BRITISH COLUMBIA | Ministry of Children and Family Development

PROFILE OF CHILDREN AND YOUTH IN THE DOWNTOWN EASTSIDE REPORT

APRIL 2016

Table of Contents

Background

In May 2015, the Representative for Children and Youth released *Paige's Story: Abuse, Indifference and a Young Life Discarded*. This report examines the life and death of Paige, an Aboriginal young adult from British Columbia, who had involvement with the Ministry of Children and Family Development (MCFD) from birth until she aged out of care. Paige died from a drug overdose at the age of 19 in Vancouver's Downtown Eastside (DTES). The report cites the lack of transition planning for Paige to have been a contributing factor in her escalated drug use, a month after she left ministry care.

Purpose of the Profile Review

In response to Recommendation 1 from the Representative's report, the Provincial Director of Child Welfare Office reviewed all files and safety plans of children and youth in care or receiving reviewable services, who reside or frequent the DTES, for any immediate safety concerns or who may need protection under section 13 of the *Child, Family and Community Service Act (CFCSA)*. A profile was conducted from this review to identify any immediate safety concerns, better understand the risks and protective factors present for vulnerable children and youth in high risk situations, including what services and approaches are working well to serve them and gaps in those services. The learnings from the profile will also be used to inform the ministry's development of a rapid response model for serving vulnerable children and youth and their families, in the DTES.

Methodology

The information gathered for this review was based on a sample of active cases as of April 2015 from two ministry teams who serve youth who reside or frequent the DTES: Vancouver Youth Services North team (RGB) and Yankee 20. These two teams serve youth in the DTES due to their proximity. In addition, the review also includes any child or youth who is living in a foster home or group home located in the DTES, who may be served by other ministry teams. The DTES community (Local Health Area 162) is defined as Chinatown, Gastown, Industrial, Oppenheimer District, Strathcona, Viaducts, Thornton Park, and Victory Square.

The review focuses on vulnerable children and youth in high risk situations in the DTES, and for the purposes of this review, this is defined as children and youth who may present with significant multiple risk factors and challenges, such as being homeless, dealing with substance misuse or being victims of sexual exploitation, where the number or combination of risk factors can raise the level of risk and complexity when serving this vulnerable population.

Some of the youth who are served by RGB/Yankee 20 or other ministry offices where the youth is residing in the DTES local health area may or may not be considered "high risk". The profile review will focus on those cases where youth are considered to be in high risk situations.

Information on each youth was gathered from a review of electronic and physical files by Practice Analysts in the Quality Assurance Branch of the Provincial Director and Aboriginal Services Division, using a data collection tool. The information was focused on risk and protective factors (e.g. drug/alcohol misuse, evidence of safety planning, connection to family), assessments, safety plans and services based on ministry involvement in the past 12 months from the time of review. This means information is based at a 'point in time' and circumstances of any child or youth in the sample may have changed during or after the review period.

Quality assurance policy and procedures require practice analysts to identify for action any case that suggests a child or youth may need protection under section 13 of the CFCSA to be brought to the attention of the appropriate Team Leader (TL) and Community Services Manager (CSM), as well as the Executive Director of Service (EDS).

Youth services legislation (s.12.1 and s.12.2 *CFCSA*), Standards for Youth Support Services and Agreements, other relevant policies, guidelines and practice to support children and youth in high risk situations, including policies and practice that support Aboriginal children and youth, were assessed to inform the development of the data collection tool. The ministry is committed in ensuring that Aboriginal perspectives are gathered and incorporated to inform this review.

This review includes focus group interviews with ministry and delegated aboriginal agency staff and service providers, to hear their perspectives on what is and what is not working well in practice and service delivery in supporting the safety and needs of children and youth in high risk situations in the DTES catchment area. (Refer to Appendix 2).

Samples for Review

The sample for the review was conducted in three phases. Phase 1 and 2 samples were based on the number of children and youth in care or receiving reviewable services as of April 2015, who may be living in or frequenting the DTES[1], over the age of 12 years, who are served by MCFD Vancouver North Youth Services Team (RGB)/Yankee 20 or the child or youth in care lives in the DTES and has had more than four reportable circumstance reports[2] in the past 12 months. The Phase 3 sample was based on any other children or youth living in the DTES who are served by a ministry office other than RGB/Yankee 20.

