

TRELLIS TRANSFORMATION PROJECT FOR YOUNG PEOPLE IN CARE

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EXECUTIVE SUMMARY

The Trellis Transformation Project for Young People in Care was initiated in 2022 as a response to the loss of lives of young people in care due to the opioid crisis. Outcomes for children in care have historically been poor and the impact of the pandemic on both mental health and the opioid crisis have only exacerbated these poor outcomes.

Trellis' response was to explore both immediate and long-term changes that could be implemented to improve outcomes for these vulnerable young people and save lives. With this project, Trellis committed to rethinking and transforming how it provided services.

To inform a new program model, the first phase of the project focused on gathering data and evidence of current practices and outcomes as well as researching international and emerging literature, inviting Indigenous oral history and the perspectives of a wide range of individuals and groups whom group care services and the child intervention system have impacted.

This research and data will inform a transformative change process, that will support Trellis to improve group care service delivery and influence systems change so that the outcomes for children, youth, families and communities can be greatly enhanced.

Two key questions the project focused on include:

1. To what extent will investing in families and a natural supports approach improve outcomes for young people in care?
2. To what extent can a common vision and model of collaboration and engagement reduce systemic barriers to support individual, program and system-level outcomes?

Summary of key findings:

1. It was determined that an Indigenous and non-

non-Indigenous parallel process was critical for the project's success and began by engaging teams of both Indigenous and non-Indigenous external consultants.

2. The methodology included academic and grey literature reviews, oral history gathering, engagement with Indigenous and non-Indigenous participants and several co-creation activities.

3. The learnings from Phase 1 included compiling the modernization and transformative changes that are currently occurring or intended to happen in child intervention systems and group care programming.

Major findings included the impact of Bill C-92 in repatriating Indigenous children to their communities, and child intervention systems transitioning to family care models.

4. The learnings from Phase 2 in both the Indigenous and non-Indigenous parallels included that youth wanted to be with their families, families needed support and intervention earlier to stay together, and youth removed from their families and communities in group care were not experiencing positive outcomes for a variety of reasons, including trauma, re-victimization, isolation and a lack of permanency.

Finally, while connection to family and natural supports was the intention of the system and the group care providers, this work was challenging and required staff with a particular skill set to facilitate.

5. The Group Care Transformation Framework emerged with change in three spheres for Trellis to focus on as a service provider, as an ally and as an advocate.

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PROJECT BACKGROUND



The Trellis Transformation Project for Young People in Care (2022-2024) was initiated so that Trellis could reflect on the current status of its group care programs, and the larger child intervention system, and be thoughtful about how to proceed in supporting youth and their families who have Child & Family Services (CFS) system involvement.

Young people in care have long been experiencing some of the worst life outcomes as a result of childhood trauma, abuse and neglect. Once in care, they often experience ongoing grief and loss from living in multiple Foster Care and Group Care placements and the absence of consistent, loving caregivers in their lives.

Many of these young people turn to substances to cope with their trauma and are increasingly losing their lives as a result of the current opioid crisis.

To address this crisis and prevent the loss of more lives of children in care, Trellis embarked on this transformation project to take a critical look at how services for youth in group care could be improved.

A key focal point of this project is enhancing natural supports for young people and helping them to reconnect and reunite with their families and communities more quickly and safely.

A consultant team of four individuals were engaged over two years to facilitate an Indigenous and Non-Indigenous parallel process that would bring forward findings from the literature and themes from stakeholder engagement, to support a co-creation process with Trellis to identify and develop strategies that would support the best way forward for creating a new model of care.

PROJECT CHARTER AND DELIVERABLES

A project charter (Appendix A) outlined the purpose, accountability, phases and activities, which culminated in a transformation framework guiding the project. A consultant accountability table guided the work of the two teams (one team of two Indigenous consultants and the other of two non-Indigenous consultants), including overall project deliverables for both teams:

| PROJECT PHASES | INDIGENOUS CONSULTING TEAM | NON-INDIGENOUS CONSULTING TEAM |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <p>PHASE 1 Current state review and promising practice (January 2023)</p> | <p>Indigenous oral story and literature review</p> | <p>Academic and institutional literature review, Trellis current state, demographics and statistics review</p> |
| <p>PHASE 2 Engagement and learning (June 2023)</p> | <p>Indigenous youth and family sessions</p> | <p>Non-Indigenous youth and family sessions, non-Indigenous staff and organization sessions</p> |
| <p>Transformation Framework (December 2023)</p> | <p>Indigenous staff and organization sessions</p> | <p>Framework for Group Care Transformation and Program Enhancements</p> |
| <p>PHASE 3 Developmental Evaluation of Program Enhancements and Transformation Framework Roadmap (March 2024)</p> | <p>Report: Trellis Transformation Project: Indigenous Parallel Process</p> | <p>Transformation Framework and Developmental Evaluation Framework</p> |

PHASE 1 - CURRENT STATE + MODERNIZATION REVIEW

The Indigenous and non-Indigenous parallel process began with a scan of academic and grey literature and the gathering of oral stories from Elders and Knowledge Keepers. The purpose of this phase was to gather information and insight from a variety of sources to create an overview of the current state of group care across North America and Europe.

