



**Supporting Better
Outcomes for
Children & Youth:
MCFD's Contracted
Residential Service Redesign**



Ministry of
Children and Family
Development

Children and youth belong with their family and community – connected to culture, language and love.

When a child or youth cannot live with their parents and efforts to find extended family and known community members to care for them are not successful, the child or youth comes into ‘care.’ As a system, we want to continue to see fewer children and youth entering care. This is especially true for Indigenous children and youth who have long been overrepresented in the child protection system – a direct result of the over-involvement of the system in the lives of Indigenous families, institutional discrimination and racism, and the resulting intergenerational trauma.

Supporting families who need help – by intervening earlier and with better supports – is a priority for the ministry, social workers and social-serving community-based agencies. Progress is being made. In 2019/20, fewer children were living away from home and in care than in the past 30 years. This is not simply the result of good policy; it is the result of shifts in practice being made every day on the front line, from the work of community-agencies in lifting families up and supporting their wellness and safety, and from the restorative healing happening in communities across B.C.

As the system shifts toward providing more enhanced prevention and early intervention supports, we need to think about how we knit our services together into a network that provides not only the opportunity for children and youth in care to be safe and well, but also the broader goal of keeping children and youth from ever entering care. **This document outlines the proposed role of contracted residential resources in this network of care.**

‘Unprecedented’ is often a word used to describe 2020 and the events that have occurred over the last 12 months in this province and around the globe. As a collective, British Columbians are facing health, safety, wellness, economic, housing and social challenges at historic levels.

These harms are not distributed equally. We know that some families and individuals suffer more than others, including families with children with extra support needs, single-parent low-income families, Indigenous families, individuals with pre-existing mental health conditions, youth in care transitioning to adulthood, youth and families who are experiencing housing insecurity, victims of online sexual exploitation and many others.

The impacts of COVID-19, the Opioid Public Health Emergency, the Mental Health Crisis, and increasing Gender-Based Violence will continue to ripple through our communities long after 2020, and these harms will continue to disproportionately affect some groups over others. Families at risk of breakdown and children and youth who are in care or leaving care are among the most at risk from the harms that exist now and into the future as a result of these emergencies and pandemics.

We are planning now in an entirely different landscape from when this work began. We are stretching back to calls to action from Indigenous leaders and through numerous reports, such as the *Residential Review Report* in 2012. There is a new urgency to this work. We must move quickly and thoughtfully, drawing on the expertise of community agencies, community leaders, social workers and decision makers throughout the network of care.

Contracted residential resources are an important component of our system and have a key role in supporting children and youth in care.

Our work to learn and understand the role of contracted care in our province has helped us realize that, in addition to supporting the safety and well-being of children and youth in care, contracted residential resources have an important role in supporting the broader work of the ministry and its partners throughout B.C. by providing key prevention and early intervention supports – things like respite and relief care, stabilization supports, connection to culture and community, and specialized care. These services help keep families together; help strengthen placement stability and provide healing opportunities for children and youth.

The following document proposes a clarified mandate for contracted residential resources in the province. For too long, contracted care has existed without the support of a formal system or provincial strategy – things like overarching policy, consistent procurement approaches and integrated reporting systems.

The overarching intention of this work is not to change good practice. Instead, the intention is to wrap a system around contracted services and knit these services together with the broader network of care.

This work to transform contracted residential resources cannot be viewed in isolation from the broader work needed to strengthen the network of care for children and youth – including the need to strengthen foster parent and out-of-care care provider supports.

Over the next 24 months, the ministry will engage and collaborate with partners inside and outside of government to explore a transition to a future state where services provided in contracted residential resources are managed and used consistently across all areas of the province.

It is our intention to move toward a future state where contracted residential resources play a very distinct role in our network of care by providing one or more of the following four **key services**:

Respite/Relief Care



A warm and developmentally appropriate environment for children and youth that provides a flexible, short-term break from the demands of caregiving for those with primary care and responsibility for children and youth with varying levels of need

Emergency Care



A safe, supportive short-term place for children and youth when no other option is readily available. Provides time to understand which care home type best meets their needs

Low-Barrier Short-Term Stabilization Care



An open door for children and youth experiencing crisis and/or instability in their living arrangement. This short-term service (3-9 months) focuses on stabilizing a child or youth and actively preparing them and their caregivers to transition back home

Specialized Long-Term Care



A safe, loving and nurturing environment for children and youth whose needs can't be met through the level of supervision and intervention provided in less intensive settings (foster care or out-of-care)

These services have been designed to fit within an integrated network of residential and non-residential supports and they are intended to contribute to the wellness of the individual children and youth in their care, as well as to the overall functioning of this network.

