Considerations for Best Practice: Group Care Settings

The Cross-over Youth Project (The Project) has observed the disturbing systemic issue of youth in the child welfare system incurring their first in a series of charges in out of home placement settings, particularly in group care (Cross-over Youth Project, 2019). Youth are removed from their families as a measure of last resort to protect them from harm. However, far too many of them enter the criminal justice system through the uniquely challenging environment of group care.

There is a considerable amount of resources being spent on youth in the child welfare system. Yet, many find their new environments are unwelcoming and hostile. This failure should not be the youth's burden to bare, especially not through charges and custody.

The current policies and procedures being used in most group care settings are inadequate. There must be a collective action to change, both in environments and responses.

As a starting point to successfully meeting the needs of youth in the child welfare system, staff and operators must work together to ensure the following three principles are the foundation for the care and treatment of youth residing in their homes:

1. A trauma-informed practice
2. A youth centered approach
3. Anti-oppressive practice

Cross-over Youth: young persons aged between 12-17 who are in care or receiving services through the child welfare system and also have involvement in the criminal justice system. A disproportionate percentage of cross-over youth are from racialized communities.

How We Know What We Know

The Cross-over Youth Project collected data through a series of methods. Primarily the information contained within this guide was derived from following cross-over youth through the court process in Hastings and Prince Edward counties. Furthermore, the Cross-over Youth Project conducted one-on-one interviews with local stakeholders including eight out of home placements operators (Kennedy House, Dawn Patrol, George Hall, Terrace, Heritage House, Kerry's Place, Honeywell House, Connor Homes). The Project also conducted one on one interviews with 5 other stakeholders (COSP, Children's Mental Health, First Nations Court Worker, Restorative Justice Expert, Judge). Additionally, periodic check-ins were conducted with these individuals as the project progressed.
The Belleville Steering Committee provided insights during cross-sectoral meetings and delivered direct feedback on best practice. The Belleville youth advisory group and the peer mentors provided additional feedback on these issues to maintain youth voice throughout the project. All the information gathered through these interviews and meetings was reviewed and analyzed by members of the Cross-over Youth Project and coded to reveal themes in the data.

These considerations were devised to address to the themes that emerged from the data. The themes were then compared against the experience and data in other pilot sites including Toronto, Thunder Bay and Brantford. Additionally, these themes were compared against both national and international literature on the relevant subjects.
Once the information was collated it was presented to the stakeholders for feedback and that feedback was incorporated into the report. Most stakeholders participated fulsomely. However, as the Project neared completion participation of some stakeholders decreased significantly, most notably group care operators and their representatives.

Trauma

Youth who enter the child welfare system and are placed in a group care setting have by definition experienced trauma. Many youth have entered the child welfare system as a consequence of childhood abuse and neglect, including physical and sexual abuse.

Moreover, the process of being apprehended from their home, as volatile as their home situation might be, is a traumatic experience in and of itself. In many cases, the very nature of living in group care settings, away from their families and loved ones is re-traumatizing for these youth. Being moved from a place you know to a place you do not would be difficult for anyone. It is even more difficult to go from a family home to an institutional setting, no matter how nice it is. Additionally, the youth have to get to know and integrate themselves into a new routine/structure, as well as a new social context with many strangers. It is made even more difficult because the youth is trying to recover from their trauma. For many youth this includes the historical trauma experienced by their community and/or racial group.

Understanding Trauma

Young people with histories of trauma must be cared for in a specialized, considerate manner. Group care staff must take into account the physical long-lasting impact of trauma on the developing brain. These youth require caregivers with an educational background and training focused on trauma-informed practice.

Understanding trauma requires approaching the subject with different fields of knowledge. A neurological perspective is one element of understanding the impact of trauma. Educating staff on the neurological impact of trauma may help some to elicit an empathic response. Hopefully, staff will develop the correct understanding that these responses are largely out of the youth's control.

The brain of a youth is resilient. Faced with trauma, it reorders its pathways to protect the youth and help them survive. It takes long, diligent hard work to reprogram the brain. It is not a lack of willing on the part of the youth.

Youth with histories of trauma MAY present with a variety of symptoms. They may have none, some or all of these symptoms.

1. Youth with histories of trauma often have an abnormal and persistent fear response caused by chronic stress or trauma. This physiological response can interfere with other incoming information.

   Intrusions: chronic activation of the neuronal pathways involved in the fear response can create permanent memories that heighten the mind's response to fear (Child Welfare Information Gateway, 2015). It can result in flashbacks, panic, rage and nightmares (Laub & Auerhahn, 1993). These intrusions can be intertwined with figures of authority that abused them. Group care service providers should be mindful not to appear as dominant figures seeking to control a situation through outward exertion of their authority. This may cause the youth's fear response to be triggered. They may have a reduced capacity to think through their actions in the moment; they may rely on this impulsive instinct.

2. Youth with histories of trauma often live in a state of hyperarousal as a defensive coping mechanism.

   Hyperarousal: youth may be highly sensitive to nonverbal cues, such as eye contact or a touch on the arm, and they may be more likely to misinterpret them (Hardy, 2013). These youth may be consumed with a need to monitor nonverbal cues for threats, their brains are less able to interpret and respond to verbal cues, even when they are in an environment typically considered non-threatening (Laub & Auerhahn, 1993). Staff should be highly cognizant of their verbal and nonverbal cues, including their tone of voice. Youth with histories of trauma may not respond to staff cues in the way they were intended. This is not their fault and it is incumbent on group care staff to take this into consideration and modify their interactions with cross-over youth accordingly.

3. As a result of the physiological changes traumatic experiences can cause youth a vastly reduced ability to modulate the physiological response to stress and have a decreased capacity to use bodily signals for action. Without a trauma-informed understanding, it may be difficult for group care staff to read the young person based on initial reactive body language or verbal cues. For example, if a cross-over youth is feeling trapped by group care staff, they may not display signs of fear before their fight or flight response is triggered. The appropriate response to this issue is to modify your position not to increase containment. If cross-over youth are approached with respect, compassion and empathy, they will often be eager and receptive to a calming authority in the aftermath of overwhelming events (International Association of Chiefs of Police and Yale Child Study Center, 2017).

