



Residential Review Project Phase One Findings Report

Summary



THE FEDERATION
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Residential Review Project
Phase One - Findings Report
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A. INTRODUCTION

This summary report presents key findings from phase one of the Residential Review and Redesign Project (the Project) that is being jointly undertaken by the Ministry of Children and Family Development (MCFD) and the Federation of Community Social Services of BC (Federation). During this phase, the two partners gathered information from a variety of sources in order to better understand the current state of residential care for children and youth in BC – including what was working and what was not working well – and to understand what others believe makes a positive difference in the lives of children and youth who are in residential care. The Project team conducted community and stakeholder consultations and tapped into research literature, reports and descriptions of initiatives from BC and other jurisdictions, and statistical data in order to develop a broad and deep understanding of residential care issues and opportunities.

This report summarizes the key findings from the first phase of the review and establishes a foundation for the next phase, which is to generate ideas and recommendations for improving the residential care system in BC. This report includes the following:

- Background to the Project, its aims and methodology
- Brief description of the current residential care system in BC
- Summary of the findings, organized into the following themes:
 - Achieving permanency
 - Delivering an array of accessible residential care services and supports
 - Strengthening Foster Care
 - Working together
- Youth Perspective
- Next steps
- Where to go for more information

A more detailed and comprehensive findings report is also available for review on the Federation's website at www.fcssbc.ca.

B. PROJECT BACKGROUND

The Residential Review and Redesign Project arose out of MCFD's and the Federation's shared interest and concern about the experience and outcomes for children and youth in residential care in BC. Both knew that, while there are some excellent services and caring professionals throughout the system, there are weaknesses and challenges that have an effect on the children and youth who are in residential care. Both parties believe that the system can be improved, and the directions set out in MCFD's *Strong, Safe and Supported Operational Plan* presented an opportunity to act.

The desired outcome of the Project is to improve the experience and outcomes for children and youth who must, for some reason, be placed in a residential care setting. The Project crosses all service streams, i.e., child welfare and children with special needs (CYSN) residential services provided under the auspices of the *Child, Family and Community Services Act* (CFCS Act), youth justice custodial and residential services delivered under the federal *Youth Criminal Justice Act* (YCJA) and provincial *Youth Justice Act*, and child and youth mental health (CYMH) services delivered under the *Mental Health Act*. It also includes, although to a lesser degree, other types of residential services that are accessed by children and youth who are concurrently served by MCFD and health authorities, such as residential services for problematic substance use and hospital-based mental health facilities.

The Project scope encompasses the full range of residential services including kinship care, foster care, contracted/staffed residential care and tertiary care. It is not restricted to an identification of what resources are available or insufficiently available but also includes how those resources are developed, supported, and accessed. Matters such as policies and procedures, recruitment and procurement practices, training, human resource supports and related concerns that directly support the operation of the residential care system are in scope. Although the Project is inclusive of the full range of residential care, this report primarily focuses on foster care and staffed residential care as this is where the majority of children and youth are served.

The Project has been informed by an Advisory Group comprised of representatives from MCFD, the community services sector, foster caregivers and youth in care networks. A Project Team, with both MCFD and Federation staff appointments, has undertaken the day-to-day work in the project. Three beliefs have guided the work:

- All children and youth need permanent families who provide safe, stable, nurturing homes and lifelong relationships. Families take many forms.
- Out-of-home residential care placements are critical bridges between the time a child or youth has to live away from their parents and when they return to them, or to a permanent home with relatives or another family.
- Children and youth in residential care should be provided with high quality care, experience as few disruptions as possible, achieve permanence as soon as can be safely arranged, and when necessary, be prepared and supported for the transition

to adulthood.

The Project has three phases. The purpose of phase one is to describe the current residential services system for children and youth, collect and reflect what diverse stakeholders and researchers have to say about residential care, including what works well and what does not work well, and ways that services and care might be improved or enhanced. The results will set the stage for phase two that will identify key opportunities for residential redesign and develop short and longer-term recommendations for action. In phase three, MCFD will review the findings and recommendations from four reports - the over-arching joint report of the Federation and MCFD, a more specific report resulting from Aboriginal consultations, and more focused kinship care and tertiary care reports – to inform the development of a MCFD five-year strategic plan for redesign of the residential services system, from kinship care through to tertiary care. The expectation is that the strategic plan will, given the current fiscal climate, involve no-cost and low-cost improvements in the initial years of plan implementation, such as changes to policies and procedures, training, practices and communications, enhancements to collaborative work, realignment of existing resources, etc. before proceeding to address service and resource gaps in the later years of the plan.

In phase one of the Project, the Project team gathered information from a variety of sources, including:

- Stakeholder and community consultations – 43 focus groups with over 600 participants
- Relevant literature on residential services for children and youth
- Previous reviews and reports that have addressed residential services in BC in some way
- Similar reports and initiatives undertaken in other jurisdictions
- Analysis of available data on residential services in BC.

Two reports have been prepared to present the findings from phase one: this summary report and a comprehensive report with detailed information about the methodology, statistics and findings.

C. BC's RESIDENTIAL CARE SYSTEM

There are an estimated 10,181 children and youth receiving residential services on any given day in BC. Child welfare residential services under the *CFCS Act* account for the vast majority - 95% - of all residential services.¹ Three percent (approximately 274 youth on any given day) are served in youth justice and 2% (218 children and youth) are served through child and youth mental health and addictions. MCFD's residential services account for 98% of all placement funding, whereas Ministry of Health accounts for the remaining 2%.

Figure 1 illustrates the breakdown in the types of residential services: 17% of all children are in kinship care placements, 50% are in foster care, 13% are in contracted/staffed residential care, 3% are in tertiary care and 10% are in independent living.

Figure 1- Breakdown by Type of Residential Services

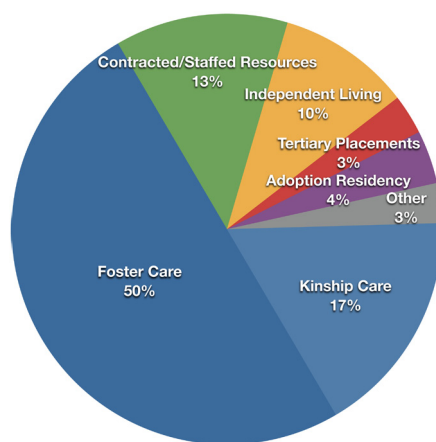


Figure 1 is striking in illustrating how small the contracted/staffed residential care and tertiary care components of the residential services system are, especially tertiary care. The largest component of tertiary care is youth custody yet there is only an average of 130 youth in custody in BC.² In this regard, BC has the lowest per capita rate of youth incarceration in Canada (tied with Quebec). Mental health facilities are the other key component of tertiary care services, comprising a total of 95 beds province-wide.

