



Key Components of Effective Service Delivery for Children and Youth with Support Needs and Their Families

MCFD Symposium Speaker Series

November 28, 2023

Presenter: Pat Mirenda, Ph.D.



Land Acknowledgement

- I want to begin by acknowledging that the land on which I live and work is the traditional and unceded territory of the Coast Salish People, including the x^wməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. I offer my respect to Elders past and present and my gratitude to be allowed to support children, youth, and families who live on this land.



Agenda

- Background and brief overview of the research process
 - Key elements for service delivery
 - General
 - Mental health
 - Indigenous
 - Barriers
 - Assets and Solutions
 - Implementation Science
- 

Background

- Invited to join the CYSN team at the Office of the Representative for Children and Youth (RCY) in November, 2022
- Commissioned to review the research on the components of service delivery for children and youth with support needs
- Report was made public in February, 2023

Key Components of Effective Service Delivery for Children and Youth with Support Needs and Their Families:

A Research Review and Analysis

Pat Mirenda, Ph.D.

Submitted to the Office of the Representative for Children and Youth

FEBRUARY 2023



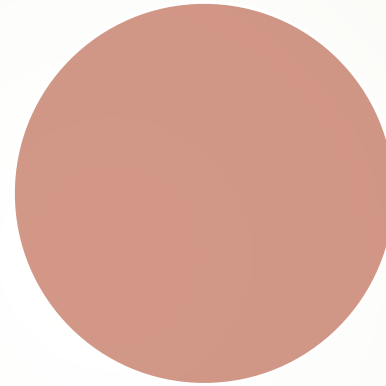


Process

- Literature search, peer-reviewed research articles written in English and published since 2000
 - *Review of research* about effective service delivery for a specific population (e.g., new immigrant families, Indigenous families) OR
 - Description of a service delivery system/ model/program *with interview, survey, or focus group data* from parents, service providers, and/or administrators
- 50 studies met the criteria: 22 focused on general service delivery, 13 on mental health service delivery, and 15 on service delivery for Indigenous CYSN

Key Elements: General

Family-centred
care





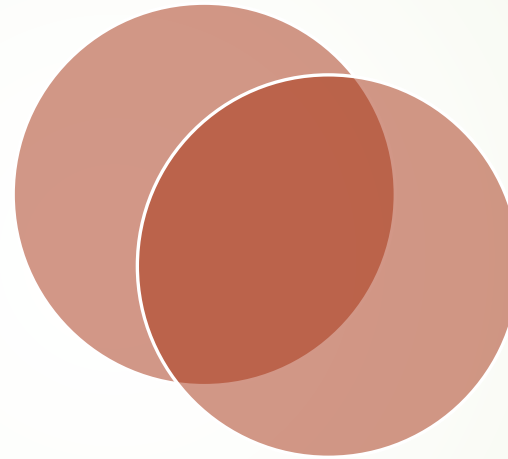
Family-Centred Care

(Rosenbaum et al., 1998)

- Parents/caregivers know their children best and want the best for their children
 - Encourage parent/family decision-making, build on strengths
- Families are different and unique
 - Choice and flexibility: what works for one family may not work for another
- Optimal child functioning occurs within a supportive family and community context; The child is affected by the stress and coping of other family members
 - Family supports (coaching, counselling, education, respite care) are just as important as child supports

Key Elements: General

Family-centred
care



Cross-sector
collaboration

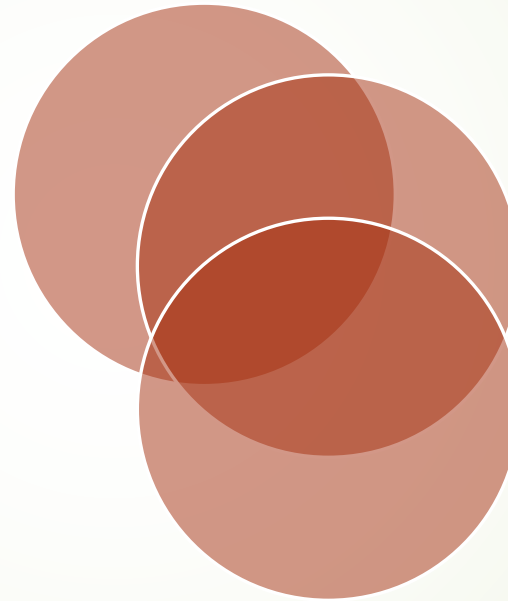


Cross-Sector Collaboration

- Services should be coordinated and seamless:
 - MCFD, Health, Education and Child Care, Mental Health and Addictions, Social Development and Poverty Reduction, Housing, Indigenous Relations and Reconciliation, etc.
 - Requires cross-Ministry planning *on the front end*, not as an afterthought

Key Elements: General

Family-centred
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Cross-sector
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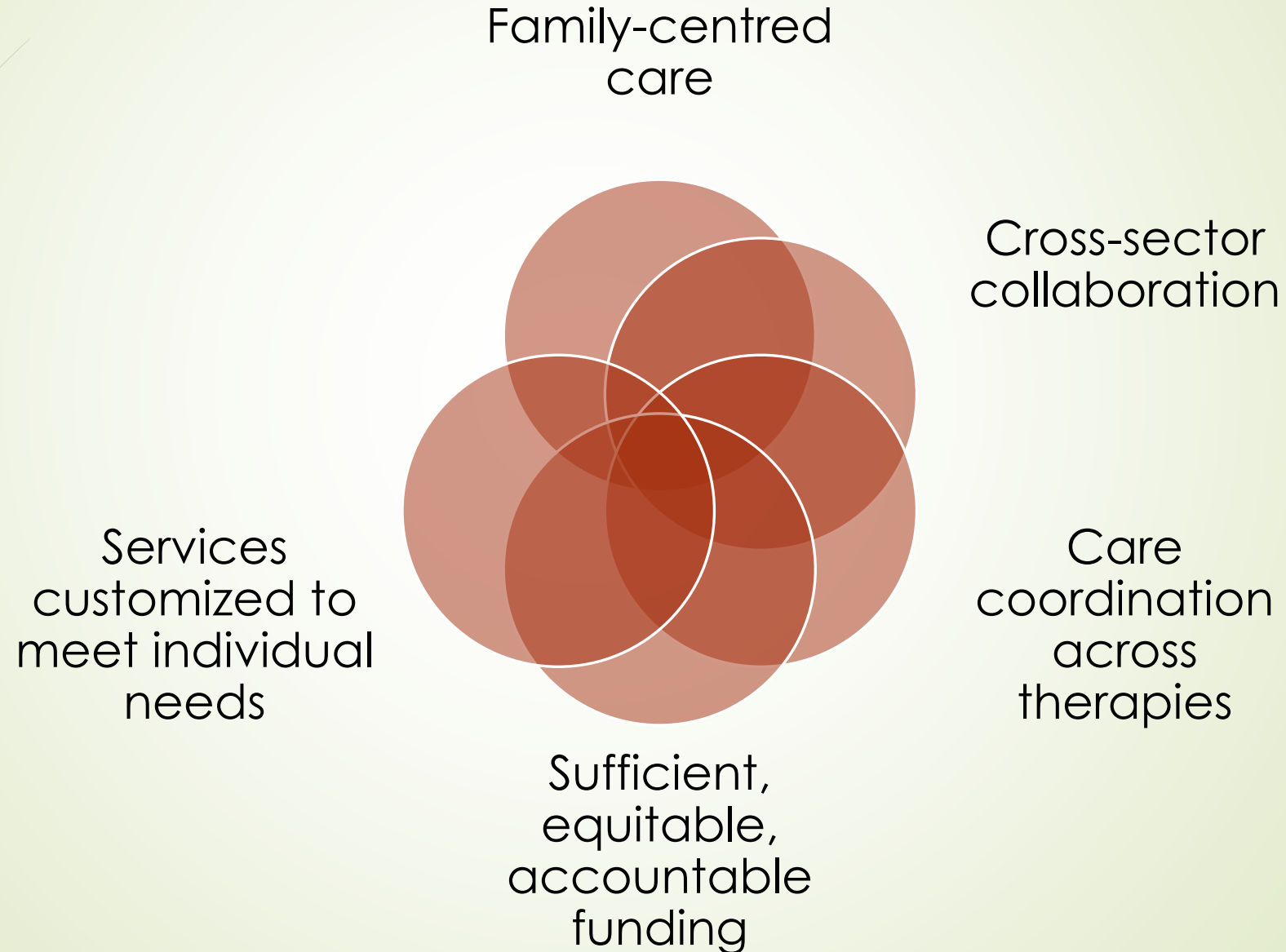
Care
coordination
across
therapies



