Ontario Association of Residences Treating Youth

Centre of Excellence for Residential Care in Ontario

Treating Ontario's Most Vulnerable Children

An Overview of Residential Care & Treatment for 3,400 Children

EXECUTIVE SUMMARY

Sample

OARTY funds and collects information for the Partners in Care survey for the purpose of establishing the clinical profile of the clients in residential care; to establish referral patterns; and to establish the types and costs of programs within our organization. In Partners in Care IV (PIC-IV), we had a 75% response rate from our members. We drew a sample of 1,092 clients out of the approximately 3,400 clients cared for by OARTY members. The sample, which is 32% of the clients served, has sufficient power for the generalization of results and conclusions across the OARTY population.

OARTY collected data on the program characteristics for 100% of member agencies and on staffing costs for 58% of member agencies.

Outline of the Report:

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2. The Voice of Our Clients:
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    b. Parental Bonding Instrument
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Voice of Our Youth

A high proportion of clients were willing to complete a satisfaction survey (80%) and a measure of attachment (73%). Two instruments were used:

(1) Clients assessed their care using a reliable and valid instrument developed by the Joint Commission on Quality of Care in Mental Health, US government, NIMH; the instrument is called the *Perception of Care*.

(2) Clients measured the degree to which they felt cared about and treated fairly using an internationally normed instrument, the *Parental Bonding Instrument* (PBI)

The clients who consented to express their voice on the quality of care included clients with complex developmental needs as well as those with psychiatric disorders of normal intellectual capacity. For example, 69% of clients with intellectual disabilities and serious behaviour problems wanted to be heard and were able to answer the questions on the test; some of these young people required a staff member or foster parent to read the test to them.

The *Perception of Care* instrument measured the client using a four point scale from "never" to "always" on the following issues. The average scores for each question expressed as a percentage of the maximum is reported.

- Explaining things in a way that the client can understand (83%)
- Involving the client in decisions about his/her care and treatment (76%)
- Listening to the client (80%)
- Working as team (86%)
- Spending enough time with the client (82%)
- Treating the client with respect and dignity (88%)
- Giving the client reassurance and support (87%)
- Being helpful (79%)

The average response for all eight areas was 82% of the maximum possible. In addition, clients were asked to rate their perception of care on a ten point scale that produced an average score of 7.8. Finally clients were asked if they would recommend the treatment resource to other children with mental health needs. Nine percent of clients answered "No" to this question; 38% were "not sure" and 53% answered "yes".

Some clients reported low scores on quality of care. The vast majority of clients have said that they feel listened to, respected and helped by the program.

In addition, the clients answered a questionnaire measuring the degree that they had someone in their life who cared about them and treated them fairly. In 30% of the cases, the person identified as the one who cared most about the youth was their child and youth worker in the residential facility. Since this test is norm referenced, the scores can be compared to a world-wide sample of young people living in their own families.

Young people from every type of resource, including treatment foster care, group homes and residential treatment centres, scored in the average range compared to teenagers across the English speaking world. This result means that the young people in residential care and treatment are securely attached to their caregivers.

Clinical Profile

The population of clients served by OARTY member agencies are vulnerable, traumatized individuals. The specific details are as follows:

(1) Sixty three percent of our clients have a diagnosed intellectual deficit and 92% of clients with intellectual disability have other serious medical, behavioural and/or psychiatric disorders, which are the primary targets of their treatment

(2) Fifty-eight percent of clients have a confirmed psychiatric diagnosis and 2/3rds of clients with a psychiatric disorder have two or more separate disorders at the same time

(3) Eighteen percent of our clients have a family member who has an intellectual deficit. The prevalence of adults with intellectual deficits is 0.6% according to an Ontario government survey[1] This means that the OARTY clientele are 30 times more likely to have parents with intellectual deficits than other children in Ontario.

> Children whose parents have diagnosable intellectual deficits are at great risk of having an intellectual deficit themselves. Children with this background are also at increased risk of experiencing trauma during their childhood as well as emotional and behavioural problems.

(4) Four percent of OARTY clients have a member of their immediate family who have committed suicide, usually mother or father. The age standardized suicide rates for young adults in the 25-44 year old age group is less than 5 in 1,000. This means that the clients of OARTY member agencies have suicide in their family history that is eight times higher.

> Children with a close family history of completed suicided are eight times more likely to commit suicide and have a greater risk of depressive illness.

(5) Seventy four percent of OARTY clients have been frustrated in school and have been failing to perform adequately since primary grades. Additional data on this subgroup indicates that these children are now on average 5 years behind their peers based on *Individualized Educational Program* (IEP) reports and testing with standardized instruments, such as the *Wechsler Individual Achievement Test* (WIAT).

> School failure and frustration in classrooms extending back several years places the child at great risk of dropping out of school before graduation and experiencing all of the subsequent adverse outcomes, including a lifetime of poverty, substance abuse and serious physical health problems.