Contracted/staffed residential services comprise a total of 1300 beds, or 13% of the residential services system. Contracted/staffed residential care includes a range of contracted agency /staffed residential care models of service, for example:

- The traditional "group home" (e.g., 4 to 6 beds) with 24/7 rotational staff.
- Smaller, more individualized staffed placements, e.g., one or two high needs children in a non-family care placement with rotational 24/7 staff.

¹ It should be noted that residential services for children and youth with special needs (CYSN) are primarily delivered under the auspices of the *CFCS Act* and are therefore included in this figure

² 2010/11, year to date to December 2010.

- Staff supported, family- based care models where, for example, an agency is contracted to provide services to high needs adolescents recruits, trains and provides ongoing support to those families, e.g., one- to-one family support and one-to-one youth support workers, emergency call-out support and sometimes complementary specialized day treatment/intervention services. These types of family based care programs have elements of (but are not the same as) Multi-Dimensional Treatment Foster Care (MTFC) and are more common in the community youth justice and addictions treatment sectors.
- Hybrid models of family-based caregivers bringing on substantial additional relief and support staffing to assist with the care and management of high needs children.

Generally speaking, contracted/staffed residential services are intervention/treatment focused and as such have fixed program lengths, i.e., they are interventions not placements per se.

There have been a number of shifts in the residential service delivery system over the past decade. For example, although there has been some enhancement to mental health facility capacity for children and adolescents in recent years (e.g., the Kelowna Adolescent Psychiatric Unit), there has been an overall decrease in reliance on tertiary mental health facilities through re-allocation of tertiary care resources. This shift reflects recognition of the limitations of facility-based treatment and the efficacy of addressing the needs of youth while they are living in the community during critical periods of social and emotional development. Both the Maples Adolescent Treatment Centre in Burnaby and the Ledger House program on Vancouver Island have shifted their model of practice to reduce the number of facility beds in favour of providing shorter stays, care plans, specialized assessments, and supports to community-based care to a larger number of youth.³

Another shift has taken place in contracted/staffed residential care. There has been a marked reduction in reliance on the traditional staffed group home model of service, with increasing reliance on contracted/staffed family care models as well as on specialized level 3 foster care placements. This systemic trend, in combination with a relatively low and reducing reliance on tertiary care services noted above, raises questions about whether staff-supported/contracted family-based models of service and specialized level 3 foster homes have sufficient supports in place to meet the needs of challenging children and youth who might have been in tertiary or group home care in the past.

Returning to children in care, who are the principal recipients of residential services, available statistics indicate that:

- While the children in care caseload has decreased since 2001 (from 10,291 in December 2001 to 8394 in December 2010), the proportion of Aboriginal children

³ For example, the Maples had 60 youth in residence in the late 1980's compared to only 22 today, while Ledger House has reduced its facility capacity from 16 beds to 8 beds.

in care has increased from 38% in 2001/02 to 55% in 2010. Further, the actual number of Aboriginal children in care has increased from 3,876 to 4,576 in the same time period.

- The average duration of stay of a child leaving a continuing custody order in 2009/10 was 7 years and 6 months compared to 6 years and 8 months in 2005/06.
- Forty percent of children who left continuing care in 2009/10 had 4 or more moves, and 12% had 10 or more moves, compared to 44 % who had 4 or more moves and 15% had 10 or more in 2005/06.
- The high proportion of children in care who move frequently - 4 or more times, and as many as 10 or more times - is especially concerning, as is the considerable length of time in care.

D. SUMMARY OF FINDINGS

A substantial amount of information has been collected in phase one, and diverse perspectives have been reflected in consultations, the academic literature and through a multi-jurisdictional review. However, four key themes emerged: achieving permanency; delivering a array of accessible residential care services; strengthening foster caregiving; and, working together effectively. Each is described below.

1. Achieving Permanency

As the Project progressed it became clear that *achieving permanency* for children and youth needed to become the framework or organizing principle around which residential services are provided. Permanency is about *maximizing family, community and cultural connectedness and stability*. Within the child welfare system, which accounts for 95% of all residential services, placement in residential care is often viewed as a solution to concerns about a child's need for protection (i.e., a goal of *ensuring safety*) rather than a means to achieving security, stability and lifelong connections (i.e., a goal of *ensuring permanence*). As we move forward, we are drawing on the work done by the BC Federation of Youth in Care Networks and others that describe three dimensions of permanency: *relational permanency, legal permanency and physical permanency*.⁴

Planning for permanency starts with a focus on reunification but if this is or may not be possible, then planning needs to be undertaken from the outset to explore other possibilities such as with extended family or friends, through adoption or another permanent family arrangement.

Community and Stakeholder Consultations – What We Heard....

In the 43 community and stakeholder consultation sessions held throughout BC, the Project Team consistently heard concerns about: the significant number of youth who are leaving care at the age of majority without long term connections and without the necessary skills for adulthood; the length of time that children and youth are in residential care before a more permanent family care arrangement is achieved; and the number of disruptions in placements and consequent moves that children and youth experience. We also heard about the complex needs that children and youth that come into residential care often have and how important it is to address these multiple needs in order to enhance the potential for reunification or another permanent connection and to improve long term outcomes.

Participants in the community consultations felt that we could do much better and brought forward a number of ideas about what shifts will make a difference, including:

- *Make permanency a priority*: Integrate a "permanency mindset" into assessments, planning processes, clinical supervision, training, etc. Suggestions covered shifts

⁴ See Federation of BC Youth In Care Networks 2010 report, *Belonging 4 Ever – Creating Permanency for Youth In and From Care*, p. 6. and Stott and Gustavson, 2010.

in focus and intent such as making permanency the most important planning goal from the very beginning of a child or youth's time in residential care, to legislative, policy and funding changes that would enhance the array of opportunities to establish permanent family arrangements. Many felt that we needed to work together more effectively and with new approaches so that children and youth spend less time in residential care and are more quickly connected with a "forever" family and community, including their own birth or extended family, friends, or an adoptive family. In the words of one of the participants, "We need to be asking, where will kids go for holiday dinners, and where will they feel connected as they grow older? We need to be thinking about relationships long term." And in the words of a youth participant, "I would love to have an adult that I could call up and just have coffee with, to go through ideas I have, or give me feedback on my resume, or just be concerned about how I am doing and what I am up to. But I have no parent, no family and no one else that I am connected to. Every youth that grows up in care should have some adult that is there for them."

