



Residential Review Project

Final Report
Executive Summary



THE FEDERATION
of COMMUNITY SOCIAL SERVICES of BC



BRITISH
COLUMBIA
Ministry of Children
and Family Development

June 2012



Residential Review Project Final Report - Executive Summary



THE FEDERATION
of COMMUNITY SOCIAL SERVICES of BC

June 2012



Preamble

The Ministry of Children and Family Development (MCFD) and the Federation of Community Social Services of BC (Federation) project team has completed a joint review of residential care services provided by MCFD and is pleased to submit the Executive Summary of the *Residential Review Project Final Report* to MCFD and the Federation. This report builds on the *Residential Review Project Phase One Findings Report*, released in June 2011, and reflects work undertaken in Phase Two of the project, between January and October 2011. The next step is for MCFD and the Federation to consider this report and, as appropriate, develop plans to implement the recommendations and supporting actions.

This Executive Summary provides a brief overview of the project and process undertaken in Phase Two and then lists the Strategic Directions, recommendations and supporting actions that are discussed in greater detail in the full Final Report.

Readers are encouraged to access the full Final Report for information about the context for residential care in BC, current data about children and youth in residential care and where they reside while in care, as well as the intention and rationale for each Strategic Direction and recommendation proposed. There are three parts to the full Final Report:

Part One – Setting the Stage includes background information on the context, purpose and scope of the project, briefly describes the methodology, describes the key findings from consultations undertaken with Aboriginal and Metis communities, and presents descriptive and statistical information about the current system of residential care in BC.

Part Two – Envisioning a Planned System of Residential Care presents the context and rationale for each of the Strategic Directions and accompanying recommendations and supporting actions.

Part Three – Moving Forward proposes next steps for acting on the directions, recommendations and supporting actions detailed in this report.

Supporting materials on the project approach and methodology, participant demographics, survey findings, listing of articles and reports reviewed, and selected promising practice references that supplement the body of the report are posted on the Federation's website <http://www.fcssbc.ca/CoreBC/projects/residential-review>.

Introduction

The purpose of the Residential Review Project (the project) is to identify opportunities to improve the experience and life outcomes of children and youth who, for some reason, must live for a period of time in MCFD operated or funded residential care placements.

On any given day in BC, there are over 10,000 children and youth in some form of MCFD residential care. There are many strengths in this system: experienced, skilled and committed caregivers; quality practices that are supported by research and evidence; accountable, accredited organizations; and strong working relationships between MCFD, community agencies and caregivers. However, there are also weaknesses within the system that can compromise the experience and outcomes of children and youth in residential care. These were documented in the *Residential Review Project Phase One Findings Report*.

The Final Report aims to recommend a course of action for both MCFD and service providers that will build on strengths, address gaps and weaknesses, and achieve a planned system of residential care that better meets the care and treatment needs of children and youth and thereby supports more positive life outcomes.

Scope

This project crosses all service streams: 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 much 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 insufficient but also analyzes how those resources are developed, supported, and accessed. Accordingly, 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 fall within the scope of the project.

Guiding Considerations

Foundational considerations that have guided the project include:

- The belief that all children need permanent families who provide safe, stable, nurturing homes and lifelong relationships.¹
- The view that out-of-home residential placements are critical bridges between the time a child has to live away from their parents and when they return to them, or if reunification is not in a child's best interests, until the child is in a permanent home with relatives or another family.
- The intention to ensure that children and youth receive high quality residential care and treatment, experience as few placement disruptions as possible, achieve permanence as soon as can be safely arranged, and when necessary, are prepared and supported for the transition to adulthood.

Approach

The project has completed its two phases – *learning* and *generating* - and proposes next steps for moving forward - *acting* - which will be the responsibility of MCFD and the Federation.

Phase One was focused on *learning* about child and youth residential care. Information was gathered through stakeholder and community consultations throughout BC, and from relevant literature, previous reviews and reports that have addressed residential services in BC, similar reports and initiatives undertaken in other jurisdictions, and available data on BC residential services. This enabled us to describe the current residential services system for children and youth, and collect and reflect what diverse stakeholders and researchers had to say about residential care, including what works well and what does not work well and how services and care might be improved or enhanced.

The findings from all sources were analyzed for themes and these were presented in the *Residential Review Project Phase One Findings Report* and a *Summary Report*, released in June 2011 is available at <http://www.fcssbc.ca/CoreBC/projects/residential-review>. This work set the stage for Phase Two.

Phase Two was designed to build on the collected findings and engage caregivers, service providers, Aboriginal organizations, MCFD staff, youth and field experts in *generating* the Strategic Directions, recommendations and supporting actions to enhance the quality and effectiveness of residential care in BC. Seven sources and processes informed this work.

¹ The term 'families' (as used in this report) encompasses a diverse array of caring, nurturing relationships that support healthy child and youth development and lifelong connections.

- *Community Feedback Report completed by the BC Association of Aboriginal Friendship Centres, the Metis Commission and Caring for First Nations Children Society* - The three participating organizations engaged their respective communities (First Nations, Urban Aboriginal and Metis) in discussions about how to improve residential care for Aboriginal and Metis children and youth and presented their findings in a companion report. Each constituency's distinct context and unique challenges are reflected in the information gathered and solutions proposed. And yet many of the ideas and solutions are similar to and consistent with those that arose in the other consultations as they are grounded in beliefs about what children and youth need to be healthy: positive, stable and consistent relationships with caring adults; connections to family, community and culture; access to effective support, care and treatment when needed; and access to education and learning opportunities. Key findings are summarized below and the full report may be viewed at <http://www.fcssbc.ca/CoreBC/projects/residential-review>.
- *Stakeholder working sessions* - Two intensive two-day working sessions were hosted by MCFD and the Federation to review the findings pertaining to achieving permanency, strengthening foster care, and delivering an accessible array of residential care services. Each session brought together between 50 and 60 MCFD staff, foster caregivers, community service providers and community partners (e.g. health authority representatives) from diverse roles and all regions to review the findings, identify opportunities for action, debate options and select those that they collectively believed would make the greatest difference in the experience and outcomes for children and youth in residential care. Fact sheets, agendas, presentations and proceedings from each session are available at <http://www.fcssbc.ca/CoreBC/projects/residential-review>.
- *Youth consultation* - A working session was also held with youth at the Federation of BC Youth in Care Network's Fall 2011 Steering Committee Meeting (SCM) at Zajac Ranch. This engaged many youth from throughout BC who have had extensive personal experience with residential care. A summary of the discussions and suggestions is available at <http://www.fcssbc.ca/CoreBC/projects/residential-review>.
- *Key informant interviews* - Key informants with specific experience and expertise in the primary areas of concern and interest were identified and interviewed. The purpose of the key informant interviews was to determine if the proposed directions made sense based on available evidence, to refine them as necessary, and to identify promising practices in other jurisdictions that could be referred to.
- *Online surveys* - Three surveys were developed to invite feedback from a broad audience on draft directions and actions that had been determined through the working sessions. The surveys addressed achieving permanency, strengthening