This information also summarized the conditions and activities for transformation at multiple levels, the teachings from Elders in the repatriation of youth to their home nations and providing family care through a Natural Law lens. A scan of academic, grey and institutional literature, as well as talking circles with Elders, Knowledge Keepers and Circle Keepers were used to gather the information. Reports are attached as a final package with this report.



Indigenous parallel literature and oral story report



Non-Indigenous academic literature annotated review



Newcomer and racialized youth and families review



Non-Indigenous grey literature annotated review



Phase 1 synthesis report and slide deck presentation to leadership*

* This report included a review of Alberta Child Intervention statistics and Trellis group care program statistics and evaluation metrics.

THEMES FROM PHASE 1

INDIGENOUS PARALLEL

- Colonization and the historical and ongoing impacts on Indigenous communities propel and sustain current child intervention systems.
- Truth and Reconciliation along with Bill C-92 are significant factors in any child intervention modernization.
- Examples exist of culturally appropriate and Indigenous-led models of care that are focused on sovereignty and returning children to their communities.
- Family Group Conferencing (FGC) is an Indigenous-led evidence-based model that assists families involved with child welfare to become the decision-makers in reunifying their families. All members of a family meet to discuss what is needed to ensure their child(ren) will be cared for and safe, supported by an FGC mentor and a broad range of wrap-around supports and services. FGC acknowledges that families have the capacity and expertise to address family concerns and should develop their own care plans with success and accountability, provided they have adequate resources and relevant information to guide and support their decisions.

NON-INDIGENOUS PARALLEL

- There are efforts around the globe to reform models of child intervention, including in North America, where the efforts are to prevent or divert children from the system and to emphasize a family care model.
- These system reforms include fundamental shifts in approach, systems operations wider collaboration and coordination.
- Congregate care settings such as group homes do not generally support positive youth outcomes, and kinship and community care settings should be the standard. There are examples of family-strengthening models in North America.
- Studies highlight that encounters with social workers and the child welfare system are fraught with misunderstanding, as social workers and others working in the child intervention system may have limited experience with immigrant families, and likewise, immigrant families may have little idea about the structure of child welfare in Canada.

MODERNIZING PRACTICES EXAMPLE

Thriving Families,
Safer ChildreN

Thriving Families, Safer Children is a first-of-its-kind national effort in the United States supported by the Annie E. Casey Foundation and other partners. It brings together major public, private and philanthropic institutions and organizations in 22 jurisdictions to rethink state and local child welfare systems.

To that end, the partnership advances approaches that create the conditions for strong, thriving families where children are free from harm.

Thriving Families, Safer Children is working to create just and equitable systems outside of child welfare, by engaging those with lived expertise to design a system to address the social and structural determinants of inequality. Implementing the strategy means altering long-held beliefs on how to best address the problem of child abuse and neglect. It means a wholesale reorientation of thinking, with less emphasis on after-the-fact investigation and more on treatment and prevention.

GUIDING PRINCIPLES OF THRIVING FAMILIES, SAFER CHILDREN

- Supporting families and communities by promoting physical, emotional, and economic well-being and enhancing family environments.
- Supporting parents, caregivers and youth with lived experience as leaders in this work and co-creating solutions together.
- Utilizing data to guide structural and systemic responses.
- Deepening innovative partnerships and cross-sector collaborations.
- Promoting equity and healing through the whole family and community approaches and creating a new system free of systemic racism that values all families.
- Building capacity for cross-cultural and cross-sector dialogue, systems thinking for social change and human-centred design.
- Prioritizing social determinants of health.
- Building trusting relationships at the community, local, state and national levels to shift the trajectory of the child welfare system.

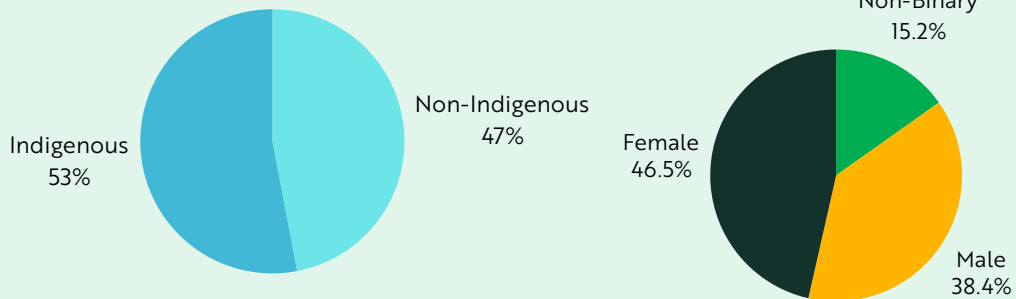
ALBERTA DATA

In December 2022, there were 9,451 Albertan children and youth receiving child intervention services. Of those, 7,825 children and youth received services in care, while 1,626 children and youth received services at home (not in care). The number of children and youth receiving child intervention services decreased by 6% from Q3 2021-22 (April - December) to Q3 2022-23 (April - December).

In December 2022, 70% of Albertan children and youth receiving child intervention services were Indigenous. There has been a 2% increase in the proportion of Indigenous children and youth receiving intervention services from Q3 2021-22 (April - December) to Q3 2022- 23 (April - December).