- *Address barriers to permanency:* We also heard about a number of barriers that get in the way of achieving permanency including the lack of inclusive planning processes, lack of resources to locate extended family members and others who may be willing to care for a child or youth, legal and court delays, the difficulty in gaining access to specialized assessment, care and treatment to help stabilize and support a child or youth with complex needs, and the 'cycling' of children and youth in and out of residential care. While noting that there are no simple answers, participants felt that action could be taken in a number of areas to reduce or eliminate these barriers.
- *Seize opportunities to achieve permanency:* Many opportunities were identified by participants. They spoke about actions that could take place prior to a residential placement even being made, such as working with birth and extended families more intensively and engaging extended family members in the planning process to try and develop out-of-care options. In the early stages of a child or youth coming into residential care, participants suggested that more could be done to work towards reunification, while also planning for other long term connections should reunification not be achieved in a reasonable period of time. For children and youth who are needing to be in a residential placement for a period of time, we heard that it was important to provide access to specialized care and treatment, minimize disruptions in placements, and continue to work towards a long term permanency plan.
- *Support youth who are approaching the age of majority:* Some youth will "age out" of care under a continuing custody order. While participants said we should never give up on the possibility of achieving a permanent lifelong connection for every child, they also said that we needed to work with the youth in residential care to help prepare them for success in adulthood. Access to lifeskills training, support for secondary and post-secondary education and training (into early adulthood), assistance to secure safe and stable housing, healthy connection with

at least one supportive adult, are all important ways to support transitions into adulthood.

Participants identified a number of more specific shifts in awareness, training, practice, programs, and service delivery organization that could be made to make permanency a stronger priority and possibility, including:

- Offer joint training for all MCFD professional staff (i.e., protection social workers, guardianship workers, resource workers, mental health workers, probation officers, etc), community service providers and foster caregivers on diverse ways to achieve permanency.
- Define and operationalize concurrent planning. Be clear about what concurrent planning is, how it can be done, and how to make it work.
- Co-locate MCFD's guardianship, resources and adoptions staff and create an environment that supports more information sharing and integrated long term planning.
- Establish and enforce time limits by which a permanency plan needs to be in place for a child, and how long the child or youth will be in temporary residential care placements.
- Cover travel costs for children and youth to stay connected or forge new connections with family, including extended family in other jurisdictions.
- Work with family justice system partners to raise awareness about the impact of court delays on children and youth, and change practices that are resulting in the cycling of children and youth in and out of care and delaying permanency and stability for young people.
- Reduce social worker turnover and the number of file transfers between workers to prevent "case drift" where no one has a sustained interest in and knowledge of the child. Address caseload sizes so that workers have more time to address permanency.
- Encourage foster caregivers to stay connected with children and youth after placements have ended, where appropriate. While not the child's parent, foster caregivers can be key supportive adults long after the foster placement ends.
- Stay open to, and supportive of, adoption throughout a young person's time in care, and after the age of majority.
- Work with Aboriginal organizations and communities to identify ways to achieve permanency for Aboriginal children. A number of participants noted cultural concerns about adoption as well as poverty, housing and access to specialized services in rural and remote areas as significant challenges.

The research – what we learned...

Through the review of academic literature as well as the approaches being taken in other jurisdictions, a number of shifts in practice were identified as having promise, notably:

- *Develop a broad youth focused definition of permanency* - An emerging body of literature on youth permanency suggests that permanency in the form of stable and secure connections/relationships with caring adults should always be an objective and that the approach must include the youth's voice (Stott, & Gustavsson, 2010). Focusing solely on legal permanency may result in damaging disruptions to the youth's existing relationships and their physical environment (neighborhood, school, etc.). There is some emerging research suggesting that targeted specialized interventions can be successful in achieving permanency for older youth in foster care (Avery, 2010). The report prepared by the Federation of BC Youth In Care Networks previously noted, reinforces this multi-dimensional notion of permanency.
- *Use collaborative, team-based decision making processes* - There is strong evidence that collaborative practice approaches such as Family Group Decision Making (Ruaktis, McCarthy, Krackhardt, & Cahalane, 2010) Team Decision Making (Crea, Wildfire, Usher, 2009) and Family Team Meetings (Pennell, Edwards, & Burford, 2010) can have positive outcomes, especially when utilized at key points in the care process (e.g., immediately following placement and at any point when a placement change is being considered). A team-based approach coupled with meaningful engagement of birth parents, family members and alternate care providers appears to expedite a successful return home, placement with kin, or adoption as well as prevent placement breakdowns. Implementing such approaches requires an acknowledgement of the time and resources required; the impact of existing organizational cultures and need for strong leadership; and the challenges for case workers who remain responsible for the outcomes of decisions and/or arrangements that come out of group-based collaborative processes.
- *Undertake comprehensive assessments of children & youth entering care* - The high incidence rate of mental health issues (between 50% and 75%) and trauma associated with out of home placement and placement moves (Osborn, Delfabbro, & Barber, 2008; Tarren-Sweeney, 2008) firmly supports the use of comprehensive assessments for all children and youth entering care in order to identify potential mental health and developmental issues and to assist in the targeting of specialized treatment or support services (Lyons, Woltman, Martinovich, & Hancock, 2009; Fisher, Chamberlain, & Leve, 2009).
- *Target early reunification with specialized programs* - There is evidence that specialized and targeted reunification programs that work aggressively from the time of placement have positive outcomes for expediting a safe and stable return home or to another permanent option (Pine, Spath, Werrbach, Jensen, & Kerman, 2009).
- *Sustain continuity of professionals involved in decision making & planning* -

Having a stable, consistent and well trained/educated child protective services workforce (i.e., case workers, resources workers, foster care supports) appears to be associated with more positive outcomes for children and youth in care (Cushing & Greenblatt, 2009) Research suggests that children and youth who have a consistent caseworker and/or Masters level caseworker experience fewer placements and move home or to another permanency option more quickly (Ryan, Garnier, Zyphur, & Zhai, 2006).

- *Carefully implement concurrent planning processes* - While there is research evidence that supports the positive impact of concurrent planning initiatives, recent research from California suggest that mandating and implementing concurrent planning should be undertaken with caution (D'Andrade, 2009). Comprehensive training and careful thought regarding which elements of this approach to use, as well as the timing and context of their use, would likely enhance the potential for positive outcomes.