These services are about far more than housing children who cannot live safely at home. They have been intentionally designed to provide the interventions that are needed to keep families together and to keep children and youth well and safe.



These services are **not** intended to be used sequentially. In other words, a child or youth who cannot live at home does not start in respite/relief care, come into emergency care, move to a stabilization service, and then a long-term home. Instead, each of these services has been designed to address very specific situations and serve children and youth beyond those who are in care.

For example, the stabilization service has been specifically designed with the recognition that some children and youth face ongoing instability in their living arrangements and cannot achieve stability without intervention or supports. For a child or youth in this situation, the stabilization service is designed to provide the opportunity for focused supports around healing and strengthen the stability of the home environment. For some children and youth, this will be the only residential-type service they receive, while others may go on to more intensive levels of service.

If this transformation has been successful, we will see:

- Overall improved child and youth wellness through intentional access to therapeutic supports, including traditional models of healing;
- Improved safety and quality of care through enhanced oversight, clarified service expectations and enhanced accountabilities;
- An overall reduction in the number of children living away from their family, community and culture; and
- Improved overall foster and out-of-care placement stability, fewer unplanned moves and improved system capacity.

What will change?

Each of these four proposed services:

- Is intentionally **designed to operate within a broader and integrated network of care** that spans from early invention and wellness supports such as community-based mental health and children and youth with support needs services through to specialized tertiary care;
- Is designed to provide specialized service to **children and families in need of these supports (in care, in out-of-care arrangements, and not in care)**;
- Include consistent and clearly defined **service expectations, mandates/roles and intended outcomes and metrics for evaluation which ultimately support the long-term intended outcomes of the In-care Network, including that children and youth:**
 - experience safety, love, cultural belonging, and attachment to people, culture and place
 - develop their social, emotional, cognitive, physical, and spiritual potential
 - develop their sense of identity, healthy risk-taking and resilience, and
 - achieve reunification with family, or a permanent, lifelong parent-like connection to a caring adult
- Will be subject to **new outcomes-based oversight and monitoring approaches** (e.g. using the voices of children and youth in ongoing monitoring);
- Will be subject to new **clinical oversight** – ensuring assessments, planning and interventions provided to a child or youth are appropriately aligned to children and youth’s needs, aligned with clinical and therapeutic treatment modalities, are culturally safe and trauma-informed and inclusive of Indigenous-wise practice;
- Will be **procured differently** (including moving to centralized procurement, specific capacity vs. child-specific contracts, implementing consistent payment structures within services, and changing how wrap-around supports, such as counselling and intervention, are resourced within contracts).

As important as it is to be transparent on what is changing, it is equally important to clearly state what is not changing.

What do we want to preserve from the current state?

- Ministry investment in contracted residential resources. This plan is **not designed to result in any savings** to this program area.
- The ministry’s recognition of the **inherent right of Indigenous communities to design and deliver services** that meet the needs of their children, youth and families.
- **Flexibility for service providers and front-line staff** to tailor services to meet the needs of individual children and youth.
- **Clinical judgement on the front line**, including placement decisions by local social workers for the children, youth, families and communities they serve, or a mental health clinician’s care.
- Support for **relationships between social workers and resources**; these relationships are foundational to ensure ‘best fit’ for a child, youth and their family.
- The **need for continual improvement**. We must continually reflect on biases in our approach, our institutional structures and our service delivery to ensure every child and family gets what they need, how they need it. This is embedded in our recognition that children, youth and their families experience our programs, policies and services differently based on their gender, culture and intersections with other identities such as race, religion, age, and disability.



Maintaining flexibility

We've heard the fear that moving toward consistent service expectations and contract deliverables means that the ministry believes in a one-size-fits-all approach to services. This is not the case. Consistent service expectations and contract deliverables do not mean creating cookie-cutter programming and services. Each child, youth and family is unique, and this model continues to allow for responsive approaches to respond to and meet these needs.

Service expectations provide the high-level accountabilities of the service. Service expectations do not mean a service is delivered in the same way everywhere and to everyone. The way that service is delivered is and will continue to be unique to the community, the children and youth it serves, and the training and practice of the caregivers.

