



DEVELOPING GROUP HOMES FOR YOUTH ON FIRST NATION RESERVES IN BRITISH COLUMBIA: SOME CONSIDERATIONS

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INTRODUCTION

The inspiration to research and write this Guide came about when the author was approached by members of a First Nation community located in the Southern Interior of British Columbia to assist them in developing a business and service delivery plan for a youth group home. Their request coincided with the necessity to complete a practicum requirement towards a Masters of Social Work degree from the University of British Columbia. Additionally, the author, a Registered Social Worker, has practiced social work in a variety of capacities with many First Nations throughout British Columbia over a fifteen year period. Most recently, he was an Executive Director of a delegated First Nation Child and Family Service agency in BC, and in this capacity became acutely aware of the current service gaps for First Nations youth.¹ The primary objective for this paper is to address one of the serious gaps in care for First Nations youth that exist at a time when there remains a disproportionately large number of Aboriginal children in care (Canada Communication Group, 1996) and during a time the child welfare system in British Columbia is in a dramatic state of change (Bellefeuille, Hemmingway & Schmidt, 2004).

Recent service transformation in First Nation Child and Family Services has been in the form of *regionalizing or decentralizing* the system from Victoria, the provincial capital, to the five regions of the province. The principle of this change has been to mirror the regionalization process that took place in the health sector in British Columbia throughout the early and mid 1990's. Although it has now been over three years into the Child and Family regionalization process, the delivery of Aboriginal Child Welfare programs and services is primarily unchanged, except for a number of critical resource cut backs. One of these cut backs has been in the area of funding youth residential or group homes.

Although the BC Ministry of Child and Family Development (MCFD) no longer supports youth group homes, other than in exceptional circumstances (personal correspondence, MCFD Aboriginal Transition Project Manager,

1. For the purpose of this guide, 'youth' are defined as being 16 years of age or over but under 19 years of age (BC Ministry for Children and Families, 1998).

Interior Region, June, 2004), the Department of Indian and Northern Affairs (DIAND) will still provide per diem funding for First Nation youth group homes – with the proviso that they must be located on Reserve, have solid business, service delivery, and evaluation plans, and adhere to the BC Provincial standards for staffed residential services (BC Ministry for Children and Families, 1998). At this time, the author is aware of one DIAND funded youth group home on Reserve in the province of British Columbia. However, several First Nation communities and First Nation Child and Family Service agencies have expressed interest in developing a youth group home to complement the range of other community based health and social services available. Thus, the focus of this guide will be specific to informing the process of developing youth group homes located on First Nation Reserves, so that those in positions of leadership, either at the community or child and family service organizational level, can make informed decisions (Elias, 1991; Napoleon, 1992; Polermo, 2000).

Because this paper is meant to be used as a development tool, there will be 'beneficial activity boxes' provided throughout complimented by 'suggested reading boxes' and a comprehensive book, article and website reference list at the end of the document. It will begin by looking closely at both the pro's and con's of group homes, then proceed with a detailed discussion on some of the more important considerations that should be taken into account in the early planning and developmental stages.

SUGGESTED READING

British Columbia is the only Province in Canada that has developed standards for group homes. A copy of the MCFD group home standards can be downloaded from this website: www.mcf.gov.bc.ca/child_protection/standards_residential/index.html

In 1991, The Child Welfare League of America, developed a national standards document for use throughout the United States. The 'Standards of Excellence for Residential Group Care and Services,' can be found at: www.cwla.org/programs/standards/cwsstandardsgroupcare.htm

THE PRO'S

Why group homes? Does the existing range of residential options not meet the needs of youth in care? Currently, they include:

- i. Family Care Homes or Foster Homes – of which there are three types - restricted, regular, and specialized;
- ii. Satellite Homes, where the foster parent or caregiver, has the authorization to sub-contract specialized support or remedial services that may be required;
- iii. Independent Living, where youth in care live on their own and are provided support services as required; and
- iv. Adoption, or a child's permanent home.

At first glance, this range of care setting possibilities looks like it would suffice for most if not all of the young people in care. However, as Anglin (2002) points out in his comprehensive study of ten group homes located throughout British Columbia:

Residential group care, as opposed to foster family care or adoption, has been recommended in the literature for a number of reasons. For example ... adolescents who have decided that they do not wish to be fostered; have had bad experiences in foster care; have been so abused within the family that another family placement is inappropriate; or are from the same family and cannot be otherwise kept together. (p. 11)

Moreover, as an MCFD Aboriginal Transition Project Manager pointed out,

...group homes work for some kids because they don't function well in a traditional family with traditional expectations; there simply is not the required number of caregivers (foster parents) with the necessary skills and tolerance to foster; and many Reserves are experiencing housing shortages and overcrowding which in turn makes it impossible for people to foster." (Personal correspondence, MCFD Aboriginal Transition Project Manager, Interior Region, September 14, 2004)

CON'S

Notwithstanding the compelling arguments in favour of group homes, there are a number of cautionary points that also must be taken into consideration.

Firstly, as highlighted in much of the literature (Ainsworth, 1997; Anglin, 1994a, 1994b; Bass, Dosser & Powell, 2000; Braziel, 1996; Frensch & Cameron, 2002; Hill & Garfat, 2003; Knecht & Hargrave, 2002; Powel, 1996) group homes by their very nature can be contrary to the philosophy of family preservation. Indeed, for First Nations youth that are removed from both their families and communities in order to live in a group home, this intervention seems to mirror the residential school experience (Mussell, Cardiff & White, 2004a, 2004b).

