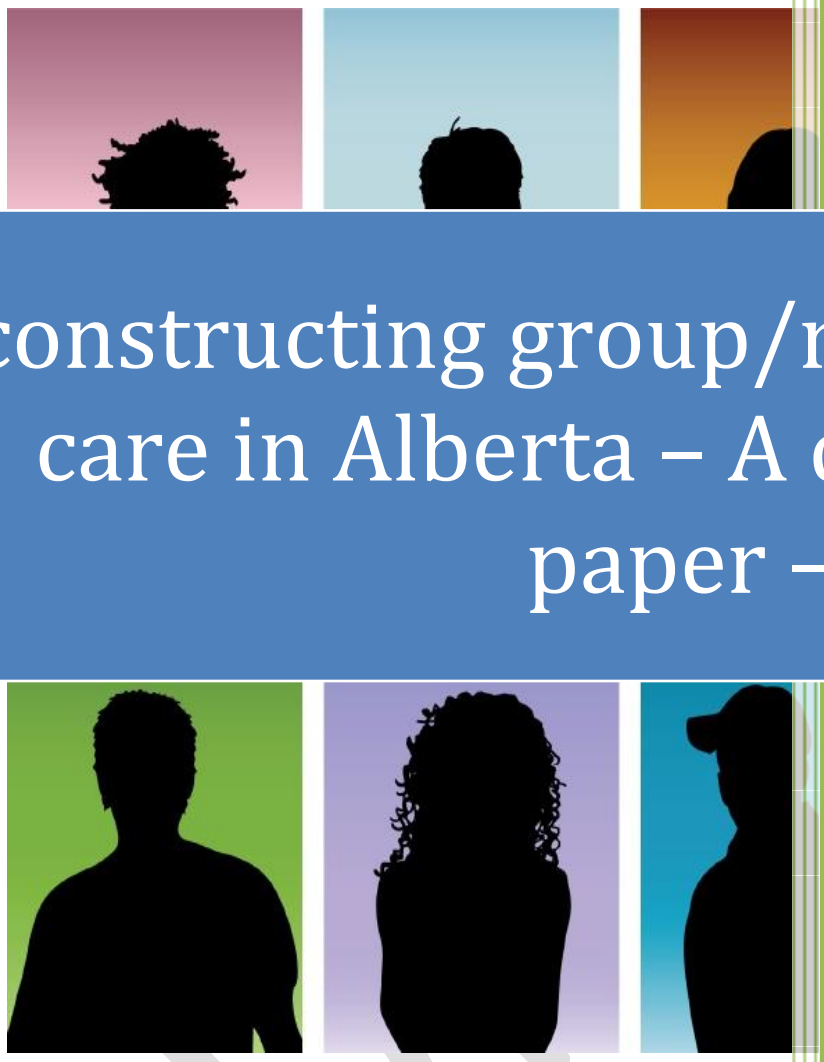


2013

Reconstructing group/residential care in Alberta – A discussion paper – version 2

Rhonda Barraclough

AASCF

6/10/2013

Reconstructing Group/Residential Care in Alberta

A Discussion Paper

Introduction

As part of an effort to examine and evaluate the group/ residential care[1] outcomes for youth in Alberta service providers[2] from around the province have participated in a discussion session at the request of the Alberta Association of Services for Children and Families (AASCF). Two similar sessions have been held, one in January 2013, and a larger consultation group in June 2013. The purpose of both discussions was to:

- Discuss current strategies that are working well with youth in group/residential care;
- Begin a process to work with the Ministry on reconstructing group/residential care to improve outcomes for youth in care; and
- Imagine a better system of care

This paper is a recording of those discussions and is intended to be a starter for further discussion with the Ministry of Human Services. Our assumptions are that:

- Right now youth are not always getting the best care possible;
- There are some very innovative and well research programs being used in the province;
- That financial resources (operating and staffing) have lagged and that is part of the challenge but certainly not the whole problem; and
- There is a will and a way to discuss and redesign this type of care in collaboration with the Ministry.

The purpose of that further discussion will be to inform policy makers and financial managers about best practice and how to better serve the most complex children and youth in the care system in Alberta. By group/residential care we refer to institutional and group home settings in which children in the care live, this does not include shelter care, detention or hospitalization.

