



Service Expectations – Emergency Care

Specialized Homes and Support Services is a suite of services within the ministry's broader system of care. It is comprised of four distinct service types: Emergency Care; Low-Barrier Short-Term Stabilization Care; Respite Care; and Specialized Long-Term Care. Each of the Specialized Homes and Support Services contracts has, within its care type: consistent service expectations, deliverables, and intended outcomes across the province. In accordance with legislative requirements, placement priorities and best practices, Specialized Homes and Support Services are considered only after exploring less intrusive options to meet a child/youth and family's needs, such as supports through extended family, community, or the Family Care Home network.

Emergency Care provides a safe, supportive short-term (approximately 30 days) placement for children and youth who cannot live safely with their family, for whom no other care arrangement is readily available, and who are in the care of the Director. Children and youth placed in Emergency Care benefit from an environment that supports their health, wellness, culture, and recovery, and that of their family. Emergency Care staff facilitate the assessment of the child/youth/family's unique needs and circumstances and are involved in the coordination of community supports.

Emergency Care contributes to successful transition planning for children and youth by: providing safe, trauma informed care, during what can be a particularly challenging time for families; providing a concentrated period of time to gather the circle to further seek out and assess extended family/community care provider options, or "right-fit" placements, and; develop an understanding of the child/youth's needs to support a transition home or to new carers.

The Emergency Care service differs from Low-Barrier Short-Term Stabilization Care in that it is intended to be used in situations where a child has an emergent need for a safe place but is not known to require stabilization. Emergency Care is intended to be used when a 'safe landing place' is urgently required and when a child has been removed or a placement has broken down and a less intrusive option is not available. The service does not conduct its own functional assessments or have clinical staff, but supports social workers in facilitating appropriate information and assessments to support planning and transition for the child/youth. If a child or youth is determined to be in crisis they would be connected to the appropriate supports (e.g. Low-Barrier Short-Term Stabilization Care

or hospital). The service is not intended to be used as an entry point for all children/youth coming into care, or sequentially before accessing other SHSS services.

Service Recipients:

Children and youth may be considered for placement in Emergency Care if they:

- Have come into care on an urgent basis as the result of a sudden breakdown in their family or out-of-care arrangement;
- Are in care and have experienced a sudden breakdown in their placement; and
- Where extended family, a community member or a family care home is unavailable

Service Length:

Anticipated length of stay is less than 30 days. Extension past 30 days requires approval from the ministry.

Desired Outcomes of Emergency Care:

How this service is intended to benefit a child/youth and their family

Intended Outcomes	How we measure this (examples)
Child/youth moves to a ‘right fit’ living arrangement or placement	Decrease placement breakdown or unplanned moves post-emergency placement
Child/youth experience safety and improved wellbeing	Improved experience of day-to-day wellbeing for child/youth
Child/youth’s attachment and emotional ties to family ¹ and other supportive relationships is improved.	Movement from Emergency placement to Out of Care (OOC) or return to family. Family, sibling, community and other meaningful contacts are facilitated and supported during the child/youth's stay as per their plan (increase to positive relationships)

How this service is intended to positively impact the broader system of care

Intended Outcomes	How we measure this (examples)
Reduce long-term specialized placements (increase Out-of-Care arrangements)	Use of long-term specialized care aligns with prevalence of children/youth with significant support needs
Increased use of Out-of-Care arrangements for children who cannot live safely with their parents.	Number of children/youth who move from emergency placement to OOC vs. foster or long-term specialized SHSS care

¹ Consistent with s.17 of An Act respecting First Nations, Inuit and Métis children, youth and families; Policy 1.1 Working with Indigenous Children, Youth, Families and Communities; and other relevant sections of the Child, Family and Community Service Act

Key Benefits of Specialized Homes and Support Services – Emergency Care:

- Provides a safe landing place during a challenging time for a child and family that minimizes the negative impacts of coming into care or the sudden breakdown in their current placement
- Provides time and space to understand the child's and family's needs and convene the child's circle.
- Supports current and future living arrangement stability and overall child/youth well-being by facilitating assessments, planning and coordination of community supports
- Supports the development of appropriate and supportive placements that meet the child's needs if reunification or out-of-care options are not possible right now; including the collection of information about the day-to-day needs of the child that can inform transition planning
- Provides an emergency stop gap that avoids placing a child in an inappropriate environment before the 'bestfit' placement can be arranged

Practice Principles:

- Best Interest of the Child (CFCSA) and Best Interests of the Indigenous Child (*An Act respecting First Nations, Inuit and Métis children, youth and families*)
- Placement Priorities as outlined in s.71 of the CFCSA and s.16 of *An Act respecting First Nations, Inuit and Métis children, youth and families*, and Ongoing Reassessment of Placement
- Culturally responsive and aligned to the [Aboriginal Policy and Practice Framework](#)
- Trauma-Informed approach (in alignment with [Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#))
- Strengths based: practice that concentrates on the inherent strengths of children, youth, families and communities
- Developmentally appropriate: practice that varies with and adapts to the age, experience, interests and abilities of individual children
- Harm reduction: practice that aims to minimize the negative health, social and legal impacts associated with health behaviours – working with people without judgement, coercion, discrimination or requiring that they extinguish the problematic health behaviours completely as a precondition of support
- Rights of the Child: Uphold the obligations outlined in s.70 (Rights of Children in Care) of the CFCSA; an Indigenous child's inherent right to culture, language, and tradition; and the *Convention on the Rights of the Child* which provides a foundation for the protection of children's rights globally.

Deliverables:

- Provide a home environment that is welcoming, safe, structured, predictable, and supportive, with 24-hour individualized care to children/youth
- Provide a physical environment that is culturally safe, developmentally appropriate, trauma informed, and that enables the effective care and comfort of the children and youth
- Provide a culturally safe, trauma informed environment of care where the family, extended family, and community of children and youth placed are welcomed

Programmatic features:

Child/youth's transition into the service:

- Welcome a child/youth ensuring they are informed and involved in all processes that affect them: include them in identifying their own goals for permanency, outlining their needs, etc.
- Support children/youth being brought into the home at any hour of the day and any day of the week
- Facilitate meeting with the child/youth's care team within 48 hours after admission

Collaboration with ministry, care team and community supports:

- Actively work to understand the child and their day to day needs – providing on going and updated information to the child's care team to support planning
- Work with community professionals, paraprofessionals and community members (e.g. Elders, cultural leaders) to address the child/youth's medical, physical, emotional, mental, behavioural, spiritual and other day to day needs
- Facilitate appropriate contact with family members identified by the child/youth and their social worker

Supporting the child/youth transition out of the service:

- Actively involve the child/youth in their transition planning, identifying their needs in the process
- Develop supportive transition strategies and materials for the child/youth and their caregivers
- Ensure the clear sharing of all information pertaining to a child/youth's day-to-day needs
- Facilitate transition planning by working with caregivers, the child/youth's care team and Indigenous community, where appropriate

Supporting child/youth in everyday living

- Ensure the safety of all children and youth at the resource and mitigate the issue of not having information immediately available on their medical, physical, emotional, mental, behavioural, spiritual and other needs
- Support children/youth to develop new skills to care for themselves
- Provide recreational, community and culturally appropriate activities
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- Maintain existing relationships with friends, sporting events, schools - Facilitate regular attendance at school, in day programs, at family visits or in recreational activities, as appropriate to the child's needs
- Provide healthy, nutritious meals and snacks in accordance with traditional diet and /or Health Canada's "Canada Dietary Guidelines" or the professional advice of dietary experts, where appropriate
- Ensure that all medical and dental needs are addressed
- Administer medications, monitor and report side effects, and proactively seek medical oversight/consultation for suspected medication issues