Additionally, as reiterated out by a MCFD Aboriginal Transition Project Manager, Interior Region,

We don't like group homes as a rule because we believe that kids should grow up in families and not in institutional settings. The other main reason is that when you put a number of high needs kids together in one place it opens up the potential for all manner of abuses, incidents and liability. We just don't think it is the best model to meet the needs of troubled kids. (MCFD Aboriginal Transition Project Manager, Interior Region, September 14, 2004)

Finally, there is the 'economy of scale' argument that unless a community has enough youth who require this level of care, then the group home model is simply economically unfeasible. This will be discussed later in more detail in the group home budget.

"I think it is a good idea to stress the importance of the implementation of a series of checks and balances in any group home. Checks and balances for accounting, but also for the clients. I feel strongly that any system that has an inherent authoritative power structure has to have checks in place or we end up with a residential school situation again."

Marcelle Gareau, Senior Researcher, Canada Mortgage and Housing Corporation, (CMHC) Policy and Research Division, personal correspondence, November 17, 2004

KEY CONSIDERATIONS WHEN DEVELOPING A GROUP HOME

At the conceptual stage, it is advantageous to have the pro's and con's of youth group home discussion at many levels (inter-agency, community, organizational, governments, etc.), before embarking on the planning and development stages (Absolon & Herbert, 1997; Callahan, 1997; Wharf & McKenzie, 2004). During this discussion, many communities or Child and Family Service organizations may decide, for example, that meeting the needs of their youth in care would be best done by further developing some of the range of care options outlined earlier on page 7 (e.g., caregivers). Moreover, once the discussions to develop a group home begins to take place at different levels, other concerns, such as community safety may be raised. Two examples are group homes for young male sex offenders and group homes for substance abusers. Finally, developing a group home may be accepted by a given community as being a great idea, but it may lack the range of ancillary services required to ensure that the residents get the comprehensive care that they require (e.g., recreational facilities and mental health services).

Nevertheless, for those First Nation communities and organizations that have had these preliminary discussions and have decided to proceed with the planning and development of a youth group home, attention must now focus on what Anglin (2002) refers to as the levels of operation within a group home. These operational levels include: funding, management and administration, supervision, staffing, and the youth residents. Each of these levels must perform well, according to Anglin, because they will impact "the degree to which a group home is well-functioning or poorly functioning" (p. 59). Potential funders, external stakeholders, and future staff will also want to be reassured that the appropriate time has been spent addressing the operational issues in the planning and development stage of the group home, rather than have it open and be confronted with the issues at that time. Thus, at the very early stages of planning for a group home, it would be very useful to develop a planning activity checklist or work plan, such as the following example:

BENEFICIAL ACTIVITY

GROUP HOME PLANNING TASKS CHECKLIST

Task	Completed by (date)	Person Responsible
Complete needs assessment. Decide on the type of services that will be provided by the group home.		
Design a service delivery model		
Decide on the management structure		
Develop an approach for short and long term evaluation		
Complete the business plan clearly identifying the resources you will need to operate the home as well as where they are coming from.		
Establish a detailed strategy to address liability issues		
Develop and adopt Human Resource Policies and Procedures		
Develop and adopt Financial Policies and Procedures		
Develop and adopt an Operations Manual		
Complete Protocols and Memorandums of Understanding with external stakeholders		
Ensure that Governance documents (i.e. Society papers, Constitution) are in order.		

For the purposes of this paper, only the first seven items of the planning activities will be discussed in further detail, as they will form the foundation of your group home proposal and business plan. This is not to say that the remaining tasks in the list are not of equal importance; however, they are more specific to the operation of the group home. To begin, we will examine the task of completing a needs assessment.

UNDERTAKING A NEEDS ASSESSMENT

The good news about needs assessments is that they can be relatively straightforward and need not be cost or time prohibitive. Moreover, needs assessments can indicate how best to use scarce resources.

They will assist in matching services with needs, they can take some of the 'guesswork' out of planning, ensure accountability and give voice to the consumer of services (Health Canada, 2000). If the needs assessment is done correctly, it can also serve as the starting point for the program and service evaluation activities that will take place once the home is operational.

The bad news in regards to needs assessments is that they may provide unanticipated results that may not support your efforts in developing a group home.

The needs assessment process includes, first deciding whether or not you have the necessary skills and resources to carry out the research work and establishing a realistic time frame to complete the assessment. After these considerations have been addressed, then ethical guidelines will need to be established. Community members will need to be assured that the information they share will be treated respectfully and that names will not be used when personal information is shared.

After the ground rules have been established, the needs assessment can now be designed and implemented. The objectives of the assessment may include the following:

- Document community demographics and the child and family services infrastructure;
- Assess and quantify the needs and priorities for youth services in the community;
- Assess the capital requirements related to youth services;
- Identify the impact of youth service changes on the community.

It is important to keep in mind that the information gathered from the needs assessment will be critical in completing the remaining tasks in the checklist on page 10. It will form the basis of measuring the impact of the

group home at the community level for longer term health and human service planning and evaluation. The information will also have a direct bearing on the type of group home needed in the community.