Our discussion is rooted in a continuum of care perspective where residential care is viewed in the context of an array of other service options. We hope to inform

[1] Group Homes usually means a staffed and supervised home that serves 4 – 8 children; Residential treatment usually means established or designated for the care and treatment of more than 8 children

[2] The names of all those consulted with is attached at the end of this document

critical policy, practice dialogues and alter the utilization of residential treatment and group care.

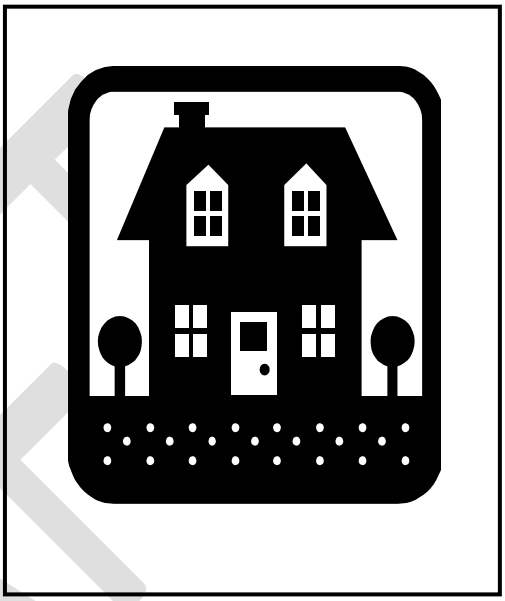
What does an ideal care model look like?

The participants were asked to think back over the last decade to when they felt they have provided the best programs and had the greatest success. In doing so they were able to imagine the following service model for now and into the future:

- Intake needs to be managed. Children cannot be placed because this is the only place or last resort place. Services are provide to children at the right time when they need them;
    - Including high fidelity wrap around services[3] at intake.
    - Placement based on need
    - Funding supports need
- Aboriginal services must be provided in all resources. A comprehensive strategy needs to be developed to meet the needs of indigenous children and their families.
- The resource can and does provide therapeutic and clinically well trained people to work with the young people. Relationships are built with the youth and their families;
    - Emphasis on outcomes;
    - Trauma informed;
    - Well trained staff; and
    - High clinical oversight and consultation
- As much has possible provide onsite, or specialized schools that aim for successful school experiences and integration into regular system when appropriate;
- Staffing models need to include a balance of professional and caring staff. Many homes in the past have had house parents; or house moms; or cooks and these staff often provide a support and consistency to youth along side of the professional CYCC or therapists;
    - Retention strategies are needed to keep the workforce strong;
- Child focused, family based care is the preferred option for children;
    - There needs to be an inclusion of the family and community in the process;
- All programs have after care support including in home family support;

[3] High Fidelity Wraparound is a process that helps complex needs youth/families put together a team of people who will help them meet goals that they choose. This team is made up of people that the youth/family chooses and may include family, friends, relatives, neighbors, and professionals (i.e. teachers, social worker, and probation). This team is intended to support them beyond the involvement of High Fidelity Wraparound.

- Clinical care and intensity of the program changes as the child changes – The program changes for the child- not the other way around;
- Have a group of services so that the young person can move through as needed. Foster care and respite should be part of the continuum of group and residential care- step up and step down care as needed. Group/ residential care is only part of a continuum of care for a child. This needs to be seen as a temporary stay and not the permanent option for a youth. Step up and step down care needs to be part of the practice;



- Single Case Plan with a discharge plan at the beginning;
- Work with young people as they transition to adulthood – most families don't stop at the magic age of 18. We need to work with young adults as long as they require;
    - Suggest having SIL type services/support for youth aging out. The after care experience needs to be flexible;
- Cross system collaboration must be part of the solution;
- Stability, attachment and permanency are paramount;
    - Permanency needs to be the focus – including looking at the relationships the youth has.
- Youth whenever possible should have a connection to their family;
- Youth mental health is prevalent and is often not well cared for by any system.
    - There is inadequate screening and assessment and services for this population;

What are the strengths of this type of model?