- Develop and maintain good relationships with the neighbourhood and community in which the youth resides
- Provide opportunities/activities that encourage positive peer interaction
- Actively search for children/youth who have not returned to the resource and/or are involved in high-risk activities
- Promote children/youth's day to day hygiene care
- Involve children/youth in activities that include, but are not limited to: shopping, budgeting, meal preparation, household chores, use of public transportation, and work experience appropriate to their age and developmental level
- Ensure children/youth have access to technology to support their education, recreation and social development
- Provide transportation to/from appointments/school/work/day program/recreational activities/family visits, as per their plan of care
- Provide crisis intervention and support children/youth at all hours, both inside and outside of the resource
- Where appropriate, host the family and community visits inside the resource
- Provide supervised visits where necessary

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Staffing Model/Expectations:

2-3 Bed Resource	Staffing
Residential Child/Youth Workers _(see appendix B for staffing expectations)	Residential Child/Youth Workers (at least two workers at the resource during the day)
Night Staff (see appendix B for staffing expectations)	Awake Residential Night Worker (one to two workers at night)
Supervision and Program Management (see appendix B for staffing expectations)	Residence Coordinator
	Program Manager
<p>Supplemental Supports – additional support to meet the needs of the child/youth.</p> <p>These supports will be provided based on the child/youth’s service plan and determined/approved through collaboration with the ministry.</p> <p>Efforts will be made to leverage existing community services and supports (e.g. Ministry provided and contracted Child and Youth Mental Health and Child and Youth Support Needs services).</p> <p>for the purposes of:</p> <ul style="list-style-type: none"> • Assessment • Clinical consultation • Intervention and therapies provision • Clinical care planning 	<p>Examples of supplemental supports include:</p> <ul style="list-style-type: none"> • Additional staffing • Clinical consultative services • Clinical interventions • Cultural supports

If required, additional on-call staff as needed to ensure sufficient staffing at all times. Subject to MCFD approval, staff may be redeployed to other programs during periods of extended vacancy.

Qualifications:

The Agency will hire staff with an appropriate level of training and experience for their position per Appendix B.

Special Equipment:

Children/youth require universal accessibility at the facility. Reasonable access child-specific equipment will ensure their safety, recreation, and socialization in and out of the facility (for example: equipment augmenting inclusion, transportation supports).

Appendix A: Examples for SHSS Service Planning

SHSS Service Plan

A SHSS Service Plan is a document created locally at the service that supports the child's care and includes relevant information on their needs, preferences and goals. The Service Plan is created by the caregivers at the resource in partnership with the child/youth and their guardianship social worker. The Service Plan mirrors and builds on the child/youth's Care Plan and details additional relevant goals and preferences driven by the child/youth. The plan supports local coordination of care for the child at the service between caregivers, the child/youth, the family (where appropriate) and other supports at the SHSS service.

Examples of what the SHSS service plan may include:

- What are the child's needs, strengths, interests, fears, likes/dislikes? How can their time at the resource be structured to accommodate these needs?
- What are the child's goals for their time at the service, and after?
- What are the mental health, cultural, physical, trauma, identity confirming and developmental-related supports required immediately and for their long-term wellness?
- How can the physical environment be used to support the child's comfort, need for stability and support?
- What is this child's current and desired network of peer support and how can we strengthen positive peer connections?
- Where appropriate, is this child connected to an Elder or other cultural/spiritual support?
- What existing family and community connections need to be maintained and how can these connections be supported to do that?
- How can the child/youth be supported to gain a sense of personal identity and healthy risk taking?
- Planning for the safety of child's and other children at the service.

Appendix B: Staffing, qualifications and expectations (examples)

Residential Child/Youth Workers	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Participates in the assessment, goal setting and progress evaluation of children / youth • Teaches children / youth to relate in a socially appropriate manner through the use of daily routines and activities • Monitors clients in a residential setting and ensures their safety and well-being • Provides trauma informed counselling (through behavior management, attachment based, relational or other appropriate evidence informed modalities) to clients on a one-to-one and/or group basis by performing duties such as providing feedback on clients’ behavior, teaching coping techniques and adaptive behavior and providing guidance and support. • Provides emotional support and crisis intervention to clients which may include non-violent physical interventions • Ensures communication and liaison between group home, school, family and the community • Ensures that clients’ physical needs are met by performing duties such as assisting with basic personal hygiene, preparing meals, and administering medication as required in accordance with established guidelines, procedures and instructions. • Maintains reports such as statistics, logbooks, daily activities on residents • Carries out household duties such as meal preparation and household cleaning • Accompanies clients to appointments and community outings 	<p>Qualifications:</p> <ul style="list-style-type: none"> • A minimum two-year relevant diploma, or equivalent of education/experience working with children with behavioural and other needs • Specific training in behavioural modification, youth under 12 with support needs, attachment based parenting, and relationship based interventions (trauma informed practice)