   Modulate: youth with histories of trauma may move from stimulus to response without pause, and experience intense negative emotions in response to even minor stimuli. To group care staff this may look like an overreaction and or increased threats to others. The youth may also freeze and shut down. Hyper-arousal and generalization of threats may lead to a youth having a decreased ability to rely on their bodily sensations as an

effective warning of impending threats. Youth may have difficulty labeling and recognizing their own emotions or explaining their own emotional reactions to situations and events (Hardy, 2013). For example a lack of crying, screaming, visually expressed fear or apprehension does not mean a cross-over youth is unaffected, but rather has been so affected that the baseline for emotional response has been severely altered by overexposure to negative stimuli (Child Welfare Information Gateway, 2015).

Loud and busy activity can be overwhelming and affect the youth's ability to regulate their behaviour (Child Welfare Information Gateway, 2015). Group care staff should not raise their voice at the youth or yell back and forth between staff. Speak calmly and clearly. Group care staff should be mindful of a youth's space. Searches are an invasion of privacy and will damage your relationship with the youth.

Trauma-informed Practice

A successful trauma-informed service will require trauma-informed practice from everyone involved. This requires ongoing training. Any meaningful trauma training will include these four elements:

1. *Realize* the widespread impact of trauma and understand how difficult recovery is:
    a. This means a cultural change that responds to cross-over youth with empathy. Cross-over youth have been permanently affected by situations out of their control. Their actions are a direct expression of the pain and trauma they have experienced. Understanding this requires putting yourself in the circumstances of these youth and attempting to understand why they are reacting the way that they are,
    b. Everyone feels most comfortable with what is familiar to them. Youth with traumatic histories are most familiar with chaos, pain and unhealthy behaviour. It takes time to unlearn that and feel most comfortable in a calm environment.

2. *Recognize* the signs and symptoms of trauma:
    a. Many disciplinary issues are manifestations of youth coping with their trauma.
    b. Traumatized youth have difficulty with regulation, they often feel too much or too little.

3. *Respond* by integrating knowledge about trauma into policies, procedures and practices:
    a. Training needs to occur at the front-end and then be supplemented with regular check-ins.
    b. Structure and consistency are vital for recovery. Traumatized youth should have a regular schedule and programs should be staffed with the same rotation of staff. Avoid high staff turnover and irregularity of stressors.
    c. De-escalation is paramount in cross-over cases. If police have been engaged, then there has been a de-escalation or pre-escalation break-down in another part of the system. Unfortunately, the most difficult cases fall to police to deal

with. That's why it is so important to be ready for these situations when they occur.

4. *Resist* re-traumatizing:
    a. In many cases, cross-over youth have been abused by figures of authority in their lives. It is incumbent on service providers not to approximate those previous experiences in any way.
    b. Where possible avoid courses of action that will result in cross-over youth re-experiencing feelings of worthlessness, isolation, shame, fear, or helplessness.
    c. Foster the development of a safe space that allows for youth to revisit their trauma therapeutically with a staff they care about.
        i. Take the time to build a genuine relationship before expecting the youth to open up about personal details of their experiences about personal details of the youth's experience. Youth will open up to you when they feel safe and ready.

Historical Trauma

A key component of trauma for many of the youth in group care is generational trauma. This is a result of larger systemic issues caused by historical trauma to minority groups. Youth in the child welfare and criminal justice system are disproportionately indigenous and racialized minorities. In addition to the personal trauma cross-over youth have experienced, it is no coincidence that most of them have experienced the burden of descending from a culture that has experienced historical oppression. That oppression is carried through the generations and must be understood to fully understand the traumatization of current cross-over youth.

There must be an empathy for generational disadvantage from child welfare service providers. The social and economic barriers these youth face effect how many cross-over youth there are in these systems. Training on this historical context is vital for understanding the motivations and the constraints these youth face. It will help to shape more appropriate responses from service providers. It will show why an aggressive, authoritarian and directive approach is likely to be triggering rather than calming. The state represents regression, broken promises, assimilation, abuse and sleight of hand to many youth. Group care settings, while independent operators, will represent an extension of that abuse to many youth from these communities.

It is important to remember that these youth will likely associate the group care setting with all the hardships they experienced in their life, including being taken away from their community and their family. It is may also represent an extension of the violence and discrimination members of their community face generally. Operators must consider deeply how their services evoke analogies to residential schools and can continue their legacy especially as Indigenous children are vastly overrepresented in out of home care placements (Barker et al., 2019). Any fulsome trauma-informed practice will deeply ingrain this knowledge into their staff and programming.

Youth Centering

Youth Centering is a fundamental pillar of effectively providing services to youth in the child welfare system. Our casework has confirmed that many stakeholders interpret youth centering incorrectly. Well intentioned adults often have preconceived notions of what is 'best' for youth. The ideas may be born from intuition, ideology, personal experience, etc. Then stakeholders will attempt to use a variety of tactics (advocacy, bribery, manipulation, threats, coercion, etc.) to convince the youth that the stakeholders' idea was really the youth's idea all along.

Youth encountering charges in group care settings is a stark reflection of failed attempts at youth centering. Some of the most common charges youth incur while residing in group care are assault and breaches related to 'running away'. A youth centered approach would recognize that the youth is communicating through their actions. For example, these actions may be reflections of frustration or longing for their home communities.

It is important to help youth build their capacity to communicate their emotions through more productive means. However, service providers must also recognize their own failures to listen to the youth and address their emotional needs before it reached a point of conflict. Proper youth centering requires truly listening to what the youth wants and needs as they have expressed. Then working together to develop a plan to safely achieve those goals. To understand youth voice and their current demands of group care, start by reading the *Residential Review* (Ministry of Child and Youth Services, 2016).

Second, familiarize yourself, and those you work with, with the *Child, Youth and Family Services Act* (2017), which requires anyone providing services to youth to ensure young people's rights to:

"To express their own views freely and safely about matters that affect them"

AND

"To be engaged through an honest and respectful dialogue about how and why decisions affecting them are made and to have their views given due weight…"

These principles appear often within the legislation and are required considerations. It is not optional to center youth voice in decision making processes.

Third, it is important to center youth properly. The following are steps to ensure successful youth centering:

- Use a relational approach with young people
- Engage in open and honest communication with youth
- Engage youth in all aspects of the decision-making processes

- The youth is the expert of their own life - respect their views and wishes
- Provide and involve services that respects the youth's rights
- Include the principles of youth centering, and the input of youth where possible, in the development of programs and services for young people in and out of home care
- Include the youth in the design stage of programs (rules, procedures, physical design, treatment and relationships)
- Active involvement and joint decision-making between young people, families and professionals in context of major transitions

Youth centering is a collaborative process. It takes patience and trust. It is a fundamental component of any successful conflict avoidance approach for cross-over youth.