A total of 124 youth were identified for all three samples. All 124 were reviewed for immediate safety concerns. The profile review will focus on those cases where youth are considered to be in high risk situations.

[1] The DTES includes the following neighborhoods: Chinatown, Gastown, Industrial Area, Oppenheimer District, Strathcona, Thornton Park and Victory Square.

[2] A reportable circumstance report is a notification under the ministry's Child and Family Service Standard 25 that requires the reporting of a death, critical injury or serious incident of a child or youth.

The following tables outline the samples for Phases 1 to 3. Phase 1 prioritized youth in care served by RGB and Yankee 20.

Table 1a:

Sample Size	Sample Description
PHASE 1 SAMPLE: N=32	Children and Youth over the age of 12, in care, served by Vancouver North Youth Services Team (RGB) or by Yankee 20; and have had more than four reportables in the past 12 months.
PHASE 2 SAMPLE: N=79	Children and Youth over the age of 12, not in care, served by Vancouver North Youth Services Team (RGB) or by Yankee 20.
PHASE 3 SAMPLE: N=13	Children and Youth over the age of 12, in care, living in the DTES (i.e. foster home or contracted resource) and assigned to an office other than RGB.

Table 1b:

	N size	Phase 1	Phase 2	Phase 3
Vancouver North Youth Services Team (RGB) *(Case listing as of April 2015)*	72	16	56	
YIC in Foster Homes in DTES**	12			12
YIC in Contracted Resources in DTES***	3	2		1
Yankee 20****	37	14	23	
Total	**124**	**32***	**79***	**13**

Note:
* There were 2 youth served by RGB and identified on Yankee 20 in Phase 1. 1 youth served by RBG and identified on Yankee 20 in Phase 2.
**Any Youth in Care (as of April 2015) living in a foster home in the DTES Local Health Area not served by RGB.
***Any Youth in Care (as of April 2015) living in a contracted resource in the DTES Local Health Area.
****List of youth involved with Yankee 20. Youth may or may not be receiving ministry services. A youth may also be served by a ministry office.

Limitations of the Review

This review primarily focuses on vulnerable children and youth who live or frequent the DTES. The information that was gathered examined a period of 12 months (i.e. point in time) which somewhat limits what can be learned about a youth as the review does not examine the full extent of ministry involvement. However, the review is supplemented with interviews that provided valuable insight and learnings about what is happening with children and youth in the DTES.

Although this review focuses on the DTES, the ministry recognizes that vulnerable children and youth in high risk situations can occur throughout the Province. The ministry intends to use the learnings from this profile review to inform and strengthen its approach in how we work, support and respond to children and youth who are high risk and their families.

Introduction

Vulnerable children and youth in high risk situations generally present with significant multiple risk factors and challenges, where the existence of more than one of the following factors may significantly raise the level of risk and complexity to high risk cases or to child protection cases. The personal history of these vulnerable youth may include child abuse, serious behavioural, mental and physical issues, and emotional trauma.

These risk factors were reviewed across all records to determine if there was any evidence of the youth having these presenting factors.

These risks[3] could include:

- Homelessness/emergency shelter or precariously housed, including living in or visiting an SRO or equivalent
- Substance misuse (drugs/alcohol) impacting development and safety
- Mental health behaviours impacting development and safety, including self-harming behaviour
- Diagnosed mental health disorder that is untreated or impacts daily functioning
- Compromised intellectual functioning impacting capacity to self-manage safety and independence
- Dual diagnosis
- Victim of intimate partner violence
- Disconnected from family/supportive adults
- At risk of sexual exploitation
- Pregnant/parenting youth
- Conflict with the law, gang/criminal activity and/or Youth Justice involvement
- Not attending/not engaged in school, work or day programs

Examples of vulnerable children and youth in high risk situations[4]:

- Children and youth who have left their family due to major abuse or neglect issues and who are not likely to return
- Homeless children and youth (relative or absolute) who have little or no active connection with family or kin (i.e. street youth)
- Children and youth with severe addictions issues
- Children and youth who have mental health issues
- Children and youth who are victims of sexual exploitation
- Children and youth who have multiple risk issues (i.e. concurrent mental health and substance use problems)
- Children and youth who continue to go missing frequently

[3] Guidelines for Provisions of Youth Services, October 2002 and Practice Directive#2012-01 Clinical Consultation and Support in Complex High Risk Child Protection Cases

[4] Guidelines for Provisions of Youth Services, October 2002

Vulnerable children and youth who experience difficulty with family, in school or community have higher vulnerabilities for being in high risk situations, especially when combined with the negative effects of external factors such as: negative peer influence, homelessness, living in high crime rate areas, poverty or parental mental illness.

Overview of MCFD Youth Transitional Support Services and Youth Agreements[5]

Youth Transitional Support Services and Agreements provide a continuum of youth services available under Part 2.1 of the Child, Family and Community Service Act (CFCSA) for both "youth" 16 to 19 years of age and post majority supports to "young adults" 19 to 23 years of age.

Services engage youth in:

- understanding risky situations and making positive, safe changes in their lives
- improving relationships with friends and family
- finishing or continuing education
- gaining skills and education to get a job
- learning to manage emotions and behaviour
- exiting the street, and finding shelter and a home
- connecting to services to address health, additions and wellbeing
- learning to manage money and households, and
- making successful transitions to adulthood and independence.

Youth may access services in the following ways:

- *Connections made through outreach or community services*
- *A child protection referral*
- *Walk-in to a ministry or agency office*
- *Transition from Care into a Youth Service response*

Support Services for Youth (s.12.1, *CFCSA)*

Support services to youth (SSY) under section 12.1 of the *CFCSA* provide supports and services to at-risk and high risk youth who are absent from their families and in circumstances that endanger their health, safety and wellbeing. Services include street and facility-based outreach services, reconnect services, and shelter services. Services focus on connecting with youth to assess their capacities, risks and needs, and developing an immediate needs and safety plan that meets their basic needs and provides interim safety. Possible outcomes of services at this stage are:

- a supported return home to family and community,
- interim supports and assessment to determine the best longer term service plan if youth cannot return home, including:
    - living with extended family (e.g. Extended Family Program Agreement),

[5] MCFD FactBook 2015

- entering into a Youth Agreement, or
- coming into Ministry care.

Youth Agreements (s.12.2, CFCSA)

Youth Agreements (YAG) offer youth in need of assistance between 16 to 18 years of age who cannot return to live with family or extended family. Youth Agreements provide an out-of-care alternative to foster or group care. Youth must demonstrate willingness to enter into an agreement with the Ministry and have the capacity to successfully engage in the agreement.

Youth in Youth Agreements are typically characterized as being "high risk", in that they have significant adverse conditions in their lives and/or are in situations that would otherwise cause them to be in need of protection. Adverse conditions include homelessness, victim of sexual exploitation, mental health and/or substance use challenges and other barriers to healthy development to adulthood and independence.

Through a Plan for Independence, a Youth Agreement can provide residential, educational or other support services, and financial assistance, while supporting the youth's safety and well-being through one-to-one support works and/or group life skills programs.

Youth Transitional and Post Majority Services (s. 12.3, CFCSA)

For youth (aged 16 to 18) and young adults (18 to 24) transitioning out of government care or Youth Agreements, housing, education and training, life skills, employment, finances and ongoing support are all part of the planning focus. Support and assistance are provided for youth who require support with daily living, health and safety, financial, educational and other needs. Youth Transitional Services help young people make healthy changes in their lives, improve important relationships and strengthen connections with friends and family, find housing, finish or continue their education, acquire skills and education for better employment opportunities, and, where appropriate, obtain mental health support or drug and alcohol counseling.