(6) Before their placement in an OARTY resource, the clients experienced multiple traumas, such as physical abuse (47%), sexual abuse (25%), years as a young child in poverty (44%)

[1] "The Prevalence of Ontarians Labelled as having a Developmental Disability"(1999), Developmental Services Branch, Ministry of Community and Social Services, Queens Park

and close family member addicted to drugs (47%). Children referred over the last four years have averaged more than four different adversities.

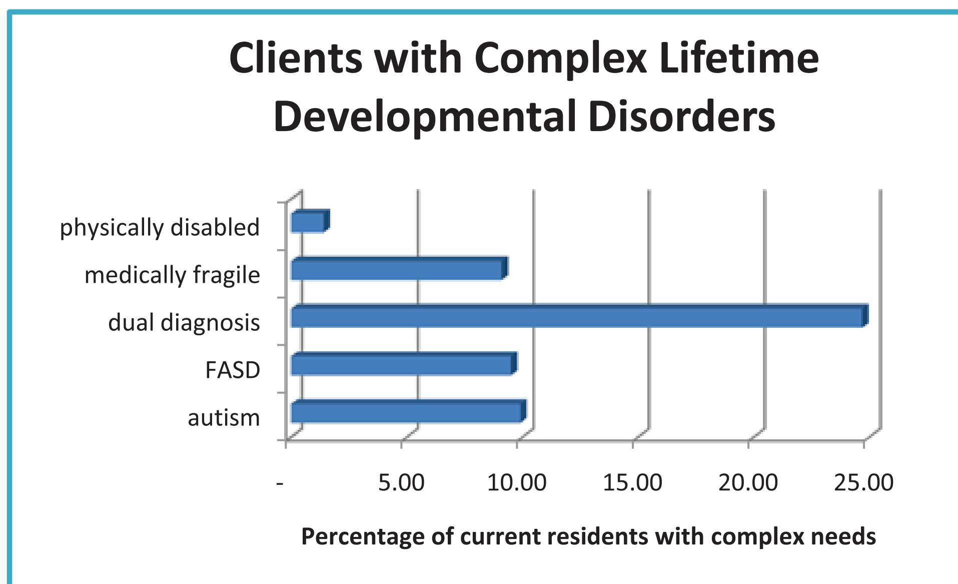
(7) The children recently placed have an average of 4.14 different major stressors in their life. In longitudinal studies, 70% of children with this degree of adversity are not able to function independently as a young adult without intervention.

(8) The ability of the child to function in social roles and perform the tasks of daily living with reasonable independence was very low on average; functioning also varies significant by client type.

(9) The clients score on the Conner's Global Index (t-score = 77) is higher than 99.6% of society.

(10) Children of average IQ are between 1.6 and 2.2 years behind their peers in school; children with intellectual deficits are much further behind.

(11) Fifty-five percent of all clients served by OARTY member agencies have complex lifetime developmental needs and disorders. These disorders occur rarely in children with prevalence rates that are less than 5 in 1,000.



Many of these clients were able to speak for themselves in this report.

Despite their difficulties, the clients have a voice and they want to be heard. Fifty-seven percent of the clients (n = 157) with complex needs completed the NIMH client satisfaction survey. The fact that this group of clients were prepared to be engaged in rating their care is an important issue in itself. Analysis of variance shows that clients with complex needs are more satisfied with their care than other clients, such as those who are emotionally and/or psychiatrically ill.

A large random sample of clients with complex needs (n = 166) completed the *Parental Bonding Instrument* (PBI). The data below is the gender standardized score for the caring scale

of the PBI. The data indicates that there is no difference in the feeling of being cared about, as measured in complex clients and compared to other clients with different needs.

	N	Mean Caring T-Score	SD	Min	Max
Emotionally Disturbed, normal children, undiagnosed children	197	49.31	9.93	4	63
Complex Neuro Developmental Needs	166	49.83	10.31	7	63
Total	363	49.55	10.10	4	63

Fifty-eight percent of clients with average intelligence or higher have experienced school failure starting in primary grades. A long term history of school failure is very difficult to turn around; yet 15% of children with long term school failure are functioning at the appropriate grade level of their age related peers.

There was a trend away from placement in staff operated group homes during the years between 2006 and 2009. The move away from staff operated group care has resulted in a substantial increase in the use of parent led group homes and treatment foster care.

The number of new referrals is quite unstable from one year to the next, which makes it difficult to project ahead. During 2007, 455 children were referred for care and treatment; during 2009, there was a 53% decline to 215 referrals.

