



TRANSFORMATION PROJECT FOR YOUNG PEOPLE IN CARE

YEAR ONE REPORT

April 1, 2024 - March 31, 2025



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Executive Summary

In 2022, Trellis Society (Trellis) launched an initiative to transform group care services for young people across its seven group homes. Over a two-year period, an evaluation was carried out through parallel Indigenous and non-Indigenous engagement processes, guided by the lived experience and insights of youth, families, Elders and frontline staff.

What emerged was the foundation for the Transformation Project for Young People in Care, a model rooted in reconciliation, trauma-informed practice and youth-centred design. It aims to embed family connection, cultural continuity and healing into every aspect of care. The project was initiated to critically examine the current state of group care programming at Trellis, consider the broader child intervention system, and intentionally shape a stronger, more connected path forward for young people and families involved in child protection services.

To bring this vision to life, Trellis secured an additional \$1M in philanthropic support from The Calgary Foundation to pilot the model starting in April 2024. The goal: to demonstrate that with the right investments, we can disrupt cycles of intergenerational trauma, disconnection and poor life outcomes for young people.

In its first year, the Transformation Project introduced five program enhancements designed to restore connection, stability and healing:

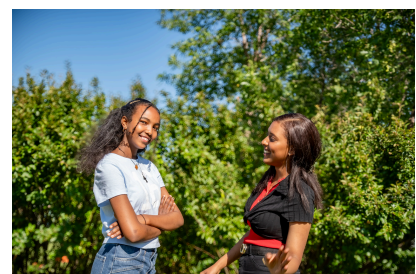
1. Introduction of Youth and Family Case Managers (YFCMs) to strengthen long-term support and family engagement
2. Expanded Clinical Supports embedded in daily group home life
3. Integration of Cultural and Community Connections through Circle Keepers
4. Implementation of Barrier Removal Funds (BRF) to address urgent practical needs
5. Cross Systems Collaboration to improve coordination with Children and Family Services (CFS)

Together, these enhancements reflect a shift toward a relationship-based, culturally grounded and prevention-focused model of care. By centering family connection, cultural identity and youth-driven supports, the Transformation Project is creating more stable, connected and hopeful futures for young people in care.

Progress and Next Steps

While progress is evident, important challenges remain. Continued efforts are needed to grow our work with families and natural supports, and to strengthen alignment in approach and planning with CFS case teams. Still, the foundation laid in Year One provides strong momentum for the road ahead.

This report outlines the key activities and learnings from April 2024 to March 2025, offering early insights into what's working, what's needed and what's possible when care is rooted in relationship, dignity and community.



Year One Outcomes Summary



60

Youth in Group Care



46% Identified as Indigenous



10% Identified as gender-diverse

Cultural Connection

77% of youth participated in cultural activities and ceremonies

32 ceremonies and teachings hosted at Group Homes by Circle Keepers

74% of youth feel more connected to their culture and communities of choice

Clinical Supports

126 informal connections with therapists

28% accessed formal clinical services

92 individual therapy sessions

Family & Natural Supports

106 families and natural supports engaged

78% of youth feel more connected to their natural supports

44% of youth have a permanency plan to return to family

Planned and Positive Transitions out of Group Care

94% youth with a permanency plan

18% of youth exiting were reunified with family

79% of youth exiting left to stable housing

Background and Overview

The Transformation Project for Young People in Care was launched to address long-standing challenges in traditional group care by shifting to a more relational, healing-informed model. Many youth in care experience isolation, frequent transitions and limited connection to their families, cultures and natural supports. To break the cycles that can lead from care into homelessness, justice involvement and other complex systems, a fundamental shift is needed – one that centers family, community and prevention.

Trellis is moving from a solely youth-only model to a youth-centered one that prioritizes natural supports, long-term stability and cultural continuity. Co-designed with youth, families, Elders and staff, the approach blends Indigenous and non-Indigenous worldviews and recognizes that healing happens in relationship. When families are supported, youth are far less likely to experience placement breakdowns or exit care into homelessness.