History of Residential Review Standards and Guidelines

When reviewing the period of 1978 to 2017, the Ministry of Community and Social Services along with other government sectors and the Ontario Child and Family Service Advocacy, it is evident that there was an intent to formulate standards and guidelines for youth residential care facilities. Across this nearly 40-year time frame many concerning themes arose and persisted throughout, leading up to consistent recommendations for change with minimal follow through. These themes are presented as a chart (see Appendix A), outlining the direct passages from government reports created by the Ministry of Community and Social Services, the Ministry of Correctional Services, Canadian Child Welfare Association, the Ontario Child and Family Service Advocacy, and the Ministry of Child and Youth Services.

One of the major issues that contribute to the themes identified is the ambiguity of the standards, which leaves ample opportunity for residential care facilities to develop their own policies that may be neglectful to the rights of young people in these following areas. Both staff hiring/training practices (row 1-8) and the use of restraints (row 9-14) were a common concern as throughout this time frame the government has yet to establish clear standards for practice as it relates to these two themes. This issue persists into the development of programming, as other re-occurring themes included a need for culturally sensitive programming (row 40-46), case management (row 31-34), and family support services (row 35-39). This extends to the theme of youth voice and advocacy (row 15-22), as standards indicate that youth voice should be inclusive in program development and complaint procedures, and facilities must ensure young people are aware of their rights and how to contact the Child Advocates Office. However, the mechanisms and extent to do so is not clearly outlined, leaving many young people unaware of their rights in care and who they can contact. Ultimately, the lack of clarity in standards and responsibility creates a systemic problem for accountability measures (row 23-29).

In consideration to young people in youth justice facilities, the major theme that has evolved is the need for an emphasis on support services at the community and family levels and shifting

away from the tendency to place young people in institutional care (row 47-53). For young people residing in custody facilities, the main concern is that these facilities also be held to a set standard for quality of care.

Pre-escalation

In a panel's review of out-of-home care conducted by the Ministry of Child and Youth Services (2016), issues regarding the quality of care were brought forward. The panel noted that currently there is no consistency in residential care to ensure the highest quality of care for children and youth (Ministry of Child and Youth Services, 2016). The experience of youth is heavily impacted by the quality of care in a variety of factors including programs, food, rules, routines, and relationships with staff etc. (Ministry of Child and Youth Services, 2016). Pre-escalation is all the behaviour and circumstances that lead up to a point of conflict. This can go as far back as when the youth first arrived at the home and be as close as moments before the conflict. Ensuring a high quality of care throughout different aspects of the home can reduce pre-escalation and limit conflict with youth.

Staff

After surveying operators, the primary complainant was the pool from which they can hire staff from is too young, inexperienced and incongruently educated. However, when pressed further about wages and scheduling requirements, etc. a pattern emerged. Most operators were not offering much more than minimum wages, no consistent weekends, irregular hours and constantly changing schedules. Qualified staff need to be paid a wage commensurate with their education and experience. Underinvestment in staff is creating negative externalities. Currently, the real costs associated with the savings on staff costs are being passed onto the police and the court system. Given the daily bed rate CAS pays, plus additional extras, this is unacceptable.

Preparations

Group care settings that take youth with autism have a pre-arrival process. It begins with having the youth visit their new environment before moving there. This process can take multiple visits. Suggestions other homes have used include:

1. Have youth pick the colour of their bedroom wall paint
2. Create a list of likes and dislikes
3. Stock youth's favourite food
4. Identity triggers

Group care settings should make pre-emptive plans on how they plan to avoid triggering youth. These plans should be reviewed at team meetings and shared with all group care staff. It is important that the knowledge of one staff member is shared with all for the purpose of consistency.

Race and Oppression

Another difficult and frustrating obstacle many cross-over youth face is oppression. Youth in the child welfare and criminal justice system are disproportionately indigenous and racialized minorities. Group care staff must be educated on this important issue and integrate that knowledge into their daily interactions. There must be home wide training and empathy for generational disadvantage. Staff and operators must understand the social and economic barriers many of these youth and their parents and many generations back have faced. Group care staff should help youth cope with this challenge by following Ken Hardy's five steps for integrating race and oppression into your trauma-informed practice (Hardy, 2013):

1. Creating space where youth can discuss everyday experiences of oppression including experiences of pain
2. Supporting youth to build survival strategies to cope with everyday oppression
3. Supporting youth to understand and strengthen their individual and group identity for resilience
4. Encourage youth to discuss your impact on them individually and in terms of group identity
5. Recognize cultural/ Intergenerational trauma and collective resilience

It is important to support the youth by connecting them to their culture and community. Logistically, that means providing transportation and modes of communication to ensure they are connected to culture and community. It is also important to provide education to staff so there isn't confusion. For example, indigenous communities are diverse, and a group care setting cannot just have one indigenous worker/program which is expected to offer pan-indigenous programming.

Furthermore, it is important to understand that youth from different cultures and racial backgrounds will require different necessities. Resources, both financial and non-financial should be allocated accordingly in these cases. For example, Black youth may require appropriate hair products, and some youth may require culturally relevant food in the home (Ministry of Child and Youth Services, 2016).

Connection to Home Community

Youth in care by definition need "protection." However, that does not mean that their home community is unsafe. Youth are a product of their environment and connection to their culture should be fostered.

Group care settings should make accommodations for youth to visit their home communities and reconnect with their culture on a regular basis. For example, indigenous youth have a cultural connection to the land their community lives, hunts and fishes on. A program that fully takes into consideration the needs of indigenous youth would allow them time/space to connect to their land and learn traditional skills.

Youth who are forced against their will to cut off all ties to everyone they have grown up with will rebel and likely runaway. When youth runaway, especially if it will result in a breach charge, they will likely have to resort to unsafe means to survive on their own.

The more responsible approach is to facilitate visits to home communities so there can be safeguards in place to ensure healthy, productive reintegration. Allowing time for youth to reconnect to their home community will reduce youth's feelings of isolation and destabilization. Those feelings can contribute to conflict. A successful pre-escalation approach will help to defuse those feelings with planned, regular and structured reconnections to the youth's home community.

Connection to New Community

Many youth The Project has worked with expressed their isolation in the new placement communities. Some experience racism and discrimination from community members who are not used to seeing diversity in their community. Most experience the stigma of coming from the child welfare system. They are labelled as outsiders, disruptive and bad.