An additional needs assessment design task includes making a decision on how information is going to be collected. Information gathering techniques can include any combination of the following:

- A survey and/or interviews with potential residents (youth), and/or people who have knowledge and background of the issues;
- Focus group with youth; and
- Focus groups with service providers (both on and off reserve).

After the information has been collected, it is a matter of reviewing and analyzing it and preparing a needs assessment report that can be presented and distributed to community members, community leadership, and other stakeholders. This is a very important juncture in your planning process because although needs have been determined, it is now time to determine how they can be addressed.

An example Needs Assessment Checklist and a number of helpful references where you can obtain more information on the subject of undertaking community based needs assessments follows:

BENEFICIAL ACTIVITY

GROUP HOME NEEDS ASSESSMENT CHECKLIST

Task	Completed by (date)	Person Responsible
Determine who will do the assessment.		
Organize activities.		
Do the assessment: - Develop tools - Choose approaches - Organize and complete assessments		
Analyze the collected information		
Write the final report		
Review the report with community leadership, community members, and external stakeholders		
Revise the report if necessary.		

SUGGESTED READING

For detailed information on conducting needs assessments, there are two excellent health and human service planning resources developed by Health Canada. Both of them include detailed, step by step directions for undertaking a community based needs assessment with the objective of developing a range of services.

The first reference is entitled, "First Nations and Inuit Home and Community Care Planning Resource Kit," look at the 'Community Needs Assessment' booklet. It can be found at the following web address: www.hc-sc.gc.ca/fnihb/phcph/fnihccp/index.htm

The second reference is entitled: "Community Action Resources for Inuit, Metis, and First Nations." Look at the 'Assessing Needs' section. It can be located at the following web address: www.hc-sc.gc.ca/hecs-sesc/cds/publications/index.htm#public_aboriginal

DECIDING THE TYPE OF GROUP HOME

After the needs assessment has been completed, its results analyzed and shared, and it has been determined that a group home in your community will assist in addressing existing gaps in programs and services, you can decide what kind of group home would best serve the requirements of the youth in your community. As Anglin (1994a) points out, “there are a number of different types of residential settings, ranging from small, therapeutic foster homes, to staffed group homes, to treatment cottages, to secure custody facilities, to long term institutions for the severely disturbed, dangerous, or profoundly handicapped” (p. 55). Because there exists such a wide spectrum of group home types, this section will highlight those that are currently being developed within one First Nation, as they serve to illuminate the range of possibilities.

In 2004, Xyolhemeylh Child and Family Services, a First Nation Child and Family Service agency located in Chilliwack, British Columbia, began the process of planning and developing the following types of group homes for their youth, they include:

- ♦ Xwe’a: yem – Sto:lo Youth Healing Facility (9 beds). This home will provide youth with a structured living and learning environment, which will serve to address their multiple needs. Emphasis will be placed on teaching values, life skills, positive attitudes and competencies which foster a sense of adequacy and self-worth and encourage stronger, more positive relationships with others. Family members will be an integral and active part of the treatment program, as will community elders, and traditional role models that will teach the youth values by way of learning about their culture.
- ♦ a Semi-Independent Living for Youth program that will be housed in an apartment complex (10 beds). This home will have less of a therapeutic focus and more of a transitional one, meaning that the youth who reside here have been permanent wards for some time and are nearly ready to leave formal care and begin living independently. Life skills will therefore feature prominently in the care plan for the youth as will support for their achieving education and training goals.
- ♦ a Youth Emergency Placement Program (6 beds). This home will focus on short term care and assessment. The stay for youth coming into

this home will be brief and from here they will either be referred into one of the other types of homes, or foster care.

- ♦ a Family Home that will house the whole family as opposed to only the problematic youth for a minimum of six months (two homes, each with four beds). The family home, where the whole family is the recipients of a combination of therapeutic, support and life skills programs, is one that seems to be rapidly gaining in popularity because it is seen as a way of, for example, supporting young families. (Personal Communication, Roger Ekman, Family Home Coordinator, Xyolhemeylh Child and Family Services, Chilliwack, BC, July 19, 2004)

In addition to these homes, there are also those that are designed for young offenders such as The Six Mile Lodge located at the Lower Nicola Indian Band, and operated by the Salvation Army until it closed, in 2003. Six Mile Lodge, hosted twelve male youth sex offenders who, in addition to being the recipients of a range of therapeutic services, (i.e., sexual abuse counselling, life skills, anger management), also attended school within the residence as a result of an agreement reached between the Salvation Army and the local School District.

SUGGESTED READING

Venture Academy: To obtain a clearer idea of what is possible in regards to the range of services that can be offered by a group home, an example is Venture Academy, a privately operated, British Columbia based service. They provide crisis intervention, youth group homes, outreach services and other clinical services. Their website can be found at the following address: www.ventureacademy.ca/

ARTICULATING A SERVICE DELIVERY PLAN

As with any program, you will want to establish goals and objectives for your group home. These goals and objectives should reflect the mission of the group home and will be utilized to measure how effectively your group home is meeting the mission. By establishing outcomes against each of the goals and related objectives, you can assess whether the group home is meeting the needs of your youth, what changes need to be made with the programs offered in the group home, and the impact the group home is having on the lives of the youth who have resided there, as well as their families and their communities.

