation and cost barriers exist for rural and remote families who try to access centralized services. The time for travel is also significant for many frontline workers.
- Frontline workers and youth all agree that the best interests of the child should be the most important guiding principle in a strategy for services to children, youth and their families.

INTRODUCTION

The Department of Health and Community Services (DHCS) is developing a Strategy for Services to Children, Youth and their Families. As the initial component of the planning process, a two-day planning forum was held in February 2008 with approximately 100 representatives from relevant government departments, the regional health authorities, the education and justice systems, community-based organizations as well as other key stakeholders such as professional associations and unions. An important focus of the planning forum was to develop a vision, mission and strategic goals for a strategy. These elements represent critical unifying components of the first integrated, province-wide strategy for services to children, youth and families – a strategy that will focus on early child development and integration.

The DHCS, building on the work of the planning forum, wanted to hear more directly from frontline workers in each of the four geographical areas covered by the Regional Health Authorities. Additional focus groups were also scheduled with Labrador's Aboriginal leaders, and with youth and community-based agencies.

The schedule of focus groups was as follows:

Focus Group Schedule		
Aboriginal Leaders	Happy Valley-Goose Bay	May 12, 2008
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Each focus group was moderated by an external facilitator. At the beginning of each focus group, the facilitator welcomed and introduced participants. She also emphasized that all views, even if divergent were welcome and that comments made would not be attributed to individuals. Though copies of the agenda were provided, the discussion generally fell into three main themes: (1) current barriers and challenges, (2) human resources, and (3) suggestions for the strategy. Not all focus groups were able to delve into the depth of discussion an all themes equally.

Based upon the low show rate at the Gander focus group for community-based organizations, a separate email survey was conducted. The survey was emailed to 54 community-based organizations throughout the province. Respondents were given ten days to complete and return the survey. In total, four surveys were returned. Due to the low response rate, it is not possible to conduct any statistical analysis on these responses. However, the views and opinions expressed by these four respondents are consistent with those observed in the focus groups.

The following provides a summary of each focus group session. No attempt has been made to editorialize focus group participant comments, except for the purpose of ease of reading. Similarly, the verbatim survey responses are also presented.

ABORIGINAL LEADERS: HAPPY VALLEY-GOOSE BAY
Number of participants: 7
Representing: Nunatsiavut Government, Innu Nation, Métis Nation
Date and time: May 12, 2008, 10:30 to 14:00

Current Barriers and Challenges

- We are focused so much on the downstream. Even in treatment, the focus is on children who are coming into custody. It is entirely a crisis intervention approach.
- Court timeframes are not been adhered to which results in bottlenecks. Some children are waiting for 4½ years for adoption.
- Too many children are in care – 400 within the Innu Nation.
- No one is addressing the cultural needs.
- When a child comes into care, there is often no follow-up either with the children or with their families. Families need an assessment of their needs.

Often, there is no structured family support system with some grandparents being only 30-35 years old.

Focus Group Participant
Labrador

- Kids are having kids and now there is a $1000 incentive for doing so. Often, there is no structured family support system with some grandparents being only 30-35 years old.
- It often appears the child comes last. What we need is a 'wrap around' approach where the child comes first and services wrap around the child.
- It must be remembered that we are an oral culture. Even this consultation is not ideally suited for our culture. Aboriginal thinking is much more circular. ISSP is a difficult process in our culture and it has become too complicated.
- Children used to respect adults/elders. Now they are running the house and know what they can get away with. This is a challenge of building parenting skills. Significant dysfunction is being normalized. Our kids are not healthy and our culture of respect has been eroded. Parents do not have a reason to get up in the morning anymore; not even to get their children off to school. They need to get back to the land. As a people, we have lost power and hope. It is cultural genocide. Trauma is multi-generational.

Parent support workers and coaches are the most pressing need.

Focus Group Participant
Labrador

- The Child & Youth Advocate is not addressing the priorities in Labrador.
- There are addictions issues, housing needs and the emergence of the migrant worker. These all work to become very disuptive to a family.
- Parent support workers and coaches are the most pressing need.

- We have over-formalized our processes and have built considerable bureaucracy in the process. Even child care regulations are difficult to apply.
- Programs such as PRIDE are not culturally appropriate. We know who our good families are, yet such a family cannot be a foster family if they have a wood stove.
- The Regional Health Authority is too big and is dealing with too much diversity in cultures. Does it make sense to focus on integration when the cultures within the region are so diverse? What is needed is local flexibility. Regionalization has caused a great deal of process delays.
- Moving forward, a long term commitment and sustainable funding are required to address Fetal Alcohol Spectrum Disorder (FASD).
- Less transient staff to support communities are needed.
- ISSP should transition into case conferencing and without the bureaucracy so that we can do what needs to be done. We need to return to basics, even in areas such as food security.
- A social determinants health lens is required, and with more responsibility given to communities, but in partnership with the province.
- The province, and the Eastern and Labrador-Grenfell Health Authorities need to be educated and understand the Land Claims Agreement. Curretly, the Nunatsiavut Government is being billed for services which are the clear responsibility of the province. This misunderstanding cascades right down to the frontline staff levels.
- An Aboriginal Health Consultant who is an Aboriginal is needed. We also require social workers to be culturally competent. In addition, more alcohol and addictions counsellors are required and should be based outside of Happy-Valley-Goose Bay.
- Our focus really should be on the best interest of the child. We should be child-focused and family-centred.