Post majority supports include:

- Agreements with Young Adults, which provide support and financial assistance to young adults, aged 19 – 23 formerly in care or on a Youth Agreement. The Agreement with Young Adults allows youth to upgrade their education or take part in rehabilitative programs such as mental health or addictions counselling,
- Youth Education Assistance Fund, which provides bursaries to former youth n continuing care to pursue vocational training and post-secondary education,
- YM/YWCA STRIVE Program, which is a pilot program that provides support to young adults in Greater Vancouver to gain life and work skills they need to become independent.

Ministry Teams serving Youth in Vancouver's Downtown Eastside (DTES)

MCFD Vancouver Youth Services North (RGB) team and Yankee 20 are two ministry teams that serve youth in the DTES due to their proximity. Vancouver Youth Services North is one of many ministry offices (teams) that serve children, youth and families in the Local Service Area 2423 Vancouver North.

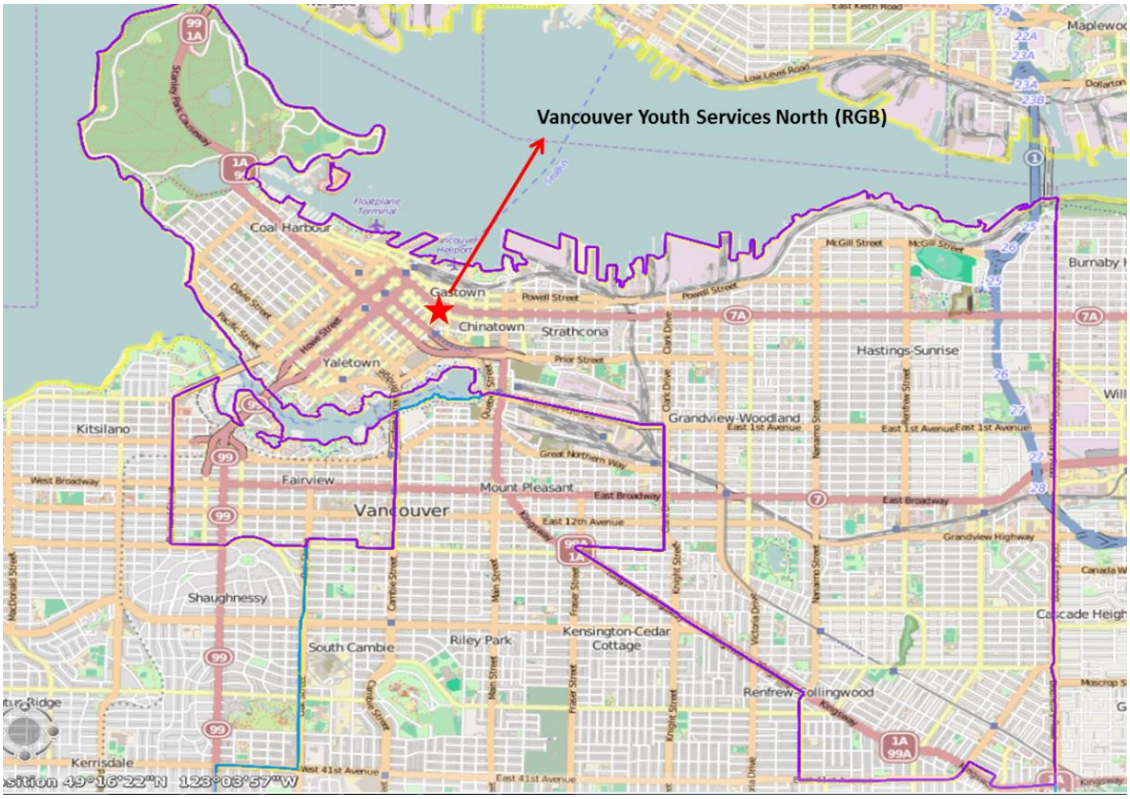
- **Vancouver Youth Services North (RGB)** – provides child protection intake and assessment, referrals, guardianship services, youth agreement program, repatriation, youth support services and emergency supports to help youth meet their basic needs.

  The office is co-located with alcohol and drug counsellors, outreach mental health services, youth forensics, an alternate school, and a life skills/employment program for youth justice-involved youth.