Goals are broad statements that describe what the group home and its programs and services should achieve. Objectives state exactly what the group home will do. They are identifiable and measurable actions to be completed by a specific time. When objectives are stated in measurable time related terms, the effectiveness of the group home can be better evaluated. Objectives must be closely linked with the goals of the group home and can be determined by asking the following questions: What do you want to accomplish with a group home? How will this be done? How much time will it take to complete?

The next step is to identify the activities or tasks that will assist you in meeting the objectives of your group home. Begin by listing the goals, or broad program areas that the home will provide and match each goal with an objective. Then identify a list of activities for each objective. Finally, establish performance indicators for each activity. Performance indicators measure the success of the activities. They can be captured with numbers (quantitative data), opinions, or verbal feedback (qualitative data), and in some instances may take a long time (years) before progress will be shown. The following is an example of what a group home service delivery plan could look like. It appears simple and with purpose, as the service delivery plan should be clear and understandable.

BENEFICIAL ACTIVITY

GROUP HOME GOALS AND OBJECTIVES

Goal	Objective	Activity	Performance Indicator	Data
Provide a range of services to meet the needs of your community's youth in care	Create an extra-familial living environment	Foster caring relationships between residents, staff and management	Level and type of interaction between staff and youth.	Verbal feedback from youth, post surveys
	Provide culturally sensitive counselling services for community Youth in Care	Individual and group counselling activities	Impacts of counselling work on the youth (i.e., self esteem, anger, depression)	Client files

SUGGESTED READING

For detailed information on developing service delivery plans, refer to the "First Nations and Inuit Home and Community Care Planning Resource Kit." Specifically, the 'Service Delivery Plan' booklet. It can be found at the following web address: www.hc-sc.gc.ca/fnihb/phcph/fnihccp/index.htm

ORGANIZATION AND MANAGEMENT

Now that a service delivery plan has been determined, with clear goals, objectives, activities to meet these objectives and clear performance indicators established, it is time to finalize the management structure of the group home (Chapman, McKaskill & Newhouse, 1999). The following is a range of governance options that you may want to consider:

1. Managing at the community level – this would mean that the Chief and Council, is responsible for the management and governance of the group home.

Band administration will direct, hire, orient and supervise the staff as well as administer the budget, deliver the services and conduct the program evaluations.
2. Managing at the Tribal Council level – same tasks, but perhaps more capacity to fulfill them.
3. Managing through a separate entity – again, fulfilling all of the management and governance responsibilities, but through, for example, a Board of Directors of duly registered provincial or federal not for profit society.
4. The Band or Tribal Council could appoint one or two councillors to sit on the Board should it wish to keep a fiduciary relationship as the case with some Band schools.
5. Additionally, foster homes can be converted to certain types of group homes which allows staff from other Band or Society areas to be utilized to support foster parents.

All management possibilities must be investigated at this time to ensure that the final product matches community and the organization's capacity to provide services. In addition to being important to the community, the way in which the group home is managed will also be of paramount importance to potential funders and external stakeholders. For example, double check with DIAND as to what type of management structure they require in order

to provide per diem funding. Check also with your insurance provider and other potential funders (e.g. MCFD, private foundations).

SUGGESTED READING

Organization and Management: For further reading on management within aboriginal organizations, please see Chapman, McCaskill & Newhouse (1999). Management in contemporary Aboriginal organizations. *Aboriginal Organizations*, 333-349. This article is available at the following web address: www.brandonu.ca/library/cjns/11.2/McCaskill.pdf

For further information on managing a group home in relation to the BC provincial standards, please refer directly to the BC Ministry of Children and Families Standards for Staffed Children's Residential Services document, which can be found at the following web address: www.mcf.gov.bc.ca/child_protection/standards_residential/index.html

BENEFICIAL ACTIVITY

ORGANIZATION AND MANAGEMENT CHECKLIST

Task	Completed by (date)	Person Responsible
Determine management structure.		
Organize training activities.		
Determine costs for liability insurance.		
Complete paperwork: (i.e., not for profit society documentation, registration for a federal charitable tax number).		
Schedule regular meetings.		

STAFFING AND TRAINING REQUIREMENTS

There is no prescribed formula for staffing a group home. The important consideration is that the home is staffed in a way that ensures that MCFD (BC Ministry of Child and Family Development, 1998) and community standards are met. For example, some communities will have the expectation that Elders and other experts in culture, language and traditional healing are included (Mussell et al, 2004; Sto:lo Nation, 2000). Based on the literature (Anglin, 1994a, 1994b; BCMCFD, 1998; Sto:lo Nation, 2000), the following is a suggested staffing compliment for a six bed group home:

- ♦ a supervisor, or House Leader;
- ♦ as well as a minimum of four Youth Care Workers;
- ♦ and half time administrative support.

This may seem like a lot of staff; however, they have to be present twenty four hours a day, seven days a week. Additionally, they will network with community resources and family members of the youth residents. Most importantly, they will act as surrogate family members to the youth during their stay (Ainsworth, 1997; Anglin, 1994a, 1994b; Braziel, 1996; Maier, 1987).