In December 2022, 74% of Albertan children and youth receiving services In Care were Indigenous. The proportion of Indigenous children In Care increased by 1% from Q3 2021-22 (April - December) to 2022-23 (April - December). Indigenous children make up approximately 10% of the child population (ages 0-17) in Alberta.*

TRELLIS DATA



GROUP CARE (APRIL 2021 - MARCH 2022)

TOTAL

| | |
|------------------------------------------------------------------|-----|
| # of unique kids served | 65 |
| # of discharges | 53 |
| #of those, % of discharges due to CS AWOL policy/breakdown/death | 23% |
| #of those, % of discharges with a positive destination | 75% |
| # of those, % of discharges that went Home or to YTA | 58% |

| | | | |
|------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| TRELLIS DATA | Enhanced Safety | • Youth will have a decrease in the frequency and intensity of high-risk behaviours and increase the use of healthy coping mechanisms. | 79% |
| | | • Youth are physically and emotionally safe | 69% |
| | | • Youth will identify and grow connections to family members and natural supports, increasing their social support networks and resources for independence. | 68% |
| | Enhanced Relationship leading to permanency | • Youth will identify and grow their connections to community and culture, increasing their sense of belonging and identity. | 67% |
| | | • Youth will have supported transitions to more supportive, connected, and appropriate living environments. | 73% |
| Enhanced functioning and optimal developmental trajectory | • Youth Develop emotional and social skills. | 77% | |
| | • Youth Develop practical skills. | 76% | |
| | Enhanced well-being and optimism for the future | • Youth will have an increased sense of well-being and feel optimistic about their futures | 71% |
| THEMES FROM TRELLIS PROGRAM QUALITATIVE DATA | | | |

Enhanced Safety

- Fewer rooms mean more calm and less chaotic environments, which creates conditions for youth to invite friends and family over. When a crisis does occur, fewer rooms mean that it is isolated and resolved quickly.
- Understanding that there are conditions of fit related to youth and group home environments and that there is a role for advocating for more appropriate placements that best meet both the needs of youth and the group home capacity.
- When there are the right dynamics and/or when fewer beds are occupied, there is a decrease in high-risk behaviours.

Enhanced relationship leading to permanency

- Youth who have been in care for extended periods have more fractured relationships with family and natural supports and community.
- Younger youth require more supervision; this additional requirement means there is a decrease in flexibility in accessing community and natural supports.
- COVID-19 restrictions impacted relationships.

TRELLIS DATA

- Bowness Group Home partners with Trellis Bowness Club, which offers youth groups, volunteer and employment opportunities. This has led to a higher score related to enhanced security compared to other group homes.
- The introduction of the Circle Keeper at Rundle has been essential to youth's increased connections to their communities.

Enhanced functioning and optimal developmental trajectory

- Focusing on programming and transition to YTA is challenging when youth are navigating active addiction and mental health challenges.
- Global CAFAS scores (Child and Adolescent Functional Assessment Scale) tend to positively decrease when there are fewer youth in the group home, as this lower ratio allows staff to engage with youth differently, build natural supports and increase opportunities to develop new skills and healthy relationships.

Enhanced wellbeing and optimism for the future

- Solid transitions are contingent on Natural Support relationships. These can take time to foster, including more staff investment.
- Increasing staff capacity and understanding of the Natural Supports Framework means that staff are spending time engaging with youth and their families in different ways.

LEARNINGS FROM PHASE 1

A significant amount of information was collected in Phase 1 that supported the understanding of the current state of group care programming, possible modernizing practices that respond to current challenges, and the current state of group care service delivery in Alberta and at Trellis. The following section provides a high-level overview of the findings from Phase 1, that inform the Group Care Transformation Framework:

INDIGENOUS PARALLEL

Indigenous leaders and child welfare advocates are pushing to address the myriad of systemic issues contributing to the overrepresentation of Indigenous children in care. Experts say factors like colonialism, chronic underfunding of child welfare systems, discriminatory practices, and poverty remain.

While the Canadian/Western model of community-based group care tends to be still firmly embedded within Indigenous communities, there is an increasing argument that the very communities impacted and harmed by existing child welfare practices must be the ones that lead pathways to transformation.

These transformations are monumental in scale, as are most decolonizing practices that center on a return to Indigenous epistemologies. They also fall within the first five Calls to Action (CTA) in the Truth and Reconciliation Commission of Canada (TRC) report, which relate directly to the child intervention system.

NON-INDIGENOUS PARALLEL

Many Anglo-American systems have been engaged in significant reform, such as Australia, New Zealand, the United Kingdom, multiple states in the U.S., and many Canadian provinces. These systems are trying to refocus their efforts on prevention and early intervention, with a key

reform being differential response. This is a system reform that establishes multiple pathways of responses for child maltreatment reports.

Rather than conducting an investigation every time there is a screened-in report of child maltreatment, a family's needs are assessed, and they are connected with services that will help keep their children safe. One of the goals of system reform is to also reduce the number of children in out-of-home care.

Ultimately, the current climate of child welfare is one in which the autonomy and flexibility of workers have been diminished due to media scrutiny, consent degrees and risk management. Many of the interventions proposed to shift the balance of power and change the client-worker relationships in ways that can be difficult for child welfare workers.