- **Yankee 20** is a partnership between the Vancouver Police Department and MCFD providing a joint police/social work response to high-risk, missing or sexually exploited children and youth aged 12-18. It operates out of Vancouver Youth Services North.

  This support is specific to the Downtown Eastside. The office also hosts weekly Reconnect meetings, which bring together outreach workers and other service providers to coordinate intervention strategies to assist high-risk children and youth.

Figure 1: SDA 24 Vancouver/Richmond - Local Service Area 2423 Vancouver North Boundary

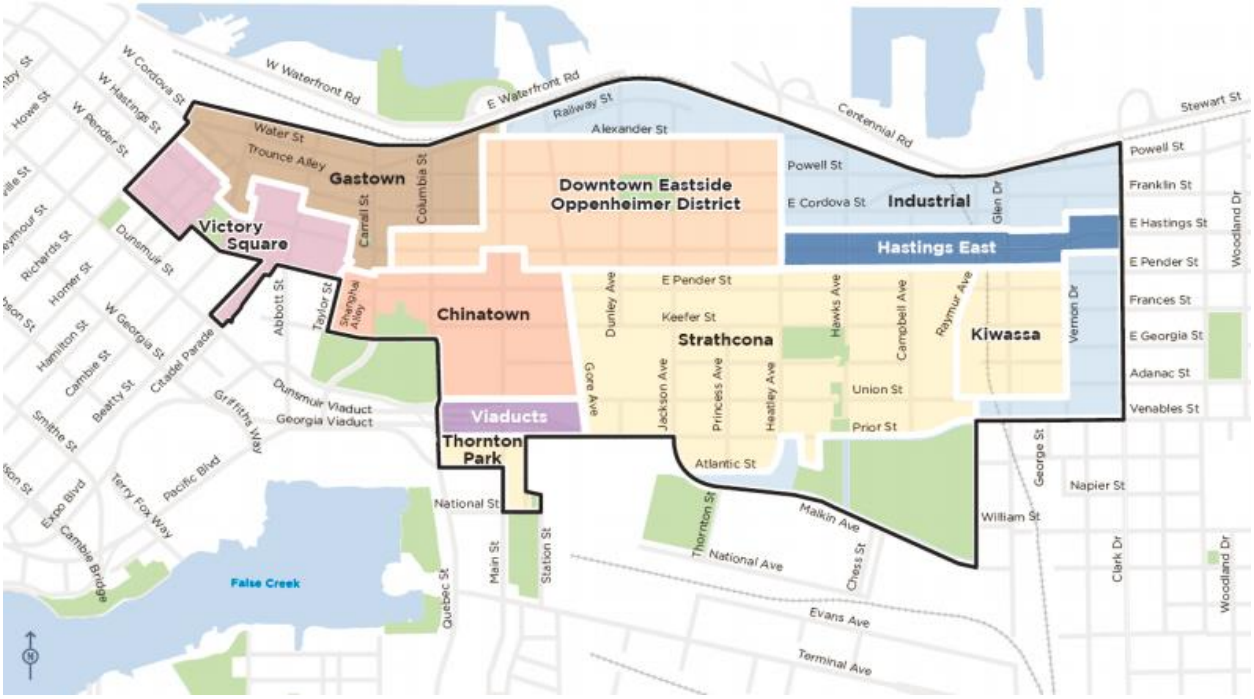


A Profile of the Downtown Eastside[6] (DTES)

The Downtown Eastside community (Local Health Area 162) is defined as Chinatown, Gastown, Industrial Area, Oppenheimer District, Strathcona, Viaducts, Thornton Park and Victory Square. The DTES is a community of mixed income neighborhoods with singles, families, low to moderate income working poor, children and youth, and seniors. Within the community, there are neighbourhoods with higher levels of protective factors and resilience while other areas are more compromised with high risk factors present. Other neighbourhoods within the community are mixed, Ministry staff and outreach workers report the risk profiles can vary from building to building in some neighbourhood settings.

According to Census 2006, it was estimated that 18,023 people were living in the DTES. About 60 per cent are males and 40 per cent are females. Just over half of the DTES population is over 45 years of age. There is a low percentage of children (2 per cent) and youth (8 per cent) in the DTES. The median income in the DTES was $13,691 in 2005.