Care Coordination


- Family assigned to a navigator who coordinates care across sectors/Ministries and locations
- For example, between a local child development centre/pilot FCC and
 - The local health unit
 - The local school district
 - Mental health services
 - Other community resources

Key Elements: General

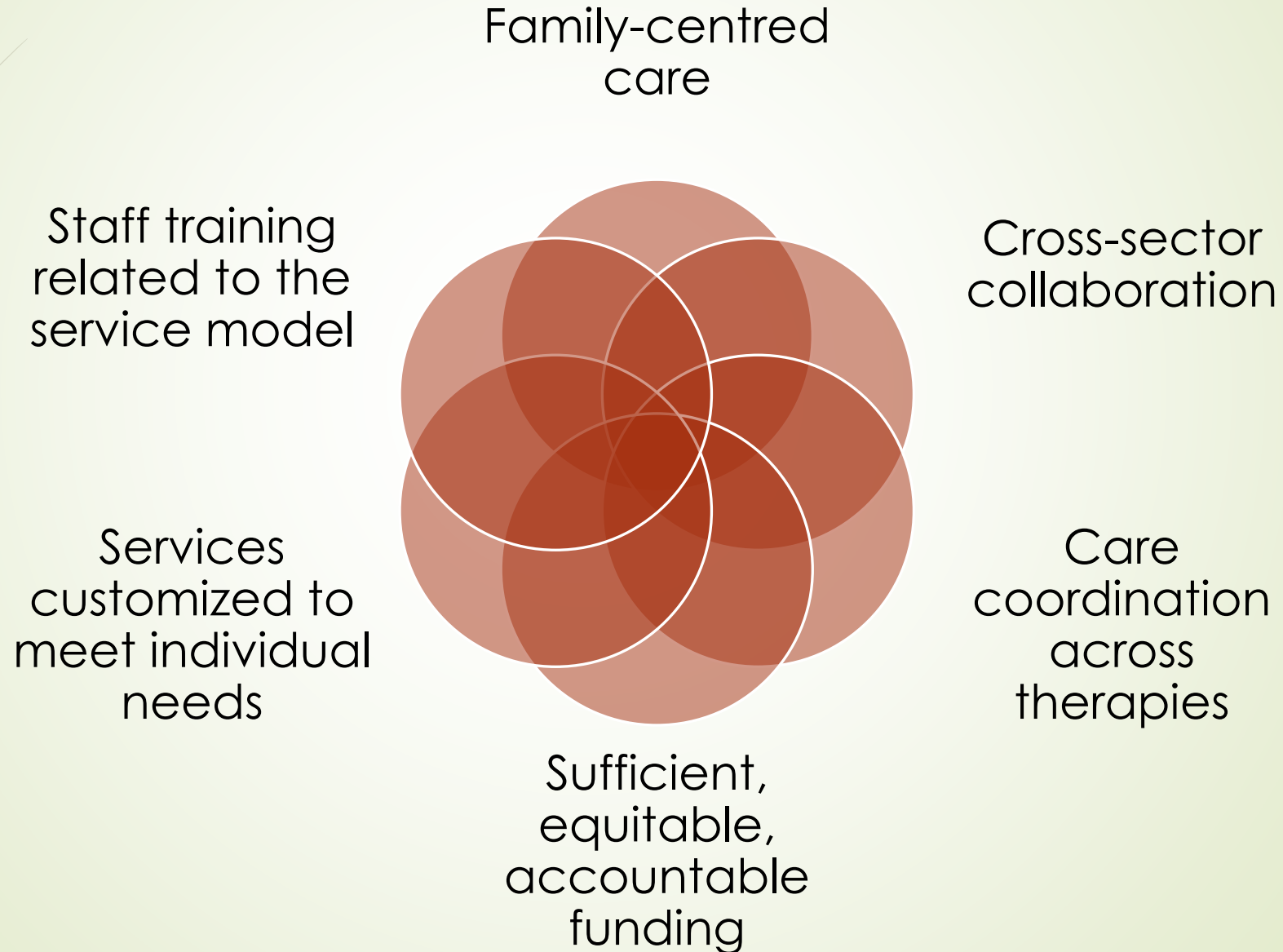




Funding and Customized Services

- Adequate funding is required in order for services to be customized with regard to
 - Intensity (hours per week/month)
 - Duration (for how long?) and
 - Quality (evidence-based? delivered by adequately trained and experienced professionals?)
- 