foster care, and delivering an accessible array of residential care services and supports. Invitations to contribute were extended to all MCFD staff, Federation member agencies and their networks including the Federation of BC Youth in Care Networks, the BC Federation of Foster Parents Association the Federation of Aboriginal Foster Parents, and Aboriginal provincial organizations including the BC Association of Aboriginal Friendship Centres, Caring for First Nations Children Society and the Metis Commission. These surveys set out a series of possible actions and asked respondents to rate importance and indicate their highest priorities for change. Respondents were also asked to offer suggestions for other actions and suggest examples of strong practices in their community or other jurisdictions. A total of 421 surveys were completed with close to 70% offering additional comments and suggestions. The survey contents and the results are available at <http://www.fcscbc.ca/CoreBC/projects/residential-review>.

- *MCFD reviews of kinship care and tertiary care* - In response to a review of kinship care in April 2009, MCFD established a Kinship Care Provincial Advisory Table in October 2010 to identify strategies for increasing the use of out-of-care kinship placements. MCFD also conducted an internal examination of directly delivered tertiary care services, defined as including youth custody services, hospital-based mental health services and safe/secure care - services which were discussed during the course of consultations, stakeholder engagement sessions and online surveys. The actions recommended by the Kinship Care Provincial Advisory Table are included in this report under **Strategic Direction #2 - Enhancing Kinship Care** while the actions that directly or indirectly relate to tertiary care services are incorporated under **Strategic Direction #4 - Planning and Developing an Accessible Array of Residential Care and Treatment Services**.
- *Project Team and Advisory Group planning sessions* - The project team met frequently to sift through the findings, consider options, and seek out additional information about promising practices that might inform the recommendations and supporting actions. The advisory group also met to provide advice about how best to engage stakeholders in the development of recommendations. This work led to the development of a series of 'fact sheets' for broad distribution and a plan for working sessions.

The project team believes that action must be taken to enhance the experience and outcomes for children and youth who are in the residential care system. The conclusions presented in this report reflect the thoughtful and informed contributions of over 1200 people who are involved in or affected by residential care. They are evidence-based and draw on knowledge developed in other jurisdictions and through other initiatives.

Moving Forward proposes that MCFD and the Federation prepare plans for acting on the recommendations and supporting actions including development of structures, work plans and communications, as well as an analysis of what additional resources may be required to facilitate implementation.

MCFD's Operational and Strategic Directional Plan released in May 2012 includes the following Key Action:

"Work with partners across the sector (MCFD staff, Aboriginal and mainstream agencies, foster parents, children and youth in care, and the Representative for Children and Youth) to design and implement a more integrated community-based service system for children in care, building from the analysis and acting on the recommendations of the Residential Review Project."

The expectation is that the Operational and Strategic Directional Plan will, given the current fiscal climate, involve improvements in the initial years of plan implementation within existing ministry resources and then address service and resource gaps requiring additional funding in later years. It is important to note that although progress can be made through better utilization of current funding, the full development of the residential care system envisioned in this Final Report will require additional investments of funding over time.

The Board of Directors of the Federation will also review this report and develop a plan to act upon recommendations that are within the scope of the community social services sector and amongst the 140 member organizations. These actions may address education and training, accountability and continuous quality improvement, care practices and practice-based research and service delivery pilots.

Strategic Directions - Overview

A substantial amount of information has been collected in Phases One and Two, and diverse perspectives have been reflected in consultations, the academic literature and through a multi-jurisdictional review. Seven key themes emerged and are reflected in the Strategic Directions and recommendations discussed within the full report:

- 1. Achieving Permanency** - Embed permanency as a key priority throughout the residential care delivery system. Achieving permanency through reunification or placement with an alternate permanent family needs to be the organizing principle around which residential services are provided.
- 2. Enhancing Kinship Care** - Give priority consideration to placement with relatives and other significant adults who have an established relationship with a child or have a cultural or traditional responsibility toward a child.

3. Strengthening Foster Care - Realign and strengthen foster care services and supports to better achieve permanency and stability.

4. Planning and Developing an Accessible Array of Residential Care and Treatment Services which addresses three sub topics:

- a. Building a planned system of residential care and treatment services based on research and best practices.
- b. Building a planned system of intermediate residential care and treatment services based on research and best practices.
- c. Addressing the key gaps in tertiary care and treatment services.

5. Addressing Youth Interests in Permanency and Transitions - Pursue permanency options for youth aged 16-18 and improve preparation for transitions to adulthood including strengthening post-majority supports and services for 19-24 year olds.

6. Working Together Effectively - Enhance the working relationships within the residential care system as an essential foundation for implementing the recommended actions across all of the Strategic Directions.

7. Enhancing Accountability in Residential Care - Build accountability and continuous learning into the process of implementing the recommended actions across all of the Strategic Directions for residential services.

For each Strategic Direction, between 2 and 5 recommendations have been put forward. The combined 32 recommendations reflect what the stakeholders, key informants, and advisors identified as being critical to bringing about the desired change in residential care and improving the experiences and outcomes for children and youth. Each of these recommendations is also congruent with the body of knowledge on good practice that has been drawn from research and evaluation evidence. Each recommendation is supplemented by a series of supporting actions. These set out more specific steps, often addressing what should be done and by whom.