Awake Residential Night Worker	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Monitors residents through the night and attends to any medical and behavioural, or emotional needs that arise during the night • Follow through on direction regarding specific residents left by the day staff • Notifies staff of any major problems or emergencies. Responds to emergencies in accordance with established policies and procedures. • Supports residents with their morning and evening routines at the beginning and end of the shift • Ensures that residents follow house rules. Monitors curfew regulations and reports to appropriate authorities as required. • Administers medications to residents in accordance with established policy • Ensures that logbooks and other documentation such as charts and incident reports are complete • Performs light housekeeping duties such as vacuuming, dusting, emptying garbage, cleaning and laundry. Performs minor building maintenance such as changing light bulbs. Reports maintenance needs to the supervisor. • Secures the building by arming alarms and locking doors and windows • Prepares and assists residents in breakfast preparation 	<p>Qualifications:</p> <ul style="list-style-type: none"> • A minimum two-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment, and other needs from a trauma informed lens • Specific training in behavioural modification, youth under 12 with support needs
Asleep Residential Night Worker	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Sleeps through the night hours but is required to wake in order to attend to unusual night-time needs that arise with the residents. • Supports residents with their morning and evening routine such as washing, brushing teeth, combing hair and assisting the residents in the preparation of their breakfast. • Administers medication to residents in accordance with established policy • Responds to emergencies in accordance with established policies and procedures • Completes related records such as logbooks, charts and incident reports • Secures the building by arming alarms and locking doors and windows 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Certificate in a related human/social service field. One-year recent related experience (or an equivalent combination of education, training, and experience)
Additional on-call and relief staff as needed to support the desired population	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • As needed 	<p>Qualifications:</p> <ul style="list-style-type: none"> • As needed

Residence Coordinator	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Oversees the day to day operations of a residence, provides ongoing supervision of staff, and evaluates program policies • Develops, implements and evaluates residence goals, objectives policies and procedures and ensures the required standards are maintained. Identifies both physical and program needs of the residence to appropriate authority. Plans with staff for changes. • Schedules, supervises and evaluates residence staff and monitors daily operations. Assists in recruiting and selecting of staff and provides guidance, training and orientation on policies, procedures, techniques, report preparation or other matters arising in the residence. Identifies the needs of staff for professional development. • Monitors, authorizes and allocates expenditures within the operating budget for the year and assists senior management in preparing the budget. Prepares and maintains related documentation. • Ensures the cleanliness, safety, security and maintenance of the residence in accordance with applicable licensing standards either directly or through delegation to staff. • Maintains the residence’s inventory of supplies • Works as a residence worker performing the duties as required 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Diploma in a related human/social service field. Three years recent related experience, including one year supervisory or administrative experience (or an equivalent combination of education, training, and experience)
Program Manager	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Provide supervision that supports consistent quality service • Lead the development of the service plan drawing on other experts where necessary and in collaboration with guardianship workers • Provides leadership, guidance and participates with staff, families and others in planning and providing client plans, case conferencing, case management and the preparation of related documents and reports. • Coordinate the care team to ensure integrated and holistic assessment and planning • Facilitate training for staff • Liaises with the community, government, families, officials, professionals, and organization staff and promotes community involvement in the program. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Diploma in a related human/social service field. Three years recent related experience, including one year supervisory or administrative experience (or an equivalent combination of education, training, and experience)

Additional professional contracted under supplemental supports, including sub-contracting of resources, require approval by the ministry.