Key Elements: General

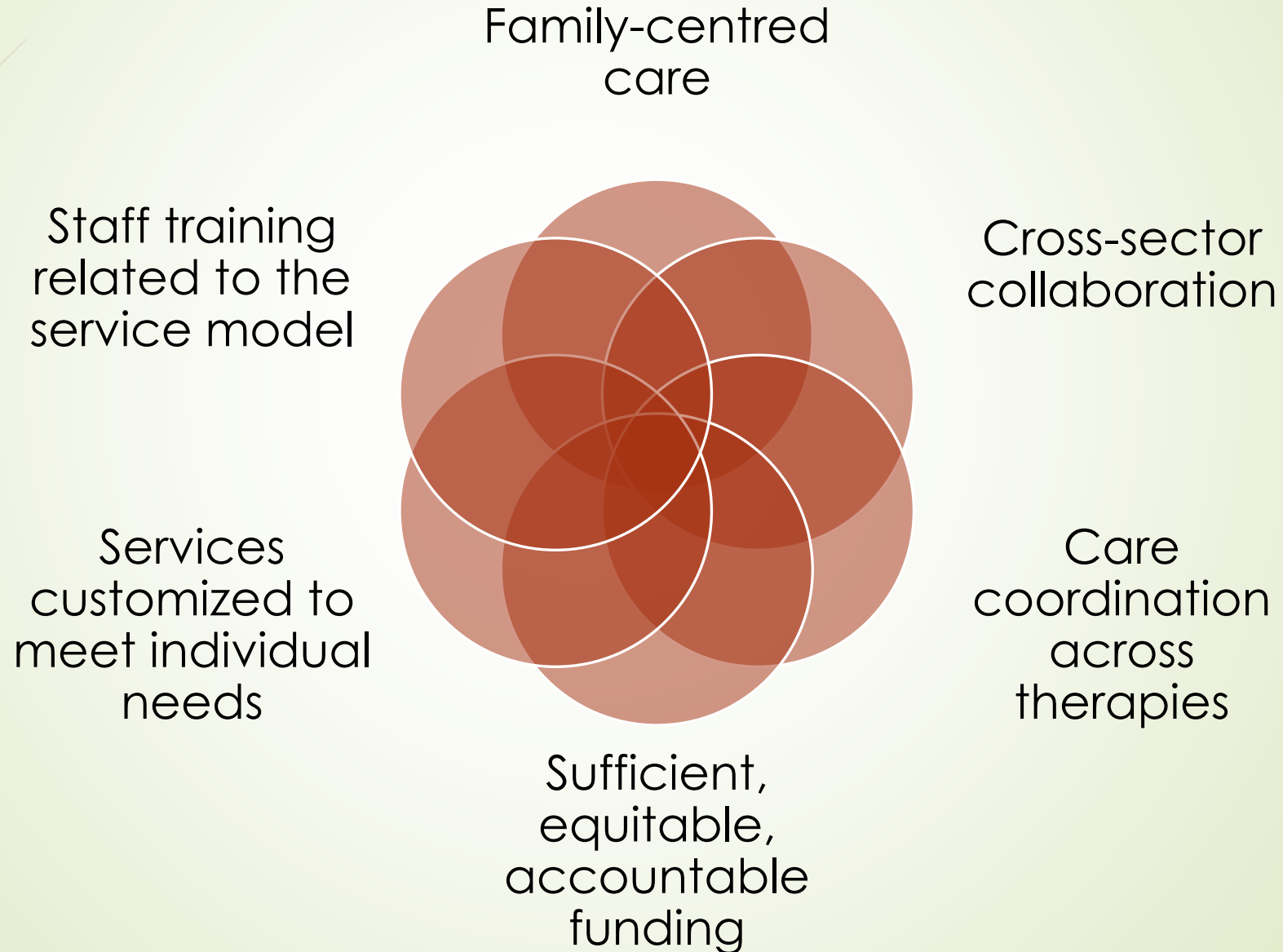




Staff Training

- ▶ A new model of service delivery cannot operate effectively without staff who are adequately trained:
 - ▶ On cultural competence and safety
 - ▶ On administrative technologies (record-keeping, etc.)
 - ▶ On technology for information-sharing that protects privacy
 - ▶ On the system set up for care coordination and case management
 - ▶ On assessment tools that might be required

Key Elements: General





Additional Elements: Mental Health



Wraparound
supports






Wraparound

- Wraparound is a team-based planning process that
 - is child- and family-centered, with *family voice and choice* at the forefront
 - builds on child and family strengths,
 - is culturally relevant, strengths-based, and flexible, and
 - is developed and implemented based on an inter-agency, community-based, collaborative process that is outcomes-focussed



Wraparound

- Requires a Wraparound care coordinator with a low caseload (e .g ., 8-12 families at a time) who facilitates this process and directs its four phases:
 - Engagement,
 - Plan development,
 - Implementation, and
 - Transition
- 



Additional Elements: Mental Health

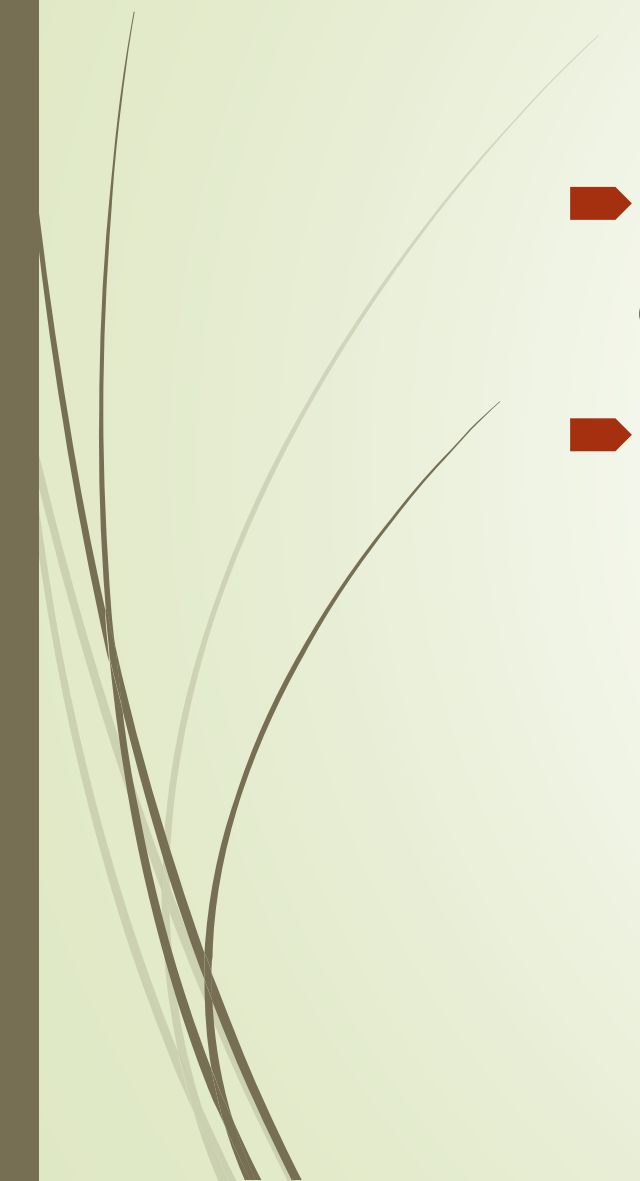


Wraparound
supports

Ease of
referral and
access




Ease of Referral and Access

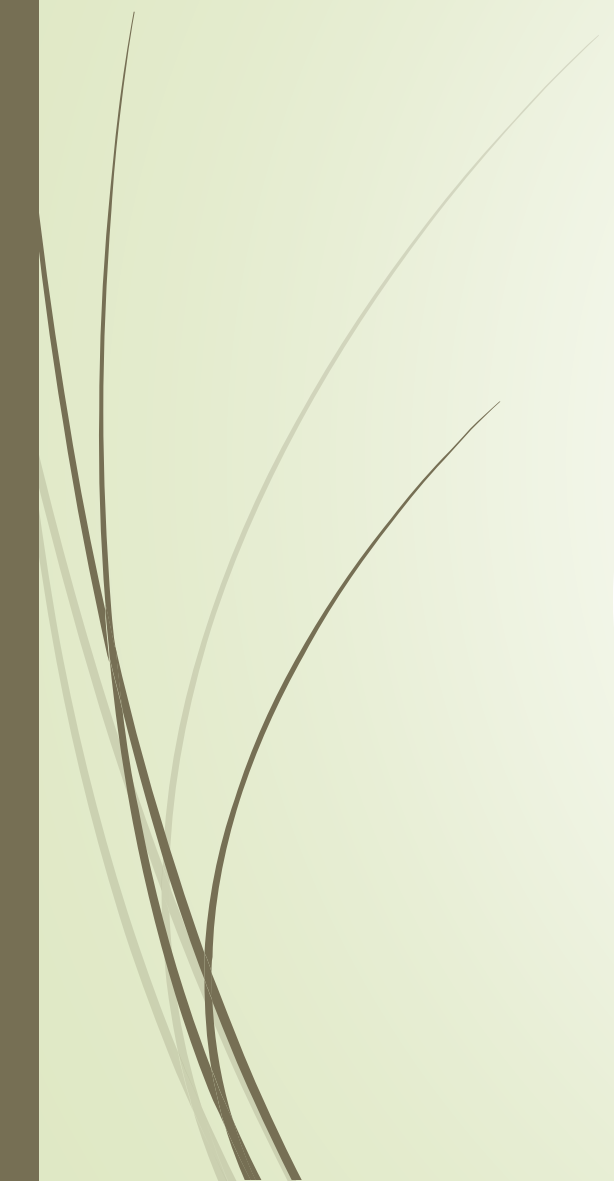
- Need for mental health services is often especially urgent
 - “No wrong door” policy
 - All “child-serving systems” – youth justice, mental health, child welfare/protection, disability services and supports, and education – collaborate and share responsibility for these services
- 



Additional Elements: Indigenous Care



Embed
Indigenous
culture,
values, and
practices;
“Two-eyed
seeing”