Aboriginal Clients

Twelve percent of clients placed in treatment foster and group care in privately operated treatment agencies in Ontario identify with the aboriginal people of Canada. This percentage has remained stable for four years across two separate random samples of the client population. Compared to youth from the mainstream culture in our survey, Native youth have very high levels of family dysfunction and trauma. Native youth show significantly higher adversity in:

1) parental substance abuse (82% compared to 42%)
2) history of physical abuse (70% compared to 50%)
3) parents in jail (44% compared to 27%)
4) poverty (65% compared to 49%)
5) youth have abused drugs (24% compared to 12%)
6) current domestic violence (24% compared to 16%)
7) family member raped (21% compared to 14%)

Summing the total number of adverse conditions checked positive shows that Native clients have five different types of serious stressors in their family background and early history compared to four different types of serious stressors among mainstream youth.

The clinical data suggests that the number one health issue affecting Native youth in residential care is substance abuse. Eighty two percent of Native youth have a close family relative with substance abuse disorder and 24% of Native youth have a history of abusing drugs and alcohol. Moreover, 16% of all Native youth in residential care have diagnosed FASD, compared to 7% of youth from mainstream cultures.

The mean attachment score for Native clients ($\bar{x}$ = 46.48) is much higher than the mean for children who have very insecure attachment patterns. Children whose *caring-scale* is below 40 feel profoundly unloved, which is indicative of children with poor attachment. This means that Native youth have significant resilience that is strengthened by the network of service operated by OARTY member agencies.

When assessing the standards of care, Native youth responded favourably and there is no difference between mainstream youth and Native youth on standards of care.

Native clients have 5.39 prior placements compared to an average of 2.70 for mainstream clients and 69% of Native clients have a history of placements in CAS operated regular foster care compared to 54% of mainstream clients. Moreover, 16% of Native clients have been placed in custody, compared to 10% of mainstream youth.

The data on days of care and treatment shows that Native clients receive less service than mainstream clients, despite the fact that they have as much or more need for treatment. On average, clients with Native identity receive 520 fewer days of treatment than their mainstream counterparts. This means that Native clients have a significantly lower share of the dollar investment per client ($180,000) across their time in residential care and treatment compared to mainstream clients ($274,000).

Clients with Complex Needs

Sixty-three percent of clients in residential care and treatment have been diagnosed with an intellectual deficit and the vast majority of these clients have serious co-morbid lifelong developmental disorders.

Clients with complex needs are more likely to exhibit serious self abusive behaviour requiring medical attention (29%), compared with clients who do not have complex needs (19%). The relationship with aggression is even stronger as 55% of children with complex needs exhibit aggression requiring medical intervention, compared with other clients (35%). Sixty-five percent of aggression is exhibited by clients with complex needs.

The two best measures of *need* are: (1) the degree the individual is able to function in home, school and neighbourhood, as measured by the *Children's Global Assessment Scale* (CGAS), and (2) the amount of adult support required to attend to basic tasks of living, such as getting dressed and eating, as measured by the *Level of Adult Support in Daily Living Tasks* (LAS). On both of these dimensions, clients with complex needs are distinct from the children with (a) emotional and behaviour problems, and/or (b) learning difficulties or (c) children who have normal developmental needs.

The CGAS scores vary significantly by the type of placement resource (F-ratio = 15.1, sig = .000, df = 252); the LAS scores also vary with the type of placement resource (F-ratio = 14.8, sig = .000, df = 252). Children who are placed in more intensive settings have significantly more needs in terms of the CGAS and LAS than clients placed in settings with less direct caregiver support. This suggests that children are appropriately placed. In a related finding, the cost of care is correlated with the CGAS (r = .420) and the LAS (r = .394).

The Cost of Care, Staffing Costs and Staff Turnover

The average per diem cost for all clients is $186.70 per day. The average per diem cost varies significantly by the broad diagnostic groups.

The average base wage rate for full time *Child and Youth Workers* is $13.68 (SD = $1.65); the average highest wage paid to CYWs is $16.48 (SD = $2.09). The turnover rate[2] for full time CYWs is 41% per year. The range is from $10.00 to $20.00.

The average base wage rate for part time *Child and Youth Workers* is $12.84 (SD = $1.92); the average highest wage paid to CYWs is 14.62 (SD = $2.52). The turnover rate for part time CYWs is 60% per year.

In contrast, the turnover rate for treatment foster care parents is 6% (SD = 7%). The average base rate for TFC parents is $55.30 per day (SD = $14.73) and the average highest rate paid is $65.38 per day (SD = $17.28). The range is from $30.00 to $109.26 per day. The wide range is affected by different expectations of what the payment to the foster parents includes.

It is worth noting that the children living in fully staff operated group homes have the same standard score on attachment as children living in treatment foster care. Attachment is not impacted by staff operated versus family modelled care. While there may be other reasons to choose a family-based program versus a staff operated program, attachment does not appear to be one of those reasons.

Secondly, 30% of children identified their child and youth worker as the "closest person in their life"; 31% identified someone in their family of origin and 39% identified a foster parent as the person they felt closest to. The annual turnover rate of 41% among full time CYWs results in significant loss and sadness to some children. We should do as much as possible to minimize the annual turnover rate.

[2] The turnover rate was computed as the number of staff who left divided the total number of positions allocated within the budget times 100