> *A social determinants health lens is required, and with more responsibility given to communities, but in partnership with the province.*
>
> *Focus Group Participant*
> *Labrador*

Human Resources

- Staff are isolated and do not have access to support systems for the level of issues they are dealing with.
- We have been working on a Nursing Access Program with funding contrubutions from the Nunatsiavut Government, but the province has not committed any funds. A partner is needed to make this program a reality.
- Consider that a single social worker in Natuashish has a caseload of 110.
- There is a disconnect between the RHA and the communities. RHA staff have jursidictional responsibilities for communities which they have never visited.
- There is a need for more specialized training in areas such as FASD for social workers, nurses, police, etc.

- We really need to pursue a multi-generational approach and start influencing the generations we can influence – the young children.
- We need to start thinking about having a mixture of people in our communities who have attributes versus just skills. We have professionalized everything, even the approval of foster families. We can make better use of paraprofessionals.

FRONTLINE WORKERS: HAPPY VALLEY-GOOSE BAY

Number of participants: 15
Representing: Labrador-Grenfell Health Authority
Date and time: May 13, 09:00 to 14:00

Current Barriers and Challenges

- Problems with alcohol are significant and resulting in more foster care arrangements for children and increased incidence of children with FASD. As well, growing public education and awareness of issues relating to alcohol abuse are resulting in more service requests and referrals.
- The region is stressed with insufficient numbers of frontline workers as well as insufficient training to meet the complex client needs being encountered.
- We estimate that fewer than 10% of the children in need of services and support are receiving services. Only the children in crisis situations are being seen. Thus, frontline workers are constantly in crisis-intervention mode and unable to devote time to early intervention and prevention. Most referrals are the result of repetitive trauma.
- Critical members of a good interdisciplinary team (e.g. child psychologist) are absent. There is a virtual absence of community-based resources. For example, Labrador is the only health authority region without a Family Resource Centre. One area of critical need is for daycare spaces with some noting that a strategy for developing required spaces is needed. Daycare provides an important entry point to early intervention and prevention.

> *Too many kids are living in misery.*
>
> *Happy Valley-Goose Bay Focus Group Participant*

- Children tend to fare much better when an interprofessional team supports children and their families, such as through an ISSP process. Other early intervention and prevention initiatives include the Perinatal Clinic that focuses on early intervention for children who are not meeting developmental norms.
- A need exists for parent coaches and or resource 'moms'. Increasingly so, parents have significant deficits in parenting skills. Too many kids are living in misery.
- A significant shortage of foster families exists. As well, good home support workers are difficult to find and retain given the inadequate pay they receive. Families need this significant level of support.

- While there is a federally-funded Aboriginal Family Program that focuses on early intervention, it is insufficient to meet the magnitude and complexity of needs.
- A structural decision is required to focus on early intervention and prevention. This must then be accompanied by investments in targeted areas such as the Head Start program and the Community Youth Network. Additionally, more community development workers who understand community needs are required. Investments must be significant enough to develop critical capacity in the community, including for organizations such as Big Brothers. The community must come to know that significant community supports are available to support children and families. In short, it is time to "stop talking and to start doing". In addition, education and public awareness programs must be aimed at changing attitudes of what constitutes acceptable and unacceptable behaviour within families.
- Currently, children are eligible to receive more service when they live outside their families than when they reside with their families (e.g., dental care and drugs). This is at odds with supporting children in their natural families with the level of required support. It is particularly difficult to provide home support for children with disabilities. Currently, only urgent needs are addressed. In the area of occupational therapy, considerably more referrals are being made, though no additional resources have been provided since 1996.

> *We are trying to find hope when no hope is available.*
>
> *Happy Valley-Goose Bay Focus Group Participant*

Human Resources

- One participant noted that in her 2 ½-year tenure with Labrador-Grenfell Regional Health Authority, she has seen 10-15 social workers come and go.
- To retain social workers, considerable improvements in access to continuing education are required (e.g., how to work with clients with cerebral palsy, FASD). In addition, a critical mass of social workers is needed to service Aboriginal communities and for social workers to support each other in work that is frequently overwhelming. Sole social work positions do not work. These social workers can feel professionally isolated and are burdened by paperwork that is normally shared by other team members. As well, there are numerous other demands placed on sole practitioners such as participating in ISSP meetings, etc. At a minimum, social workers require regular and 'on demand' opportunities for debriefing, even if by cell phone. There is a need for travel bonuses for the region. While signing bonuses have a role, retention bonuses are also necessary and could be offered in different ways such as relief for housing/mortgage costs.
- The current initiative of Labrador-Grenfell Health and the Nunatsiavut Government to establish a Labrador-based social work program is positive and illustrative of the need to work with the resources that are available within a region.

- The nature of our population health work must change. Where else is it acceptable that a child dies of tuberculosis? We need to know we can live with ourselves.
- We want to go where we can make a real difference, but it will not be in CYFS.
- Children are falling through the cracks with the high staff turnover.
- Sole charge positions do not work. Staff need to be able to work with colleagues.