The following examples illustrate how the stabilization service may look quite different in a variety of contexts while still meeting consistent standards. In each of these contexts, each of these services is expected to:

- Develop a stabilization plan and provide interventions as recommended in this plan;
- Engage or re-engage community child and youth mental health (CYMH) and children and youth with extra support needs (CYSN) services and other appropriate community-based services; and
- Work with the caregivers (including parents or guardians) to provide training and skills development to support a successful transition home.



Indigenous Community¹

In an Indigenous community this service might include:

- Working directly with caregivers, parents, and/or guardians to support learning, healing, growth, and stability
- Multi-age groups of children and youth
- Traditional Indigenous wellness, healing and cultural wise practices
- Elder leadership and teaching
- Supports that consider the impacts of inter-generational trauma on Indigenous families



Rural or Remote Context

In a rural or remote area this service might:

- Use a flexible model of care designed for different profiles of children and youth in crisis
- Provide training and supports for caregivers, parents, and/or guardians through a local caregiver support network
- Deliver services in a creative way to support local needs and/or culture (eg. virtual access to professional specialized teams)
- Be embedded with other services (eg. respite/relief due to small population served)



Urban Context

In an urban area this service might:

- Use outreach to connect street-entrenched or hard to reach youth with services
- Be highly specialized for a specific population (eg. stabilization from gender-based violence)
- Connect urban Indigenous youth with culturally appropriate services
- Provide on-site training and supports for caregivers, parents, and/or guardians to support stability, healing, and growth.

Delivery of a service can be tailored to meet local needs and community context, however it must continue to meet the service requirements and outcomes for the children, youth and families as described in the service overview. **Cultural safety, humility, and culturally relevant, trauma informed service delivery are required across all services.**

¹ Example provided to illustrate flexibility in service delivery. It is not intended to be prescriptive or describe an actual example of Indigenous service delivery.



How did we get here?

Without an overarching plan or strategy, the use of contracted services in B.C. has grown and expanded in many different directions over time. This has resulted in fragmentation, inconsistencies, a sector that experiences fragility and sustainability challenges, and most importantly, a cohort of children and youth who are not getting everything they need despite the good work of service providers and front-line workers.

What may have started as a way to provide specialized care for those with higher needs, over time became a way to create space in a system struggling to meet needed capacity. This organic, unplanned growth has served mainly to meet immediate needs (e.g. by providing a safe place to stay). It has not resulted in the purposeful and interconnected system of interventions and supports that our most vulnerable children and youth need.

To many readers, the services outlined in this document and the need to embed them within a larger network of care comes as no surprise. In fact, there have been several hundred recommendations made over the last decade that point to many of these improvements.

For example, numerous reports from B.C.'s Representative for Children and Youth have called for improved oversight and monitoring, which is intrinsically linked to the need for clear service expectations, strong procurement processes, clear metrics and outcomes for monitoring, and clear roles and channels for reporting and clinical oversight.

The 2012 *Residential Review Report* clearly called for an “Accessible Array of Residential Care and Treatment Services” where the ministry identifies “ways to make residential care and treatment accessible without requiring parents to place children in care under the *Child, Family and Community Services Act*.”

The B.C. Select Standing Committee on Finance and Government Services called for improvements in supporting the community social services sector to “enable effective planning and execution, with a focus on measuring and monitoring outcomes”.

Indigenous partners, children and families, Youth Advisory Council and others have long called for services that go beyond the provision of safety for children and youth in care; services that actively work to provide prevention and early intervention supports that are grounded in culture, trauma-informed care and designed to help keep families together and well.

Many further conversations are needed with partners, communities, and governments across B.C. to understand if our partners see this change as responsive to the concerns and needs that have been outlined in reviews and reports.

In addition to a review of all the calls to action, the ministry set out to better understand the needs of the children and youth we serve. In 2019, the ministry integrated data across government to pull together a comprehensive picture of the children and youth in our contracted residential resources. This data confirmed what many people have told us – that the needs of children and youth in care, and specifically of those in contracted residential resources, are increasing. In addition, it confirmed that children and youth in contracted residential resources experience higher rates of mental-health challenges, hospitalization, diagnosed special needs and placement breakdowns than other children and youth in care.