This transformation has required organizational change, sustained investment and the commitment of staff across every level of the organization. To bring this new model to life, Trellis introduced five key enhancements focused on restoring connection, stability and healing:

1. Youth and Family Case Managers (YFCMs) to strengthen long-term support and family engagement
2. Expanded Clinical Supports embedded in daily group home life
3. Circle Keepers to lead cultural and community connection work
4. Barrier Removal Funds (BRF) to address urgent practical needs
5. Cross-Systems Collaboration to improve consistency and coordination between Trellis and Children and Family Services

Together, these enhancements reflect a shift toward a relationship-based, culturally grounded and prevention-focused model of care. In the first year of this project (April 2024 – March 2025), Trellis supported 60 youth and engaged 106 Families and Natural Supports. This approach already has contributed to measurable improvements in how youth are supported through transitions, connected to their families and cultures, and engaged in healing work.

Program Enhancements in Year One

1 YOUTH AND FAMILY CASE MANAGERS (YFCMS)

The introduction of Youth and Family Case Managers (YFCMs) marked a pivotal shift in how Trellis supports youth in care. This role was created to build more intentional, relationship-based connections between the young person and their family/natural supports. It recognizes that long-term, non-professional relationships are essential to a young person's transition into adulthood, while also contributing to healing within families and communities.

Initially assigned to individual group homes, YFCMs were later decoupled from specific sites, allowing them to work across programs and better meet the needs of youth and families.

The group home staff did an excellent job at keeping youth connected to their family including encouraging phone calls, driving them home to have a visit or to have dinner with their family. They have also facilitated conversations after a relationship breakdown to help get things back on track.

CFS Caseworker

This flexible approach enables YFCMs to engage families consistently, tailor support to their unique needs and readiness, and focus on long-term outcomes like reunification, housing stability and strengthened natural supports.

Traditionally dad has been hard to engage and get onside. But the group home has done a great job working with dad and helping build the connection between dad and the youth.

CFS Caseworker



Key Outcomes

YFCMs focus on family finding, reconnection and coaching, while frontline staff provide day-to-day care. The collaborative efforts between YFCMs, group home staff and other team members have led to stronger relationships and more stable placements. Key outcomes include:

- **63% had a planned transition to stable housing or specialized placement (↑ 11%)**
- **79% exited to stable housing (↑ 13%)**
- **18% left to family/kinship (↑ 5%)**

In addition to supporting youth directly, Youth and Family Case Managers (YFCMs) focused on strengthening the broader network of relationships surrounding each young person. By engaging families and natural supports, they helped build lasting, community-based connections that youth can rely on during care and beyond. Over the past year, YFCMs actively engaged 106 family and natural support connections, with 18 of those supports formally enrolled in intensive case management. These relationships are critical in growing stability, belonging and long-term success as youth transition out of care.

An impact of strengthening youth's circles of support and closely tracking AWOLs (absences without leave) is that youth have been more likely to stay in contact with staff, return to programs sooner and take proactive steps to manage the risks of being away. These shifts help prevent placement breakdowns and reduce discharges related to AWOLs.

- **72% of youth who had an absence without leave (AWOL) stayed in contact with staff.**
- **Average duration of AWOL's dropped to 27 hours (↓ 10 hours)**
- **5% of program discharges were due to AWOL (↓ 5%)**



2 EXPANDED CLINICAL SUPPORTS

Ensuring accessible, consistent therapeutic support was identified as essential to the Transformation Project from the outset. Many young people in care carry the weight of complex trauma, compounded by the impacts of system involvement, disrupted attachments and institutionalization. To truly support healing and long-term well-being, the model needed to embed therapeutic care as a core component, not as an add-on.

While the initial goal was to offer free, accessible therapy to all youth in care, early learnings revealed that traditional approaches often fell short. Some youth were hesitant to engage in formal therapy, particularly without established trust with a clinician. In response, Trellis adapted by embedding clinicians directly into group home life, allowing relationships to develop through presence, group activities and everyday connection.

A key addition was also the expansion of clinical oversight during the intake process. Trellis clinicians now review client files in advance, collaborate with teams on individual care strategies and help set youth up for a stable entry into the home, tailored to their specific needs and experiences. This shift supports smoother transitions into care and lays the foundation for permanency planning from day one.