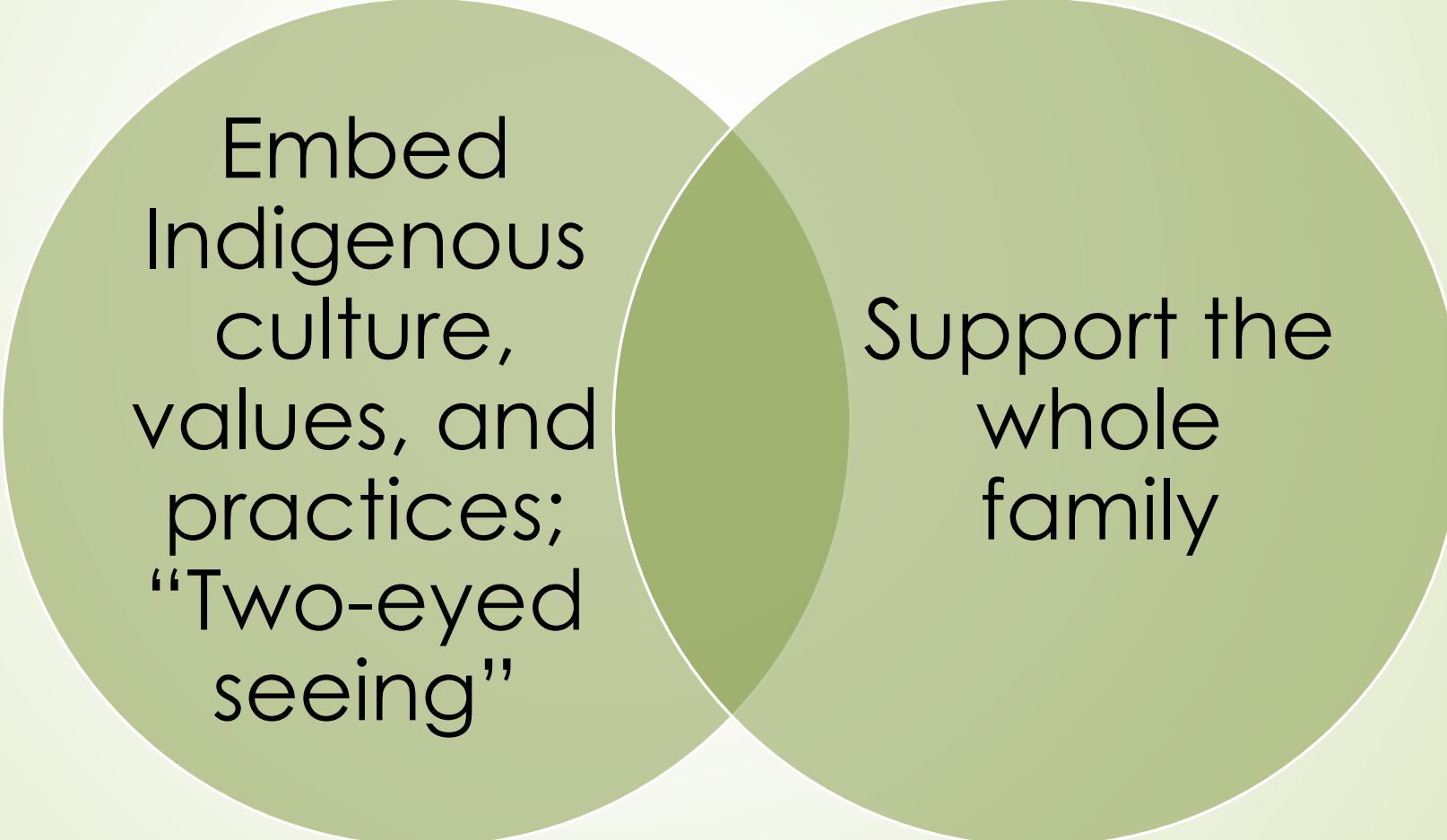


Two-Eyed Seeing

- Created by honoured Mi'kmaq Elders Albert and Murdena Marshall
- Based on the idea that “one can learn to take the perspective of seeing from one eye the strengths of Indigenous ways of knowing, and from the other eye, the strengths of Western ways of knowing, and use both of these perspectives for the benefit of those being served” (Hutt-MacLeod et al., 2019)



Additional Elements: Indigenous Care




Embed
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Support the
whole
family

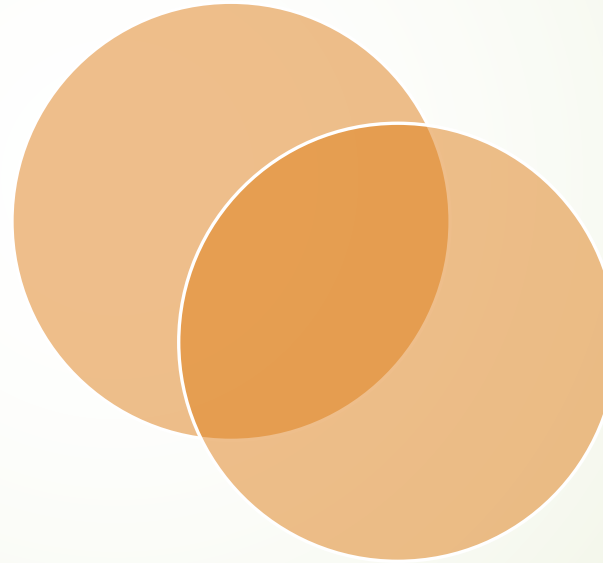


Support the Whole Family

- Indigenous families often seek support for the family, not for a child/youth
 - Support the social determinants of health beyond those that directly affect children and youth, including
 - economic stability,
 - housing,
 - access to clean water and healthy food,
 - employment, etc.
- 

Barriers

Inadequate
funding
(resources, training)



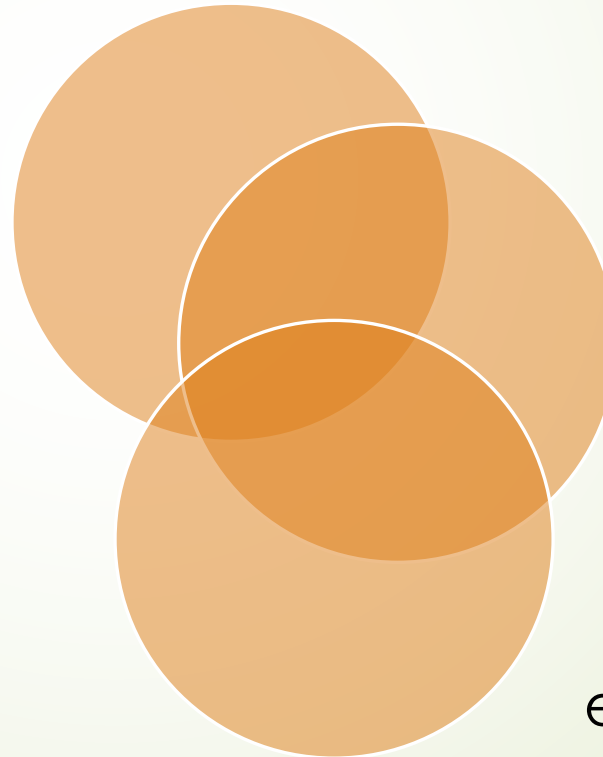
Inadequate
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service intensity,
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Barriers

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Restrictive
eligibility criteria
for some
services