Finally, with respect to the goals articulated at the Provincial Planning Forum, it was felt that the following should also be considered:

- Child poverty should be addressed, as in reality it has increased.
- The true acid test is, "Will it help the child?"
- We need to get back to the basics by providing parenting supports.

FRONTLINE WORKERS: CORNER BROOK

Number of participants: 17
Representing: Western Health Authority
Date and time: May 29, 2008, 13:00 to 16:00

Current Challenges and Barriers

- In rural areas, there are inequities in terms of community capacity to offer programs and supports aimed at giving children a jump-start. Communities need help to self-organize. They require a coordinator to address gaps in childcare services.
- The recently announced $1000 for each child born in the province is not well directed. It could be better directed to support development, licensing and monitoring childcare services for children of low socioeconomic status. We are in a position within the region where mothers are quitting jobs because no childcare spaces are available. We should aim to keep the cost of childcare low, including means of supporting access through transportation if necessary. Poverty is the biggest barrier.

> *Poverty is the biggest barrier.*
>
> *Focus Group Participant*
> *Corner Brook*

- To access services for children, transportation and related travel costs are significant barriers. Missed and cancelled appointments are occurring as a result. It must be recognized that the region has a sparse population located within a large geographic area.
- Services are centralized in Corner Brook and Stephenville and though the desire and demand for outreach services are high, the existing skeleton resources are woefully inadequate.

- Currently, waitlists for services in the following areas exist: psychology, pediatricians, addictions, mental health and occupational therapy. The intensity of services required is increasing as wait times continue to exist. In the interim, we know that issues mount and escalate.
- Within the region, there is more urbanization and less available family support. We are seeing an increase in absent adult male parents (the Alberta syndrome) and now female parents as well. There are social ills being experienced in some families where a sudden influx of money has occurred.
- Early intervention for building parenting skills is key. Public health nursing plays an important role for identifying babies and parents in need. However, there is nowhere to refer these children and families. Currently the demand is so high that for new births, we make contact with families by telephone. We make home visits for only 50% of the families whereas this should really be as high as 90%.
- There is a need for parent coaches who provide guidance, support and positive modeling in a no-blame manner.
- Our families want and need a lot of services. There are age eligibility program barriers and these become worse when children become school aged. It is assumed children will receive services within the school setting, but this is not occurring at the level of intensity required. There are significant service gaps particularly for children aged 5 to 12.
- Autism assessment teams exist only in St. John's and Gander. The autism program is aimed at early intervention. This type of approach is required for all developmental assessments and therapies.
- We all need education on who to refer and where to refer. We are getting better at identifying issues and concerns, but our existing capacity does not meet needs.
- CRMS is time consuming beyond belief. It takes away from direct contact time. There is also a current need to double chart consent forms. It is not so unusual to explain up to 8 different forms to a family. We are restricted regarding sharing of information because of restrictive consent requirements.
- There are also organizational barriers. "I would like to pick up the phone and talk to someone who can make a decision." It seems as if nothing ever gets addressed. Our managers are not connected to frontline realities. We spend too much time educating our managers about what we do. We need someone who appreciates and values what we do. We are in a climate where we justify ourselves.
- The province is out of touch with regional realities. We are using tools and programs that are not always well-suited to regional needs. Programs are developed provincially and are then dumped on regions.

> *I would like to pick up the phone and talk to someone who can make a decision.*
>
> *Focus Group Participant*
> *Corner Brook*

- Frontline staff need considerably more authority and professional autonomy and there needs to be much more regional input into provincial policy. Regional input must be valued and our recommendations should be implemented.
- In child protection, we need a clinical supervisor on each site and generally, more clinical leadership closer to the frontline. This would allow for mentorship and more autonomy.
- We also require access to best practice guidelines that we are resourced to implement. We would also benefit from professional practice councils and good wait list management practices.

Human Resources

- The most stressful jobs are in CYFS, but these jobs are not recognized and paid as such. Thus, in most cases, junior workers fill positions. Thus, workers that are more senior are being job-shadowed by new, junior workers. It must be recognized that this adds additional time demand on more senior workers and at a time when caseloads are already way too high. We are putting ourselves at considerable risk of liability.

> *The most stressful jobs are in CYFS, but these jobs are not recognized and paid as such.*
>
> *Focus Group Participant*
> *Corner Brook*

- We need to redesign our work from the bottom-up.
- Staff require access to top-end education. Many fields are becoming more specialized, though this is not recognized, as the entire approach seems to be much flatter now.
- It is hard not to resent how government employees are appreciated through reduced summer hours and compressed workweek opportunities. They have an appreciation week with BBQs, etc. We never get these opportunities. I am a "hard to recruit" professional and the demands on my time gives permission to treat me miserably."
- Some professionals, such as speech language pathologists have the ability to work with adults in addition to children. This helps maintain balance and perspective.
- We need more teamwork, such as an ISSP process for the work we do with children and families. If something works, build on it and make it better.