Key Outcomes

This embedded, relationship-first approach is beginning to show measurable impacts across programs. Youth are increasingly engaging in formal therapy after building trust through informal or creative connection. Therapists are now matched to homes based on rapport and collaborate closely with YFCMs to ensure cohesive, wraparound support. In the most recent fiscal year:

- 11 unique youth received formal therapy sessions
- 92 individual therapy sessions were delivered
- 126 informal one-on-one connections took place
- 17 youth participated in group sessions facilitated by clinicians
- 31 program consultations were completed, along with 6 instances of staff training support

For example, one clinician with a background in music used casual jam sessions to build safety and connection with youth, creating the foundation for deeper therapeutic work. These moments of trust and belonging are central to healing and reflect the kind of progress made possible through a relational approach.

Trellis' clinical team also understands that supporting families is essential to lasting change. Many caregivers, especially those with past system involvement, are distrustful of staff at the onset. In close partnership with YFCMs, clinicians tailor their approach to each family's needs and readiness, offering support that feels safe, respectful and aligned with their lived experiences.

This approach is making a meaningful difference. In one case, a father with limited parenting experience is now participating in regular therapeutic sessions, learning

This particular youth struggled with their mental health before coming to the group home and since being there with their brother they have improved a lot. My youth was able to achieve some stability with mental health and drug use.

CFS Caseworker

trauma-informed strategies and building a more connected, trusting relationship with his teen. By meeting youth and families where they are both emotionally and practically, Trellis continues to support healing, connection and long-term well-being, one relationship at a time.

3

INTEGRATION OF CULTURAL & COMMUNITY CONNECTIONS THROUGH CIRCLE KEEPERS

The Circle Keeper role was introduced in response to the overrepresentation of Indigenous children and youth in care. The goal of this role is to deepen cultural connection, strengthen family engagement and build cultural safety across group care. Circle Keepers act as a relational bridge between families, staff and Indigenous communities, reducing barriers, building trust and guiding culturally grounded care. They facilitate ceremony, teachings and land-based practices while also supporting staff in accessing Indigenous resources and strengthening culturally appropriate referrals, ensuring youth and families receive supports aligned with their values and traditions.

Staff do a great job supporting cultural connections whether it's driving youth to powwows, taking them to see family on Nation, or making the group home a comfortable place for visits to happen.

CFS Caseworker



Key Activities and Outcomes

As Circle Keepers became more integrated into daily programming, Trellis observed a growing sense of belonging and connection among youth, families and staff. In several instances, Indigenous families initially hesitant to engage with Trellis due to past experiences of system harm began reconnecting after meeting Circle Keepers and witnessing cultural presence in the homes. Many shared personal stories of disconnection and expressed gratitude for gentle, respectful reintroductions to culture.

Over the past year:

- 32 Circle Keeper visits with cultural activities like smudging, Bannock making and tobacco ties.
- Youth attended the Trellis and Miskanawah Round Dances.
- Youth went with staff to visit their home communities/nations to attend powwows, connect with family and participate in naming ceremonies.
- Staff facilitated opportunities for land-based learning and equine therapy.
- The barrier Removal Fund helped with the cost of travel, regalia, groceries and more to support cultural connection.

These efforts continue to build trust, repair relationships and create opportunities for long-term healing. Cultural connection is now more visibly embedded in daily routines, planning processes and interactions across programs, supporting Indigenous youth and their families to feel seen, safe and grounded in identity.

4 IMPLEMENTATION OF BARRIER REMOVAL FUNDS

The Barrier Removal Fund (BRF) was created to address the everyday, solvable barriers that often prevent families and natural supports from staying connected to youth in care. From transportation to groceries, many of these obstacles required only a modest investment yet had an outsized impact on a young person's ability to maintain relationships, build stability and return home. By offering low-barrier, flexible funding, the BRF empowers staff to respond quickly and directly to immediate needs as they emerge.

The support I got meant that I didn't have to choose between paying for food or staying connected to my daughter. It gave us the chance to start over and be together again.