No single service provider or individual is responsible for these outcomes. In fact, we know that service providers and social workers are actively working every day to meet the needs of the children and youth they serve, often in challenging circumstances. Collectively, we can look at this information and see that children and youth are not getting what they need within the system as it operates today, and that this increasing need among children and youth served underscores the urgency of creating a well-planned, integrated system of services to meet those needs.

To understand how our contracted residential resources could be leveraged to address these challenges, we looked to other jurisdictions to understand the continuum of care, and we also looked to the innovations happening right here in B.C.

With this information, we engaged in service design workshops, we reached out to children and youth in contracted care, and we combined the best of what we have learned and currently understand, to arrive at this transformation and its component parts.

How will this change help children, youth, families, caregivers and the system?

These services have been intentionally designed to improve outcomes for children, youth and families and to support the overall functioning of the network of care:

	RESPITE/RELIEF CARE	EMERGENCY CARE	SPECIALIZED LONG-TERM CARE	LOW-BARRIER SHORT-TERM STABILIZATION CARE
WHAT IS IT?	Provides children and youth a developmentally appropriate and nurturing environment, with qualified staff to facilitate child-specific supports, while providing a temporary break from caregiving for those with primary care and responsibility for children and youth with various levels of need.	Provides a short-term placement for children and youth who must come into care on an urgent basis while a more appropriate and longer-term arrangement can be facilitated.	Provides a safe, loving and nurturing environment for children and youth whose exceptional needs require a 24-hour staffed and specialized environment, and where other living arrangements have been deemed a less supportive option. Children and youth in specialized long-term care are supported by highly skilled staff and have access to appropriate clinical interventions.	Focuses on stabilizing a child or youth's circumstances while actively preparing them and their caregivers to transition back home. Provides individualized supports that focus on crisis mitigation and healing through a harm-reduction lens. The service actively engages CYMH (child and youth mental health), CYSN and other community supports (such as substance use services) to provide clinical interventions that support the child or youth's move toward stabilization.
WHO IS IT FOR?	<ul style="list-style-type: none"> Families with children and/or youth with extra support needs. Out-of-care or foster care providers caring for children and youth with any need(s). 	<ul style="list-style-type: none"> Children and youth who need a safe, supportive, short-term placement because they cannot live safely with their family or caregiver and no other (more appropriate) care arrangement can be readily arranged. 	<ul style="list-style-type: none"> Children and youth who have extra support needs that cannot be sufficient met through the level of support provided in other options (for example: foster care, out-of-care arrangement, or home of parent). 	<ul style="list-style-type: none"> A service for any child or youth living at home, in an out-of-care placement, or in care who has not yielded the benefit of intensive wrap around community-based supports and is facing a crisis or who is at significant risk of instability in their living arrangement. The caregiver of the child or youth described above.
HOW WILL IT HELP CHILDREN, YOUTH AND CAREGIVERS?	<ul style="list-style-type: none"> Provides a break from the day-to-day demands of caregiving. Provides an opportunity for the child or youth to engage in connections outside the home and space from some of the stresses of day-to-day living at home. Supports healthy relationships between children, youth, and their caregivers. Supports skill development and carry over in multiple environments. 	<ul style="list-style-type: none"> Provides a safe and supportive home for youth in circumstances where no other option was readily available. Provides opportunity to learn more about a child or youth's needs while a longer-term arrangement is put in place. Reduces the likelihood of a 'bad fit' placement that does not adequately meet the child or youth's needs. 	<ul style="list-style-type: none"> Ensures children and youth with exceptional needs are provided highly specialized care – that meets their physical, cognitive, mental health and spiritual needs. 	<ul style="list-style-type: none"> Provides a safe place for a child or youth to have their crisis mitigated through structured healing and intervention. Actively re-engages child, youth with community-based supports, cultural activities, recreation, caregivers and school – supporting improved attachment and inclusion. Caregivers are better equipped to support the needs of the child or youth through learning and skills development.
HOW DOES IT SUPPORT THE NETWORK OF CARE?	<ul style="list-style-type: none"> Stabilizes caregiving arrangements by supporting healthy attachment and reducing caregiver strain. Reduces placement instability and reduces the likelihood of unnecessary moves. Reduces family breakdown and reduces the number of children and youth coming into care. 	<ul style="list-style-type: none"> Supports a 'right fit' for a child or youth reducing likelihood of future instability and unnecessary moves. Provides additional opportunities for prevention and family support services and to explore out-of-care options. Reduces the number of children and youth being unnecessarily placed in specialized long-term care resources. 	<ul style="list-style-type: none"> Supports professionalization of the unique role of 'specialized caregivers'. Provides strong linkages to CYSN (children and youth with extra support needs) customized complex care supports. 	<ul style="list-style-type: none"> Reduces placement instability and reduces the likelihood of unnecessary moves. Reduces family breakdown and reduces the number of children and youth coming into care. Improves the overall capacity of the foster system by improving effectiveness of community supports and by providing much needed wrap-around supports to caregivers.