Many group care settings have responded to this community pressure defensively and with the aim to reduce the conflict that their presence creates. They try to reduce the impact of having placed a group care setting in a certain neighbourhood or jurisdiction by hiding and isolating the youth they serve.

Youth in the child welfare system must feel welcome in their new home. It is unconscionable that they would be made to feel ashamed after the trauma they have experienced.

It is important for group care settings to take a lead role in educating their communities. Communities should be encouraged in integrating their new citizens and encourage them to participate in local activities. Youth will feel more invested and accepted. It will lead to less points of conflict resulting from feelings of rejection and persecution. Reducing those feelings is a vital part of a pre-escalation plan.

School

Many youth are schooled within the facilities of the group care setting. Remaining within the same complex and interacting with the same people without a break or change of scenery is a catalyst for heightened frustration.

Youth have the right to make friends outside the system. They also have the right to interact in a normal school environment, even if some of them may need to take specialized classes.

Our casework has uncovered situations where group care settings have sent their youth to local schools only to have them systematically isolated by the school administration. For example, in one community youth from group care were allowed to attend the local school. However, there were required to stay in one isolated portable. They were not integrated into the rest of school including during recess or school wide activities. Group care settings should be vigilant for these

situations and fight back against this kind of discrimination. Youth in the child welfare system are residences of a jurisdiction and must be treated equally to their peers who do not reside in a group care setting.

Approximating a normal schooling situation will help traumatized youth to heal. Isolation is the worst approach to neglected and traumatized brains. The brain will only heal through re-learning and re-mapping healthy behaviours. It will increase the likelihood that occurs if they get to experience the same environment as their peers.

Check-In Logs

Group care staff should keep logs of their interactions with youth. As they get to know the youth better, what they like, what they don't like, their personality the information should be logged and shared with all staff. This will ensure consistency with the youth.

This is not an opportunity to denigrate the youth or log needlessly personal information. It is tool to ensure familiarity and foster a team/family atmosphere. The logs, while a formal undertaking, should be undertaken with a caring attitude that would resemble parents discussing their children.

Internet

In our modern age, it is strange that youth living in group care do not have internet access in their homes and in their room. It is a normal and pervasive part of life. To disconnect these youth from the internet and cell phones means that they are living in a completely parallel world.

The Project understands that there are safety concerns with giving youth access to phones and the internet. That is true for youth in and out of care. However, group care settings should develop policies to mitigate the risk NOT prohibit its use in the home.

Activities

Youth have the right to daily activity. Many group care settings have organized and scheduled daily activities like outings, sports and skills building exercises. Structure, distraction and personal growth are all essential components of pre-escalation. Therefore, a daily schedule of activities is a minimum requirement for a successful pre-escalation strategy.

It is also important to implement a strategy to ensure that the schedule is followed as often as possible. Youth who have experienced trauma need consistency and stability in their day to day. It is extremely destabilizing to have insufficient staffing for planned activities or institute a discipline policy that would result in a large number of missed or cancelled activities. It would be especially inappropriate to punish a group of youth for the actions of one of the youth.

The lack of activity in some group care settings has gotten so bad that some youth consider diversion or anger management counseling as an “activity” that at least gets them out of the house.

Food

Giving youth access to nutritious food any time of day is another factor in reducing the kind of frustration that leads to conflict. Youth who live in a family home are unlikely to face the kind of food rationing and restrictions they face in an institutional setting.

Youth should be free to walk to the refrigerator or cupboard and grab a snack. It is dehumanizing and difficult for a growing body in its teenage years to not have access to food. It is common sense that tempers are quicker on an empty stomach. Trust the youth’s actions that if they are reaching for food is likely because they are hungry. Ensure the options they have available are healthy and nutritious. Hold nutrition education opportunities so youth will have the information when presented with options.

Ensuring blood sugar levels are not crashing and spiking is a precursor to calm responses from youth living in group care settings. There are many potential areas of conflict, so ensuring the youth confront them from a stable metabolic condition is an important step in a well thought out pre-escalation plan.

Treatment/therapy

Findings suggest that the mental health needs of youth in care are greater and more significant than the general population (Hurley et al., 2009). That comes as no surprise when we consider the traumatizing events that led to a youth being placed in care. Recognizing the complex and changing mental health needs of youth in care in an important step to ensuring quality of care and avoiding pre-escalation of conflict. Evidence suggests that the mental health needs of youth in residential care is intensifying, creating a higher demand for quality programming (Hurley et al., 2009).

All youth in the child welfare system should have access to a range of treatment and therapy options to assist them. Group care settings should be supportive of youth seeking these options, including providing transportation and logistical support. A variety of programs could act as the foundation of a successful pre-escalation strategy.

It is important that any therapy or treatment is a youth centered process. No program will be successful and restorative if the youth is there against their will. Healing requires genuine participation.

To encourage the participation of youth in therapy sessions they should be created in partnership with the youth in a strength-based way. Allowing the youth to decide what they want to address and how, is an important part of the process. All youth heal differently, and this needs to be considered. Information that is disclosed in therapeutic sessions cannot be

used against youth in any way. This deteriorates the relationship, destroys trust and can cause re-traumatization and regression of healing.

All group care settings must actually offer the treatment and therapy that they advertise they do. Many operators are falsely advertising their capacity and failing to provide the programming necessary for the youth they house. This has caused a serious crisis as many other mental health agencies will not provide duplicate services if a group care setting is already being funded to provide them.

De-escalation

Due to the physiological changes of trauma youth in care require a specialized approach. Service providers must have intensive training that focuses on response management. It should be reviewed periodically to stay up to date.

There should be a system in each group care setting to deal with conflict collectively and as a team. When there is a conflict between one service provider and one youth it is easy for issues to be clouded by feelings of personal animosity. If protocols are established that all reactions have to first be vetted by at least one other team member it increases the probability of a rational response. This should be especially applicable to calls for service to the police.

1. Don't allow yourself to be provoked.
    a. Many cross-over youth do not understand the difference between positive and negative attention.
    b. Cross-over youth may illicit that response through disrespectful or provocative behaviour.
    c. Recognize those situations for what they are and do not feed the reaction they are seeking.
    d. Remain calm and measured even if it is a personal affront.

2. When you approach a cross-over youth try to meet them where they are at.
    a. Try to understand what they have been through emotionally.
    b. Put yourself in their shoes, understand how frustrating their situation must be. Verbally validate those feelings.
    c. Understand they likely have not been taught the tools to deal with these extremely difficult circumstances.