The core duties of the House Leader, include the following:

- ♦ Planning, policy and program development
- ♦ Program monitoring and evaluation
- ♦ Networking and liaising
- ♦ Files and record management
- ♦ Staff supervision

This is a complex job that requires some additional knowledge and experience in fund raising, contract negotiating and reporting, and proven community development and crisis counselling/intervention skills. The House Leader will have a good understanding of youth care practice and experience in the area of program evaluation (Berridge et al., 2003; Bertolino & Thompson, 1999; Cafferty & Leichman, 2001; Dowling et

al., 2003; France; 1993, BCMCFD, 1998). The House Leader should have a minimum of a degree in a human service field (i.e., Social Work, Child and Youth Care, Education), complimented by a minimum of five years of working in a group home and, generally, with First Nations health and wellness programs and services.

Suggested duties of the Youth Care Workers, or front line staff include the following:

- ♦ Supervise all youth activities
- ♦ Transport youth
- ♦ Fill out necessary forms and reports (e.g., journal entries, critical incident reports, youth progress reports)
- ♦ Liaise with family and ancillary services (e.g., social workers, teachers, justice workers – this is a very important responsibility and will have some bearing on how the youth adjust to life after they have left the home).

The qualifications for this position includes a degree in Social Work or Child and Youth care and a minimum of two years related experience (Pararatz, 2000, 2001). Independent contractors, budget permitting, can be hired to undertake advanced clinical assessments, conduct program evaluations, or provide a range of recreational and therapeutic programs.

Everyone involved from Board of Director to Youth Care Workers must have successful criminal record checks completed. The administrative support, bookkeeping person should ideally possesses advanced training in bookkeeping and the relevant accreditation (e.g., Certified General Accountant). They should have experience providing detailed financial accounting and reports to governments and other funding bodies.

Finally, because group homes fall short of the number of staff and resources they require, you may want to consider filling these gaps with volunteers. Volunteers are an excellent way to engage people from the community that have expertise in certain areas, such as community elders, mentors, or student practicum placements for human service diplomas or degrees. All non-paying positions must also have successful criminal record checks.

SUGGESTED READING

Staffing and Training requirements: Further information is available in the BC Ministry of Children and Families Standards for Staffed Children's Residential Services Document, which can be found at the following web address: www.mcf.gov.bc.ca/child_protection/standards_residential/index.html

In regards to incorporating leading edge, cultural based approaches into the practice of the Group Home staff, the Sal'i'shan Institute of Chilliwack, BC, has recently published a report entitled: The Mental Health and Well Being of Aboriginal Children and Youth: Guidance for New Approaches and Services, as well as an Annotated Bibliography, or reading list that accompanies their report. Both can be found at the following web address: www.mheccu.ubc.ca/cy/index.cfm#publications

BENEFICIAL ACTIVITY

STAFFING AND TRAINING REQUIREMENT CHECKLIST

Task	Completed by (date)	Person Responsible
Determine staff compliment.		
Ensure that the group home Human Resource Policy and Procedures Manual is completed as this will contain the organizational structure, staff job descriptions, training requirements, performance evaluation outlines, salary scales, and other pertinent information.		
Recruit and hire staff.		
Double-check that staff training or professional development plans are in place and that training plans for both management and staff are an ongoing process.		
Schedule regular staff meetings.		

PARTICIPATORY EVALUATION

Until recently, evaluation of government funded programs tended to be descriptive accounts of services offered or summative reports conducted by external consultants recommending continuation or cancellation of a program/service depending on the outcomes. Studies tended to use quantitative or statistical research methodologies designed in conjunction with program managers and other external program specialists, with little input from clients or related stakeholders such as staff, community members and leaders. Currently, evaluations include questions about both process (e.g., programs and services offered to whom, when and how) and outcomes (impact of a program on a target group). Moreover, both quantitative and qualitative, research methods are now drawn upon as are representatives of those affected by the program or service.

Now, evaluations, especially those of participatory design, can provide a very effective method of gathering information for research purposes. This research, in turn, has served to inform group home work and life (Anglin, 1994a, 1994b, 2002; Hoge & Idalski, 2001; Larzelere et al., 2001; Leichtman & Leightman, 2001, 2002; Lemmond & Verhaagen, 2002; Nollan & Downs, 2001; Peterson & Scanlon, 2002; Shapiro, Welker & Peirce, 1999; Whittaker, 2000; Zimmerman, 2002). However, there remains a lack of exploratory studies of former residents of youth group homes. Moreover, there is little culturally specific research available in relation to caring for Aboriginal youth in group homes.

BENEFICIAL ACTIVITY

The five steps of conducting a participatory evaluation

Step One: Planning

a) Clarify the reasons for doing the evaluation:

- Plan better? Plan more in line with the needs of youth?
- Provide concrete evidence for management decisions about program changes?
- Assess the cost effectiveness of programs to justify funding or a request for funding.
- Contribute to the body of knowledge in the area of First Nation group homes.