- All models will have a clinical focus, be evidence based and child centered-family focused;
- Well maintained space/homes - facilities (physical infrastructure) that has been developed is a real strength as it would cost millions to build these in today's dollars.
- Can work with very complex youth and provide for their individual needs;
    - Cheaper and better for youth than hospitalization and psychiatric beds;

- Flexibility in the model allows staff to have flexibility and to draw from many skill sets;
    - Stable staff teams should be a result of a well funded and supported system of care;
- Increase in child care and clinical skills over time as staffing stabilize and this equals increased benefits to youth and families;
- Staffing should stabilize and then supervisors can provide supervision based on clinical models;
- Resource can be multi-dimensional – school; medical; mental health; addictions can all be addressed;
    - Provide relational opportunities. Especially when the young person is not able to handle family intimacy. They can succeed in a group care setting;
    - Can provide creative opportunities for youth (wilderness adventure; community integration, etc.);

- A continuum of services is provided and given when needed by the young person and their family;
- Beds are mid points not end points. Hopefully beds are a temporary point in the treatment of a young person.
- A relational, support model will walk with the family as they travel through the necessary support for their child. This needs to include after care services;
- Fits well in an Outcome Based Service Delivery (OBSD) model - Can follow a 'lead agency' environment, and provide improved outcomes based within the model;
    - Good outcomes will be achieved with less time and intensity.

Current challenges

- Requires a shift in values and a new perspective of group and residential care;
    - Ideologically many people see this services as the last resort – "nothing else works" "precursor to jail";
    - Care is thought about as linear and based on time rather than on developmental stages and needs of young person;
    - The residential services are seen as separate from other services;
    - Aligning funding with the flexibility required;

- Inappropriate placements of young people – need to consider the resources abilities; the complexity of the situations; level of matching;
- Youth who are coming into these services are more complex than in the past;
- Group care/residential placements are seen as last resort. It needs to be integrated into the continuum of services;
- Staff groups are tired, when people are tired they are not always the most innovative;
    - Staff are not trained due to shortages/funding or alternatively are fatigued by training that is prescribed by accreditation and others, and may not be the best practice training needed;

- Exclusion of community resources
- Currently residential services provide 'beds' and generally speaking the youth goes there and live there, often for extended periods of time, without a discharge plan; and
- Often there are recommendations made at discharge and these are not followed through with in whatever the aftercare program is, and often that leads to readmissions and young people being even more traumatized.

What is needed?

- Review of funding formula
    - Address the real costs
    - Ensure operating costs remain realistic with cost of living
    - Ensure funding/ contracts provides flexibility beyond bed occupancy
    - Injection of funds immediately (to stabilize workforce and reestablish services)
- Stabilization of the current work force.
    - Wages need to be increased
    - A strategic and flexible model will help to have staff be part of exciting work and should help to have them stay as flexibility and creativity will be part of the solution
- Address Occupational Health and Safety(OHS) issues
    - A focus on staff safety
    - Currently there is very high incidence of serious injury in group homes. This needs to be addressed as a sector
    - WCB costs are increasing significantly

- Refocus the use of residential and group care from the Ministry/CFSA and agency perspectives.
    - Intake needs to be intentional
    - Discharge needs to be planned and supported
    - A variety of placement options need to be used and supported based on the needs of the child
    - Provide congruence in services for the children
- Provide a consistent, collaborative and coordinated approach to ensuring care for complex children.
    - Requires best practice principles and a service delivery model based on evidence and supported outcomes. Anglin (2008) discussed the need to focus on and provide support for pain and pain-based behavior[4]
    - Agencies can and will provide step up/step down services to young person and their families as is necessary based on their needs. The services need (family support, foster care, respite, etc.) in this model will be part of the service offered by the group/residential provider
    - Eliminate unplanned discharges. Discharge should be planned for from the beginning and remains a goal throughout the treatment process. Support is offered as after care services.

Turning Strengths into Opportunities

- Youth will get the support they need in the right resource at the right time based on their individual circumstances.
- Multi ministry collaboration
- Innovative evidence based work. Models that are used are well research and supported.
    - I.E. CARE model or Trauma informed practice as examples
- Fits well with Outcome Based Service Delivery
- Care will be the most efficient use of resources. Agencies and CFSA will be able to collaborate without constraints of systems thinking.

Recommendations

- Identify and eliminate barriers in the system;
    - Coordinate responses and intake assessments to ensure the best placements;
- Develop a funding model that allows for flexibility and less on days in the bed;
    - Look at the needs of the child and what the case plan is;

[4] Pain based behavior has been used to remind us that acting out behavior and internalizing processed such as depression are frequently the result of a triggering of internalized pain. It is important that staff is able to respond to the behavior and anxiety (Anglin, 2008).