The Strategic Directions, recommendations and supporting actions are presented below. Please note that the background, intention and rationale for each of these are presented in the full report.

Strategic Directions, Recommendations and Supporting Actions

Strategic Direction #1 - Achieving Permanency

Embed permanency as a key priority throughout the residential care delivery system. Achieving permanency through reunification or placement with an alternate permanent family needs to be the organizing principle around which residential services are provided.

Intention: Ministry staff, service providers, and caregivers should organize and focus the delivery of all forms of residential care (kinship, foster, staffed and tertiary care) around the over-arching aim of achieving permanency – *safe, stable and enduring family relationships for children and youth through reunification, adoption, transfer of guardianship or other meaningful lifelong connections*. With that aim in mind, residential care should be viewed and valued as a crucial but temporary and transitional bridge to permanence. Planning for permanence must be a priority that starts from the point of first placement, with a focus on family reunification, and at the same time includes consideration of alternate legally permanent options such as adoption, custom adoption and transfer of guardianship. For youth where a permanent legal option is not possible, continuity of relational, cultural and physical connections that are meaningful to them is critical for their transition to adulthood. Particular attention must be given to ensuring cultural connections for Aboriginal children as a foundation for permanency planning and exploring culturally accepted permanency options.

Recommendation 1: Permanency Framework

MCFD should develop and implement a permanency framework to guide and support practice.

Supporting Actions:

1. Review the *CFCSA* for any possible changes to strengthen the principle of permanency within that Act.
2. Review and revise all applicable policies, standards and procedures across all program areas and identify and develop new policies and standards as required to ensure the goal of permanency for children and youth is adequately reflected and emphasized.²

² A redesign of the Aboriginal Operational Practice Standards and Indicators (AOPSI) is currently being undertaken with Delegated Aboriginal Agencies. MCFD is also undertaking a policy revision process across all program areas. The recently completed Child Protection Response Policy addresses the goal of permanency.

3. Develop policies that require, at the point of entry into residential care or soon after, preparation of a permanency plan that includes identification of an alternate permanent family should reunification with parents not be successful (i.e. contingency, concurrent, dual track permanency planning).
4. Develop a Permanency Framework document based upon MCFD's draft 2005 Permanency Framework to support implementation of revisions to policies, standards and procedures and to guide practice.
5. Ensure the Integrated Case Management system currently in development embeds permanency focused actions throughout all service pathways.
6. Review and revise relevant policies to ensure that permanency planning, including adoption registration of eligible children, is required for children and youth of all ages. The criteria, approval, and decision review process to address any exceptions to this policy will be clearly described in policy and procedures.
7. Establish a policy that supports the funding of the legal costs of the post-majority adoption of a young adult who was formerly under a Continuing Custody Order.
8. Work with the Ministry of Justice to identify ways to reduce court delays and unnecessary court appearances so that permanency for children and youth can be achieved sooner.

Recommendation 2: Permanency Training and Education

MCFD should enhance knowledge and understanding about permanency pathways and options.

Supporting Actions:

1. Develop a system-wide permanency-training program that includes an Aboriginal permanency lens for MCFD workers, Team Leaders and Managers across all program areas, including Child Protection/Family Service, Guardianship, Resources, Adoption, CYMH, CYSN, Youth Services & Youth Justice, as well as for caregivers and key community service providers.
2. Work with the Ministry of Advanced Education to take steps to promote greater emphasis on permanency approaches in social work and child and youth care college and university curricula.

Recommendation 3: Regional Permanency Initiatives

MCFD should support and evaluate regional initiatives that promote permanency.

Supporting Actions:

1. Enhance permanency planning from the point of first placement and throughout the child or youth's time in residential care by:
 - a) Implementing policies and procedures that require the identification of an alternate permanent family at the point of entry into residential care, or soon after, in preparation for the possibility that reunification with parents is not successful (i.e. contingency, concurrent, dual track permanency planning.
 - b) Making greater use of collaborative planning and decision-making processes such as Family Group Conferences, Mediation, Traditional Decision-Making, Family Case Planning Conferences, Youth Transition Conferences, Family Circles, and Care Team planning when deciding to place, move or proceed with a permanency arrangement.
 - c) Increasing the availability of planning resources such as Family Finders, Roots workers, Kinship and Collaborative Practice workers.
2. Assess the progress of Kelowna's recently implemented permanency model and support knowledge exchange about the outcomes for children and youth and the practice learning with other regions.
3. Identify where backlogs in adoption home studies may be occurring and implement a plan to clear up existing backlogs and maintain timely flow-through of home studies on an ongoing basis.
4. Review the permanency plans for all children and youth under Continuing Custody Orders, longer term Temporary Custody Orders and Special Needs Agreements, and those in care for extended periods under the *Family Relations Act* S.29(3) and the *Adoption Act*, to identify what additional steps could be taken to place the child or youth in a permanent family arrangement using processes such as family finding, Roots, Traditional Family Circles, intensive file reviews, permanency roundtables, Youth Transition Conferences and targeted youth adoption initiatives.
5. Explore with service partners in at least one Region, the feasibility of implementing a foster-to-permanence model similar to the model developed by the Elgin/St Thomas Children's Aid Society in Ontario.
6. Develop locally relevant strategies for achieving legal permanency for Aboriginal children and youth through reunification, permanent transfer of custody, custom adoption and adoption.
7. Work with service partners to identify all family reunification programs/services

including traditional reunification programs that are currently operating in BC to determine program characteristics, the evidence-base, success factors and transferable best practice models, thereafter undertaking more formal evaluations of a selection of different program approaches.

Strategic Direction #2 - Enhancing Kinship Care

Give priority consideration to placement with relatives and other significant adults who have an established relationship with a child or have a cultural or traditional responsibility toward a child.

Intention: This Strategic Direction recognizes that placements with relatives or adults who have an established relationship with a child or youth serve to maintain family connectedness, stability of relationships, cultural identity and achieve better outcomes for children and youth. More specifically, the ministry must continue to take steps to remove structural and procedural barriers to the use of kinship out-of-care placements and establish incentives and better supports to promote the use of these placement options.

Recommendation 1: Kinship Out-of Care Options

MCFD should develop and implement strategies that promote increased use of kinship out-of-care options for Aboriginal and non-Aboriginal children and youth.