Case example: A project is undertaken to introduce respite beds into a group home. The group home was evaluated to determine how the process of assessing needs and assigning beds is conducted – a process or formative goal – and what the effect on the youth and their families would be if and when respite, or short term beds are introduced into the home – an outcome or summative goal.

b) Learn about the program:

Everyone involved in the evaluation will need to have a thorough understanding of the organization, program and policies which need to be evaluated (i.e. philosophy and goals, organizational structure, programs and resources, and the general environment of the group home).

c) Organize a committee with diverse perspectives:

Could include, current and/or former youth residents, their families, home staff and management, funders and other external stakeholders.

d) Define the central issues and questions to be address:

The fundamental questions addressed in any evaluation include:
What? Does the group home do what it was intended to do?
Why? What worked and what did not work?
So what? What difference did the group home make?
Now what? What can be done differently in the future?
Then what? How will we use the evaluation findings to guide future planning?

e) Agree on indicators of success:

This refers to the specific, or observable pieces of information that serve as criteria for determining whether a program's service delivery plan has been met.

Examples of evaluation questions and indicators:
Who were the recipients of the group home services?
Example of indicators: Number, age, gender

Did the group home provide sufficient opportunity for family involvement?
Example of indicators: Family members description of their satisfaction with the care and follow up plans of their relatives.

f) Choose your data collection method(s):

These can include surveys, one on one interviews, and focus groups.

g) Decide what is 'doable':

If you have not done an evaluation before it would be enough to ask a few questions about process (how the program is operated), and a few questions about impacts (short term outcomes) or outcomes (longer term impacts)

h) Produce a written evaluation plan:

This can include a detailed work plan and budget, the rational and approach, a description of the group home and its current programs and services.

Step Two: Data Collection

1. Pre-test data collection tool
2. Train data collection personnel
3. Collect information

Analyzing qualitative data:

Qualitative data is usually available in the form of written or transcribed text acquired through interviews, focus groups, document analysis, diaries, and field notes. For program evaluations, analyze the material utilizing the evaluation study questions a guide. After sorting the information into general areas, either manually, or with the assistance of computer software (i.e., Atlas Ti), themes or patterns begin to emerge.

Analyzing quantitative data:

Quantitative data is usually gathered from surveys, agency files, and from government or agency sources. The quickest method of coding and analyzing quantitative data is by using computer software like statistical package for social sciences (SPSS). If you do not have the skills among the steering committee members then it might be helpful to employ a university (graduate) student or independent contractor to complete this analysis for you.

Step Three: Data analysis and interpretation

1. Code or collate raw data
2. Conduct an analysis according to research questions
3. Produce a summary

Step Four: Writing and disseminating the report

1. Complete a detailed report of the study methods and results

Step Five: Utilization for program review

1. Distribute the results to those who will implement the recommendations, i.e. House Leader, Supervisor

SUGGESTED READING

Evaluation Resources: There is a myriad of reading you can do on the topic of evaluation. A good place to begin is at the Public Health Agency of Canada website which provides for downloading, a copy of their 'Guide to Project Evaluation: A Participatory Approach,' and also provides a number of other suggestions for excellent evaluation resources each accompanied with contact information. The web site address is as follows: www.phac-aspc.gc.ca/ph-sp/phdd/resources/guide/appendix_2.htm

Another evaluation resource originally published by the National Advisory Council on Aging and currently available for downloading from the Seniors Canada Online website, provides valuable information on how to evaluate human service programs and projects. This document is now only available in PDF format on the internet at the following web address: www.seniors.gc.ca/scolPortSearchScreen.jsp?&font=0&lang=en&geo=1&cat=565

A broad range of topics on the subject of evaluation can be found at the Canadian Evaluation Society website: www.evaluationcanada.ca/

LIABILITY ISSUES

Please note that the intent of this discussion is not to provide legal advice. Rather, it is to foster an awareness of issues related to group home liability. You are therefore advised to seek independent legal advice on matters related to group home liability.

LIABILITY OF CARE FACILITIES²

There are two main forms of liability in law:

- (1) Criminal liability, and
- (2) Civil liability.

Criminal liability involves penalties for breaching the Criminal Code or other laws (statutes) passed by parliament or legislatures. Individuals who commit such breaches are “prosecuted” by the state.

Civil liability occurs when one person harms or causes loss to another. In these cases the harmed person (plaintiff) may sue the one who caused the harm (defendant). The state does not intervene.

Some wrongs (such as assaults) can attract both criminal and civil liability.

Although the directors of a care facility can be charged with criminal offences, such as “fraud” or “failing to provide the necessities of life,” care facilities are more concerned about civil liability.

Civil liability arises most often from “torts” or “breaches of contract.” A tort occurs when a person causes harm or loss to another without there being any specific relationship between them. Tort law is based on our general duty as individuals not to hurt others. A contract is formed when two or

2. The writer owes a dept of gratitude to lawyer Cliff Thorstenson, LL.B., Treaty Coordinator, Xats'ull First Nation Nation (Soda Creek Indian Band), Williams Lake, BC, who very kindly provided the majority of the content for this section of the paper.

more persons agree to exchange things of value such as money for services. A breach of contract occurs when one party does not honour the agreement and the other party suffers loss or damages.

Generally, the main concern for care facilities is tort liability. Some residents sue for breach of contract, but this is usually tacked on to a tort claim, often because, in BC, the limitation period for breach of contract claims is longer than for tort claims of personal injury.