Despite the existence of evidence-based programs, the risk-averse nature inherent in modern child welfare systems often makes it difficult for workers to adopt innovations in practice.

Increasingly, efforts are being made to build the capacity of community-based organizations to provide care to children and families in the community and to empower families to solve their problems. In several countries, the full continuum of child welfare services and case management responsibilities are being transferred to community-based agencies to build a system located in the communities where children and their families live.

As pointed out by several advocates and scholars, part of the biggest challenge to reform is that "system actors go to great pains to make novel approaches fit the boxes of child welfare."^[i] Design thinking has been minimally applied to reform in child welfare contexts, and there has been system push-back to many of the reforms discussed in this paper (e.g., Host Homes, Kinship

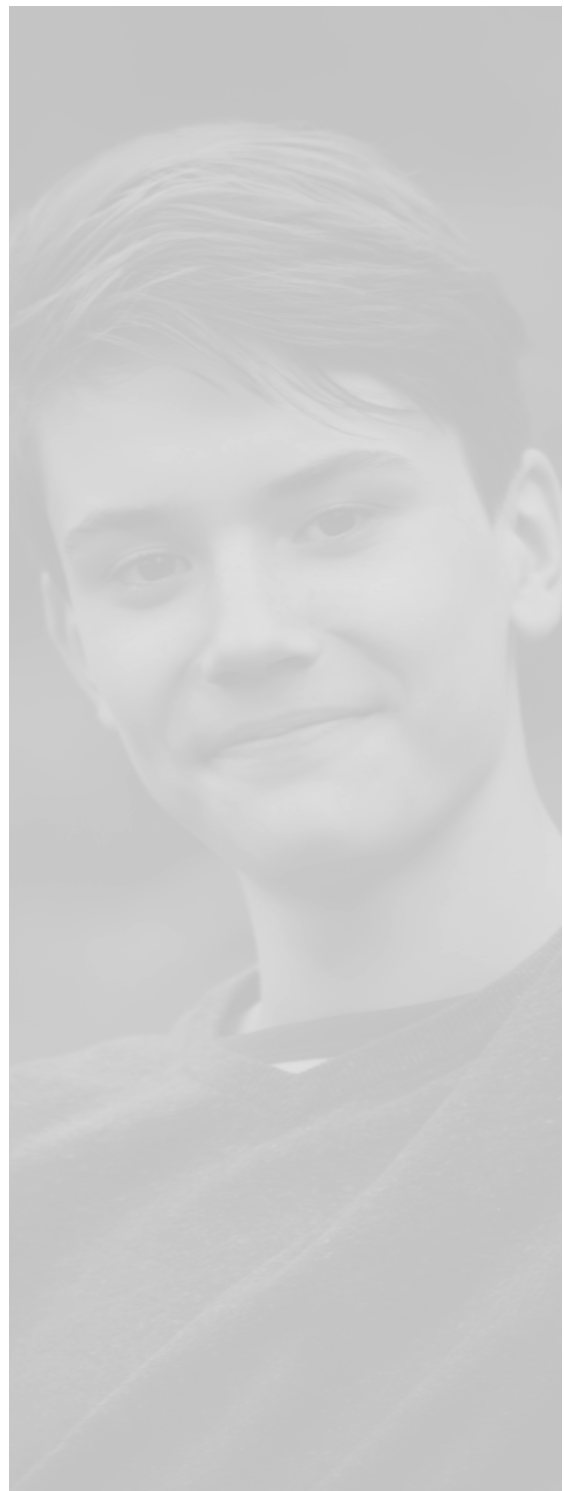
Diversion, etc.). Considering the system from different vantage points (e.g., policy, government, non-profit, etc.) can help illuminate the system design points that perpetuate the status quo. While many non-profits are working towards disrupting and changing the system, there are equal numbers that remain bound by it.

RACIALIZED AND NEWCOMER YOUTH AND FAMILIES

Less is known about the situation of non-Indigenous children and youth, including those who are racialized or have an immigrant background. This knowledge gap is largely driven by the failure to systematically collect race-based data or data related to immigration status, language or cultural background. There is some evidence that immigrant children and families are over-represented in the child welfare system.

Immigration, whether by choice or by necessity can have a profound impact on families. A robust literature describes changes to family and gender roles that are brought about through migration. This has a significant impact on the parenting practices of immigrant parents who may struggle to navigate Canadian norms and expectations related to discipline and childhood autonomy.

Many immigrant families face barriers to employment, housing, healthcare and social supports, which can all exacerbate challenges within families. Other studies highlight encounters with social workers and the child welfare system that is fraught with misunderstanding, as social workers and those working in child intervention may have limited experience with immigrant families and immigrant families may have little idea about the structure of child welfare in Canada.



PHASE 2 - ENGAGEMENT + CONSULTATION

After the completion of phase 1, the Indigenous and Non-Indigenous parallels held distinct engagement activities and spoke to 97 individuals (Indigenous and non-Indigenous) that were both external and internal to Trellis. The purpose of this phase was to gather feedback from a variety of individuals who would be able to provide insight into the current operationalization and challenges that face group care in general, as well as within Trellis specifically.

The interview participants included staff at all levels in Trellis (CEO, Directors, Group Care Managers, Team Leads, Circle Keepers, group care frontline and staff from other Trellis programs), staff from external organizations that deliver group care, Elders, youth and parents who are currently involved in group care service delivery.