3. Avoid triggering behaviour and responses.
    a. Cross-over youth will not respond well to being yelled or physically touched.
    b. Think about how you would respond to dominating, aggressive or authoritarian displays.

4. Provide positive, non-judgmental reassurance of the youth's feelings and emotions while trying to assess or investigate the situation.
    a. Do not make pre-judgements about the culpability of the youth.

b. Use conflict as an opportunity to teach positive lessons and impart valuable skills. Youth will learn best, if you set a good example.

Five Key Responses to Avoid:

1. Do not demand respect because of seniority or position of power, as this will reinforce the authority/subordinate dynamic between you and the youth. It will not create a sense of order, but rather provoke rebellion and escalation

2. Do not expect a traumatized youth to take personal responsibility for their actions. Most likely their actions and reactions are an instinctual survival response in a way that differs from the general population. Assigning personal responsibility will be more confusing than corrective

3. Traumatized youth may not have the cognitive capacity to understand and learn from consequences. The negative consequences of punishment will just be amalgamated with all the other negative associates and experiences the youth is carrying with them. It may increase anger, hurt and pain the youth feels and will not be able to compartmentalize them into a useful lesson. Until the underlying trauma is treated or stabilized the youth will not have the capacity to learn through punishment.

4. Do not use isolation as a de-escalation technique. Most traumatized youth have associated attachment disorders and for these youth there is no worse punishment than isolation. It will only exacerbate the youth's feelings of abandonment.

5. Avoid separating individuals that motivate each other to engage in negative behaviour. Traumatized youth are extremely hesitant to trust others and are resistant to form friendships. Permanent separation from a peer or an environment should only be explored with caution and a last option.

It is important to confront not only conscious and overt bias but unconscious and conspicuous bias. Sociological research has demonstrated that implicit bias is strongly ingrained in our society. An angry black face is viewed more aggressively and threatening than and angry white face (Eberhardt, Goff, Purdie & Davies, 2004). Bias can cause skew a threat assessment (Todd, Thiem, & Neil, 2016).

This type of bias can factor heavily into what service providers deem to be a true threat. The characterization of black boys as 'aggressive' is a systemic factor holding them in vicious pattern. Service providers must examine their own reactions for unconscious bias. This is obviously a difficult process. However, if either on an individual basis or systemically within your program that youth from minority groups are more likely to be involved in conflict with individuals or within your program that is an indication there is bias.

Proactive Model

The Project observed a pilot initiative in a jurisdiction with a high propensity for charges from group care that if implemented in conjunction with our three lens we recommend as a model for other communities.

What: a planning conference (minutes taken) concerning youth in residential placement that have or are at risk of having YCJA charges.

Who: a representative from the local police department, the residential care licensing department of the MCCSS, the local CAS agency, the home CAS agency, youth probation, if necessary and the group care setting.

When: monthly

How: a supervisor or manager from the residential placement facility is designated as the liaison between the other representatives, they are obligated to organize and coordinate these planning conferences.

Why: to reduce calls for service and the costs associated with the traditional path through the youth justice system.

The purpose of these conferences is to promote cross-sectoral communication. Paramountly, the conferences ensure that all stakeholders have a contemporaneous understanding of the issues. Moreover, these check-ins ensure accountability, so the youth receives all the services they are entitled to. Meeting minutes also assist as an accountability mechanism.

As part of this initiative the police send their occurrence report to MCCSS and CAS. MCCSS and CAS can then compare the police occurrence report with the serious occurrence report in order to address any discrepancies between the two.

These conferences are meant for creating and checking up on a wraparound plan. Youth in child welfare require a relational approach for success. That means building strong emotional connections with stable role models. These emotional connections will form the underpinnings to the foundations that guides the youth to make healthy, safe decisions. It is a positive approach to behaviour, which is more effective and healing than a negative, punishment focused approach.

Youth voice is paramount at these conferences. It is not possible to monitor youth 24/7 and it is not a desirable approach. If you try to substitute what you believe is in the best interest of the youth rather than listening to them, they will invariably resort to doing what they were originally going to do. The better approach is to erect scaffolding through stakeholder planning to help the youth achieve what they want in a responsible manner.

Results

Calls for service to addresses associated with group care dropped 35% (122 calls) in the first year of The Project involvement in the community. The catalyst for the drop in calls for services

was greater cross-sectoral collaboration and communication between police, group care representatives and judicial and child welfare stakeholders.

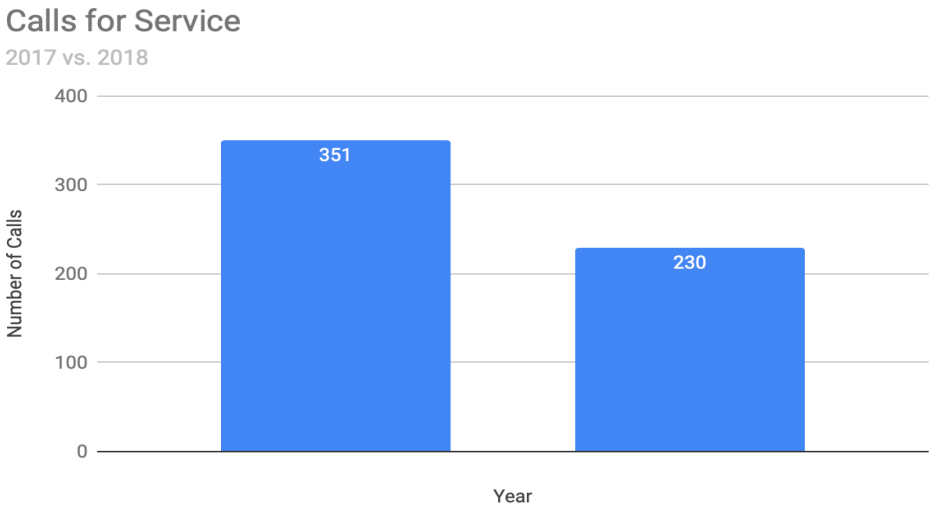

Figure 1

A major concern in this rural jurisdiction was missing persons calls. Overwhelming most missing person calls related to youth simply trying to get into town (cool off, buy cigarettes, access the internet, etc.) Another smaller portion were trying to go back to their home community or a major urban centre. There were a few that went missing where there were genuine concerns, like histories of suicidal behaviour.