Mom of Youth in Group Care

Key Uses

Staff have used the BRF to help stabilize families, strengthen connections and reduce disruptions in care. Common uses include:

- **Housing stability:** rent, utilities, move-in costs
- **Cultural engagement:** travel to ceremonies, regalia, traditional food
- **Family visits:** groceries, phones, transportation
- **Relationship building:** shared meals, birthdays, celebrations
- **Stabilization:** treatment access, job interviews, transit

These timely, flexible investments not only meet basic needs but also foster trust, strengthen relationships and support culturally safe healing. The BRF continues to demonstrate how responsive financial support can contribute to long-term, positive outcomes.

5 CROSS SYSTEMS COLLABORATION

Trellis works not only alongside youth and families, but also within the broader systems that shape their lives. As the primary public system responsible for young people in care, Children and Family Services (CFS) plays a critical role. Through the Transformation Project, Trellis prioritized deeper collaboration with CFS to strengthen shared accountability for permanency planning and reduce barriers to family engagement.

By introducing new tools, including shared intake processes and a formal consent form for family-focused work, Trellis aimed to create a more coordinated, youth- and family-centred approach. While uptake across CFS teams varied, these changes laid the groundwork for more consistent partnership and a smoother experience for youth and families navigating multiple systems.

Key Outcomes

Though the work of systems transformation remains complex, collaboration with CFS has strengthened. Conversations have shifted, and internal and cross-system processes have improved. Continued relationship building remains important, but signs of progress are already visible.

- **82% of youth gained formal consent from CFS for Trellis to do family work/family finding**
- **92% of youth had a permanency plan at intake (↑ 17%)**

These shifts reflect stronger coordination, fewer delays and a growing shared commitment to supporting family connection and long-term stability.

Transformation in Action: A Family Reunited

In the summer of 2024, Sarah* entered Trellis' care following a significant breakdown at home, largely due to her mother's struggle with addiction. It was a difficult and uncertain time for both of them but also the beginning of a powerful journey.

From the outset, Sarah was supported by a team deeply invested in her healing. Her Youth and Family Case Manager (YFCM) not only built a strong, trusting relationship with Sarah, but also worked closely with her mother, who made the courageous decision to enter detox and treatment. As Sarah settled into the group home, Trellis' clinical team and frontline staff collaborated to create a safe and supportive environment for her during such a difficult time in her young life.

At the same time, the team worked in close partnership with Children and Family Services, aligning with Sarah's case team to support the family's reunification. Open communication, shared planning and early coordination allowed for progress to happen more quickly.

Throughout this journey, the Barrier Removal Fund (BRF) also played a critical role. After completing treatment her mother was supported to secure one of Trellis' housing units, with move-in support provided by the BRF. It covered groceries, transportation and communication costs during the transition period, enabling Sarah and her mother to rebuild their relationship through regular home visits. The YFCM walked alongside her mother, connecting her to temporary income supports while she secured full-time employment.

A thoughtful transition plan allowed Sarah to increase overnight visits over time, helping both her and her mom regain trust, confidence and stability. With everyone working toward the same goal, Sarah was able to safely return home in under a year.

This wasn't just a return to a home, it was the rebuilding of a family.

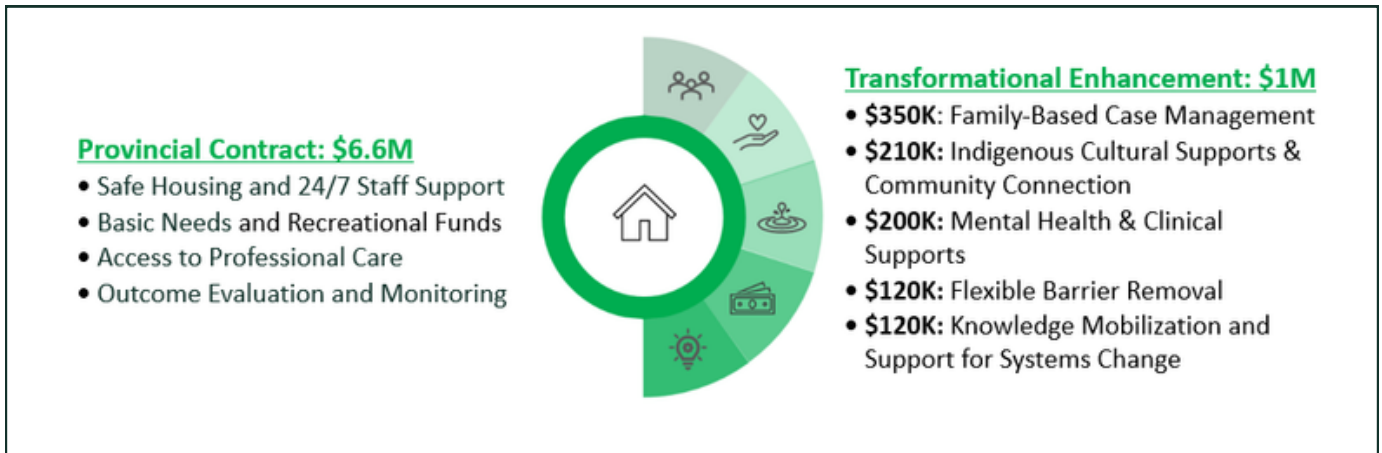
Sarah's story shows what's possible when care is relational, collaborative and responsive. It highlights the power of Transformation Projects' program enhancements to support families in healing and moving forward together.