INDIGENOUS - PARALLEL ENGAGEMENT

EXTERNAL: 11 PEOPLE



INTERNAL: 24 PEOPLE



INDIGENOUS PHASE 2
THEMES REPORT

NON-INDIGENOUS - PARALLEL ENGAGEMENT

EXTERNAL: 15 PEOPLE



INTERNAL: 47 PEOPLE



NON- INDIGENOUS
PHASE 2 REPORT

LEARNINGS FROM PHASE 2

INDIGENOUS PARALLEL

- Youth want housing and their basic needs met. They want relationships with their parents and families, where they seek involvement and guidance.
- They want sustainable cultural and holistic interventions that are guided by indigenous principles and prepare them for their futures.
- Trellis staff believe the transformation must include a family systems approach. This could be replacing the current model with an Indigenous Family systems model guided by Indigenous epistemology, natural supports and kinship.
- There is an opportunity to pilot a foundational Wahkotowin approach that prevents and diverts Indigenous families from intervention.

NON-INDIGENOUS PARALLEL

- Poor outcomes for youth in group care are impacted by diminishing alternatives to kinship and foster care, increasing complexity of youth needs and insufficient capacity of the system.
- Service organizations should decide if the goal of group care is safety alone, or if there are expanded goals they want to meet.
- Trellis staff have a unified vision and commitment to make group care youth-centred, strengths-based and a facilitator of natural supports.
- Opportunities exist to collaborate and coordinate a family care model with CFS as a partner in this work.
- There are immediate programmatic changes such as better integration of cultural and clinical supports, more support to translate principles into practice, and more consistency across group homes and staff.
- Immigrant families have complex and intersecting issues: stakeholders highlighted that immigrant families who end up in the child intervention system often face the same challenges as other, non-immigrant families. For example, mental health and addiction issues, domestic and family violence, and socio-economic challenges including poverty and housing insecurity. The specific challenge for immigrant families is that they are often navigating these issues in a profoundly new context, often in a second language, and without knowledge of the services and supports that may be available to them.

A CO-CREATED MODEL FOR GROUP CARE TRANSFORMATION

Transformation of the child welfare system in Alberta means shifting the focus from a traditional child intervention model that emphasizes safety (based on a narrow definition of risk) to a preventative, family-centric, and community-based approach. Based on the research and engagement with stakeholders, the following main components for transformation were developed to help guide the transformation at Trellis which could eventually inform the system.

A transformational approach to child welfare prioritizes self-determination for families, communities and nations. For non-Indigenous, newcomer and immigrant families and communities, this means recognizing that, with the right supports, families and communities have the knowledge and capacity to love their children, keep them safe and create an environment where they experience a sense of belonging, build life skills and develop their sense of self. It ensures that families have a central role in decision-making about their children. This means maintaining guardianship rights even when the Ministry of Children Services is involved.

SELF-DETERMINATION AND SOVEREIGNTY

With Indigenous communities, it means recognizing the inherent and legal rights of Indigenous peoples to govern and make decisions regarding child welfare within their communities. This principle asserts that Indigenous communities have the knowledge, wisdom, and capacity to determine what is best for their children and families.

It acknowledges the historical trauma experienced by Indigenous peoples and prioritizes healing and reconciliation. It will leverage the power of Bill C-92^[1] to protect the sovereignty of First Nations to have exclusive jurisdiction over child welfare within their communities and aims to strengthen these communities to care for their children and families.

PREVENTION AND PRESERVATION OF FAMILY

The current system is designed to intervene and ultimately apprehend when concerns with child welfare emerge. A transformative approach emphasizes the importance of prevention and early intervention to address the underlying factors that may lead to child welfare

[1] Bill C-92, also known as the Act Respecting First Nations, Inuit, and Métis children, youth, and families, is legislation that came into effect on January 1, 2020. The purpose of this bill is to affirm the rights of Indigenous peoples in Canada to exercise jurisdiction over child and family services. It aims to address the overrepresentation of Indigenous children in the child welfare system and to support the well-being of Indigenous children and families.

concerns in the first place (poverty, lack of affordable housing, mental health, domestic violence, substance abuse). This principle puts the preservation of the family and kinship network at the center of all efforts to promote child welfare.

It makes apprehension of children and youth a time-limited, last-resort action designed to create respite and provide safety and belonging. This includes providing support and resources to families at risk before problems escalate, such as access to parenting programs, mental health services, substance abuse treatment, and affordable housing. It means removing barriers to supports and addressing root causes of child welfare challenges by providing early intervention, supportive services, and resources to families and communities.

BELONGING AND HEALING FROM SEPARATION

Research and interviews with young people frequently cite the profound disconnection and isolation experienced with child welfare involvement. The current system is designed to isolate children and young people from family and community who might be deemed “unsafe”.

This principle asserts the significance of belonging to the health and well-being of children and youth and belonging as essential to longer-term positive outcomes. It sees belonging and connection to family, kinship, natural supports and community to be as important as meeting basic needs and ensuring physical safety. It positions the central role of actors in the child welfare system as maintaining these connections while addressing welfare concerns. It involves engaging kin and natural supports in decision-making and identifying and utilizing existing resources, skills, and support networks within families and communities (customary care, cultural fostering, community respite).