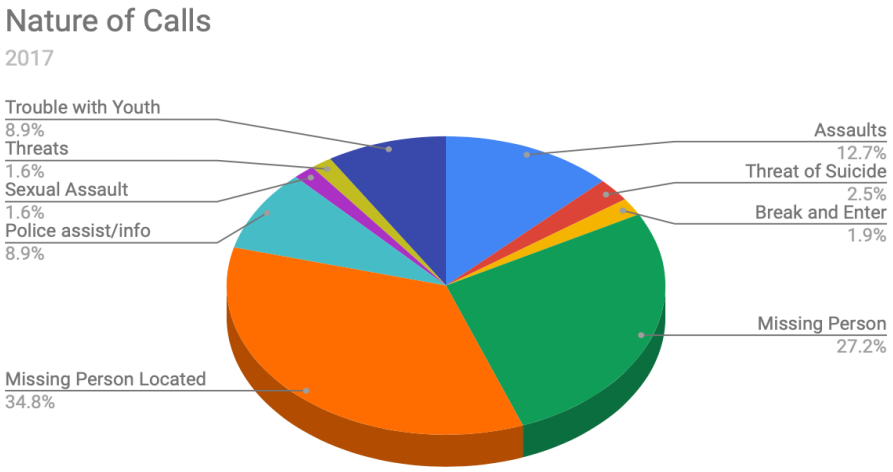

Figure 2

Through cross-sectoral collaboration a more tailored approach was adopted. Less resources were expended and fewer breach charges were laid.

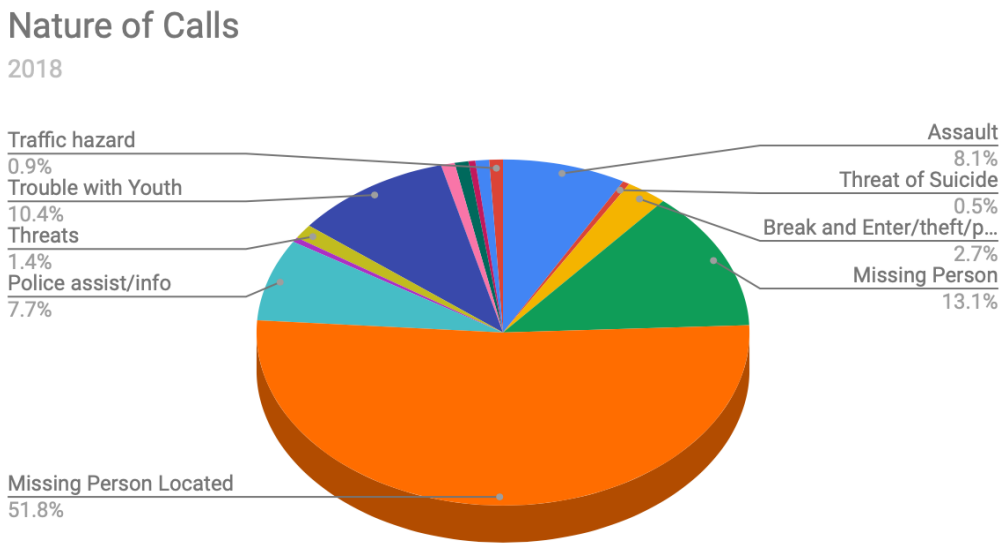

Figure 3

The group care facility restructured and reduced the number of placement spots. That lead to a reduction in calls for service during COY's involvement. However, an even more dramatic drop in calls for service was observed when the local police detachment instituted the proactive monthly meeting model. The proactive meetings began in June 2018.

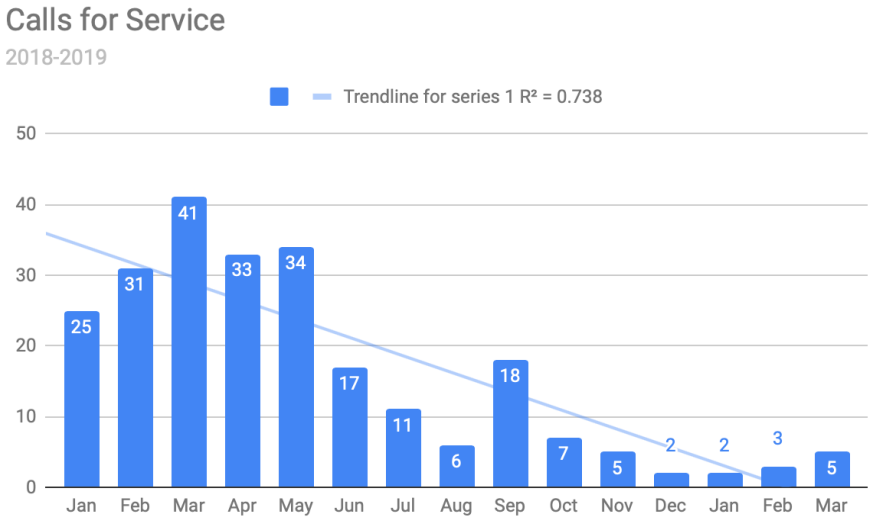

Figure 4

Calls for service dropped 78% when police changed their response.

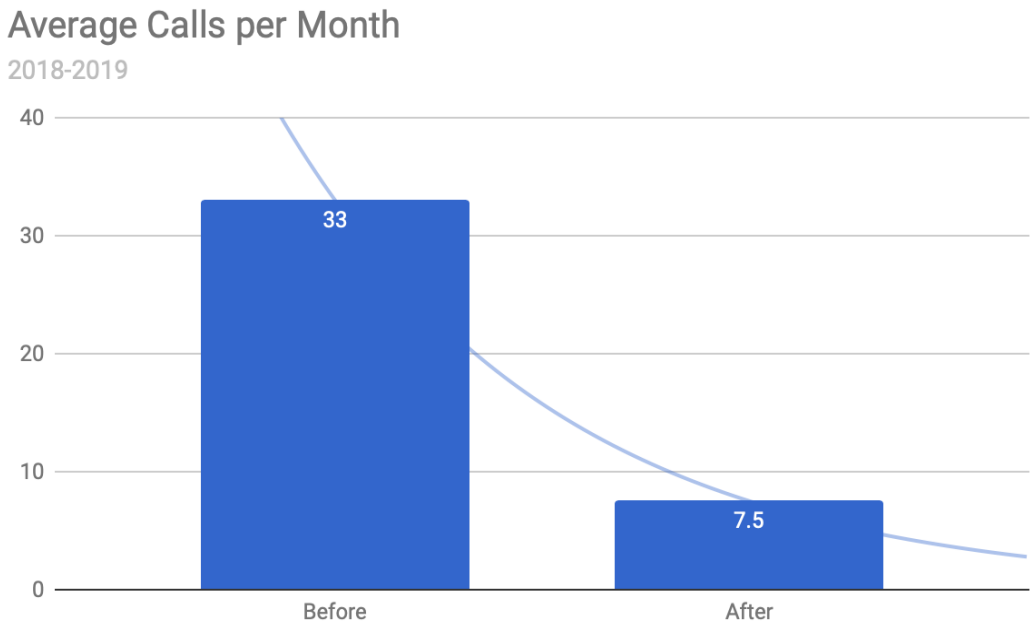

Figure 5

Only 4% of calls for services were responded to by way of a charge.