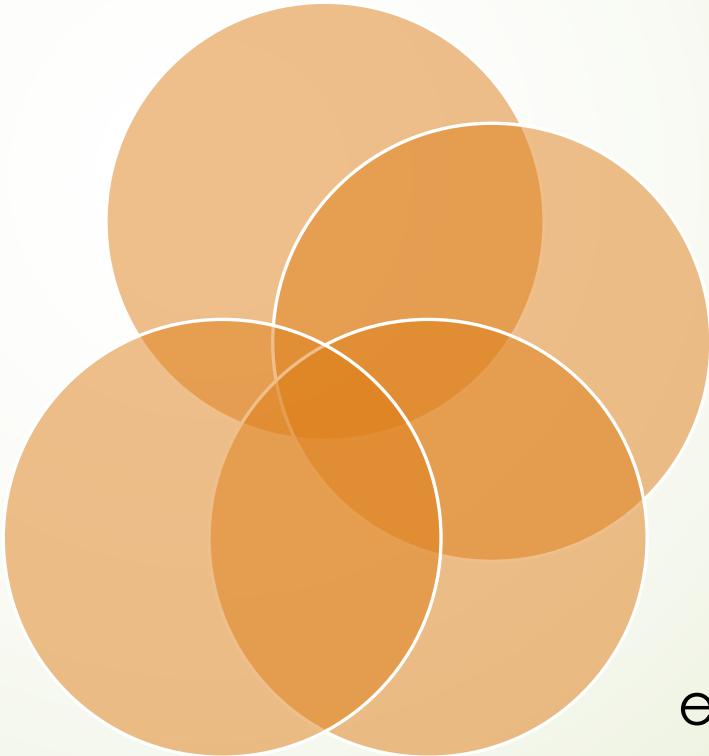
Barriers

Inadequate funding
(resources, training)

Inadequate workforce
(waitlists;
insufficient service intensity,
duration)

Restrictive eligibility criteria
for some services

Siloed services and supports



Barriers

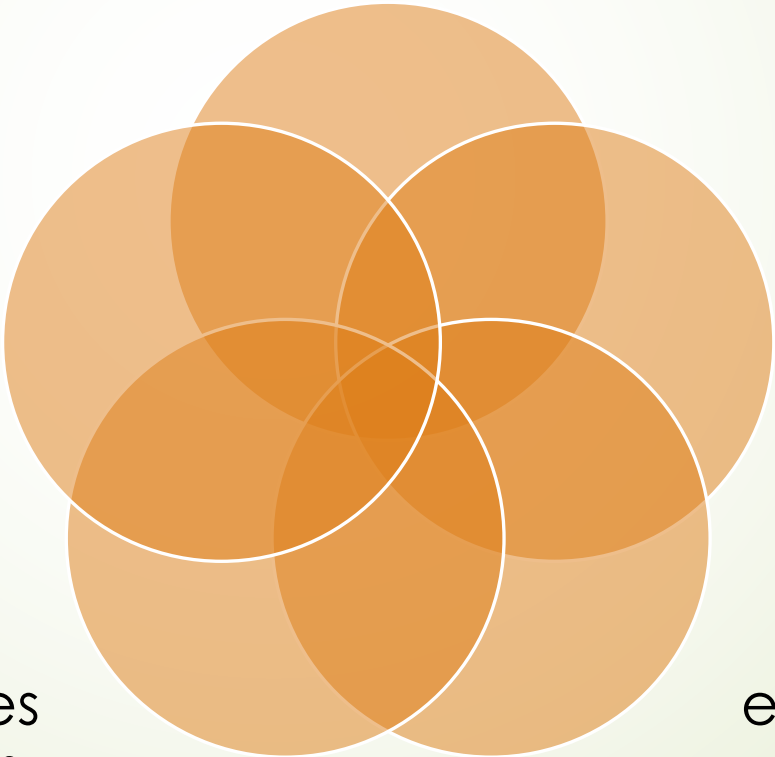
Inadequate
funding
(resources, training)

Inadequate
workforce
(waitlists;
insufficient
service intensity,
duration)

Limited family
choice and
accessibility

Siloed services
and supports

Restrictive
eligibility criteria
for some
services

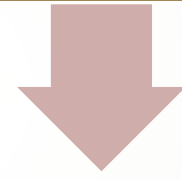


Assets and Solutions

**Transformed
CYSN
service
delivery
system**

Assets

**Current MCFD
engagement
with families,
service providers,
experts**



**Transformed
CYSN
service
delivery
system**

Assets

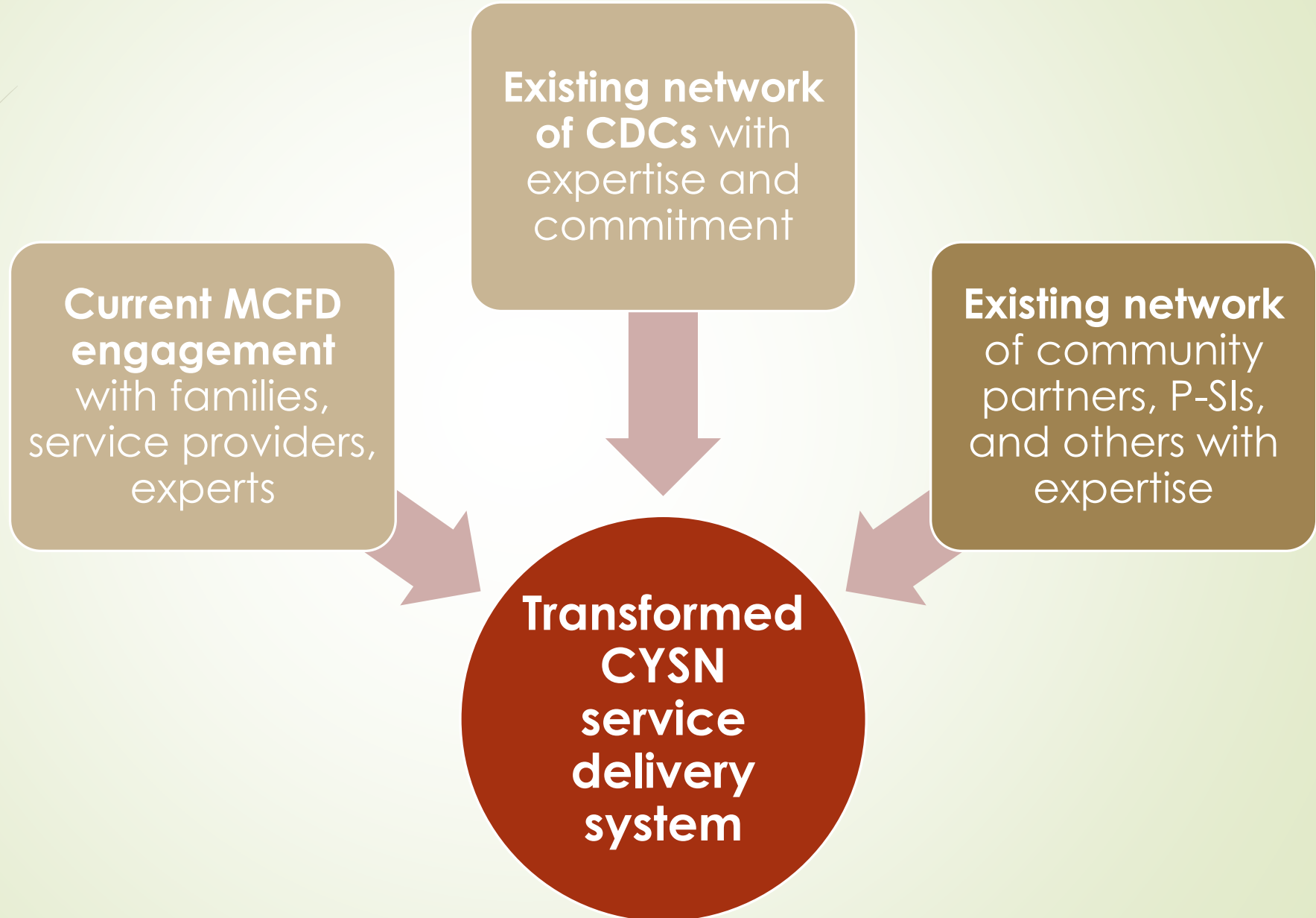
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graph LR; A[Current MCFD engagement with families, service providers, experts] --> C((Transformed CYSN service delivery system)); B[Existing network of CDCs with expertise and commitment] --> C;
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Current MCFD engagement with families, service providers, experts