Supporting Actions:

1. Establish policy and procedures that require consideration of extended family or other significant adults in a child's life as the preferred placement option at every point in the placement planning and decision-making process for a child or youth.
2. Finalize and implement the Extended Family Program (EFP) policy and procedures.
3. Remove barriers to using kinship out-of-care options that result from financial and service differences between out of care kinship options and kinship (restricted) foster care.
4. Clarify when kinship (restricted) foster care should be considered instead of an out-of-care option and change existing family care home descriptor from restricted foster care to kinship foster care.
5. Develop policies and procedures for the new *CFCSA* Section 54.01 permanent transfer of custody orders in preparation for future implementation.

6. Develop an MCFD staff training program that supports the greater use of Kinship out-of-care options including the new *CFCSA* amendments for permanent transfer of custody orders.
7. Develop and implement plans to enhance how kinship out of care providers are identified, assessed, contracted and supported by increasing the availability of resources such as Family Finders, Kinship/Roots/Collaborative Practice workers, resource workers and administrative staff to assist with these tasks.
8. Ensure that budget allocations to local community offices are adequate to achieve targeted increases in the use of out of care options.
9. Work with Delegated Aboriginal Agencies and Aboriginal Affairs and Northern Development to identify ways to increase the use of kinship out-of-care options for Aboriginal children and youth.

Recommendation 2: Care Provider Education and Support

MCFD should develop and implement kinship care provider education and support services.

Supporting Actions:

1. Develop educational curricula and materials for kinship out-of-care providers.
Note: This action is included in the Caregiver Education Framework project underway – see the second recommendation under **Strategic Direction #3 - Strengthening Foster Care**.
2. Develop and implement kinship out-of-care provider support services. Such services could be linked with existing or new foster caregiver support services or specific services for kinship care providers.
3. Contract for the development and implementation of a provincial Information and Referral Line for extended family members caring for related children.
4. Prepare and distribute public communications and resource materials about kinship out-of-care options.
5. Make the above noted actions and services available to current Child In Home of a Relative (CIHR), Child Out of Parental Home (COPH) recipients and Grandparents Raising Grandchildren as well as Extended Family Program and other Kinship out-of-care options care providers.

Strategic Direction #3 - Strengthening Foster Care

Realign and strengthen foster care services and supports to better achieve permanency and stability

Intention: This Strategic Direction proposes to realign and strengthen foster care services and supports to better achieve permanency and stability. Fifty percent of the children in residential care are placed in foster homes. Foster care is an essential part of the residential care array of services and yet it is vulnerable and under stress. The ministry must take steps to re-focus and strengthen foster caregiving with a particular emphasis on retaining foster caregivers by: realigning caregiver training, education and cultural awareness; better supporting foster caregivers and children; enhancing and targeting caregiver recruitment; and reviewing and aligning caregiver compensation.

The review and realignment of compensation would need to recognize the new or expanded caregiver roles and responsibilities arising from greater care expectations, specialization, birth or kin family engagement and an increased focus on achieving permanency.

Recommendation 1: Caregiver Recruitment

MCFD and service providers, with advice from Delegated Aboriginal Agencies (DAAs), should recruit a greater diversity and scope of caregivers who can work in partnership with birth and extended families and Aboriginal communities to support reunification and alternate permanency outcomes.

Supporting Actions:

1. Examine ways to routinely collect demographic information about foster caregivers that can be used to identify trends and gaps relevant for recruitment and retention planning.
2. Gather information from the regions, DAAs and other jurisdictions on effective caregiver recruitment and marketing strategies and share this information provincially through a variety of ongoing knowledge exchange activities (e.g. provincial SharePoint site, website, future training materials).
3. Develop and implement a sustained approach to foster care recruitment including:
 - More widespread use of effective strategies currently underway such as child-specific in- neighborhood or 'community of interest' strategies (e.g. cultural and immigrant communities, the gay and lesbian community, church and service organizations).

- Targeted recruitment of Aboriginal foster caregivers, relief foster caregivers, and specialized foster caregivers for safe babies care, child and youth mental health and special needs populations.

Recommendation 2: Caregiver Assessment/Approval/Training/Education

MCFD and service partners, with advice from Delegated Aboriginal Agencies (DAAs), should develop and implement a new caregiver education program that includes preparatory, foundational and specialized components and promotes Indigenous world views and teachings within each component.

Supporting Actions:

1. Develop and implement an evidence-based Caregiver Education Framework that is developmental, attachment-based and trauma-informed. The intention is to prepare culturally competent foster caregivers that are able to support the permanency goals for children and youth including being able work effectively with birth, kinship, adoptive families and the child's community.. The framework will position caregiver education as a positive learning opportunity that supports ongoing development of caregiver skills and capacity. Features of the Caregiver Education Framework will include:
 - Preparatory caregiver education as a mandatory home approval pre-placement requirement
 - Preparatory training will be compatible with and supportive to the foster caregiver home-study assessment and approval process
 - A prior learning-assessment process and recognition of traditional knowledge and competencies, relevant courses or workshops taken via colleges, health authorities, school districts and MCFD
 - Caregiver's demonstration of competencies and equivalencies that will be incorporated into their individual learning plans
 - Caregiver education linked to ongoing support, mentoring, coaching and clinical supervision
 - Caregiver individual learning plans and the completion of ongoing education and training credits tied to caregiver compensation and incentives using a clear and transparent process
2. Identify where backlogs in foster caregiver applications and home studies may be occurring and implement a plan to clear up existing backlogs as well as maintain timely flow-through of applicant follow up, screening, pre-service training and assessment home studies on an ongoing basis.

3. Develop and implement plans for ensuring consistent utilization of a provincial caregiver home-study and approval process that is compatible with the new Caregiver Education Framework.

Recommendation 3: Caregiver Support

MCFD and service partners should establish a menu of accessible basic and enhanced evidence based supports available to all foster caregivers based on the needs of the children and youth being cared for.

Supporting Actions:

1. Review the roles of foster parent support agencies and resource workers to identify options for improving utilization of existing staff resources.
2. Develop and implement plans to provide relief and clinical support services that can offer timely and required relief, assessment, consultation, and behavioural and treatment intervention supports as needed for the child and caregiver (e.g. mobile wraparound teams).