This principle ensures that a child welfare system is culturally responsive, and recognizes and values the cultural heritage, traditions, and values of the families and communities involved. It emphasizes the importance of cultural continuity for Indigenous children and families, recognizing the critical role of cultural identity, language, traditions, and values in healing and promoting the well-being and resilience of Indigenous children.

RELATIONAL AND TRAUMA-INFORMED

The well-being of young people is intimately tied to the well-being of their families, communities, and the natural world. Efforts to transform child welfare must focus on fostering relationships, connections, reciprocity, and collective responsibility in caring for young people and their families [2]. To heal the profound mistrust that exists between Indigenous families and communities, immigrant and racialized communities, and the child intervention system, we must focus on these relationships and collective responsibility.

A transformative approach actively engages and collaborates with communities, including families, community organizations, and other stakeholders. It recognizes that community members have valuable insights and knowledge about their own needs and solutions. Collaborative partnerships help in designing and implementing effective strategies that are responsive to the unique needs of each community.

BELONGING AND HEALING FROM SEPARATION

A transformative approach also understands and accounts for the pervasive impact of trauma on the lives of young people, and their families and communities. It recognizes the historical trauma caused by colonialism and the legacy of residential schools and the 60s scoop. It understands how the immigration and refugee process in Canada creates trauma in youth and families who are new to Canada and recognizes how ongoing racism and discrimination create unique challenges and needs for Indigenous, racialized and LGBTQ2S+IAP individuals and communities.

A transformative approach focuses on understanding, respecting and appropriately responding to the effects of trauma at all levels. It focuses on creating safe and supportive environments, promoting healing, resilience and growth, and addressing the underlying trauma that families and communities may have experienced.

A HOLISTIC AND LIFESPAN APPROACH TO YOUNG PEOPLE

A transformative approach to child welfare sees children and youth from a lifespan perspective and recognizes that they are not a time-bound “problem” to be contained until

[2] Among Indigenous communities this principle is best described as Wahkotowin or the understanding that all things in the world, including humans, animals, plants, and the environment, are connected and share a fundamental kinship. It recognizes the reciprocal responsibilities, obligations, and interconnectedness that exist within these relationships.

they can be transitioned to another system. This means that systems that intersect in a child's life (health, education, community services, etc.) must collaborate to develop policy that enables young people to build skills and connections across their lifespan. Services are designed to engage and empower youth to build capacity, autonomy and a sense of self and belonging in young people. This should be a system where young people have the opportunity to take risks, and problem solve and interact as valuable members of their communities.

Applying these principles at every level in the system enables a proactive, family-centred, cultural and community-driven approach to child welfare and the care of young people as they transition to adulthood. One focused on prevention, support, and empowerment. Such a system has the potential to promote positive and sustainable outcomes for children and families, while also addressing historical and systemic issues that create and perpetuate a "system of failure" and contribute to child welfare concerns in the first place.

RAPID PROGRAM CHANGES

Phases 1 and 2 identified several shorter-term changes that Trellis could make organizationally and within its group care programming to begin transforming and improving supports and services for young people and their families. These include:

Enhance collaboration between Trellis clinical and group care teams

- Support capacity building, understanding and collaboration between clinicians and group care staff.
- Provide additional clinical oversight on new placements.
- Support for assessment needs such as psycho-ed to address specialized needs.

Increase and diversify the roles of Circle Keepers, Elders and other cultural supports

- Leverage Circle Keepers and Elders to enhance group care staff's knowledge on about working from an Indigenous Kinship lens.
- Enable both youth and group care staff to access Elder's and Circle Keepers of their choice (different nations, genders and teachings).
- Explore non-Indigenous cultural supports to reflect the diversity of the youth served in group care.

Support capacity building to implement a family-focused care model within group care

- Ongoing training and reflective practice to further apply the Family and Natural Support Framework.
- Communicate how Trellis' Group Care will be collaborating with CFS to engage with family and natural supports through family-finding practices and family-based case management.
- Capacity building for Group Care leaders, Family Case Managers and CFS teams to effectively collaborate using a family-focused care model.
- Increase collaboration with CFS teams specifically around placement referrals and permanency planning.

Implement "One Door" triage process

- Centralize referrals.
- Create consistent expectations for referral and intakes into Trellis Group Care Homes.

- Consider a multi-disciplinary triage and intake team representing clinical, Indigenous and program team members.
- Coordinate access to other Trellis services for both youth and their families for additional wraparound supports.
- Consider offering some services onsite in group care to reduce barriers for youth and families.

Offer family-based case management in group care

- Provide case management support to both youth and their families.
- Increase collaboration with In-home services and Family Resource Networks.
- Provide barrier removal funds so case managers can assist families to access supports and services to increase connection with their youth.
- Engage family and natural support (FNS) experts to provide ongoing consultation and collaborative problem-solving related to challenges with implementing an FNS lens.

Strengthen implementation of Trellis' Practice Framework

- Identify principles and approaches in the framework that can be further developed and implemented into Group Care Staff Orientation.
- Increase the capacity and flexibility of program supervisors to support the implementation of the practice framework.
- Additional supervision and coaching to support the implementation of the framework into daily practice.