Existing network of CDCs with expertise and commitment

Transformed CYSN service delivery system

Assets



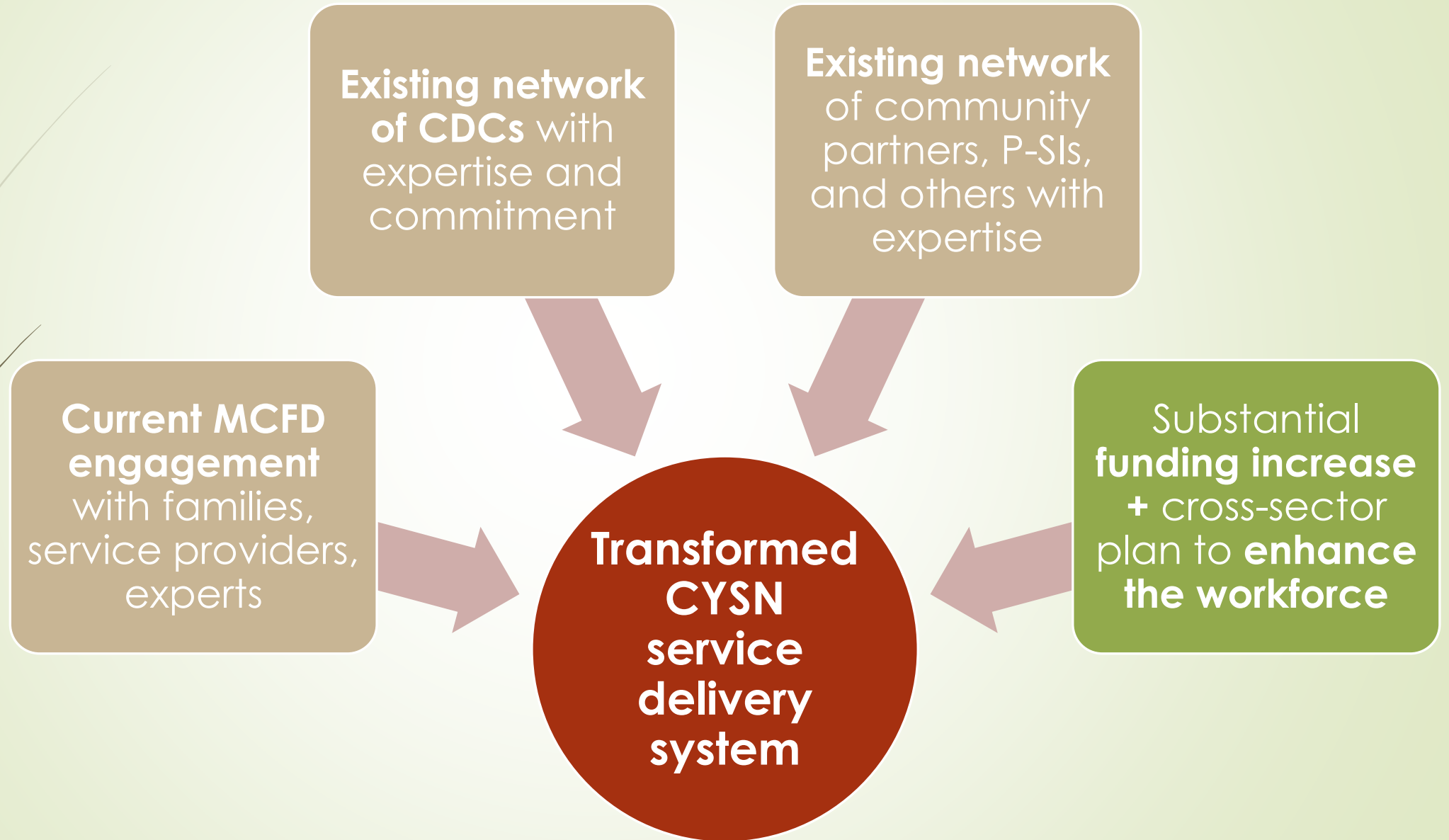
**Existing network
of CDCs with
expertise and
commitment**

**Current MCFD
engagement
with families,
service providers,
experts**

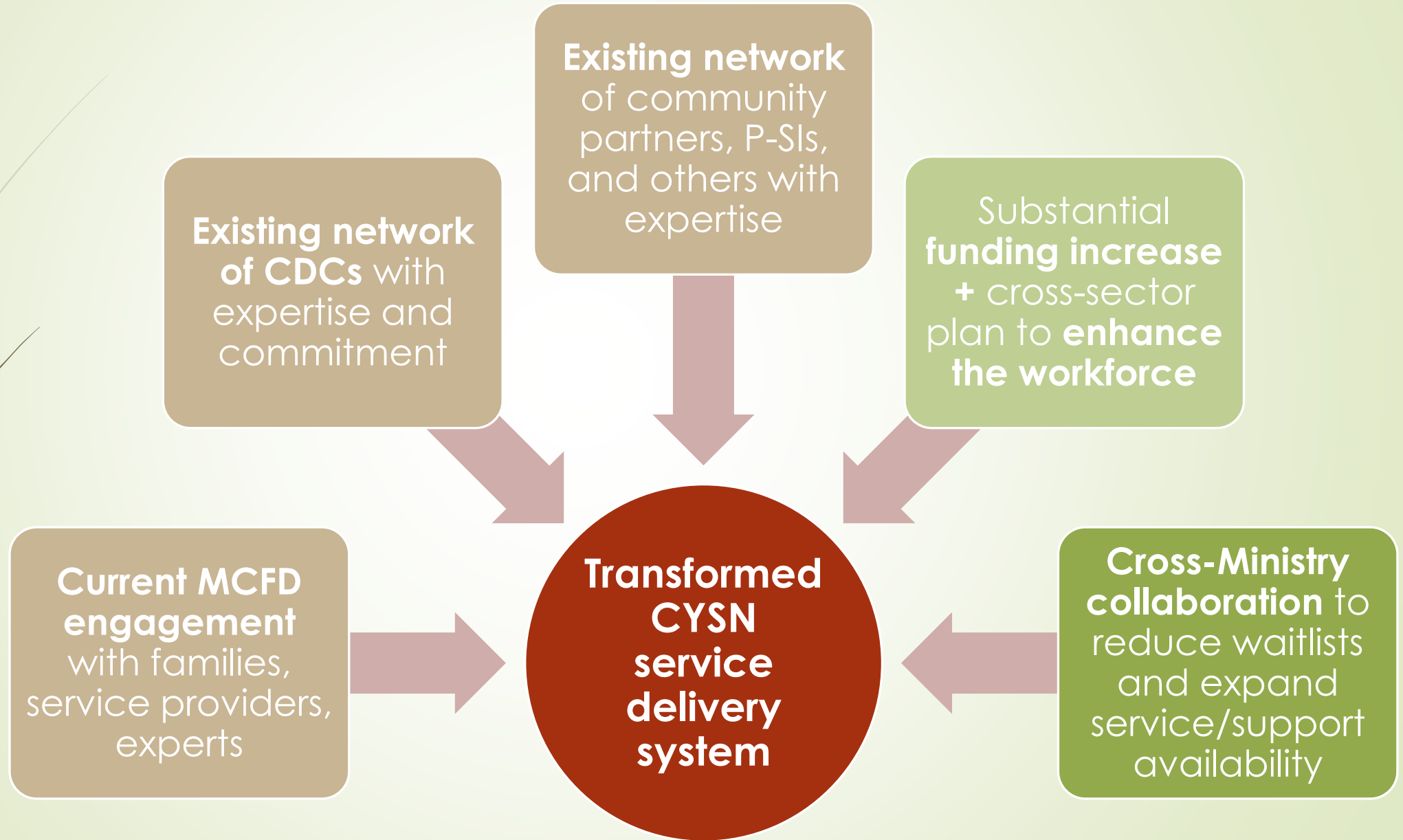
**Existing network
of community
partners, P-SIs,
and others with
expertise**