These services are to be made available to high needs placements and during significant transitions for the child, his/her family and caregivers.

3. Review and reduce the use of ad hoc exceptional payments and redirect some of this funding to the provision of a planned and ongoing array of supports and services for the child and their caregivers, including the emerging 'hub' or 'network' models noted in the following recommendation.
4. Develop information, training materials and supervision tools to promote awareness and implementation of the *Foster Parent Rights* document.
5. Review and update the provincial protocol framework and regional protocol agreements to ensure:
 - Consistency and administrative fairness;
 - Alignment with *Foster Parent Rights* and quality assurance policies and standards currently under revision.
6. Once the provincial protocol framework and regional protocol agreements are updated, provide training to staff to promote respectful, fair and timely protocol practices.

Recommendation 4: Service Redesign

MCFD and service partners should develop and evaluate alternate service delivery approaches for enhanced foster care recruitment, assessment, training, support and relief.

Supporting Actions:

1. Through a contract with an agency experienced in providing foster caregiver supports and services, develop and evaluate a 'full-service foster care agency delivery model' that includes caregiver recruitment, assessment, training, relief, and wraparound supports for the child and caregiver.
2. At least one office in each Service Delivery Area to develop, implement and evaluate a 'hub' or networked model of foster care, along the lines of the Mockingbird Family Model, wherein a network of 6-8 foster homes are organized around a 'hub' lead home that provides relief, peer mentoring, training and support. The 'hub' lead home is in turn connected to either an agency that delivers clinical and support services or to an MCFD clinical and support team.
3. Review and revise the Foster Home Standards to ensure they support the newly emerging service redesign and consequent changes in caregiver role expectations.

Recommendation 5: Foster Caregiver Classification, & Compensation

MCFD should commit to a fair, understandable, and transparent caregiver classification and compensation process that is implemented consistently across all regions.

Supporting Actions:

1. In partnership with the BCFFPA, FAFP and FCSS and with advice from DAAs, regional foster caregiver support agencies and the FBCYICN, undertake a collaborative review of caregiver classification and compensation, including mechanisms to provide better assurances of consistency and transparency in the application of the classification and compensation system as well as consideration of expanding roles in relation to permanency objectives and service redesign, and alignment with changes to caregiver training and education.
2. Work with service partners and DAAs to review and update the family care home agreement and other caregiver contracts, such as Client Service Agreements so that they align with the emerging foster care service design and include some flexibility for specialized contracts for foster caregivers to actively assist and participate in reunification, act as mentors and teachers of family members, new foster caregivers, adoptive parents, etc.

Strategic Direction #4 - Planning and Developing an Accessible Array of Residential Care and Treatment Services

Sub-topic a) *Building a Planned System of Residential Care and Treatment Services Based on Research and Best Practices*

Intention: MCFD is committed to matching residential care and residential treatment placements to the assessed individual needs of the child, minimizing placement moves, promoting placement stability and achieving permanency – safe, stable and enduring family relationships for children and youth through reunification, adoption, guardianship or other meaningful lifelong connections. To meet its commitment, MCFD needs to plan for, implement and fund foster care and staffed residential placements (and different types of these residential placements) so that there is ongoing, available capacity that promotes greater likelihood of a 'good fit' for an individual child at the time it is required. The principle of having ongoing and available capacity needs to be applied at the regional, service delivery area and, to the extent possible, community level, as it is not always feasible to have highly specialized types of placements available in every local community. All components of the array must share a common framework or common principles guiding practice to ensure children, youth and families benefit from a coherent and integrated system of care and treatment.

Recommendation 1: Planned Service Design

MCFD should develop a planned system of evidence-based residential care services that meets the care and treatment needs of children and youth.

Supporting Actions:

1. Develop a resource planning process and supporting tools to be used in preparing Community, Service Delivery Area, Regional, and Provincial Residential Care and Treatment Resource Plans.
2. Develop Community, Service Delivery Area, and Regional Residential Care and Treatment Resource Plans that address the full spectrum of foster family care including treatment foster care and specialized staffed resources. The Resource Plans are to:
 - Be guided by a common set of principles and values that provide a foundation for all residential and linked support services;
 - Provide for clinical supervision and clinical support services that vary in intensity and sophistication as required;

- Address the need for specialized residential services within each region to the extent feasible, recognizing that cross-regional development and access to highly specialized community residential treatment resources, and to tertiary care resources, will be required;
 - Clearly distinguish between residential care and residential treatment, the latter referring to time-limited, evidence-based clinical treatment interventions such as treatment foster care approaches, clinically focused staffed residential treatment interventions, and tertiary treatment resources such as the Maples Adolescent Treatment Centre;
 - Recognize that while as a general rule intermediate residential resources are intended to be time-limited and treatment-focused, residential resource plans need to account for the reality that there are some special needs children whose complex needs are so profound and lasting that they may require an intermediate level of staffed residential or intensively supported family based -care over the long term;
 - Support 'good fit' matching for the child's assessed needs by using prevalence data and other similar research-informed data, profiles of child needs, caregiver characteristics and residential program descriptions to plan for the ongoing and available capacity of placement spaces.
 - Provide clarity regarding the roles and responsibilities of MCFD and the community social service sector. Recognize that the community social service agency sector is the deliverer of intermediate residential treatment services such as staffed residential treatment and treatment foster care approaches, including the full service delivery of clinical support services and the recruitment, training, and support of family caregivers for these treatment resources.
3. When issuing RFPs for contracted intermediate care and treatment resources, ensure that the proposals and evaluation criteria are based in research, informed by cultural competencies and a theoretical model that includes appropriate clinical supervision and support services, and are aligned with stability, treatment and permanency outcomes.
 4. Review and revise the Standards for Staffed Children's Residential Services to ensure they support the newly emerging principles and values (philosophical foundation), service redesign and consequent changes in care, and treatment expectations.
 5. Review and revise the Caregiver Support Service Standards to ensure they support the newly emerging principles and values (philosophical foundation), service redesign and consequent changes in caregiver role.
 6. Review and revise relevant program area policies and standards (CYMH, CYSN

and Youth Justice) to ensure they support the newly emerging principles and values (philosophical foundation), service redesign and consequent changes in caregiver roles and care and treatment expectations.