2. Delivering an Accessible Array of Residential Care Services

Across all sources of information reviewed, the issue of what types of residential services should be offered, where the services should be provided, and how access should be managed was considered. There is general consensus that a diverse and comprehensive array of residential services and supports are needed along some type of a continuum, based on level of intervention required or style of care, e.g., from kinship care to facility-based or tertiary level care for intensive treatment and rehabilitation. Access to diverse options was seen to be particularly important due to the complexity of needs that many children and youth have and the efficacy of matching their needs to the characteristics and skills of the residential placement.

Community and Stakeholder Consultations – What We Heard....

There was extensive discussion in all consultation sessions about what residential options are currently available and what options should be included within a continuum of residential services. Participants consistently reinforced the need for a range of residential care and treatment options so that appropriate matches can be made between the needs of the young person and their residential situation.

This range included:

- Kinship care, extended family care.
- Shelters to provide temporary housing in times of crisis, e.g., when a youth and his/her family need a break from one another, when a youth's living situation has broken down and they need time to arrange appointments and sort out options.
- Receiving homes for stabilization and assessment and to allow time for planning and placement matching.
- Safe houses that provide emergency housing and support to youth who are being

sexually exploited, are homeless or experiencing substance use or mental health issues that have destabilized their usual living situation.

- Foster homes of different types (e.g., family compositions, skill levels, interests, experience, etc).
- Specialized foster homes that support children and youth with special and complex needs.
- Concurrent planning foster homes, i.e. foster families that are able to both support the child/youth and their birth family in reunification efforts, while also being committed to adopting the child should the family not successfully reunite.
- Respite and relief homes of different types (e.g., with areas of specialty).
- Treatment foster care (e.g., Multi-Dimensional Treatment Foster Care).
- Staffed resources, particularly for intensive assessment, stabilization, support, and treatment.
- Specialized “step up” and “step down” residential resources as an alternative to placements in tertiary care services for young people who do not or no longer require intensive treatment services such as the Maples or adolescent psychiatric units. These intermediate residential resources could serve as a bridge between institutional/facility care and family-based options.
- Supported independent living.
- Supportive housing for older adolescents and youth transitioning to adulthood.
- Substance withdrawal management (detox) and residential treatment for problematic substance use.
- Regional and provincial “tertiary care” services, such as the Maples and Ledger House, providing intensive and specialized assessment and treatment.

Generally speaking, participants were not identifying the need for a wider range of residential service options per se but rather enhanced accessibility of service options so there is a capacity to respond to needs in a timely and appropriate way. Participants also called for more locally available and accessible specialized services so children and youth do not have to seek care long distances away from their home communities. That said, some residential options that were recognized as being necessary to provide a full spectrum of services are either not available (e.g., specialized ‘step up/step down’ resources) or in scant supply (e.g., supported housing for youth).

The primary concern of workers and service providers in the child and youth mental health service sector was the lack of specialized intermediate care, such as ‘step up/step down’ residential services, for children and youth with severe mental health problems. This concern about intensive, intermediate level response capacity similarly

arose for children and youth with special needs, especially developmentally disabled adolescents who have very challenging behaviours, and “dual diagnosis” youth – i.e., developmentally disabled and mentally disordered. These children and youth often cannot be accommodated in family care settings and, given the complexity of needs and challenges, may require specialized, short term tertiary care responses such as a dedicated Provincial Assessment Centre for youth.⁵

The other major concern raised in relation to special needs children was the need for better availability of specialized family caregivers who are able to care for medically fragile children.

Recognizing that youth custody services are mandated and required by federal criminal law, the principal concerns raised in relation to services to youth justice clients were the needs for improved access to substance use treatment resources⁶ and supportive housing for older adolescents who are transitioning to adulthood.

Regardless of the type of residential placement arranged, many participants reinforced that the orientation or aim of the system needs to focus on “ensuring permanence” for the child/youth, be that with birth parent, extended family members, an adoptive family, or some other arrangement that ensures a lifelong connection for the young person with caring and competent adults.

In addition to having access to a range of residential placements as described above, participants identified a number of other services and supports that children and youth in residential care may require, ranging from general to specialized supports:

- Transportation (e.g. to school, specialized services, etc)
- Special educational services
- Inclusive recreation
- Day programs (including for children not accommodated in school)
- Community-based support groups (e.g., youth in care, foster parents, parents of children with special needs)
- Special needs services (e.g., behavioural consultants)
- Family counselling
- Physical, occupational and speech-language therapy
- Mental health services

⁵ The Provincial Assessment Centre in Burnaby, which is operated by Community Living BC, is a designated mental health facility for short-term (i.e., up to 3 months) assessment, stabilization and planning for dual diagnosed clients. It is principally for adults but does accept admissions of youth. There is an average of 4 youth admitted per year.

⁶ Although Health Authorities are responsible for problematic substance use assessment, treatment and withdrawal management (detoxification) for the general adolescent population, MCFD youth justice services funds four contracted community residential substance use treatment programs for youth justice clients.

- Problematic substance use assessment, treatment and withdrawal management (detoxification) services and supports
- Autism services
- FASD services
- Forensic psychiatric assessment and treatment
- Violence prevention/intervention

Many of these may be recommended in assessments or plans of care yet access is limited due to geography and lack of services in the area, waitlists, restrictive eligibility criteria, etc. Of all of the above, access to mental health and problematic substance use services was most frequently noted as being insufficient or inaccessible.

The research – what we learned...