You have questions? We have questions...

This document outlines the high-level transformation of contracted residential resources that we will be pursuing over the next 24 months. It will be no surprise to readers that there are pieces of information and details that have not been explained within this document – things like: what is the procurement transition plan? How many of each service will exist? What are the reporting and contracting tools to support this work? How will this impact my role?

We haven't provided these details because we need to work with partners inside and outside of government and the sector to determine the best path forward on many of these items. Broadly speaking, there are three large domains of conversation and action that need to occur over the coming year:

How does this plan reflect the needs of our Indigenous partners?

The ministry affirms and upholds Indigenous peoples' inherent rights around jurisdiction and self-governance. The ministry is committed to working collaboratively, respectfully and in partnership with First Nations, Métis, and Inuit peoples, communities and agencies, and Delegated Aboriginal Agencies (DAAs) to improve outcomes for Indigenous children, youth, families and communities.

We do not expect that the model of services outlined in this document will be adopted by Indigenous partners. Instead, the ministry is committed to working with Indigenous peoples and partners over the coming months and years to support their vision for services.

This work is will be guided by:

- The [Act respecting First Nations, Inuit and Métis children, youth and families](#)
- Truth and Reconciliation Commission [Calls to Action](#)
- [B.C.'s Declaration on the Rights of Indigenous Peoples Act](#)
- The [findings](#) of the Canadian Human Rights Tribunal
- B.C.'s report on Indigenous child welfare, [Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions](#)
- Calls for Justice related to social workers and those implicated in child welfare from the [National Inquiry into Missing and Murdered Indigenous Women and Girls](#)
- The spirit and values of MCFD's [Aboriginal Policy and Practice Framework \(APPF\)](#) - the ministry's overarching framework to guide how the Ministry works with Indigenous partners towards restorative policy and practice that honours Indigenous peoples' cultural systems of caring, wellness and resiliency at the community, family and individual level.

We recognize that there are Indigenous children who are receiving services from agencies contracted by the ministry today. Recognizing this, we have worked to design these services to focus on providing supports that achieve excellence in cultural safety and trauma-informed care.

It is our intent that these services provide families with more enhanced early intervention and prevention supports that can help keep families together and well. Dialogue is needed to explore how we can strengthen these elements, while also providing space for broader conversations around Indigenous-led service design and jurisdiction to unfold.

Have we got it right and what needs to be altered or be augmented?

Here, we plan to use the service expectations (appendices A-D) and documentation to learn about any sticking points or changes that are needed to ensure the success of these services going forward.

In these conversations, we expect to hear things like, “You got the term of emergency care wrong, it needs to be longer” or, “The pathways and criteria to access stabilization are too narrow or too broad”. Through these conversations and building from the voices of children, youth, families and service providers, we can refine service expectations, service design and accountabilities – ultimately using the voices from the sector to help us get it right.



What does implementation look like?

A significant amount of dialogue is needed to help inform implementation planning to ensure the benefit and safety of children, youth and families is driving the initiative, while also supporting the sector during a successful transition to the future state. Planning dialogue with the sector will include discussion of procurement models, procurement transition and impacts to existing contract holders, as well as how changes will impact roles and accountabilities of staff inside and outside of government.

Additionally, partnerships over the next year are needed to help inform the development of tools and systems to support roll out of these services. This will include forms, referral pathways, data systems, payment mechanisms, and many more.

Most importantly, discussion is needed regarding how we will work together to ensure that a child or youth is moved out of their current placement only when it is in their very best interests. This change will be complex, and it will need to be explored through open and transparent dialogue.

What happens next?

The ministry is launching 12 to 18 months of engagement in spring 2021 to start the conversation across B.C. As this is unfolding, we will continue to engage directly with children, youth and families – ensuring their voice continues to be the key driver for change.

Visit [govTogetherBC](https://www.govtogetherbc.ca) for more information, to provide feedback, and to learn about upcoming engagement sessions.