NEGLIGENCE AND ABUSE

Torts are divided into “intentional” torts and “unintentional torts.” Assault is an intentional tort. The main unintentional tort is called negligence and is the main form of liability for care facilities. Negligence is composed of four elements:

- 1. A duty of care:** The court determines whether the defendant owes a duty of care to the plaintiff. In the case of care homes, this duty of care is obvious.
- 2. A breach of a standard of care:** Care homes must provide a “reasonable” standard of care to patients. What is reasonable depends on the needs and vulnerability of the patients, the apparent skill, training and expertise of the staff, and the foreseeable risks presented by the care home/patient relationship.
- 3. Harm or loss suffered by the plaintiff:** There usually has to be a physical component to the harm, but awards can be made for emotional and mental suffering as well.
- 4. Causation:** The breach of the standard of care has to be a cause of the harm.

The standard of care is probably the most legally complex of these four elements. At common law, the question asked is something like this: “What would a person with similar skills, training and expertise, acting reasonably, have done in similar circumstances?” In answering the question, the court may rely on written standards, unwritten “best practices,” previous similar cases, and common sense.

Intentional torts and negligence can work together. For example, an employee of a care facility could sexually abuse a resident, thereby committing an intentional tort. However, if lack of care by the directors of the care facility had allowed the sexual abuse to take place, the facility could be held liable in negligence.

VICARIOUS LIABILITY

The main defendant in a negligence claim is the one who directly caused the harm. However, employers are often held “vicariously liable” for the harm caused by their employees.

The legal theory supporting vicarious liability is that: (1) the employer (principal) should be responsible for the actions of the people it hires (agents), (2) the principal is better placed to control the conduct of the workplace than either the patient or the employee, and (3) the principal often has more money (deeper pockets) than the employee, thus enabling a plaintiff to recover more money in a law suit.

Whether or not a court finds the employer vicariously liable depends on how closely related the actions causing the harm are related to the job duties of the employee. This is how the court would look at harm caused by three levels of employees of a care facility in a case of sexual abuse:

1. Harm caused by Executive Director to a patient: Vicarious liability will almost always be imposed, but the employer is presumed to have hand-selected the ED and therefore extremely involved in his or her actions.
2. Harm caused by a care provider to a patient: Vicarious liability will almost always be imposed because the nature of the care provider’s work and the nature of sexual abuse are so readily linked that the potential for the harm is “foreseeable.”
3. Harm caused by the facility’s gardener to a patient: Vicarious liability may not be imposed if employer can show that it had taken reasonable steps to avoid the harm occurring.

In determining whether or not there is vicarious liability, the courts examine a number of factors, including:

1. the nature of the wrongful act
2. whether or not the act was intentional or not
3. whether or not the act was done in relation to the business premises
4. what the agent had been hired to do
5. the type of business or service provided by the employer
6. whether or not the act was done in the scope or course of business
7. whether the act was foreseeable by the employer
8. the nature of the relationship between the employer and the employee, and between the employer and the patient

If a care facility is run by a corporation or a not-for-profit society, individual board members are not held personally liable for the negligence of the corporation or society. However, in extreme cases (such as gross negligence) individual board members can be held personally liable.

THE IMPORTANCE OF THE ISSUE

Law suits against care facilities have become a huge industry in the United States. Most claims relate to poor care through either abuse or neglect. Governments have intervened on behalf of both plaintiffs and care facilities. Some states have statutory "bills of rights" for patients. Others have laws which limit the liability of care facilities.

There are probably a few reasons for the number of claims against care facilities. One is that it can be pretty lucrative work, and some facilities are operated for profit. These may cut corners on services and staff salaries, leading to a lower standard of care. Another factor is probably the vulnerability of the patients, which makes them targets for abuse and neglect. Another factor may be decreasing government funding for training and enforcement. Yet another may be the guilt of family members who blame facilities for the fact that they are not looking after their own relatives.

Prudent care facilities lower their risk of liability by establishing good care standards, good hiring procedures and proper evaluation and enforcement.

BENEFICIAL ACTIVITY

LIABILITY ISSUES THAT MAY ARISE DURING DIFFERENT STAGES OF GROUP HOME DEVELOPMENT

Stages of Group Home Development	Potential Liability Issues	Steps to Consider in Reducing Liability
When beginning the group home planning process	Lack of Liability Insurance	<ul style="list-style-type: none"> ▪ obtain support of the community and leadership (Board of Directors, Chief and Council, Tribal Council) ▪ determine which laws may apply (i.e. provincial or federal) ▪ ensure agreements are in place and are clearly understood by all parties involved
Needs Assessment	<ul style="list-style-type: none"> ▪ Confidentiality is breached ▪ Employees or contractors are not qualified to do the assessment 	<ul style="list-style-type: none"> ▪ ensure ethical/professional guidelines are adhered to ▪ ensure qualified staff are hired
Planning/Development	<ul style="list-style-type: none"> ▪ Negligence 	<ul style="list-style-type: none"> ▪ Develop standards, policy and procedures, protocols/M.O.U.'s, including clear job descriptions
Service Delivery	<ul style="list-style-type: none"> ▪ Negligence 	<ul style="list-style-type: none"> ▪ Adopt standards, policy and procedures, protocols/M.O.U.'s, including clear job descriptions ▪ Ensure that there is adequate liability insurance ▪ Monitoring and enforcement

PLANNING THE BUDGET

Your group home budget is developed once the service delivery plan has been completed and the staffing contingent and operational requirements have been identified. Depending on the available funds, you will need to prioritize the types of services and how many staff members it will take to deliver them. Contact the Department of Indian Affairs and Northern Development to find out what the current amount of their per diem. At the time of writing this paper, (November, 2004), it is approximately \$199.70 per day (Wanda Stachura, Intergovernmental Affairs Advisor, Department of Indian Affairs and Northern Development, personal correspondence, November 18, 2004) for each youth resident. Unlike MCFD per diem, DIAND will only reimburse for those days that the youth resides in the home. If a resident is in the group home, for example, during the week, but spends the weekends away from the group home, then you can bill DIAND for only the weekdays that the youth spends in the home. Moreover, your group home budget should take into consideration the extra costs related to caring for youth with (extra) special needs. One youth with expensive additional requirements can cost tens of thousands of extra dollars. Thus, although your preliminary budget may look reasonable considering the scope of service your group home will offer, it may not reflect the true costs associated with operating a group home.