YOUTH: CORNER BROOK

Number of participants: 5
Representing: 4 Junior High School students and 1 Easter Seals representative (also a student)
Date and time: May 29, 2008, 17:30 to 18:30

Current Challenges and Barriers

- Divorce and a broken family affect the ability to maintain parental relationships. It removes a role model.
- Drugs: Though the participants noted they are not drug users, they are aware of wide use of drugs by peers who treat it as legal. Drug users do not think about the consequences. Young people are using drugs at a younger and younger age, even in Grade 6. Kids, if the become addicted are throwing away their future.
- Centralized youth groups are needed as well as peer mentors. Youth need something better to do, including access to recreational centres and activities. A wide array of activities is required so that there is something for everyone, even for youth as young as age 12 (because that is when peer pressure creeps in).
- The media portrays negative images of youth and advertisements do not promote a healthy lifestyle.
- A lot of kids do not have role models, even through programs such as Big Brothers. These role models are an important source of guidance.
- Remember that for people with disabilities, recreational opportunities are less available and accessible. The whole city is completely out of sync in terms of being accessible. There is some improved access now in the new high school, but we needed to advocate for this. Lifts, elevators, and accessible transportation are important, especially for the disabled.
- Though we have not seen violence, we know it exists. The people who are doing the bullying are the same people who are doing drugs. Schools are trying to deal with bullying. People need to understand their impact on others.
- Our school tried healthy foods, but it did not last. It failed because it was not profitable. Kids and teachers resisted it.
- School sports can be "clicky". Anyone with a disability is an outlier and it is a form of exclusion. Recreational sports are not equal in terms of disability.
- We worry about the choices we will have to make (courses to select in high school and the impact on our future career choices. There are high expectations on us and we are afraid to try something when we might fail. High school is an institutionalized pressure.

> *We need a more streamlined youth support system that does more reaching out.*
>
> *Youth Focus Group Participant*
> *Corner Brook*

- We need a good guidance program, both individually and group-based.
- We need a more streamlined youth support system that does more reaching out.

FRONTLINE WORKERS: GANDER

Number of participants: 7
Representing: Central Health Authority
Date and time: June 5, 2008, 09:00 to 12:00

Current Challenges and Barriers

- Currently, our focus is too narrow. The focus of our role is just on safety and not on supporting the development of happy and healthy children and youth. To broaden our focus takes leadership and training. Currently, there is no training on the legislation.
- If a child has a medical need, that becomes our primary focus. This impacts our ability to provide other services. There is a debate about ensuring safety versus harm reduction. There are risks in both.
- There is no access to services such as specialists, speech language pathologists, audiologists and pediatricians. There is a long list of unmet referrals that is compounded by families' economic situations.
- We have shortages and vacancies in CYFS positions, including in St. Alban's and Harbour Breton. This means the only focus is on intervention for assuring the safety of children.
- There is still a very strong stigma about CYFS within the region and within small communities. This stigma does not exist for public health nurses. Families simply do not want referrals to a social worker, a child management specialist or even a speech language pathologist. These families are labelled as poor families.
- The exceptionally high caseload means we scratch the surface and this perpetuates a false sense of security in the system. It is very stressful work with high risk.
- The paperwork is getting busier and crazier all of the time. The CRMS system is a misfit for our work. It can be very intensive when developing relationships with a family and then monitoring them. Now, the system is getting more uptight regarding what and how to document. This is time-consuming and frustrating, especially if you have been on the road for 2 days. It takes about 30-40% of our work time to properly document, seek approvals and deal with administrative matters.
- We work outside of our offices and in the homes of families. Clerical support and laptops could help. We can spend 25% of our time just driving. Last month I drove 3,000 kilometres, and then we were told we would have to watch our travel budget.

Currently, our focus is too narrow. The focus of our role is just on safety and not on supporting the development of happy and healthy children and youth.

Focus Group Participant
Gander

- Communication is a big problem, particularly among providers. Twenty-five years ago, we had Child Protection Teams that worked very well. All the players were at the table. However, this has now stopped because of confidentiality and consent issues. However, to be fair, these teams would go through a list of clients with team members present who might not need to know about a particular child or family. Families at that point did not know this was our practice. We do not have a process to discover our mutual clients other than a discovery as part of the assessment process.
- ISSP is a good process, though the Education system has now taken this over. It works for pre-school cases, but not for school age children as it then becomes too much education-focused. The parent can refuse ISSP. This represents a bigger problem of parent education. We need to explain our services. We need to stop changing the names of programs and services as it is becoming way to confusing for both families and providers. We need to get information out about family resource centres, childcare centres, etc.
- Meditech is not linked with CRMS. Thus, an emergency department may not know about CYFS. There may be a need for a Child Abuse Registry. Although there would be confidentiality concerns, the benefits for children would outweigh the risks.
- We are seeing a great deal of neglect, inadequate parenting skills, and poverty. Parents need support in raising their children. There are programs such as Nobody's Perfect (a great program, but very time consuming) and BURPS (a breastfeeding program for infants up to age one), but parents want support beyond age one. This program works because it is a group program and with no stigma attached to it.
- Early intervention is now becoming late intervention.
- The Alberta factor is alive and well in our region. Now more single parents no longer meet assessment criteria. However, these families still need our help.