Through the review of academic literature as well as the approaches being taken in other jurisdictions, a number of shifts were identified as having promise, notably:

- *Target early reunification with specialized programs* - There is evidence that specialized and targeted reunification programs that work aggressively from the time of placement have positive outcomes for expediting a safe and stable return home or to another permanent option (Pine, Spath, Werrbach, Jensen, & Kerman, 2009).
- *Provide comprehensive mental health support services at the front end of care* - Poor outcomes, high incidence of mental health issues, and an increased likelihood of placement breakdown in the first six months of care suggest the need to ensure early access to comprehensive support services for children and youth entering care, especially with regards to mental health services and services to support stability and achievement in the school environment (James, et. al., 2008; Osborn, Delfabbro, & Barber, 2008; Snow, 2009). Research suggests that early access to mental health services will reduce the likelihood of residential care placements. There is a growing body of literature on effective treatment approaches for mental health issues common amongst children and youth placed in out of home care that can be used to guide efforts (Landsverk, Burns, Stambaugh, & Reutz, 2009).
- *Implement targeted use of specialized models of care* - A growing body of literature supports the use of specialized care models for higher needs children and youth, such as Multi-Dimensional Treatment Foster Care, Wrap-Around programming, Safe Babies, and Treatment Family Homes (Barth, Greeson, Zlotnik, & Chintapalli, 2009; Street, Hill, & Welham, 2009; MacDonald, & Turner, 2007; D'Angiulli, & Sullivan, 2010). These models are intended to target the specific needs of the populations they serve and have demonstrated positive outcomes.
- *Implement targeted use of treatment-based and inpatient residential care* -

Although the evidence-base for the effectiveness of residential and in-patient treatment has some limitations, there appears to be general support for this intervention, both in terms of outcomes and meeting a community need (Bettmann & Jaspersen, 2009). There is evidence that it is most effective when it is targeted to the very highest need children and youth and utilized as part of a more comprehensive system of care and support (Lyons, et. al., 2009). The existing research literature does not support the use of generalized small group homes as an effective care or treatment model (Barth, et. al., 2009).

- *Review use of Supported Independent Living* - There is a lack of research evidence firmly supporting the efficacy of Supported Independent Living Programs for youth emancipating from care (Barth, et. al., 2009; Montgomery, Donkoh, & Underhill, 2006). Recent research has documented poor life outcomes for youth that emancipate from foster care. There is also an acknowledgement that youth in the general population remain reliant on their parents well into young adulthood. These facts have led some researchers to call for a re-thinking of how permanency is approached for youth, emphasizing life-long relationships and the need to ensure that family-based supports are in place for youth well into their early twenties (Avery, 2010).
- *Increase contracted service provider autonomy and responsibility* – Recent research has highlighted situations where contracted service providers took on greater responsibility for the comprehensive care of high needs children and youth and were given some level of authority to create collaborative networks and to make decisions about how to best use resources and organize care (Holden, et. al, 2007; Cheers & Mondy, 2009). Positive child/youth outcomes (e.g., reduced length of stay in care) and decreased costs were noted as benefits of this type of approach to contracting for services.

3. Strengthening Foster Care

In the community and stakeholder consultation sessions as well as in the literature and experiences in other jurisdictions, there is widespread agreement that foster caregiving is vitally important to, and at the core of, any residential care system. In order to develop and retain a strong and diverse range of foster caregivers, attention must be paid to recruitment and selection, education and training, supervision, support, recognition and compensation, and inclusion of caregivers in planning processes.

The Project Team learned of challenges with: recruitment of foster caregivers who are able and willing to work with children and youth with complex needs, as well as support reunification and birth/extended family involvement; implementation of the level system and compensation; availability of and participation in timely, relevant and accessible education and training; accessing support, guidance and relief; and including and valuing foster caregiver input into planning processes.

Community and Stakeholder Consultations – What We Heard....

Recruitment

It was consistently suggested that the supply of skilled foster family care homes needs to be increased. Enhanced supply would enable better matching of the child or youth's needs and the foster caregiver's skills and circumstances, as well as prevent the 'overloading' of foster homes – both of which can be key factors in placement disruptions and breakdowns.

More specifically, participants indicated that there was a need to recruit and retain more:

- Aboriginal homes.
- "Youth-friendly" homes that welcome and are skilled in meeting the needs of adolescents.
- Specialized care homes with caregivers that are knowledgeable and skilled in supporting young people with a history of significant trauma, attachment challenges, problematic substance use, mental health concerns, FASD, co-occurring conditions (e.g. mental health and substance misuse), dual diagnosis, and other special needs.
- "Birth-family friendly" homes that are willing and able to work more intensively with birth and extended families to achieve reunification.
- "Multi-generational care" homes that are willing to take a youth in care and their child, or a parent and child.

The extent of recruitment challenges varied from community to community and was influenced by a number of factors, ranging from how much time the local and regional offices and supporting agencies had been able to invest in recruitment and assessment of interested families, to the cost of housing and the capacity of families to offer to care for extended family members or foster children. Challenges seemed to be greater in some rural and/or remote communities and urban communities with higher housing costs.

Not all communities face a shortage or limited supply of caregivers however, and some foster caregivers raised concerns that due to an over-supply in their area, children were not being placed and their financial sustainability was affected. This points to a tension within the foster care system. If the supply of foster or extended family placements increases and/or the demand for placements diminishes, some caregivers may not have sufficient income to sustain their current situation (e.g., not working outside of the home, extra housing costs, etc) and retention of these caregivers may be compromised. On the other hand, it is in the best interests of the children and youth needing residential care that supply exceeds demand so that a strong fit between the young person's needs and caregiver skills and attributes can be achieved.

Suggestions for enhancing recruitment efforts included:

- Challenge negative public perceptions about fostering, foster children and MCFD through a broad and creative public awareness campaign to “rebrand” foster care.
- Enhance or redirect capacity (time and resources) amongst MCFD or contracted staff to build community awareness, share information about fostering, follow up with people expressing interest, review applications, complete home studies and prepare new foster caregivers for their first placements.
- Improve screening tools for foster care applicants to help MCFD staff discern those most appropriate for fast-tracking and/or for comprehensive assessment and home visits.
- Assess and compare the current contracted foster caregiver support services that have as their primary function to recruit, train, support and retain foster caregivers, to identify what services make the greatest difference. Consider expanding the services to increase the capacity in the system to strengthen foster caregiving.

Education and training

Community consultation participants discussed foster parent training curriculum, mandatory and discretionary contents, mode of delivery, timing, accessibility and supports to participate, expectations and incentives for professional development, and consequences if foster caregivers don't participate in training.

Discussions suggested five types or levels of learning:

- *Orientation* - Offered prior to or shortly after an application is received, orientation training introduces prospective foster caregivers to the field of fostering – what they can expect, how they might prepare themselves and their family, what skills and attributes will be beneficial, etc.
- *Basic training* - Offered after a home has been approved but prior to the first placement, basic training deepens the orientation information and helps prepare people for their first placement. Information about how placements will be arranged, who does what in the system, what they can expect from the MCFD staff, what other organizations, authorities or ministries might be involved in a foster child's life, where they might go for support, what training is available, etc.
- *Core training* - Offered after a home has been approved, core training has traditionally covered a broad range of topics delivered through a series of specific modules offered over time (e.g., approximately 53 hours).
- *Specialized* - As many foster caregivers develop specific areas of interest and expertise in fostering over time - such as caring for infants with special needs, caring for adolescents with mental health concerns, etc – it was suggested that foster caregivers should have access to specialized training that would assist them to be more effective in their practice.