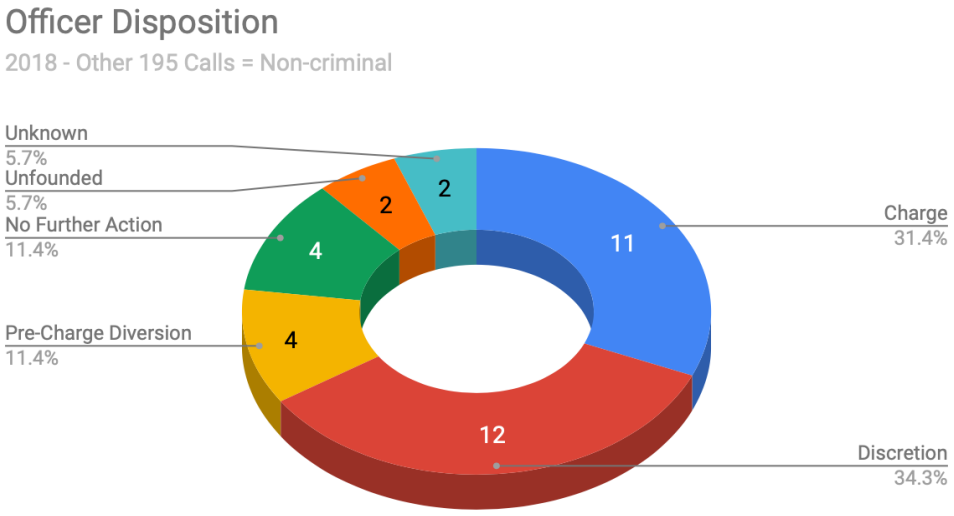

Figure 6

Limitations

This pilot initiative is a step in the right direction. To continue to build on this model the Cross-over Youth Project notes that it is important to have youth be a part of the conversation. Nothing can have the same impact as the youth's actual voice. Additionally, this initiative is still highly deficit based and focuses on "problematic youth" and potential issues. Approaching these situations with a strength-based focus can increase the effectiveness of wrap around support.

Restorative Justice

A restorative justice circle is an opportunity to correct behaviour and offer a satisfactory resolution to issues for the victims outside of the formal criminal justice system. Conferencing is a labour intensive process, but it offers a more realistic prospect of eliminating recidivism than custody. Restorative justice focuses on relational justice. It requires the offender to understand the impact of their actions, not through arbitrary punishment of social isolation, but through their emotional relationships with those affected in their community (Lockhart & Zammit, 2005). Although restorative justice circles can be beneficial for both sides of a conflict, it is important that youth understand the purpose of the circle. Language is a key factor in making sure that youth are properly taking away the lessons from the circle. Simple, clear restorative language ensures participation, engagement and a change of behaviour from youth (Riley & Hayes, 2017). Furthermore, a strength-based approach increases youth's responsiveness and builds confidence and self-worth which should be goals of the circle (Riley & Hayes, 2017).

Objectives

1. Address underlying causes of the crime or disciplinary issue
2. Rebuild community
3. Reconnect youth with the supports necessary for future success (Lockhart & Zammit, 2005).

Participants

1. The cross-over youth
2. The victim(s)
3. Trained Facilitator
4. Community members with a vested interested in the matter
5. Support personnel

Pre-conferencing

Pre-conferencing requires gathering the viewpoints of everyone involved before the conference. It will require, at minimum, informal pre-conferences with every one of the attendees.

The informal pre-conferences do not have to be long. However, they are a good venue to build capacity around youth centering, trauma-informed practice and anti-oppressive practice. It is important that all three pillars formed the foundation of any restorative justice process.

It also allows for the opportunity to clarify the goals of the circle (Child, Youth and Family Services Act, 2017):

1. Show ways to repair harm
2. Give voice to the victim(s)
3. Preparator(s) take responsibility to help repair harm
4. Show community support to the victim
5. Demonstrate impact of harm to preparator
6. Centre respect and community as the best solutions to conflict

The facilitator must remain neutral during this process to ensure everyone feels fairly heard. The primary role of the facilitator is to create and maintain the platform, which the participants will use to achieve resolution and justice.

Conferencing

The main objective is to keep youth from the child welfare system out of the criminal justice system. Secondarily, the goal is if they do enter the criminal justice system that they spend as little time in it as possible. The restorative justice process should be used to promote, stability, education, safety and community.

The conference should occur in a neutral space. Everyone must feel equal. Restorative circles should not happen within group care settings, where the incident occurred. There is a power imbalance for the youth that makes it non-conducive to restorative circle. There should be no disruptions in the environment, so focus can remain on the process.

Chairs should be arranged in a circle, so everyone can see and hear everyone else. The facilitator should be the only one to take notes and only for the purpose of ensure there is documentation and clarity on any agreements.

Facilitator

The facilitator should be trained and practiced in trauma-informed, anti-oppression and youth centering. They should also remain neutral and understanding. The facilitator should not dominate the circle but should exert a quiet control over the platform. There is an inherent power imbalance between the facilitator as an “adult” and the youth (Suzuki & Wood, 2017). Facilitators should be aware of this imbalance and work towards ensuring that youth feel comfortable and able to share their thoughts and feelings. Studies have found that youth often feel nervous in the restorative justice circle setting which can be overwhelming and make it difficult for youth to express their feelings of remorse (Suzuki & Wood, 2017).

It is important that all youth feel that the circle is a safe space. A safe space means that judgement and discrimination are addressed within the circle in a manner that defuses and educates.

Do not minimize the feelings of participants or dismiss the impact that any participant is expressing. It is important that youth do not feel coerced into saying or doing as this minimizes the impact of the circle for the youth as well as the victim (Suzuki & Wood, 2017).