> *We need to stop changing the names of programs and services as it is becoming way to confusing for both families and providers.*
>
> *Focus Group Participant*
> *Gander*

> *Communication is a big problem, particularly among providers...we do not have a process to discover our mutual clients.*
>
> *Focus Group Participant*
> *Gander*

- Wait list management initiatives are in place. In many cases this amounts to nothing more that politely taking a name off the list if a clients does not show for an appointment. We do not investigate the reason for the no-show.
- We could use a Team point-person concept. This person could help with coordination, such as is the case with the Autism Home Support Program. This is an Autism Applied Behavioural Analysis Program with a focus on (very) intensive early intervention. There is no financial

assessment. It has proven success. Though there is a transition kindergarten year, parents are saying the program needs to continue to continue beyond age 5. Schools are trying to do what they can, but they are also limited in the resources they can devote.

> *Don't fix them too much because families could become ineligible for further service.*
>
> *Focus Group Participant*
> *Gander*

- Generally, children with special needs require more liberal teacher/student ratios and access to good pre-school programs. Children who have behavioural problems (who are out of control, defiant or have disorders) do not really fit in. These children are not diagnosed until age 6 or 7. Creative approaches can be developed to meet the needs of these children. Families are so afraid of losing supports when their children enter school.
- Families also need help navigating the system. They need to know whom they can call. This is especially important for families who have multiple problems. They need a point person too.
- We all want to do so much over and beyond, but we are not capable. We need more frontline people. "Don't fix them too much because families could become ineligible for further service."
- We need more community-based services that are located where the people are.
- Integration of health and community services and acute care has occurred in name only. Acute care has a very poor understanding of what we do. They do not understand our need for travel in the region. We need more services and we worry about that more now.
- The management structure is confusing. "I do not understand the matrix system where there are layers and layers of management." Decision-making is now very much slower. Autonomy and flexibility have diminished. We are being asked to record our time and whom we see, a result of escalated concerns about liability.
- We need specialized services especially for kids with sex offences.
- We need a provincial registry of services.

Human Resources

- We just cannot respond to the volume of work. We have a buzz term of "early intervention", but at a time when we have waitlists for assessments. We require smaller caseloads, less travel, greater benefits, higher levels of pay, and access to educational opportunities. Currently, we are expected to work in areas where we have little expertise.
- We need evidence-based strategies. We are told information is available on the Internet, but we do not have the time to conduct these searches. Our organization should support professional development and provide best practices research.

- We could use speech language pathologist aides, though this also means letting go. There is an A004 code for duties that could be performed by others (e.g. non-nursing personnel). These unrelated duties do take a lot of time. Years ago, there were early intervention, paraprofessional workers in child management. Protocols guided the assignment of work. These models can work well.
- More clerical support is needed.
- For human resources, there is competition between RHAs. There is also a lot of inequity across regions.
- There is a need to develop mentorship programs.
- There are a lot of temporary jobs that provide great sabbatical and career advancement opportunities, but it is not so easy to get released from your current job to avail of these opportunities.
- There is a saying, "You have clinical discretion, but just don't use it." We need considerably more latitude in using our professional judgements.

To move forward in a strategy for services for children, youth and their families, the following comments were made:

- Improve access to services. We need to see improvements and something different from what we see today.
- Hire more staff - and quickly.
- Coordinate services. It is time to get this right
- Focus on providing parenting skills and parent support.

COMMUNITY-BASED WORKER: GANDER

Number of participants: 1
Representing: Central South Chapter, Autism Society
Date and time: June 5, 2008, 13:00 to 14:30

- There is a need for more home therapists. One in every 132 children kids in the province has autism.
- Schools are not equipped to do ABA (applied behavioural analysis), and in any case, nothing is available after 3 p.m. Schools do not have the sensory programs autistic children require. ISSP is also not well equipped to address sensory needs.
- The best practice is for ABA to continue until age 18.
- There is a real gap in service from Grade 1 to Grade 12 and within these grade levels, there is little coordination between the CYFS and the school system. Behaviour

There is a saying, "You have clinical discretion, but just don't use it." We need considerably more latitude in using our professional judgements.

Focus Group Participant
Gander

management specialists do not work in the school system, as it is a home-based program that is technically not able to provide services in schools. However, school-based speech language pathologists do make home visits.

- Currently within the Central Health Authority, there are 5 home therapists with 3 of these having been recently hired. A 2-day training course is offered which is inadequate for what we face. The home therapists are employed by parents with each child receiving 30 hours per week (2 therapists at 15 hours each). Low wages are offered at $9.35 per hour.
- Currently, there is a 3-month waitlist when we know that 6 months of early intervention can have a huge impact. Children can be diagnosed as early as 16 to 17 months of age. Children who are diagnosed over the age of 12 will have significant barriers as parents do not know where to go for support and most teachers do not know how to identify and refer these children.
- We as a group of home therapists need our own case conference opportunities. The support system for us is virtually absent.
- To make a difference, we also require greater public and professional awareness of autism.

FRONTLINE WORKERS: ST. JOHN'S
Number of participants: (19)
Representing: Eastern Health Authority
Date and time: June 16, 2008, 09:00 to 12:00

Current Challenges and Barriers

- People are not speaking up for children. This is demonstrating a lack of commitment to communities and to families.
- We are seeing a lack of parenting skills in the families we work with. We are existing in a cultural ethos of consumerism where parents and their children are not communicating, where there is a false sense of security and where self-esteem and identify issues being experienced by children. There is a pervasive dearth of available parenting programs at a time when these programs need to be normalized. An education program needs to be available for everyone and supported by a media campaign. In addition, school-based parenting programs need to be based on more than physical care. Parenting mentorship must be widely available.