Recommendation 2: Philosophical Foundation

MCFD and service providers, with advice from Delegated Aboriginal Agencies, should establish a philosophical foundation of principles and values to guide the delivery of residential care and treatment services that reinforce safety, well-being and permanency, and support system design and practice.

Supporting Actions

1. Develop the principles and values that will form the philosophical foundation for residential care and treatment services in BC.
2. Assess the potential of the Children and Residential Experiences (CARE) model as a philosophical foundation for residential services, particularly intermediate treatment resources by contracting for and evaluating a residential program that uses the CARE model in at least one agency in one or more Regions.

Recommendation 3:

Access to the Right Placement at the Right Time

MCFD should enhance the residential care system's capacity to provide effective and timely responses to the assessed needs of children and youth.

Supporting Actions:

1. Develop placement planning tools to support matching the child's assessed needs with the capacity and skills of the caregiver or treatment provider.
2. Ensure clear policy is in place regarding the importance of promoting and sustaining placement stability.
3. Develop an information system (ICM) 'flag' in circumstances where a child or youth has moved three or more times within a year.
4. Develop and implement a '3+ moves' collaborative review processes to identify ways to sustain the current placement or ensure the next placement is a good fit and adequate supports are in place to maintain placement stability.

Recommendation 4: Inter-Ministry Coordination

MCFD should strengthen connections and coordination between the MCFD tertiary care, intermediate residential care and foster/kinship care systems and hospital and other treatment and residential services offered through Health Authorities and CLBC.

Supporting Actions:

1. In partnership with the Ministry of Health and Health Authorities, examine ways to coordinate access to substance use treatment consultation and treatment support services to MCFD funded or operated residential resources, including foster family care. **Note:** Existing Provincial Child and Youth Mental Health and Substance Use Committees or Networks can support this work.
2. Given the increasing reliance on family caregiver- based residential services across service streams, working with CLBC, the Ministry of Health and the Federation of Community Social Services of BC, consider undertaking a cross-ministry and cross-sectoral review of family caregiver services with a view to examining opportunities for collaboration in recruitment, education and training and support services as well as the feasibility of rationalization and alignment of compensation.

Recommendation 5: Change the Mechanisms for Access to Services

MCFD should identify ways to make residential care and treatment accessible without requiring parents to place children in care under the CFCSA.

Supporting Actions:

1. Examine the issues and options that would enable children and youth with serious mental health problems requiring residential assessment and/or treatment to access such services in a way that does not require parents to place their children in care.
2. Similarly, examine issues and options for children and youth with special needs to access residential services without requiring parents to place their children in care.

Sub-topic b) *Building a Planned System of Intermediate Residential Care and Treatment Services Based on Research and Best Practices*

Intention: The current system of intermediate residential care and treatment (staffed or specialized resources that are between family/foster care and tertiary care) needs to be systemically planned, re-focused and re-invested, with particular attention to the development of a system of specialized types of intermediate residential treatment services that are based on research evidence and the best practice literature.

Recommendation 1: Review and Realign Existing Contracted Resources

MCFD should review and as necessary, realign existing contracted residential resources to ensure that they are evidence-based, treatment-focused, and aligned with Regional and Service Delivery Area Residential Care and Treatment Resource Plans.

Supporting Actions:

1. Establish clear criteria and screening mechanisms for admission to intermediate residential treatment services, including prior clinical assessment, clear timelines for duration of placement (clear beginning, middle, end), as well as expectations and planning for transition / after care support.
2. Review existing contracted residential resources and make required changes to ensure that each residential program is time-limited, treatment- focused, culturally informed, evidence-based and appropriately clinically supported.
3. Identify the funding resources dedicated to client-specific, ad hoc staffed residential care purposes and develop plans to progressively scale back or eliminate such practices, redeploying funding to establish evidence-based intermediate residential treatment programs on an ongoing basis.

Recommendation 2: Evidence-Based Residential Treatment Programs

Utilizing re-aligned and re-deployed resources arising from the above recommendation, MCFD should implement and evaluate new evidence-based intermediate residential treatment resources to address complex needs and support transition home or to an alternate permanent placement.

Supporting Actions:

1. Develop and evaluate intermediate residential treatment programs such as Treatment Foster Care, Multi-Dimensional Treatment Foster Care and Staffed Residential Therapeutic Programs that are delivered by community agencies and which are designed to address specific needs of children and youth such as attachment, trauma, mental health and neuro-developmental needs within a cultural context. The necessary wraparound specialized supports and clinical interventions are included in the intermediate treatment model.

Recommendation 3: Invest in Intermediate Residential Treatment

MCFD should enhance the residential care system's capacity to provide effective and timely treatment responses to the assessed clinical needs of children and youth through new investments of funding.

Supporting Actions:

1. Once existing contracted residential resources are reviewed, redeployed and new evidence-based models have been implemented and evaluated, as per the recommendations above, request funding for investment in additional 'step up/step down' intermediate residential care and treatment resources as indicated through the development of regional and provincial residential resource plans. Priority for proposed new investments to be given to enhanced intermediate residential care and treatment services for youth with serious mental disorders, concurrent (mental health/substance use) disorders, dual diagnosis (mental health/developmental disabilities), sexual exploitation, eating disorders, and complex developmental and neuro-developmental disorders in combination with challenging behaviours.

Sub-topic c) *Addressing the Key Gaps in Tertiary Care and Treatment Services*

Intention: The increased use of community-based placements and reduced reliance on tertiary facility care over the past two decades is widely regarded as a positive direction and should be maintained. Enhancements to tertiary care should be limited to those services that are fundamentally necessary to fill service gaps that cannot otherwise be addressed by community-based alternatives (including intermediate care). Notably, the Residential Review identified that there are some young people who would benefit from intensive, short-term tertiary assessment and treatment due to their significant developmental and mental health needs.

Recommendation 1: Dual Diagnosis

MCFD should develop specialized services for youth with dual diagnosis.