Ensure people are truly listening, which includes monitoring eye-contact and body language and leaving room for participants to digest and contemplate what is being expressed.

Allow the participants to be creative and problem solve together. It is incumbent on them to develop the solutions to this conflict and create the path to justice that they feel is appropriate. It is a collaborative process. The facilitator is not part of the collective.

Lessons of Restorative Justice

1. Community
    a. Relationships are the essence of community. They are defining, nurturing and giving if they are sustained in a healthy way.
    b. Conflict is a breakdown of relationship(s)
    c. Canada's retributive justice model isolate offender from the community
        i. Restorative justice model takes the opposite approach (Lockhart & Zammit, 2005).
2. Capacity
    a. Developing and discovering capacity occurs through relationships
        i. Bringing people together to repair harm and learn from each other
        ii. Isolation is less likely to result in lessons learned
    b. Draw on the creativity of participants to find meaningful action and accountability
    c. The goal is to develop the capacity to resolve conflict in a healthy, proactive manner (Lockhart & Zammit, 2005).
3. Connection
    a. Harm often comes from the disconnection from empathy for others
    b. Disconnection from the judicial process leads to unresolved trauma from all participants
    c. The circle promotes the re-connection of the participants (Lockhart & Zammit, 2005).
4. Voice
    a. Ensuring every participants voice is heard is the most important element of the circle
        i. Expression and acknowledgement are the key factors
        ii. This is a relational process (Lockhart & Zammit, 2005).
5. Sacredness

a. The sacredness of a circle is created by its participants
    i. People are inherently good
    ii. Finding that humanity will create the sacred, safe space necessary for a productive circle (Lockhart & Zammit, 2005).

Post-Circle

Restorative justice is an ongoing process. The facilitator should check-in with the progress of the relationships and agreements in the weeks and months following the circle. Everyone is encouraged to uphold the accountability of the circle outside of that space with their relationships.

References

Barker, B., Sedgemore, K., Tourangeau, M., Lagimodiere, L., Milloy, J., Dong, H., . . . Debeck, K. (2019). Intergenerational Trauma: The Relationship Between Residential Schools and the Child Welfare System Among Young People Who Use Drugs in Vancouver, Canada. *Journal of Adolescent Health*. doi:10.1016/j.jadohealth.2019.01.022

Canadian Child Welfare Association. (1990). *The best of care: Recommendations for the future of residential services for troubled and troubling young people in Canada*. G. Charles & S. McIntyre (Ed.). Ottawa, ON: Canadian child Welfare Association.

The Child and Family Services Act. (2017). CCSM c C80, <http://canlii.ca/t/53hcz> retrieved on 2019-06-09

Child Welfare Information Gateway. (2015). Understanding the effects of maltreatment on brain development. *Department of Health and Human Services, Children's Bureau.* Washington, D.C. Retrieved from https://www.childwelfare.gov/pubs/issue-briefs/brain-development

Cross-Over Youth Project. (2019). Toronto Report.

Eberhardt, J., Goff, P., Purdie, V. J., & Davies, P. G. (2004). Seeing black: Race and visual perception. *Journal of Personality and Social Psychology,87*, 876-893. doi:10.1037/e633872013-684

Finlay, J., & Office of Child and Family Service Advocacy. (2007). *We are your sons and daughters: The child advocate's report on the quality of care of 3 children's aid societies.* Ontario: Ontario Child and Family Service Advocacy.

Hardy, K. (2013). Healing the Wounds of Racial Trauma. *Reclaiming Children and Youth,22*(1).

Hurley, K. D., Trout, A., Chmelka, M. B., Burns, B. J., Epstein, M. H., Thompson, R. W., & Daly, D. L. (2009). The Changing Mental Health Needs of Youth Admitted to Residential Group Home Care. *Journal of Emotional and Behavioral Disorders,17*(3), 164-176. doi:10.1177/1063426608330791

International Association of Chiefs of Police and Yale Child Study Center. (2017). Enhancing Police Responses to Children exposed to Violence: A Toolkit for Law Enforcement. *Office of Juvenile Justice and Delinquency Prevention.* Office of Justice Programs, U.S. Department of Justice. Washington D.C.

Laub, D., & Auerhahn, N. C. (1993). Knowing and not knowing massive psychic trauma: Forms of traumatic memory. *International Journal of Psycho-Analysis,74*, 287-301.

Lockhart, A., Zammit, L., Charboneau, R., Owens, R., & Ross, R. (2005). *Restorative justice: Transforming society*. Toronto: Inclusion Press.

Ministry of Children and Youth Services. (2016). Because Young People Matter: Report of the Residential Services Review Panel. Retrieved from: http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/residential-services-review-panel-report-feb2016.pdf

Ministry of Children and Youth Services. (2017). *Safe and caring places for children and youth: Ontario's blueprint for building a new system of licensed residential services.* Ontario: Ministry of Children and Youth Services.

Ministry of Community and Social Services & Ministry of Correctional Services. (1990). *Review of safeguards in children's residential programs: A report to the ministries of community and social services and correctional services.* Toronto, ON: Ministry of Community and Social Services & Ministry of Correctional Services.

Ministry of Community and Social Services, Children's Services Division. (1978). *Children's residential care facilities proposed standards and guidelines.* Toronto, ON: Ministry of Community and Social Services.

Ministry of Community and Social Services, Children's Services Division. (1980). *Consultation paper: Children's services past, present and future.* Toronto, ON: Ministry of Community and Social Services.

Ministry of Community and Social Services, Children's Services Division. (1980). *A policy statement on standards for children's residential care facilities.* Toronto, ON: Ministry of Community and Social Services.

National Council of Welfare. (1979). *In the best interests of the child: A report by the national council of welfare on the child welfare system in canada.* Ottawa, ON: National Council of Welfare.

Riley, M., & Hayes, H. (2017). Youth restorative justice conferencing: Facilitator's language – help or hindrance? *Contemporary Justice Review,21*(1), 99-113. doi:10.1080/10282580.2017.1413358

Suzuki, M., & Wood, W. R. (2017). Is restorative justice conferencing appropriate for youth offenders? *Criminology & Criminal Justice,18*(4), 450-467. doi:10.1177/1748895817722188

Todd, A. R., Thiem, K. C., & Neel, R. (2016). Corrigendum: Does Seeing Faces of Young Black Boys Facilitate the Identification of Threatening Stimuli? *Psychological Science,27*(12), 384-393. doi:10.1177/0956797616678204