> *Healthy Baby Clubs, Brighter Futures and the Roots of Empathy programs are all positive examples of early intervention and prevention.*
>
> *Focus Group Participant*
> *St. John's*

- Healthy Baby Clubs, Brighter Futures and the Roots of Empathy programs are all positive examples of early intervention and prevention. The Roots of Empathy program, which is a full-year course offered in the primary schools should have versions for other grade levels. Programs such as Brighter Futures are not available everywhere and not accessible to everyone. As well, many programs are only accessible Monday through Friday and from 8:00 to 4:30.
- Kids with disabilities have significant challenges in terms of accessibility generally and especially for access to recreation facilities and equipment. Disabled children who are transitioning to adulthood are particularly vulnerable in terms of available supports.
- The system keeps falling down. The support systems are simply not there. We are in crisis intervention mode and continually working with restrictive program eligibility criteria. A greater focus is required on early intervention.
- There is no communication between services. A central 'lead' person is required to link all the programs and services. Now, programs have their own lead person. An ISSP process is required to support children and families.
- Professionals require more ability to use their professional judgement
- Children who are falling through the cracks are those who are from low income and middle income families. These are not the children whose families are on social assistance. As well, parents are unwilling to accept services and their children are falling through the cracks. We must recognize that there is still considerable stigma attached to accessing services. Some see it as being shameful.

> *The system keeps falling down. The support systems are simply not there.*
>
> *Focus Group Participant*
> *St. John's*

- There are significant travel and related financial barriers that negatively influence clients' ability to attend appointments.
- Resources are lacking resulting in waitlists. We are always trying to play catch-up. People are screaming out for help and we can see their frustration. The system is responding by trying to find short cuts such as making contact via mail versus personal contact. This has negative impacts especially when we know there are literacy problems. We need to get out into the community and into homes to make connections and to form relationships.
- We need to think prevention. In British Columbia, moms have universal access to post-partum support with baby care. Would this eliminate some of the stigma in accessing service? We need prevention services that are focused on developmental needs, including for children in junior high school.
- There is a lack of extended family support in smaller and rural communities. This is in part a result of the Alberta factor. What would happen if we created community centres (such as a Buckmaster's Circle facility) in these communities? It would help facilitate being connected.

- The justice system re-victimizes victims. Children need a voice, especially in emotional abuse, which is not on the radar. We see too many interim orders of visitation. "What does the best interest of child mean? It means different things to different people." This may be an area where more criteria are necessary. Alternatively, we may need a case manager who is a child advocate where the child *is* going to be the only interest. When balancing the rights of the parents versus the child, the parents' rights win. We may need open adoption to resolve some of these issues.

> *Many are caught in paperwork and waitlists and just walk away. They earn their perception that nobody cares.*
>
> *Focus Group Participant*
> *St. John's*

- The foster care system requires a great deal more support and resources. Children are being moved too often. Current practices are too transient and provide no consistency.
- In addition, an education program for the community on the benefits of the Foster Parent Program is required. It should also highlight the need for early adoption.
- We need to shift from a culture where we are 'fighting' for services to one where we access services for children and families on an as needed basis. We also need broad latitude and ability to be creative in approaches.
- We need education in the schools regarding issues such as bullying and embracing diversity.
- While there is currently a supportive environment for meeting medical needs, meeting social, emotional and mental needs is much more difficult. We need to focus on self-esteem and occupation, as children are missing activities where they learn about their skills and passions. Parents also need to learn about the importance of reinforcement, praise and building a sense of efficacy.
- If only we could unplug the TVs.
- At age 5, the intervention and direct home services to children and their families' stop. At ages 15, 18 and 21 there are different program eligibility criteria. At age 16, a child with a developmental delay is no longer CYFS client. Thus, the ability to protect the child is not the same as if the child were still 15. Programs operate on a chronological versus a developmental age basis. After age 16 to 18, who picks up service needs? Self-consent is not possible until age 19. There are legislative gaps that represent significant grey areas. Many are caught in paperwork and waitlists and just walk away. They earn their perception that nobody cares.

Human Resources

Participants cited the following issues if recruitment and retention efforts are to be successful:

- Current work stress is very high. We do have a cap on our caseloads and all cases are high-risk. Thus, we are always in crisis intervention and can only put on Band-Aids. Documentation standards are timely and we are legally liable for what we do and what we do not do. It is quite nerve wrecking. We want to leave (our positions) because we are all so overworked.
- Caseload levels are also causing problems with collaboration. We are second-guessing what information to share and how much we can say to a colleague. At the same time, it takes time to network and collaborate, and this time takes away from direct client contact. As well, there are varying expectations of what constitutes collaboration, often a result of systemic issues. Collaboration can become a personal issue and can result in an environment of conflict and of duplication of services. Do we really understand the depth and scope of the work of other professionals? For example, occupational therapists are not represented on teams. Sometimes we do not know what other organizations are involved with our clients, even within Eastern Health. Even family physicians are disconnected as they have their own pressures in dealing with their caseloads.
- There is a lack of supervision when what we need is clinical feedback and mentorship. However, mentors need to be relieved of some of their caseload. We have woefully inadequate education budgets: $70 for a worker for a 2-year period. As well, current orientation is not sufficient.
- We also require centralized coordination of appointments for children and their families. Sometimes, children can be on 5 different waiting lists.
- The merger of Eastern Health has left several unresolved issues that are extremely de-motivating and demoralizing. There are issues relating to classifications and colleagues doing the same work, but at a different rate of pay.
- Management makes decisions and we are the last to know. We are working in an autocratic environment where there is little opportunity to challenge and express concerns. For some, there is a fear of reprimand. Management are making decisions about things they know nothing about. The next level of management feels like a big black hole.