- *Situation/child-specific* - Offered to address specific situations or needs of children once placed within a home, possibly as an alternative to or as one way to deliver some of the core training. It was felt that knowledge is more likely to be absorbed when it is timely and relevant to the learner's situation.

Participants generally agreed that ongoing learning is important – foster caregivers should be required to continually build their base of knowledge and skills. There was also general agreement that orientation and basic training should be completed prior to a child being placed within a new home. Beyond this however, there were a variety of viewpoints expressed about:

- What the structure of training should be, e.g. orientation, basic, core, specialized or some other configuration.
- When training should be offered within a foster caregivers "life cycle" e.g., at the beginning of fostering, during or after first placements, after a placement breakdown, when taking in a sibling group or increasing the number of children being cared for, etc.
- What should be required or mandatory and what should be discretionary.
- How training could be delivered, e.g., classroom style groups, online, self-study, etc.
- Who should deliver the training e.g., MCFD staff, other foster caregivers, community agencies, post-secondary institutions, etc.
- Who should participate in the training, e.g., one or both foster caregivers, joint training with MCFD staff and service providers on some topics.
- Whether foster caregivers with relevant education or work experience should be required to attend all core training.
- Whether incentives to participate should be offered and/or consequences for not participating should be established and enforced.
- What specialized training should be offered.

Foster Caregiver Retention and Support

Many participants spoke to the need for strong and comprehensive supports for foster caregivers to enhance retention and sustain placements. Many different aspects or facets of support were described such as how caregivers are treated, what services are available, and what compensation is offered. In general, 'support' encompasses anything that could help to sustain caregivers, enhance their capacity, and reduce the likelihood of crisis or placement breakdown for a child or youth.

Participants spoke about what causes foster caregivers to leave or be less effective in their role. Key pressures are when children are placed inappropriately (e.g., not a

good fit with the foster home, not prepared for the transition, lack of information and guidance provided to the foster home at the time of placement) and limited support and assistance is provided to the child/youth and to the foster family, particularly during the first few weeks of placement, when challenges arise, and at the conclusion of a placement.

Caregivers suggested that their capacity to deliver quality care is enhanced when the following relationship-based supports are in place or available:

- Respectful, positive and constructive working relationships with MCFD staff.
- Access to other foster caregivers for mutual support, advice, mentorship and counsel.
- Clear understanding about roles and expectations, including what is expected of the foster caregiver and what the caregiver can expect and "count on" from MCFD staff and community partners.
- Opportunities to prepare for new placements including meeting the child/youth, easing them into the home, receiving key information, etc.
- Appreciation and acknowledgement of the strain that fostering can place on the caregiver's own family particularly during key points of time – at time of placement, during crises, at conclusion of placement (whether planned or unplanned).
- Appreciation and acknowledgement of the challenges inherent in fostering in rural or isolated communities (e.g., limited access to supports and services, risk of strained relationships with friends, neighbours or colleagues when caring for children and youth whose families are connected to them), or fostering children and youth of diverse cultural backgrounds and traditions.
- Opportunities to be involved in planning processes. Demonstrated respect for and valuing of the caregiver's knowledge and perspective about the child or youth and their needs.
- Feedback and conflict resolution approaches to ensure that information is shared, issues are raised appropriately and differences of opinion are addressed in a respectful and constructive way.

Foster caregivers also described a number of concrete supports that they have found helpful to receive (or would like to receive) in order to be effective caregivers, including:

- New caregiver orientation and support.
- Mentorship or 'buddy' programs, with experienced foster caregivers being paired up with new caregivers to serve as advisors and sounding boards.
- Access to relevant and timely education and training.

- Information about the children and youth being placed in their home.
- Quick access to knowledgeable advice, ideas and assistance including during 'after hours' – evenings, weekends and holidays.
- Timely access to relief care.
- Cultural guidance.
- Assistance and supports to include and involve birth family members where this is in the interests of the child or youth (which can be challenging for caregivers).
- Counselling services for self and family, such as grief and loss counseling.
- Adequate and fair compensation.
- Managing the number of children and youth placed in a home.

Many participants suggested that it was essential for caregivers to have access to relief from time to time in order to sustain placements. Two aspects of relief were addressed: financial support and eligibility, and access to and availability of relief caregivers.

The issue of foster caregiver compensation was also raised in many of the consultation sessions. While being clear that no amount of compensation will make fostering more desirable if many of the other supports noted above are not in place, participants did suggest that the current foster care level system and compensation framework requires revision or re-design. However, no clear alternative was proposed.

When the children and youth in their care receive the supports and services that they need, the caregivers in turn feel supported. Caregivers suggested that their effectiveness and longevity as foster caregivers is enhanced when the children and youth in their care have timely access to such services and supports as:

- Specialized and therapeutic services including specialized assessments, mental health and problematic substance use services, behavioural interventions, and autism services.
- Financial and other supports to participate in typical child and youth activities such as sports teams, music and art classes, driving lessons, school trips, birthday parties, and family vacations.
- Transitional supports when the child or youth is moving to another setting, is preparing for an independent living arrangement or for independence at age of majority, or when significant life events are unfolding.
- Wraparound services.
- Resources to act on any recommendations arising from assessments and plans.

The research – what we learned...