**Names have been changed for privacy.*

Financial Investment in Transformation

Transforming group care requires investment beyond core contracts. The Province of Alberta has committed \$6.6 million toward essential service delivery across Trellis' seven group homes. However, an additional \$1 million, identified through a two-year evaluation, was needed to implement key enhancements.



Thanks to a \$1M grant from The Calgary Foundation, Trellis launched Year One of the Transformation Project. Additional philanthropic investment is being sought to continue the pilot through years two and three, with the goal of securing stable funding through the Alberta Government in Budget 2027.

Key Learnings and Challenges

Throughout the first year of the Group Care Transformation Project, Trellis encountered challenges and celebrated successes. Each offered valuable insight into what it takes to reimagine group care in a way that centers relationships, healing and cultural belonging.

EMBEDDING TRANSFORMATION ACROSS THE ORGANIZATION

One of the most significant learnings has been that meaningful transformation cannot occur in isolation. Change must be embedded throughout the organization across roles, routines and mindsets. Family connection and cultural engagement cannot be treated as program add-ons and must be integrated into daily practice and core responsibilities. This shift required substantial change management, coaching and reflective supervision.

While many staff embraced the opportunity to innovate, others found it difficult to navigate new expectations, ambiguity and the departure from compliance-based programs. Trellis leadership spent more time than anticipated supporting teams through this cultural shift, underscoring the need for sustained investment in people and process.

CLARIFYING ROLES AND STRENGTHENING COMMUNICATION

Early in implementation, role clarity emerged as a key challenge. As new positions like Youth and Family Case Managers (YFCMs) and Circle Keepers were introduced, clearly distinguishing their responsibilities from those of frontline support staff became essential. More consistent communication at the outset could have reduced uncertainty and supported quicker alignment across teams.

Over time, clearer role definitions allowed YFCMs to focus on family finding, reconnection and long-term planning, while frontline staff maintained responsibility for day-to-day care. This clarity created space for deeper relationship-based work and improved coordination. Advocacy and ongoing collaboration with Children and Family Services (CFS) were also critical in supporting this shift, as the model evolved into a more integrated, relational approach – central to Trellis’ vision for youth-centred, family-driven care.

To further support coordination, Trellis introduced the role of Manager of Group Care Placements and Family & Natural Supports. This position provides a consistent point of contact for referrals and helps streamline communication across systems. Documentation related to placement history, medical needs and family contacts is now more reliably shared, and practical matters like school transportation, medical appointments, technology access and allowances are managed more efficiently, ensuring smoother transitions for youth entering care.

A key example of this evolving clarity is the introduction of a formal consent form for family finding and natural support work. While some caseworkers welcomed the shift, others view this area of work as solely a Ministry responsibility. By clearly defining family connection as a core component of group care, Trellis has seen a gradual increase in collaboration and shared ownership of this work.

LENGTH OF STAY

A key goal of the Transformation Project is to support youth to exit care well and more quickly by focusing on early intervention, family connection and permanency planning. By reducing the time youth spend in group care, the model aims to prevent disconnection and support more stable, long-term outcomes.