**Transformed
CYSN
service
delivery
system**

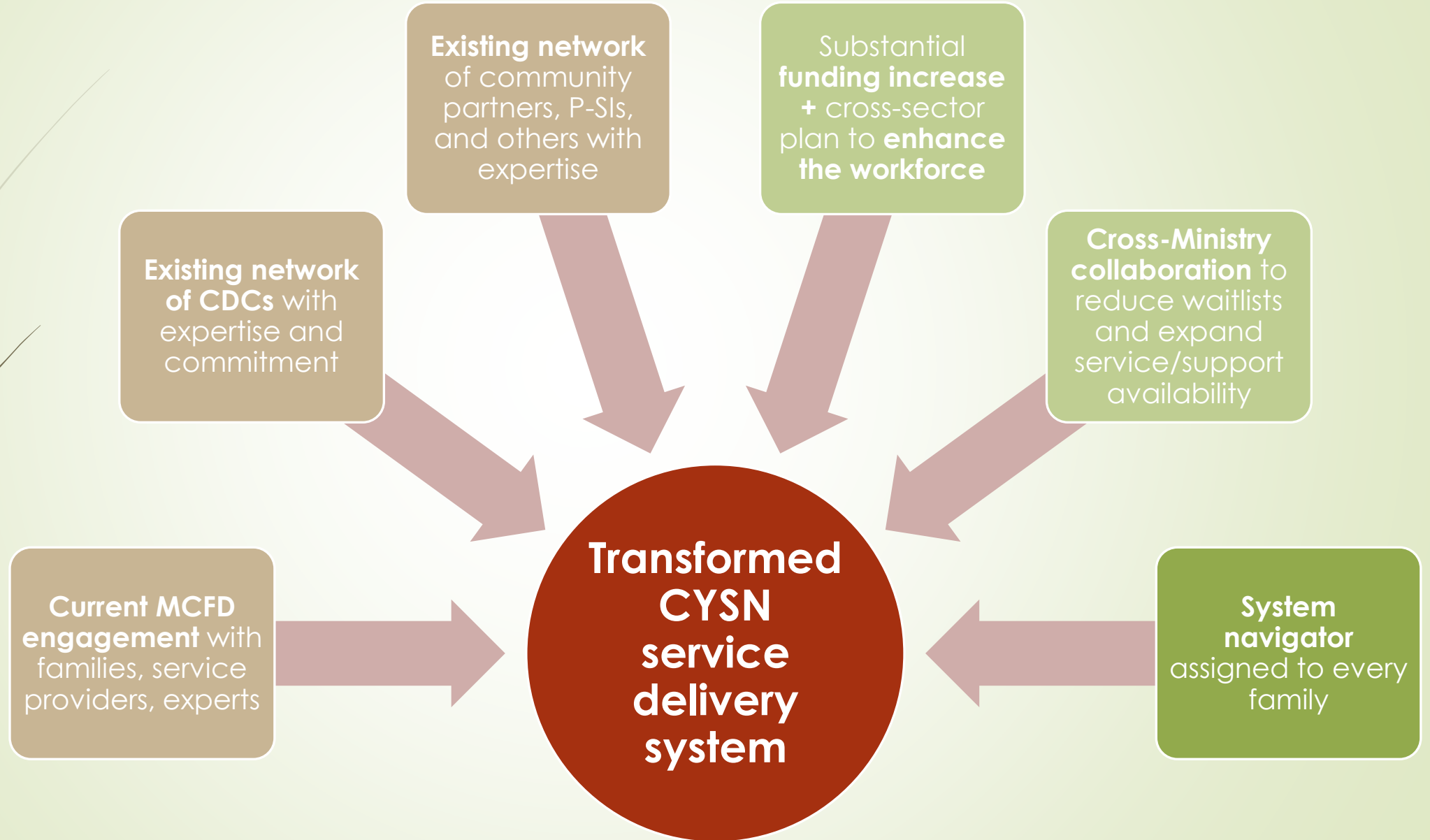
Assets and Solutions



Assets and Solutions



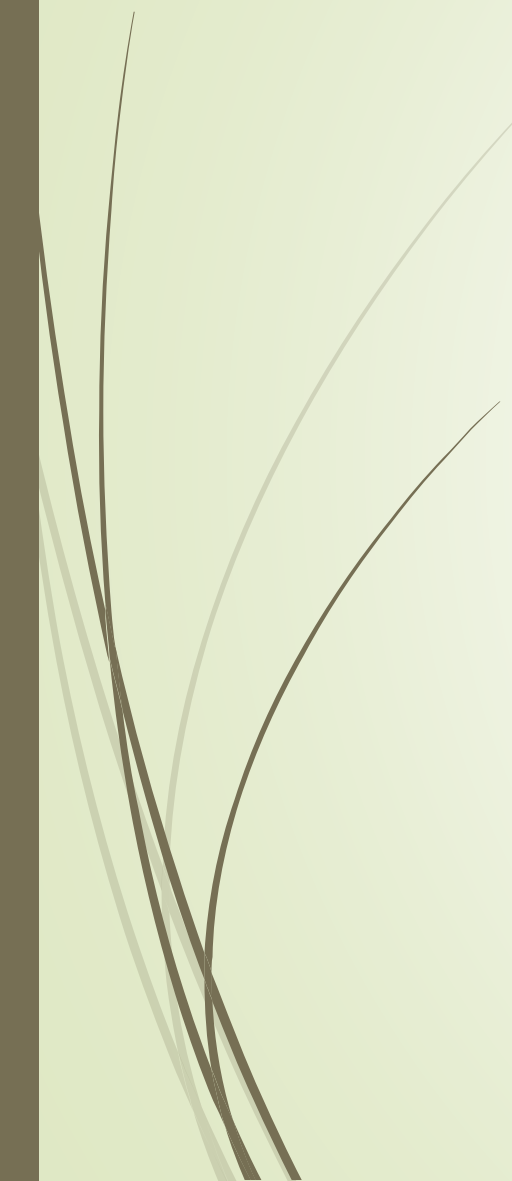
Assets and Solutions





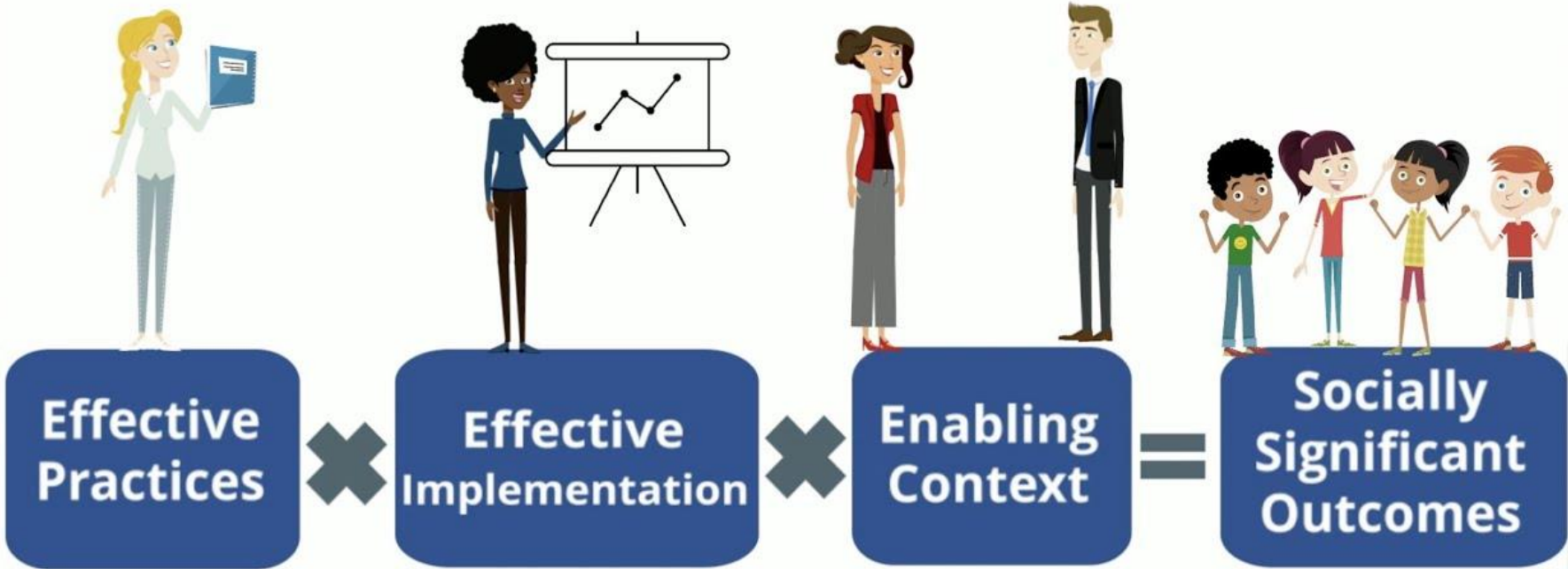
Implementation Science

“Implementation is a **process, not an event**. The process is marked by implementation stages that have been identified in practice...[and that take] **time and effort. Exploration, Installation, Initial Implementation, and Full Implementation Stages** guide organization and system investments in innovations supported by implementation best practices (Fixsen et al., 2019)

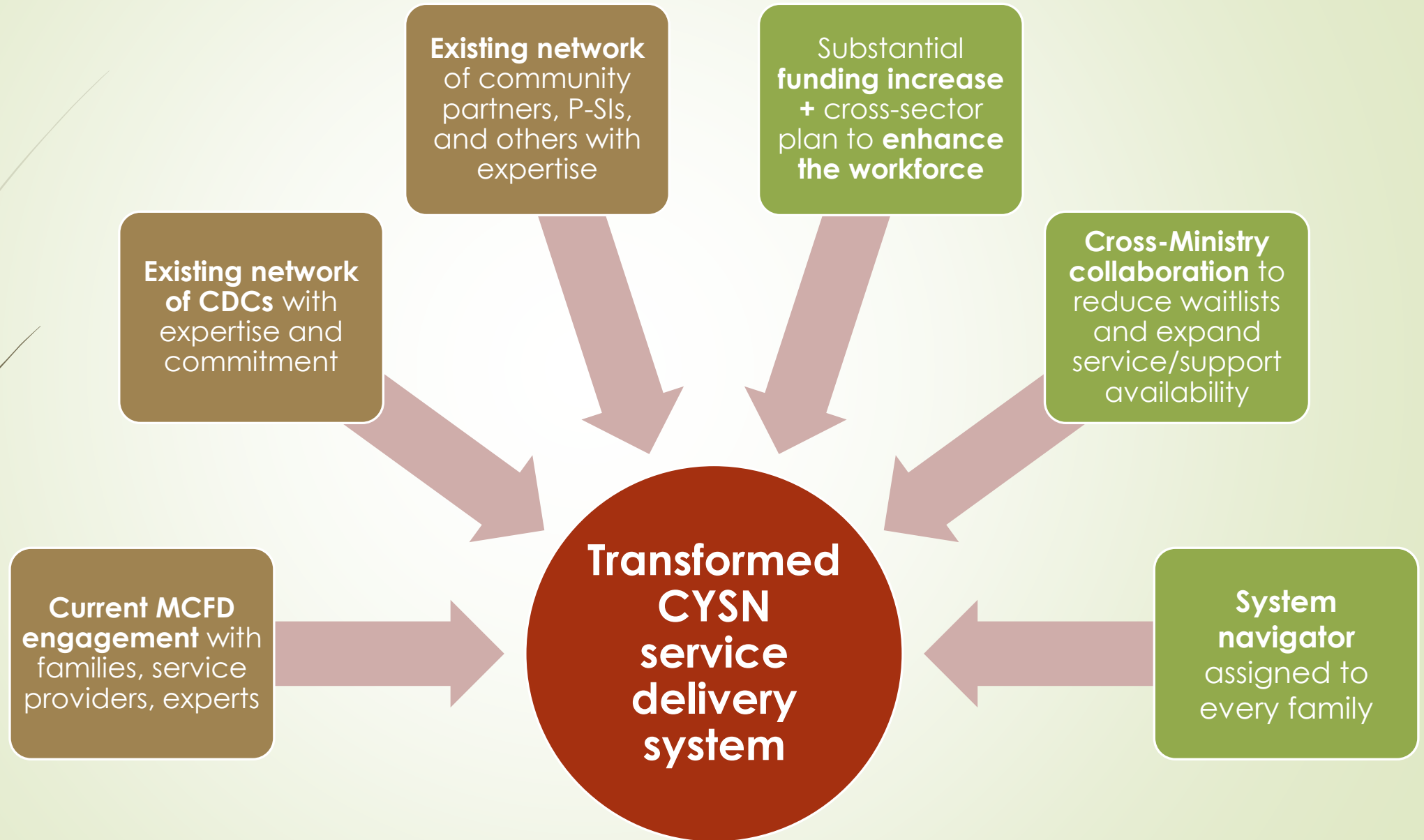


Do It the Right Way...

Active Implementation Formula



Assets and Solutions



Thank You

Maake Asante Shukria Dhanyavadagalu
Vinaka Kaitos Maake Asante Shukria Dhanyavadagalu
감사합니다 Kam Sah Hammida Manana Dankon
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Juspaxar Arigato Terima Kasih Taiku Tack
நன்றி धन्यवाद Mochchakkeram