Through the review of academic literature as well as the approaches being taken in other jurisdictions, a number of shifts were identified as having promise, notably:

- *Deliver consistent and proactive support for caregivers* - There is evidence that ongoing, pro-active support combined with monitoring of child/youth behavioral issues can significantly enhance the stability of out of home placements. Several models have shown promise, including KEEP (Keeping Foster and Kin Parents Skilled and Supported) and KITS (Kids in Transition to School) (Barth, Greeson, Zlotnik, & Chintapalli, 2009; Fisher, Chamberlain, & Leve, 2009; Crum, 2010).
- *Focus on targeted in-service training for caregivers* - The current evidence regarding training for foster parents suggests that pre-service training, while necessary for administrative and procedural purposes, has no impact or potentially negative impacts on child outcomes and that more attention should be paid to active, targeted post-placement training (Nash & Flynn, 2009; Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008). Research suggests that effective elements of foster caregiver training programs include: increasing positive parent-child interactions (in non-disciplinary situations) and emotional communication skills; teaching parents to use time out; and teaching disciplinary consistency (Kaminski, Valle, Filene, & Boyle, 2008).
- *Target services during known periods of high placement disruption* – Research suggests that the highest rates of placement disruption for children in foster care occur during the first 6 months of care and during the transition to adolescence, often due to behavioural issues (James, Landsverk, Leslie, Slyman, & Zhang, 2008; Strijker, Knorth, & Knot-Dickscheit, 2008; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). This finding supports the need for additional, pro-active supports during these periods to reduce the likelihood of placement breakdown.
- *Offer support to foster parents willing to adopt* - The prevalence of foster parents that ended up adopting and the research highlighting some of the barriers to such adoptions suggests a need for more comprehensive financial and social-emotional supports for foster parents considering adoption (Cushing, Greenblatt, 2009). There is also an emerging body of evidence on the characteristics of parents that are more likely to adopt that can be used in matching children with caregivers earlier in the care process, reducing the likelihood of placement disruptions (Snowden, Leon, & Sieracki, 2008).

4. Working Together

In this section, the reported findings relate to how individuals and systems work together in the interests of children and youth in residential care. The topics of respect and valuing, communications and information sharing, collaboration and teamwork, and systems coordination are addressed. All sources of information spoke to the value of diverse parties working together in the interests of children and youth. Healthy and productive relationships in the caring systems appear to make a positive difference on a number of fronts. This includes relationships between: MCFD staff, foster caregivers

and community service providers; MCFD staff and young people in residential care and their birth families and kin; caregivers and birth families; and amongst service delivery partners in communities.

Community and Stakeholder Consultations – What We Heard....

Healthy relationships were characterized by: mutual respect and appreciation for diverse roles, responsibilities and contributions; respectful and timely communications between and amongst the parties concerned about children and youth in residential care, including the youth themselves; willingness to have difficult conversations and work through challenges together; openness to “not knowing” and to figuring things out together when difficult situations arise; the absence of fear or concern about judgments or repercussions (e.g., withdrawal of funding or support); and a sense of “being in this together” and of “not being alone”.

Respect and value

Where present, respect and valuing was described as a contributing factor to the individual, team’s or community’s capacity to meet the needs of children and youth. It contributed to a sense of being in a ‘team’ or partnership. When respect was not demonstrated, participants described negative consequences for the quality of residential care provided to children and youth, including less commitment to the work, less participation in and effectiveness of planning, higher likelihood of placement instability and breakdown, increased conflict and/or avoidance of the necessary “difficult conversations”, and greater challenges to retention of skilled staff and foster caregivers.

Participants in the community consultations suggested that respect and valuing was demonstrated or conveyed through:

- Basic courtesies and responsiveness to the interests and needs of others: returning phone calls and emails from caregivers, service providers, youth and family members within a reasonable period of time, answering questions, taking questions and concerns seriously and endeavouring to respond.
- Communication: sharing important information with caregivers and service providers about a child or youth or system (“treating us as members of the team”), sharing assessments and recommendations, inviting caregivers and service providers to contribute information and respecting their unique perspectives on the child/youth and families.
- Inclusion: inviting caregivers and service providers to be involved in and contribute to assessment and case planning processes.
- Action: responding to requests or concerns raised by caregivers or service providers to meet the needs of the child or youth in their care or to sustain the placement through provision of supports and assistance.

- Collaboration: working with the caregiver or service provider to ensure necessary supports are in place for the child/youth and caregiver, engaging in problem-solving and solution-finding.
- Resolving differences and conflicts in healthy ways: commitment to identify and work through differences in a fair and transparent way.

A number of suggestions were made to enhance the quality of relationships between parties in the residential care system, including:

- Joint training and learning opportunities.
- Informal and formal networking opportunities.
- Reduced caseloads and/or administrative demands for MCFD staff so that they can invest more time in relationship building and collaborative practices.
- Establishing standards and performance measures that reinforce relationship building.
- Orientation for new workers in MCFD regarding relationship building, roles and responsibilities of caregivers and service providers as members of the 'team'.
- Improve continuity of MCFD staff with caregivers.

Communication and information sharing

Communication and information sharing was identified as being critical to effective assessment, planning and decision-making. Of particular interest was how and when information is gathered and shared, and who is involved in the process. The kind of information that consultation participants said was helpful to receive included:

- General information about the child/youth and their situation (including family background, strengths and interests, needs, risks, where else they have been placed and how they fared, concerns, timeframes, etc).
- Their plan of care, their legal status and any police, court or probation involvement.
- The involvement of the birth family.
- Assessment reports and recommendations.
- Medical information.
- School information and reports.

In addition to information sharing and communications about children and youth, caregivers and service providers discussed the importance of receiving information and communiqués about the following:

- *Roles, responsibilities, standards and expectations* - Many consultation participants spoke to the importance of knowing more about the “players” in the care system. What are the roles and responsibilities of the various people and positions in the system? Who is expected to do what in the interests of children and youth? What expectations can people have of each other? Many felt that greater clarity about roles and responsibilities would reduce confusion and frustration and contribute to better teamwork and collaboration. Some suggested that guidelines and expectations about information sharing between MCFD staff and caregivers and service providers should be more clearly defined and prescribed.
- *Services in the community and how to access services* - Caregivers suggested that they needed more information from MCFD staff about what services are available and how they can access these resources to support the children and youth in their care, or themselves as caregivers.⁷ Information about access challenges (e.g., waitlists) and options was also requested.
- *Cultural information and guidance* - Caregivers, service providers and MCFD staff spoke to the value of having access to information, resources and guidance when working with and caring for children and youth from cultural backgrounds that are unfamiliar to them. The current reality is that there are more children of Aboriginal heritage needing care in the system than there are Aboriginal foster families, workers and resources to serve them. Therefore, participants in the consultations reinforced the importance of having access to information and resources about Aboriginal culture, traditions and connections applicable to the individual child or sibling group in their care. They wanted to know how and when to contact the child’s home communities and extended family in order to build or sustain cultural connections.
- *Systems information and notification of changes* - Caregivers, service providers and MCFD staff spoke about the value of having current information about the systems that they work with and within, and being apprised of any shifts that might have an impact on their work with young people and families. This included foundational or background information about ministerial structures, roles and responsibilities, legislation, policies and procedures, and program areas, as well as timely information about changes that are being planned or implemented.