In the first six months of implementation, the average length of stay decreased to 162 days from 204 days in the year prior, reflecting early progress toward this goal. However, in the second half of the year, several young people who had been in Trellis’ care for multiple years were successfully supported to exit the program. While these were positive outcomes, their extended histories in care raised the overall annual average length of stay to 267 days.

This data underscores the importance of continued tracking and analysis. As the model becomes more fully embedded and more youth enter directly into the transformed approach, Trellis will be able to better assess its impact on length of stay and long-term outcomes.

They helped this young person reconnect with her mom and find housing in the community. A true success!

CFS Caseworker

TRELLIS WRAPAROUND SUPPORTS

One of the design goals was to make it easier for Group Care youth to access additional Trellis supports like youth employment or clinical services. In 2024-2025, 77% of youth accessed at least one additional Trellis service:

- 28% accessed formal clinical services
- 57% engaged in Youth Employment programming
- 3% accessed Youth Programming (social-emotional learning opportunities)

Although promising, we aim to see this grow to include additional Trellis services for youth and their families/natural supports. We are continuing to build relationships between teams, promote warm hand-offs and create more seamless access for youth across the organization.

CAPTURING THE IMPACT OF RELATIONAL AND CULTURAL SUPPORT

Culturally grounded, relationship-based support, delivered by Circle Keepers and clinicians, continues to build trust, healing and engagement. However, these outcomes are often challenging to quantify using Western-based methodologies and assessment tools. Trellis is exploring parallel processes while also refining its data systems, assessment tools and follow-up practices to ensure that relational and cultural work is meaningfully reflected in learning and evaluation.

To support integration, Trellis introduced a liaison model where a designated group home staff member partners with the Circle Keeper. This role supports shared delivery of cultural activities and ensures the work is documented in ways that honour both Indigenous practices and Western reporting systems, ensuring the impact is both felt and seen.

UNDERSTANDING SYSTEM DYNAMICS AND YOUTH PATHWAYS

The broader child intervention context continues to shape the experience of young people in group care. Patterns in intake and discharge highlight the complexity of care journeys and the ongoing need for coordinated, long-term planning across systems:

39% youth were discharged to another group home

8% of discharged youth entered short-term placements (detox, secure facilities, etc.)

22% had CFS involvement for less than one year at intake

10/30 Youth with a CFS goal of "independence" as their permanency plan were under the age of 16

43% had three or more years of involvement with CFS

These figures reflect the range of histories and transitions youth experience, some entering care for the first time, others navigating long-standing involvement. While short-term placements may offer necessary interim support, they can also contribute to disrupted connections and make long-term stability harder to achieve.

Living at the group home has taught me new coping skills, how to go out safely, how to communicate my problems, and how to actually advocate for myself.

Youth in Group Care

Trellis' experience delivering this project has deepened our understanding of how group care fits within the broader system. It has highlighted where our approach aligns with policy goals, and where additional collaboration and flexibility are needed to fully support youth.

We recognize that no single organization can address systemic challenges alone. Through data-informed advocacy, continued partnership and a commitment to centering youth and families, we remain focused on what's needed for long-term success: consistent support, meaningful relationships and the time and space to build lasting stability.



Looking Ahead and Recommendations

The Transformation Project for Young People in Care has shown that meaningful, lasting change in group care is both possible and essential. Over the past year, Trellis implemented five core enhancements (Youth and Family Case Managers, Circle Keepers, expanded clinical supports, a Barrier Removal Fund and cross-systems collaboration) within a model grounded in relationships, family and culture.

A sustained commitment to reconciliation, racial equity and justice remains foundational. Guided by the Indigenous Parallel Report, Trellis will continue to expand cultural supports, strengthen partnerships and embed culturally safe practices across all areas of care.

While transformation takes time, early signs of progress are already visible: in language, practice and stronger alignment across teams. Continued investment will be critical to sustain and scale this work, with evaluation efforts in place to ensure accountability and keep community leadership at the center.

One year in, a clear learning has emerged: meaningful transformation starts with clear values, centers those most impacted and must evolve through reflection and adaptation. It takes sustained commitment from staff, leadership, partners and community. That is how we build a better system together.