- Address the real costs of caring for youth. Operating costs and reasonable wages must be addressed;
- Rebrand or value the system of care. Cannot continue to be seen as the last resort;
- All approaches are strength based, child centered and family focused
- Make sure we are using common language. Clear understanding of permanency/intake/transitioning;
- Embed this work with outcomes – might note be in a lead agency;
    - Define, expect and deliver good outcomes for this population of youth;
- Take the time to research other models;

Next Steps

- Understand issues for the Ministry/CFSA perspective;
- Meet with ADM Mark Hattori and designated CEO group, to discuss further the issues and proposed changes to group/residential care;
- Broad consultation;
- Develop a clearinghouse or library of research on group care/residential care;
- Hold a research symposium where people can learn from each other about the work they are doing and what research it is founded in;
- Do a literature review on best practices;
- Address workplace Occupational Health and Safety (OHS). AASCF to begin a committee to work with government to address concerns;
- Audit via chapters good or promising practice;
- Hold focus groups with youth;
- Write an article for Journal;
- Work with Ministry to develop a better funding model
- Joint training with Ministry and Agency staff to ensure collective understanding of needs

Conclusion

The group of service providers who participated in this discussion aim to:

- Develop a better system of care for complex young people who require group/residential care (treatment and not just beds);
- Focus on best practice;
- Provide efficient and effective services based on the child and their families needs; and
- Improve outcomes for young people in their care.

References

Alberta Children's Services, (2003). *Kidsfirst – a discussion paper on residential services for Alberta's children.*

Anglin, J. (2003). A framework for understanding and practice in residential group care from *Pain, Normality and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth*, August 2003, Routledge Press found at http://www.cyc-net.org/cyc-online/cyconline-dec2008-anglin.html

Balser, A. (2013). *Group Care Right here…right now! A situational briefing and preliminary strategic plan to explore and address resourcing of Alberta's Group Care Sector.*

Budde, S., Mayer, S., Zinn, A., Lippold, M., Avrushin, A., Bromberg, A., George, R., & Courtney, M (2004). *Residential Care in Illinois: trends and alternatives. Chapin Hall Center for Children* at the University of Chicago, June 30, 2004.

Cocozza, J., Skowyra, K. (2000). Youth and mental health disorders: issues and emerging responses in *Office of Juvenile Justice and Delinquency Prevention journal* 7(1): 3 – 13, April 2000.

Commission to promote sustainable child welfare (2010). *Future directions for in-care services in a sustainable child welfare system, working paper no.3.* Ontario, December 2010.

Ghitan, G. (1990). *Deinstitutionalizing the institution: the evolution of the residential bed*. Calgary.

Participants

- Allen Balser – Alta Care Resources
- Alice Althouse – McMan North
- Anthony Pitcher – CBI Greystoke Home Health
- Anton Smith – Oakhill Boys Ranch
- Arlene Oostenbrink - Closer To Home
- Bart Haddow – McMan Central
- Bjorn Johansson – Woods Homes
- Bruce Armson – Bosco Homes/AASCF
- Calvin Wood – Canadian Accreditation Council
- Candace Reimer – McMan Calgary
- Carloyn Godfrey – Enviros Wilderness School
- Chris Mahoney – Enviros Wilderness School
- Chris Simonson – Catholic Social Services
- Connie Bird – Boy and Girls Club and Calgary
- Danica Frazer – McMan North/AASCF
- Fawna Bewa – Futures at Stampede Ranch
- Gayle Murray- Duggan – Catholic Social Services
- George Ghitan – Hull Services
- Jacquie Dzioba – Family Connections
- Jim Seaborn – CBI Greystoke Home Health
- Joan Brophy – Chimo Youth Retreat
- Karen Reynolds – Catholic Social Services
- Karin Matthiessen – McMan Calgary
- Karly Rowland – Parkland youth Homes
- Kim Ruse – Aspen Family and Community Network Society
- Lisa Stern – The Family Centre
- Lynn Noel – Boys and Girls Club of Calgary
- Mark Haggas – McMan Central
- Mark Weninger – Sifton House
- Monica Metzler – The Family Centre
- Nathan Fung – Spirit of Our Youth Homes WJS

- Pam Brown – McMan North
- Patty Kilgallon – Children's Cottage
- Robecca Chahine – Parkland Youth Homes
- Rocco Grasso – Mountain plains North
- Salima Merali – Family Connections
- Sandra Maygard - AASCF
- Sandy Proseilo – Parkland Youth Homes
- Teri Basi – Woods Homes
- Trish McAllister – Pathways Community Services Association
- Vincent Zalcik – Catholic Social Services