GROUP CARE TRANSFORMATION FRAMEWORK

After Phase 1 and 2, a Group Care Transformation Framework was developed that outlined the Current, Improved and Transformed states of Group Care at Trellis. Three distinct yet interrelated roles for Trellis were identified that require a principles-based approach to the organization's commitment to the transformation: Trellis as a service provider, Trellis as an ally and Trellis as an advocate. The framework incorporates the lessons and recommendations that emerged from both the Indigenous and non-Indigenous parallel reports that were delivered at the end of Phase 2.

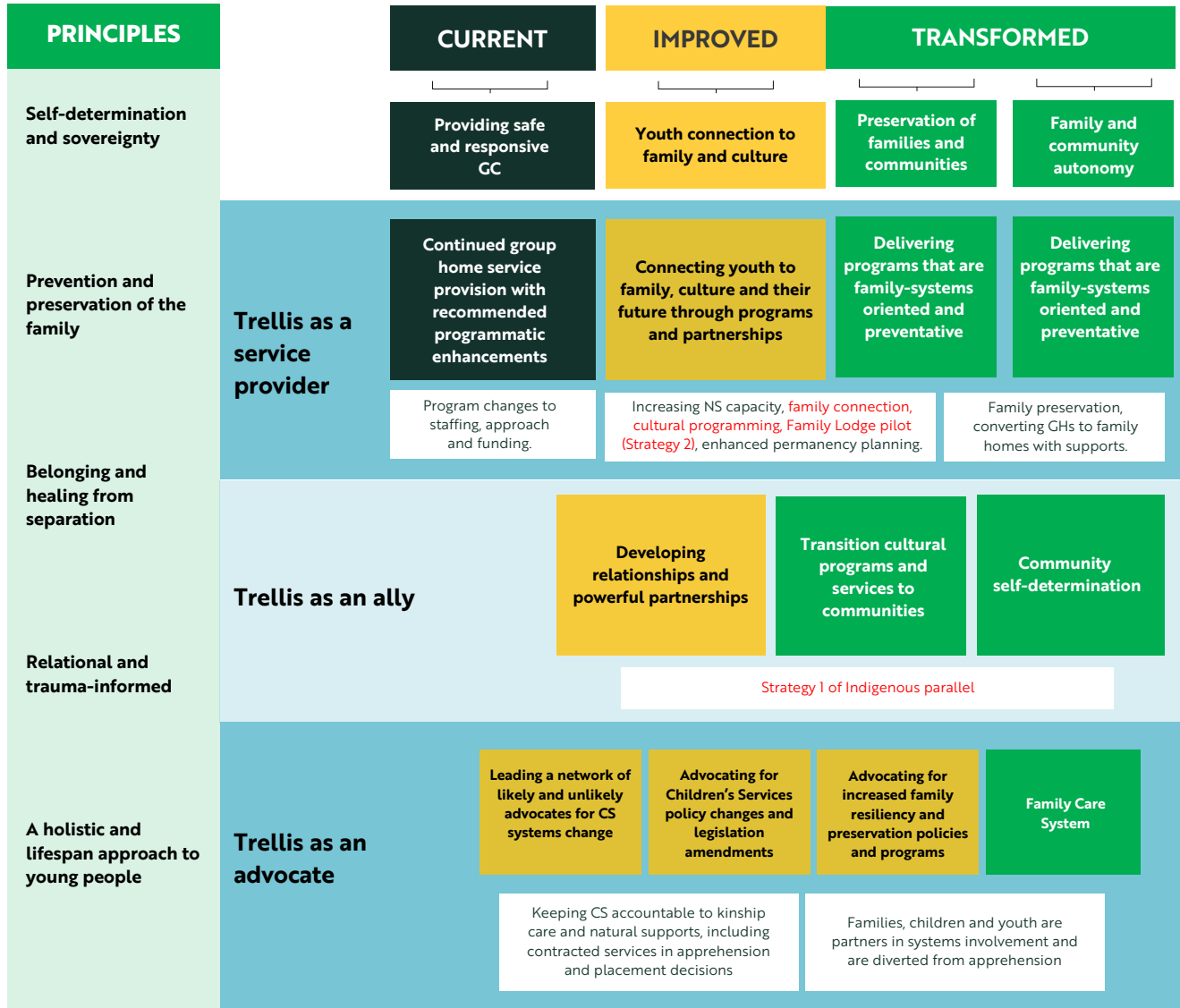
The purpose of the Framework is to help guide Trellis in the process of transforming group care in a phased and scaffolded approach, that ensures that the transformation is occurring in multiple ways and through multiple channels to ensure that the service delivery, organization and sector is changing to ensure the best outcomes for youth, families and communities. It is understood that this change will take multiple years to occur, as it is directing change at the foundations of group care within and outside of Trellis.

After the framework design, Trellis decided to initially focus on the "Trellis as Service Provider" level and to pilot and test changes at the programmatic and organizational levels.



TRELLIS TRANSFORMATION PROJECT FOR YOUNG PEOPLE IN CARE

This work guides Phase 3:



PHASE 3 - TRANSFORMATION FRAMEWORK

The implementation of the framework for transformation began through improvements to Trellis' current group care programming and changes at the organizational level. This included the development of four key enhancements designed to strengthen group care programming by moving it closer to a holistic, family-centric approach and exploring ways in which Trellis as an organization can interact differently with families, with its partners and with the child intervention system.