Figure 2: Map of Downtown Eastside, Local Health Area 162



[6] Downtown Eastside Local Area Profile 2013, City of Vancouver

Many groups in the DTES are considered vulnerable because they experience greater risk to health and wellbeing than the general population. Vulnerable groups include women, children and youth, homeless, seniors, LGBTQ residents, sex workers, drug users, and people with disabilities or mental illness. Some of the vulnerabilities experienced by this group include: poverty, affordable housing, high drug use, sex trade, unemployment, safety, poor health/nutrition, and dependency on social services.

There is a strong established network of services in the DTES, borne out of years of interdependent relationships and committees between agencies, staff, and informal supports. Youth Workers covering the metro Vancouver area report that while high risk settings are prevalent in the DTES, street-based high risk children and youth are relatively visible compared to most of other parts of the city because of this network.

The Profile Review Sample

The profile review is based on sample of 124 records of children and youth in care or receiving services, over the age of 12 years, who reside or frequent the DTES. Of the 124 children and youth, 61 were Aboriginal (49 per cent) and 63 were non-Aboriginal (51 per cent). There were 78 females (63 per cent) and 46 males (37 per cent). The average age in the sample was 17 years.

The following section provides a demographic snapshot of the children and youth in the samples for Phase 1, 2 and 3.

Characteristics of Children and Youth in the Profile Review

Phase 1: Children and Youth in Care

Overview

Phase 1 focused on 32 children and youth over the age of 12 who were in care as of April 2015 and served by the Vancouver Youth Services North (RGB) team or Yankee 20 or who live in the DTES and/or have four or more reportable circumstance reports in the last 12 months.

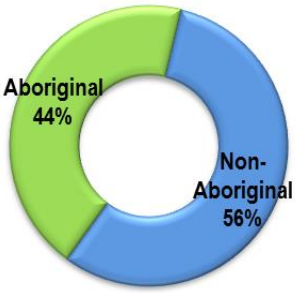
Age and Gender

The average age of the children and youth in the sample was 17 years at the time of the review. Twenty-eight of the 32 youth were between 16 to 19 years of age. The sample consisted of 19 females and 13 males.

Aboriginal Identity

Forty four per cent were Aboriginal and 56 per cent were non-Aboriginal. Of the Aboriginal children and youth (n=14), 8 were females.

Figure 4



Ministry/DAA Team

Fourteen of the children and youth were known to Yankee 20 and 16 by Vancouver Youth Services North and 2 were from other ministry offices. Majority of the children and youth were served by MCFD, however, six were served by a Delegated Aboriginal Agency. About 70 per cent of the children and youth are served by a Vancouver ministry office, while others are served by ministry offices located in: Burnaby, Delta, Surrey, Coquitlam, New Westminster and Richmond.

Legal Status

Fourteen children and youth (44 per cent) were in care by Voluntary Care Agreement, 12 (38 per cent) by Continuing Custody order, 5 by Interim/Temporary Custody Order and 1 by Special Needs Agreement.

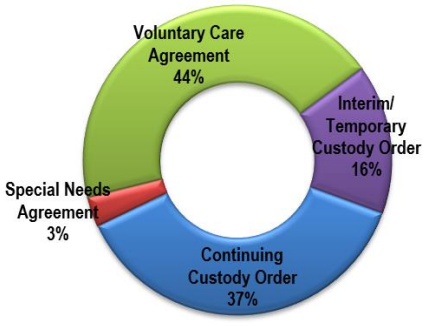


Figure 5: Number of CIC (Phase 1) by Legal Status

Child Protection Concerns – Reason for Care

Reasons for care are prescribed by Section 13.1 of the *CFCSA*. The most common reason for care recorded for the children or youth in the sample was: Parent unable/unwilling to care (53%), Child Absent from home in danger (19 %) and Youth Cannot Return Home (13%).