Collaboration and teamwork was also seen as essential, especially given the complex needs that many young people in care have. When participants described experiences of working as a team or in collaboration with others, they became more engaged and animated and reported feeling more positive about the work. When it wasn’t present, people reported feeling frustrated, disenfranchised, devalued and less effective. Given the complexity of needs of many children in residential care, participants reinforced

⁷ The BC Federation of Foster Parent Associations (BCFFPA), the Adoptive Families Association of BC (AFABC), and the Federation of Aboriginal Foster Parents (FAFP), with funding from MCFD, Gaming Commission and Victoria Foundation, created a regional and provincial database of available community resources. The “In Your Grasp” website (see www.inyourgrasp.bc.ca) was developed to address requests from foster caregivers for access to information about a broad range of services and supports in their community.

that a collaborative approach is essential to mobilize diverse resources and expertise for each young person.

Participants spoke about who should be included in the 'team', with a preference for more inclusion of foster caregivers, community service providers, specialized workers (such as addictions or mental health workers), youth, family members and others who have (or might have) positive connections with a child or youth (such as teachers, child care providers, coaches). While including such diversity of perspectives can be "messy" at times and take more time than many practitioners feel they have available, it can also lead to new and innovative solutions and to relatives of the child taking a more active role.

Participants also spoke about how a sense of team and a collaborative spirit can be developed, starting with how people treat each other (see respect and valuing section above), how relationships are developed and nurtured, how diverse input is taken into account and how differences of opinion and concerns are addressed. Many spoke about the importance of investing time to build relationships that will in turn support teamwork and collaboration.

All of the phase one sources of information touched on how the residential services system is designed or structured and how it relates to other systems. The findings relating to systems design and coordination address the roles and responsibilities of the personnel involved, the organizational structure of the system and the roles undertaken by MCFD and the community social services sector, how different parts of the residential care system are linked (e.g. child welfare/protection, child and youth mental health, youth justice and addictions), how residential services are supported by or interact with other systems both within and external to MCFD, and how the notions of "wraparound" services are expressed.

E. YOUTH PERSPECTIVE – IN THEIR OWN WORDS

Many of the comments and suggestions made by youth were consistent with those raised by other participants, but with a more personal sense of urgency and importance:

- *Family support and connections*
 - "I wish someone would have helped my family figure out how to cope so I wouldn't have to go into care."
 - "Keep siblings together."
- *Inclusion in planning*
 - "Ask me what I want and include me when you make plans for me."
 - "Provide choices and ask me what I think would be best. If I have no choice, then there is a greater chance that the arrangement will fail."
- *Long term planning and outcomes*
 - "Think long term about my future; help me think about my future and help me get there."
- *Information sharing*
 - "Help foster [caregivers] understand what is going on for us and how to support us when we come into their home...going from a chaotic home and life to something really organized in foster care can make you go crazy and they don't understand."
 - "Tell me more about the foster home before I get there – help me prepare for moving there."
- *Child/youth centered practices*
 - "People should not pre-judge me; get to know me and who I am, what's happened to me, what I like and where I want to go."
 - "Take our complaints and concerns seriously – don't just side with the foster [caregiver] and not check things out."
- *Stable and meaningful relationships*
 - "Relationships are important; having a different worker every week, or a different foster parent makes me not care, so I can protect myself."
 - "Having [my youth care worker] stay connected with me long after I finished the program has made a huge difference. Even when I haven't wanted her around she has been there. I can figure things out with her help."

- *Access to services and supports*
 - "A shelter should be in place in every community to provide housing when a family is in crisis. And they should be more flexible – not kick you out after 7 days. You can't even get an appointment with a worker in 7 days!"
 - "Regardless of which community you run to, when you ask for help, the ministry should give you help and not tell you to go home or wait for 3 months."
 - "I must have called 40 different numbers trying to get some help."
 - "I kept asking for help but didn't get anything [from the MCFD intake worker] because he wouldn't believe me. Finally I broke the law and got the help I needed."
 - "What I really needed was treatment for my Meth addiction, and I couldn't get it. Finally I broke free myself when I realized I was going to die if I didn't do something, but that took three years."
 - "Youth forensics told me to come back for assessment when I was off drugs, but I couldn't get any help to get off drugs so I couldn't get the assessment I needed."
- *Youth Agreements*
 - "Figure out who can be successful on Youth Agreements – they are being used with kids that have too many problems and they are being set up to fail. I was told I was "too together" to be eligible for a Youth Agreement but this was just what I needed to be successful. I finally had to figure it out myself."
 - "When the money runs out, you can't get a Youth Agreement, even if you are eligible. There needs to be more money."
- *Quality of care*
 - "Make sure you get really good foster [caregivers] – they have a really important job."
 - "Make sure they [foster caregivers] get training and help and watch what they are doing – are they doing a good job?"
- *Transitions between placements and services*
 - "Transition plans should be in place for everyone leaving detention. I was released and the only plan for me was to go stay at [a youth shelter] for 5 days, when I really should have been sent to treatment [for addictions]."
- *Preparing for adulthood*
 - "Start helping us get ready for independence at 13-14 years old."

- "Don't wait until 3 months before I turn 19 and then ask me if I know how to live on my own – get involved to help me get ready because I don't even know what to ask for."
- "At 18-19 years old, you begin to think about your future so you are more ready to accept treatment – but this is just when we are pushed out of care."
- *Transitions into adulthood*
 - "Four days before the meeting I had to arrange my AYA (Agreements with Young Adults) the worker told me there was no more money. So, I lost my medical coverage [when I turned 19] and couldn't afford my medications and housing. The worker said I was eligible, but there was no money left."
 - "There should be more supports for youth aging out, like youth mentor housing programs."
- *Permanency*
 - "Make sure someone is there to stick by me for the long term."

F. NEXT STEPS

This summary report will be complemented by a comprehensive detailed report, both of which will be broadly distributed. These reports set the stage for Phase Two of the Project, which will encompass key informant interviews, an online survey and working sessions, leading to the identification of prospects and opportunities for improving the experience and outcomes for children and youth in residential care.

Where to go for more information

An array of resources and reports are available on the Federation website: www.fcssbc.ca The comprehensive report, annotated bibliography, key reference documents as well as descriptions and examples of promising practices are available at this site. As phase two progresses, the online survey as well as the proceedings from working sessions will be posted.

You may also contact members of the Project Team:

Jennifer Charlesworth, jennifer@fcssbc.ca, 250-480-7387

Phil Schwartz, phil.schwartz@gov.bc.ca. 250-953-3118