"I looked at crunching numbers in terms of what it would cost to start and run a 6 bed group home, and it is not cheap. My initial quick estimate came to \$965,000 to get one going and on-going costs of approximately \$900,000."

(Bill Simon, Executive Director, Secwepemc Child and Family Services Agency, Kamloops, BC)

The message then, is not to rely on one source of funding to operate the group home. Explore the possibility of alternative sources of revenue. MCFD, for example, may be interested in purchasing some of the beds or services provided by the home. Additionally, alliances will have to be made early on in the development process in order to ensure that costs are defrayed. Examples include protocols or MOU's with school districts and/or Band

schools, as well as with health authorities and other health and human service organizations. Remember, successful group homes cannot operate in isolation; instead, they represent one part of the whole service delivery matrix each and every youth residing in the home will require in order to return as healthy, contributing members within their respective families and communities.

Finally, because there are never enough resources, one suggestion is to place a high priority on fund raising during the early planning stages of the group home. In addition to the contacts that will be made with DIAND and MCFD; school districts, health services and the corporate community including philanthropic organizations like the Victoria Foundation or the Vancouver Foundation can also be contacted. This will not only raise the profile of the home in the broader community, it may serve to bring in much needed additional resources once the home is operational.

Below is a sample budget outline for a six bed group home. Please keep in mind that it is a sample and therefore, does not accurately reflect all the line items that may be required for the home you are planning. It is meant to inspire discussion and additional research by those who are developing a group home service.

BENEFICIAL ACTIVITY

SAMPLE LINE ITEM BUDGET FOR A SIX BED GROUP HOME

BUDGET ITEM	BUDGET AMOUNT	DIAND FUNDING	OTHER (i.e. MCFD, MOH, private foundations, Bands, CMHC)	IN – KIND DONATIONS	TOTALS
REVENUE					
Capital:					
Fully equipped & furnished home, including office, kitchen area, dining area, & 8 separate bdrms					
Expenses for home: Heating: Insurance: Maintenance:					
Vehicle (i.e. Van)					
Insurance for Van					
Expense for Van (gas)					
Operations:					
Salaries: (Inclusive of benefits + WCB = ~ 20%)					
1.0 House Leader					
4.0 Youth Care Workers					
.5 Admin/Bookkeeper					
Contract staff (relief workers, clinical psychologists, elders.)					
Board/Advisory Committee expenses					
Professional Dev.					
Supplies, food, equipment					
Administration:					
Bookkeeping/audit					
Telephone/fax/copier					
Evaluation					
Public relations and advertising					
Liability Insurance					
Contingency fund					
Annual Budget:					
Surplus/Deficit:					
Total Capital:					

CONCLUSION

This has been a discussion on some of the considerations that will need to be addressed when undertaking the planning and development of group homes for youth on First Nation Reserves in British Columbia.

By addressing all of these considerations early on in your development process, you will have established a firm foundation for the growth of your group home and, at the same time, be in an excellent position to answer questions posed to you by potential funders, community members, health and human service stakeholders as well as the youth and their families who will be residents of the home. Indeed, the practical aspect of addressing these considerations early on in the planning process is that you will have completed your business service delivery and operational plans to present to DIAND and other potential funders including MCFD and philanthropic foundations.

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REFERENCE JOURNALS

The following is a partial list of academic journals related to group homes that can be located at university or college libraries and/or via the web:

Child and Adolescent Social Work Journal
Child and Family Social Work
Child and Youth Care Forum
Children and Youth Services Review
Child and Youth Services
Child Development
Child Welfare
Journal of Child and Youth Care
Residential Treatment for Children and Youth

GOVERNMENT CONTACTS

Indian and Northern Affairs Canada

British Columbia Region

600 - 1138 Melville Street

Vancouver, BC V6E 4S3

Phone: (604) 775-5100

Fax: (604) 775-7149

1-800-665-9320 (For calls within B.C. only)

Web address: www.ainc-inac.gc.ca/bc/index_e.html

British Columbia Ministry of Children and Family Development

mailing address:

PO Box 9722 Stn Prov Govt

Victoria, BC V8W 9S2

Physical address:

4th Floor, 765 Broughton St.

Victoria, BC V8W 9S2

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In Victoria call: (250) 387-6121

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Web address: [/www.gov.bc.ca/bvprd/bc/channel.do?action=ministry&channelID=-8379&navId=NAV_ID_province](http://www.gov.bc.ca/bvprd/bc/channel.do?action=ministry&channelID=-8379&navId=NAV_ID_province)