Age at First Placement into Care

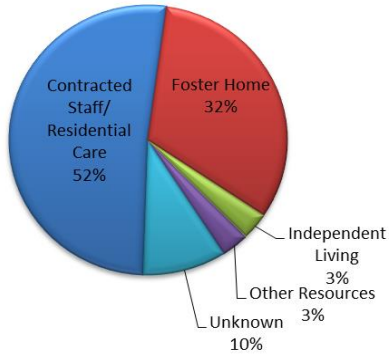
As mentioned previously, the average age of the sample was 17 years. About 44% of the children and youth in the sample experienced their first placement in care between the ages of 15 to 18, while 31% experienced their first placement in care under the age of 5 years.

Types of Placement

Sixteen children and youth were living in a contracted staff/residential care placement and 10 were in living in a type of specialized foster care home (i.e. Level 1, 2 or 3) at the time of review. Five were living in other placements including: Independent Living (1), Other Resources (1) and Unknown – No fixed address (3).

Figure 6:

Percentage of Youth (Phase 1) by Placement Type



Moves in Care[7]

About 50% (n=15) of the children and youth in the sample experienced two or fewer moves since their first in care placement, while 34% (n=11) experienced more than five moves in care.

Of the 11 children and youth who have had more than 5 moves in care:

- 3 were between 10 to 15 years in age when they were first placed in care. They were placed in temporary care for about two years before being placed under a Continuing Custody order. Since the review, these 3 individuals have experienced between 6 to 10 moves during their entire 'in care' placement.
- 7 were placed in care under five years of age and placed under a Continuing Custody order when they were 15 and 16 years of age. Since the review, two have experienced 11 and 15 moves since their first in care placement.

Reportable Circumstance Reports

Of the children and youth in care served by RGB (n=16), six had, on average, one reportable circumstance report while those from the Yankee 20 case list (n=14), eight had, on average, three reportables circumstance reports in the last 12 months[8] from the time of review. There were 2 youth who had four or more reportables. Many of the reportables were for 'missing child/child in high risk situation' in the sample.

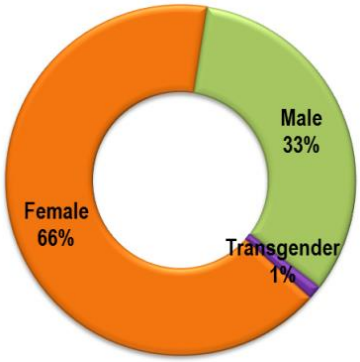
[7] Moves in care is calculated from date of first in care placement to June 2015. The following moves are excluded from the indicator: a child's first placement, change of caregiver address, youth custody centre, hospital, AWOL, pays own board, independent living or placements lasting 3 days or less.

[8] Any reportable circumstance report with an incident date between June 1, 2014 and June 19, 2015.

Phase 2: Children and Youth not in Care

Overview

Phase 2 focused on 79[9] children and youth over the age of 12, not in care[10], who were on a Youth Agreement (YAG) or receiving Youth Support Services (YSS), as of April 2015 and served by the Vancouver Youth Services North (RGB) team and/or known to Yankee 20. This may include children or youth not receiving either YSS or YAG services, but who are known to Yankee 20.

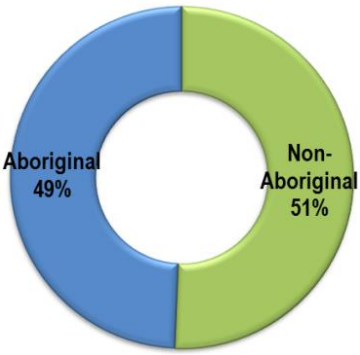


Age and Gender

The average age of the children and youth in the sample was 17 years at the time of the review. Five were between 12 to 15 years old while 74 were between 16 to 19 years of age. Two-thirds (66 per cent) of the sample are female. One youth is identified as transgender.

Aboriginal Identity

Forty nine per cent are Aboriginal and 51 per cent are non-Aboriginal. Of the Aboriginal children and youth (n=39), 77 per cent or 30 were female.



Ministry/DAA Team

About 70 per cent of the children and youth were served by Vancouver Youth Services North (RGB) and 30 per cent were known to Yankee 20. Of those known to Yankee 20, many are served by ministry offices located throughout Vancouver, Burnaby, North Vancouver, Surrey and Agassiz. There were ten children or youth identified as having previous or current service involvement with a Delegated Aboriginal Agency.