Supporting Actions:

1. Establish a tertiary residential unit at the Maples Adolescent Treatment Centre for youth with complex mental, developmental and neuro-developmental disorders and challenging behaviours, similar in purpose to CLBC's Provincial Assessment Centre. Time-limited services would include stabilization and short term treatment, assessment and planning, medication reviews and trials, community-readiness and planned respite. Such a service would form part of the Provincial Residential Resources Plan that will complement the Regional and Service Delivery Area Residential Care and Treatment Resource Plans.

Recommendation 2: Safe Care

MCFD should consider the implementation of Safe Care services at the appropriate time.

Supporting Actions:

1. The implementation of legislatively mandated involuntary Safe Care services for youth who are sexually exploited and/or have severe substance use issues and are at high risk of harm to themselves should be given serious consideration but only at such time as a full array of voluntary residential care and treatment services are in place (especially the intermediate residential treatment resources referred to in earlier recommendations). Otherwise, the immediate development of this involuntary option could prove to be a very expensive default option that is unnecessarily accessed due to the lack of available and suitable alternative resources.

Strategic Direction #5 - Addressing Youth Interests in Permanency and Transitions

Pursue permanency options for youth aged 16-18 and improve preparation for transitions to adulthood including strengthening post-majority supports and services for 19-24 year olds.

Intention: Engaging youth in permanency planning is essential whether the goal is legal permanence with a family or maintaining relationships and connections that are important to young people as they transition to adulthood.

Recommendation 1: Permanency Options & Supports for Youth

MCFD should develop permanency plans with young people that include options for legal permanence as well as continuity of relational, cultural and physical connections that are meaningful to them.

Supporting Actions:

1. Review the permanency plans for all youth under Continuing Custody Orders, longer term Temporary Custody Orders and Special Needs Agreements, and those in care for extended periods under the *Family Relations Act* S. 29(3) and the *Adoption Act* to identify what additional steps could be taken to place the child or youth in a permanent family arrangement using processes such as family finding, Roots, traditional Family Circles, intensive file reviews, permanency roundtables, Youth Transition Conferences and targeted youth adoption initiatives.

Note: This action is also included in **Strategic Direction #1 - Achieving Permanency** and is noted again here to emphasize the importance of youth involvement and consideration of specific processes that may support youth to achieve permanency such as Youth Transition Conferences, involvement of neighbours, teachers, coaches and targeted youth adoption initiatives.

2. Review and revise all applicable program area policies and standards that promote ongoing permanency planning with youth, including provision for a dual track planning approach, i.e. continuing to seek permanency and concurrently planning/preparing for adulthood inclusive of normative skill development experience in the event that the young person will not have family resources to draw upon.

Note: This action is also included in **Strategic Direction #1 -Achieving Permanency** and is noted again here to emphasize a broad dual track planning approach that is highly inclusive of youth.

Recommendation 2: Planning and Preparation for Youth Transitions

MCFD should enhance the range of living options and supports for youth approaching the age of majority.

Supporting Actions:

1. Collaborate with youth to ensure the development of transition service plans are based on their individual capacities:
 - Young people who are able to be on their own require skill development and

transitional supports, including connection to family and Aboriginal or other cultural communities and possible assistance in youth friendly rentals (e.g. John Howard Society, North Island)

- Young people who are mostly able to be on their own but need supportive adults require supportive living arrangement and adult touchstones (e.g. foster care family transitions to a room and board situation)
 - Young people who are not able to live on their own require supported transition to adult supported living situations
2. Review existing youth transitional housing models (e.g. Nanaimo, Campbell River, Nelson, Prince Rupert) and take steps in collaboration with Ministry of Social Development and BC Housing to expand the availability of transitional housing.
 3. Ensure that youth who are on Youth Agreements and in Independent Living are provided with guidance and support from agency-based youth workers, Aboriginal communities and other appropriate adults to a degree that is sufficient to address their assessed needs.

Recommendation 3: Post-Majority Services and Supports

MCFD should make post-majority services and supports, including Agreements with Young Adults (AYA), available to a broader group of youth previously under CCOs.

Supporting Actions:

1. Ensure that if a youth was under a CCO and achieved permanency through adoption or transfer of custody after the age of 16 years, they still can access AYA and other post majority services.
2. Enable AYA supports to be continuously available from age 19 until the young person's 24th birthday.
3. In partnership with CLBC, review the existing operating agreement and current practice issues to ensure that it provides for access to CLBC adult services for children and youth who were under CCOs and have achieved permanency through adoption or transfer of custody prior to their 19th birthday, to reduce barriers for achieving permanence.³

³ This passage has been amended subsequent to the initial release of the final report to better reflect the nature of the current agreement between CLBC and MCFD and the commitment to review the agreement and practices to reduce barriers to permanency for special needs youth in care.

Strategic Direction #6 - Working Together Effectively

Enhance the working relationships within the residential care system as an essential foundation for implementing the recommendations and supporting actions across all of the Strategic Directions.

Intention: Collaborative, respectful, solution-focused and culturally informed, relationships within the residential care system are keys to improving the experiences and outcomes for children and youth. More time needs to be spent on building and sustaining relationships as well as establishing inclusive teams and partnerships for assessment, planning and action.

Recommendation 1: Collaborative Processes

MCFD should ensure collaborative assessment and culturally appropriate planning throughout the duration of a child/youth's time in residential care, with a clear focus on longer term outcomes as well as short term needs and interests.

Supporting Actions:

1. Review and revise policies and standards to reinforce the necessity of engaging the child, youth, parents, family members, caregivers, service providers, Aboriginal communities and other significant people who know and care about the child or youth in decisions to place, move, reunify or proceed with an alternate permanency arrangement.
2. Prepare and support practitioners to more successfully engage children, youth, family members, Aboriginal elders and significant others in planning and decision-making processes through training in collaborative practice and supervision.

Recommendation 2: Role Clarification and Cross-Ministerial Collaboration

MCFD should clarify the roles and responsibilities of key parties in planning and decision making for children and youth in residential care (e.g. youth, family members, foster caregivers, MCFD staff, community service providers and partners) and demonstrate value and respect for what each person brings to the process.