Ua Tsaug Rau Koj Bedankt Dakujem Gracjas Gracie Tingki
Děkuji Nirringrazzjak cam ơn ban Gratias Tibi
Suksamat Rahmat Matur Nuwun 谢 Hvala Di Ou Mesi Kia Ora
Misaotra Matur Nuwun 谢 Hvala Di Ou Mesi Kia Ora
Danke Merci Go Raibh Maith Agat
Salamat ขอขอบคุณคุณ Nais Tuke Eskerrik Asko
Tודה

References

- ▶ Hutt-MacLeod, D., Rudderham, H. Sylliboy, A., Sylliboy-Denny, M., Leibenberg, L., Denny, J., & Boksa, P. (2019). Eskasoni First Nation's transformation of youth mental healthcare: Partnership between a Mi'kmaq community and the ACCESS Open Minds research project in implementing innovative practice and service evaluation. *Early Intervention in Psychiatry*, 13(Suppl.1), 42-47.
- ▶ Mirenda, P. (2023, Feb). *Key components of effective service delivery for children and youth with support needs and their families: A research review and analysis*. <https://rcybc.ca/reports-and-publications/reports/key-components/>
- ▶ Rosenbaum, P., King, S., Law, S., King, G., & Evans, J. (1998). Family-centred service. *Physical & Occupational Therapy in Pediatrics*, 18, 1-20.