PRINCIPLES FOR TRANSFORMATION

Transformation of the child welfare system in Alberta means shifting the focus from a traditional child intervention model that emphasizes safety based a narrow definition of risk to a preventative, family-centric, and community-based approach. Based on the research and engagement (Phase 1 and 2 of this process) with stakeholders (professionals from across the system, Elders, families, young people, caregivers, and Trellis staff and leadership), a set of principles were developed to help guide the transformation at Trellis and eventually across the group care system in Alberta.

Self- determination and sovereignty

- Prioritizes self-determination for families, for communities and for nations.
- Recognizes that families and communities have capacity and knowledge to care for, keep safe and support young people to belong.
- Family has central role in decision-making.
- Indigenous communities have an inherent (and legal) right to govern child welfare in their communities.
- Assert and leverage the power of Bill C-92.

Prevention and preservation of the family

- Emphasizes prevention and early intervention to address the underlying factors.
- Removal of barriers and provision of supports in communities.
- Preservation of family, kinship, and natural supports are main purpose.
- Service provision focuses on diversion and respite.

Belonging and healing from separation

- Asserts the significance of belonging for positive outcomes Identifies and strengthens existing resources in family and community networks.
- Is culturally responsive and accounts for differences Enables cultural continuity and supports healing and reconnection.

Relational and trauma- informed

- Collaborate with families, communities and other stakeholders to design and implement strategies responsive to unique needs of each community.
- Build capacity of communities, transfer power and service provision.
- Recognize how trauma affects individual, family and community capacity – acknowledge history, heal mistrust.
- Foster healing, reciprocity and collective responsibility.

A holistic and lifespan approach to young people

- Design for the physical, emotional, mental and spiritual dimensions of young people and their families Addresses social determinants of health.
- Orients supports to youth for their lifespan – not a model of containment.
- Privileges lifelong capacities and resilience over safety• Interconnected, intergovernmental.

THE FOUR PROGRAM ENHANCEMENTS

Based on the findings from Phases 1 and 2, Trellis conceptualized four program enhancements to group care programming. During Phase 2 CFS began a Request for Proposal (RFP) process to contract group care services for the next three years. Within the RFP Trellis was able to identify opportunities to include some of the enhancements into the new group care model and funding structure. The enhancements that were specific to supporting the family would require additional financial support to be able to pilot. In the spring of 2024 Trellis was successful in securing additional funding that would allow Trellis to pilot all Four Enhancements for youth accessing group care and their families. working with young people in care and their families and natural supports.

The four enhancements designed to enhance current programming include the following:

1. FAMILY CASE MANAGERS (FCM)

This is a new position in the Trellis group care model. FCMs will be connected to each group home and will support each young person in the home to find and/or connect with family, natural supports and community. These supports will include family finding, identifying natural supports, re-establishing contact, and ongoing family coaching for relationship repair and rebuilding. FCMs may also support family members and natural supports to connect to services and supports from Trellis and the broader community to promote family reunification.

2. CLINICAL SUPPORTS

Trellis will strengthen access to clinicians and therapy sessions among young people in group homes. This will include clinical oversight and clinical consults with teams in each home. The clinician (MSW or Provisional or Registered Psychologist) will develop guidelines for frontline and other 24/7 staff to more effectively support mental health and well-being and to create a therapeutic milieu in the home. Young people will have access to clinicians for individual and group counselling sessions with Trellis counsellors.

These counsellors will spend time on the group homes, supporting staff and building rapport with the young people. Sessions can be held in the group home or off-site depending on the youth's preference. Trellis will also provide clinical oversight advocacy to support transitions, helping to connect youth to supports they need as they transition from group care to family or independence. Group care managers and the family case managers will work with families/natural supports to ensure they have access to the clinical supports they need to

strengthen family functioning and connections with the young person in care. These supports may be provided by Trellis or a partner organization in the family's community.

3. CULTURAL CONNECTIONS

Trellis supports Indigenous youth in care by connecting them to Circle Keepers. This position is designed to navigate systems from an Indigenous paradigm to support persons through their barriers and challenges, creating a paralleled approach to the work. Utilizing traditional teachings and practices, protocols, and ceremony, the Circle Keeper supports Indigenous people through all stages of their healing journey.

This includes using the Circle Process and connection to Elders, Ceremony (Home Fire Ceremony, Pipe Ceremony, Sweats), cultural programming and materials (smudge kits, regalia), and informing existing programming to better meet client needs.

4. BARRIER-REMOVAL FUNDS

Trellis has created a fund that can be accessed for young people in group care and their families and natural supports to help overcome barriers to family, community and cultural connection. Developing criteria for the use of these funds and understanding more about how they can be used to enable connections will be a key element of the piloting phase. Early ideas about use of these funds include: to support travel by families to take part in visits; to support travel to cultural/community events for young people and family/natural supports; to host family dinners or other outings.



APPENDIX A - GROUP CARE PROJECT CHARTER

Trellis Transformation for Youth in Care project

Rida Abboud | July 2, 2024