Supporting Actions:

1. Set out roles and responsibilities in planning and action: who is involved, who is responsible for what and when, and what are the limitations of their role. Clarification is particularly important to improve collaboration between MCFD,

caregivers, service providers, Delegated Aboriginal Agencies, CLBC, and Health Authorities.

2. Establish community partnership tables that include foster caregivers, service providers and other community partners to promote relationship-building, role clarification and communication.

Recommendation 3: Communications and Information Sharing

MCFD should improve communications and information sharing processes to ensure that people who are actively engaged in providing care and treatment are knowledgeable about the child/youth's needs, goals and plans, key relationships and desired outcomes.

Supporting Actions:

1. Review current legislation, policies and standards and confirm the current requirements for and restrictions on information sharing across program areas, disciplines, ministries/authorities and sectors.
2. Take whatever steps necessary to remove barriers to information sharing practices.

Strategic Direction #7 - Enhancing Accountability in Residential Care

Build accountability and continuous learning into the process of implementing the recommendations and supporting actions across all of the Strategic Directions for residential services.

Intention: The ministry should develop and implement a comprehensive accountability framework for residential services that aligns planned changes and enhancements to the system of care with specific, measurable outcomes and corresponding indicators. The framework should draw on measures and indicators currently in use by the Ministry (where possible) and those suggested by current research on outcomes for children and youth in residential care. The ongoing monitoring of outcomes and service quality should be directed towards continuous learning and adjustment of actions and strategies based on available evidence from practice and academic research.

Recommendation 1: Accountability Framework

MCFD should develop and implement an accountability framework that includes both client outcome measures and measures of service quality that emphasize the importance of youth, family, caregiver and Aboriginal community input. The framework should support examination of outcomes in relation to child profiles, placement types and costs per child.

Supporting Actions:

1. The accountability framework will identify:
 - Desired outcomes linked to planned Strategic Directions in the areas of achieving permanency, strengthening foster care, array of residential care services, and working together;
 - Specific systems level indicators linked to outcomes such as:
 - Of children in out of home placement, increased proportion of children placed with relatives, other significant adults
 - Decreased average length of stay for children in out of home placement
 - Increased proportion of children achieving permanence through reunification, adoption and guardianship
 - Decreased average number of placement changes - National Outcomes Matrix Measure (NOM)
 - Decreased proportion of placement changes that are unplanned
 - Increased the rate of siblings placed together
 - Increased proportion of children placed in out of home care who are in school and in the grade appropriate for their age (NOM Measure)
 - Increased high school completion rates for youth in out of home care (NOM Measure)
 - Measures of service quality that are directed towards ensuring that services are responsive to emerging issues and concerns, timely, and consistently delivered. Opportunities for children and youth in residential care, their family members and caregivers to give feedback should be emphasized. Suggested measures include:
 - Increased proportion of families that indicate being included in decisions regarding their children
 - Increased proportion of children and youth that indicate being included in decisions regarding their care

- Increased proportion of Foster Caregivers that indicate being included in decisions regarding care and placement of children
- Increased proportion of Aboriginal communities that indicate being included in decisions regarding their children
- Adherence to minimum standards for quality of care (e.g. frequency of contact with MCFD worker while in residential care, number of children in the home, response time for complaints, protocol investigations)
- A common set of child and family population characteristics (including severity factors and barriers) for tracking at baseline and over time to ensure that future data analysis is capable of identifying which characteristics are associated with an increased or decreased chance of success. Suggested characteristics for tracking could include:
 - Child age
 - Child gender
 - Cultural background
 - Known/diagnosed behavioral issues (NOM Measure)
 - Current/past criminal involvement
 - Family type (e.g. single parent, two parent, blended family, grand parenting, adoptive family)
 - Frequency of family moves over the past year (NOM Measure)

Recommendation 2: Alignment with Existing Accountability Structures and Contracting Expectations

MCFD should align and embed an accountability framework for the delivery of residential services within the Ministry's ongoing Integrated Quality Assurance efforts and contracted service provider requirements.

Supporting Actions:

1. Engage MCFD's Provincial Office Team responsible for quality assurance in ensuring that the residential services accountability framework is integrated within the Ministry's quality assurance framework.
2. Work with Ministry procurement staff, regional contract management staff and contracted service providers to ensure that the outcomes and measures of service quality in the accountability framework are translated into program or service level measures/indicators and imbedded within contracts for the delivery of

existing and new residential services. Measures should be standardized across both Ministry and contracted services to the greatest extent possible. Measures should be consistent with current accreditation requirements, reflecting change over time for individual children and youth in care (i.e. client level pre, post and follow up measures utilizing standardized measures where possible).

3. Identify examples of success in developing and implementing outcomes monitoring at the community level, build on that success and expand it to other communities.

Recommendation 3: Monitoring, Tracking & Continuous Learning

MCFD should develop and implement systems and structures to support monitoring of outcomes and service quality, continuous learning, and adjustment of actions and strategies based on learning as well as the use of relevant academic research findings.

Supporting Actions:

1. Develop service quality evaluation processes for monitoring practices that are guided by the Caregiver Support Service Standards. Review processes should also be developed for the Standards for Foster Homes and Standards for Staffed Children's Residential Services following their revision.
2. Establish baseline measurement for all outcome and service quality indicators and child/family characteristics identified in the accountability framework.
3. Implement regular (annual) planning and review structures within contract management processes at the local, regional and provincial levels.
4. Utilize forums or other collaborative mechanisms at the regional and provincial level for the review of performance in achieving outcomes (e.g. How are we doing so far? What's working?). Such mechanisms would allow for input from multiple stakeholders, consider relevant academic research related to the delivery of residential services, and result in specific recommendations for adjusting actions or strategies where appropriate.
5. Utilize the Federation of Community Social Services of BC's existing regional structures and relationships with regional Ministry staff to support the implementation and monitoring of the accountability framework at the community level.

Recommendation 4: Standardized Reporting Expectations

MCFD should standardize recording and reporting requirements for contracted services.

Supporting Actions:

1. In partnership with the Federation of Community Social Services, review previous recommendations for streamlining reporting requirements and establish an agreement on what standardized contract reporting information is needed and how it will be used (based on measures outlined in an accountability framework).