> *We must recognize that there is still considerable stigma attached to accessing services.*
>
> *Focus Group Participant*
> *St. John's*

Suggestions for moving forward were as follows:

- Place a cap on caseloads, and as decided by frontline workers. In determining caseloads, complexity of cases must be a key driver. What is reasonable as a caseload for one worker may not be at all realistic for another worker.
- Make more positions available in the community, including for occupational therapists.

- We recognize there will always be waiting lists. Just how many wait lists are there? We need an accurate updated list of all services and criteria that would help facilitate appropriate referral. To create and maintain this list represents an additional position. We also need to recognize that when children and families are seen, they require more than an assessment. We need more positions to service the needs. What about community resource consultations?
- Recruitment and retention strategies must take into account the Alberta factor. Nurses are not getting permanent positions here in the province and can generally only access casual positions. There are also insufficient support and pay differential for bachelor's, master's and doctoratal degrees. In small communities, we must abandon the notion of sole practitioners. Clerical support (at more than 5 hours per week) needs to be provided. Finally, costs such as Bell Island Ferry fees should be reimbursed.

> *Caseload levels are also causing problems with collaboration. We are second-guessing what information to share and how much we can say to a colleague.*
>
> *Focus Group Participant*
> *St. John's*

- Adequate space to do our work is necessary, and certainly not in cubicles.
- As we are double and sometimes triple documenting, access to laptops would be helpful.
- There needs to be commitment to develop the team and with full appreciation and recognition of the value of individual roles.
- We need to rethink the system of client entry and referrals. This requires at a minimum, access to a current program inventory and liberalization of eligibility restrictions.
- There needs to be 100% commitment to the vision and to the whole package (e.g., all elements of the vision are necessary). As well, we must ensure both children and staff are well cared for.

YOUTH: ST. JOHN'S

Number of participants: 7
Representing: Past and present Waypoints program participants
Date and time: June 23, 2008, 19:00 to 20:00

Current Challenges and Barriers

These young people have all had significant trauma, from divorce, to physical, sexual and emotional abuse, to being moved from one foster home to another, to being 'kicked out of home', to conducting break and entries. Most painted a picture of being caught in a spiral web.

A significant theme expressed was that children who live in unsafe environments are afraid to speak up. They fear being returned home to face further punitive harm. Two participants cited experiences where they were not believed by their social workers and they experienced further harm as a result. Participants strongly felt that a child should always be believed. They do not believe that the system works in the best interest of the child, but rather the system works in the best interest of parents.

Another theme that emerged was the need for a treatment facility for parents, as some parents require 24-hour supervision. Indeed, some sentiment was expressed that all parents should have a psychological assessment before being allowed to parent and keep their children.

Participants believe they should also have a voice in the selection of a suitable foster home. For participants who have had residential/group home experiences, these have been positive experiences. However, generally, the need for more support (e.g., counselling) was expressed. There are structured rules that were perceived by some participants to be overly restrictive, but as being necessary by others. All would appreciate greater access to an array of recreational activities (e.g., canoeing), perhaps as a component of a residential treatment facility.

One participant is hoping to be allowed to go to school for more than an hour a day. It appears the school does not have the necessary supports to support more than this level of attendance.

COMMUNITY-BASED ORGANIZATIONS: ELECTRONIC SURVEY VERBATIM RESPONSES

Number of respondents: (4)
Survey period: June 27-July 7, 2008

1. **Please identify the top three barriers and challenges that currently exist for ensuring children and youth have an opportunity to live in safe and nurturing families and environments?**

Respondent 1:

1. Language Barrier: Limited ESL Support for children and youth in public schools
2. Limited access/affordable programming for children, youth, and family
3. Limited social/ family supports

Respondent 2:

1. Poverty – low income prevents families and in particular children from fully participating in educational, social and recreational activities. Activities that help

build social networks and a sense of belonging. Poverty adds stress to families lives. It results in poor health, poor housing and living conditions, lack of transportation needed to fully access services (health and social)
2. social isolation and a sense of belonging
3. lack of family and community supports (related to #2 social isolation) Today's parents often live away from their parents and extended family. Supports needed to assist with parenting issues such as child care, respite care, developmental issues are not existent.

Respondent 3:

1. Lifting children & families out of poverty by providing adequate income support and support networks for families.
2. Access to affordable, safe housing
3. Children provided with a safe, healthy home environment
4. Education and awareness to empower parents needing parenting skills

Respondent 4:

1. Low Income
2. Stress
3. Activities too expensive for kids to be involved in

Please feel free to identify any and all other barriers and challenges that currently exist for ensuring children and youth have an opportunity to live in safe and nurturing families and environments?

Respondent 1: Lack of cultural understanding/acceptance in the community. Lack of programming that meets the needs of family (cultural/religious beliefs)

Respondent 2: Lack of quality, affordable and accessible (both from a location and a financial perspective) child care.

Respondent 3: Did not respond to this question

Respondent 4: Did not respond to this question

2. **(I). What is working well in terms of your current initiatives that support a coordinated/integrated approach to healthy child development?**

Respondent 1: Having 2 daycares located at the ESL Training Centre, "Learning through Play" activities including a music program and having parents participate in programs.

Respondent 2: Community Based Programs that serve to bring families together, allowing parents to interact with other parents and build social and support networks. Programs such as Family Resource Centres.

Respondent 3: One on one work with parents, poverty reduction strategy and making families' part of the solutions.

Respondent 4: A child living in a well-rounded family where there is discipline, love, and they are well mannered and stress isn't an issue all the time. Interacting with your child and making them feel safe and if they ever need someone, their parents is there to help.

(II). What is not working and what needs to occur to address these deficiencies?

Respondent 1: Because the daycares are located in the training centre space is limited and children are wait-listed. More qualified staff are needed to ensure a positive ratio between children and staff is maintained.

Respondent 2: There needs to be more emphasis placed on programming at the ground level. Programs that by their very nature serve to prevent child abuse, social isolation, child neglect, etc. Programs at the ground level can respond quickly to changing needs and are often more flexible. Government run programs tend to less responsive to changing needs (one size fits all approach).

Respondent 3: Removal of children from unsafe environments without support services network in place to work with families.

Respondent 4: What is not working is that kids get out of hand and accumulate bad behaviour. What needs to be done is tackle the problem at early ages and give them a chance. They are going to make mistakes but they are only mistakes if you do not learn from them, so teach them right from wrong. Set good examples for them to follow.

3. **What is required to support your current and future efforts of a coordinated/integrated approach to healthy child development? Please comment on: funding and investments, human resources, partnership approaches, community capacity and community engagement, public awareness and education and professional awareness and education.**

Respondent 1: Funding is always needed to ensure healthy child development with respect to providing quality services and resources. Community engagement is needed to ensure the community understands the needs of newcomers and make positive connections between newcomers and the broader community. The community must also

be mindful of newcomers' needs and cultural values when developing culturally-sensitive programming. Newcomers need to feel a sense of belonging to their community. Professional working with and developing programs must also understand the cultural perspective of newcomers and how cultural values and norms play a major role in working with newcomers. Cultural sensitivity is needed by both the broader community and with newcomers so that agencies have an understanding of diversity and newcomers are aware of "Canadian norms". It is very important that staff have an understanding of diversity and cultural issues so that newcomer's feel welcomed and a part of the community/agency…

Respondent 2: More funding – which would mean more human resources, more program resources, etc. Government needs to invest more into community-based programs. Community based programs do a lot with very little, however, it seems that today these same programs are expected to do even more with the same financial support.

Respondent 3: Extra funding for resources to go out into our communities to do awareness sessions. Lack of affordable childcare spaces for families. Collaborating and strong partnerships within community: eg: CYFS, HRLE, School Board.

Respondent 4: Defiantly Public awareness. Offer programs to support parents and children. Education is very important, set good examples for them to follow. Let people know there are resources available.

4. **What needs to occur to move forward a strategy for children, youth and families? Please identify the short-term and long-term priorities to be addressed by the strategy.**

Respondent 1: More partnerships with community agencies so that New Canadian children, youth and families have successful integration. Newcomers need to feel connected to their community.

Respondent 2: Short term – you need to provide the necessary supports to families already in crises ad already in the system. Long term – you also need to provide the community supports to parents and families to assist them with parenting issues, to help them build social networks and supports so that we prevent families from getting involved in the system. Healthy children = Healthy Adults.

Respondent 3: Families need to be listened to part of the solutions. All sectors of society need to share the responsibility for children by supporting parents raise their children.

Respondent 4: I think investments need to be made in education, post secondary-education (too expensive), health care, and low-income families. We need to provide our children with a future where it is safe and secure.

5. **Please feel free to add any other comments concerning a strategy for children, youth and families. Please be as specific as possible. Attach an additional page if necessary.**

Respondent 1: No additional comments provided

Respondent 2: There needs to be a strong emphasis on prevention. Prevention during those early years from pregnancy to age 5. Communities need to be educated on the importance of positive parenting. Parents need to be valued and supported for the important work they do. The system as it exists is obviously not working. It is tragic when we look at the statistics around children in need of protection and children in foster care and see that the numbers have increased over the past few years. What is even more tragic is that the number of children in this province has actually decreased during these same years. We are obviously doing something very wrong.

Respondent 3: All children, regardless of culture & socio-economic status are entitled to equal opportunities to develop to their full potential. All sectors of society need to be involved in supporting children and families in parenting roles. Partnerships among parents, community workers & volunteers, private business people, and all levels of Government are needed to improve the lives of Canadian children.

Respondent 4: No additional comments provided