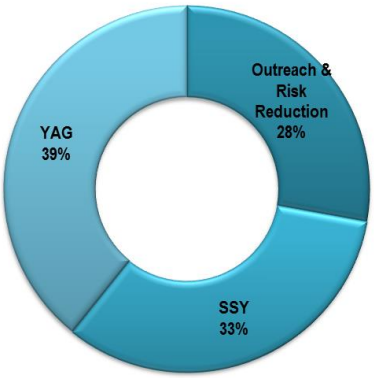
Types of Placement

At the time of review, there were 30 (38 per cent) children or youth living independently (i.e. YAG) and 27 (34 per cent) living with family. Other children and youth (n=22) were living in other placements such as a safe house, foster care, or transitional housing. Placement information was absent or unknown for 9 youth (11 per cent).

[9] Original file lists from RGB and Yankee 20, has one duplicate across the list.
[10] Youth identified by Yankee 20 or RGB may not be on a YSS or YAG, but other service request/incident/memo.

Service Status

Figure 9



There were 22 (28 per cent) children and youth who were not in receipt of any youth service (did not have an open file with the ministry), but were known to Yankee 20. Twenty-six youth (33 per cent) were receiving Support Services for Youth under Section 12.1 of the *CFCSA* and 31 (39 per cent) were on a Youth Agreement under Section 12.2 of the *CFCSA*.

NOTE: This review includes some vulnerable children and youth in high risk situations who do not have an open file with MCFD/DAA at the time of review, but are known to MCFD/DAA or Yankee 20. It is likely that the child or youth is using street or facility-based outreach services, many of which are MCFD funded and/or detox or safe homes/shelters.

This review will refer to this group (n=22) of youth as "no MCFD/DAA open file".

History of being in Care of the Director

There were 66 children and youth who were placed "in care" at some point in their life. Of this group, close to 60 per cent experienced their first in care placement between the ages of 16 to 18 years, and 20 percent between the ages of 0 to 5 years. There were five youth who were placed on a Special Needs or Voluntary Care Agreement. The majority were placed in care under reasons prescribed by Section 13.1 of the *CFCSA*. The most common reasons were: Parent unable/unwilling to care (13.1h), Youth Cannot return Home and Child absent from Home in danger (13.1i).

Moves in Care[11]

For children and youth who had prior experience in government care (n=66), 38 did not experience a move in care, while 14 moved two or more moves when they were in care. One was admitted into care at 15 years old and experienced 4 moves over a 10 month period while another was admitted into care at the age of 15 and experienced 8 moves over an 18 month period (1 ½ years).

[11] Moves in care are calculated from date of first in care placement to June 2015. The following moves are excluded from the indicator: a child's first placement, change of caregiver address, youth custody centre, hospital, AWOL, pays own board, independent living or placements lasting 3 days or less.

Reportable Circumstance Reports

There were six children or youth who had a reportable circumstance report in the last 12 months during the review period[12]. Five had one reportable (missing/high risk situation) and one had two reportables (missing/high risk situation and critical injury).

[12] Any reportable circumstance report with an incident date between June 1, 2014 and June 19, 2015.

Phase 3 – Children and Youth in Care not served by RGB*

Phase 3: Children and Youth in Care not served by RGB

Overview

Phase 3* focused on 13 children and youth over the age of 12 who were living in a foster home or contracted resource in the DTES, who are served by another ministry office other than RGB, as of April 2015.

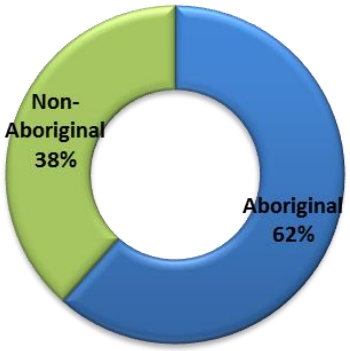
Age and Gender

The average age of the children and youth in the sample was 15 years at the time of the review. Six were between 16 to 18 years of age. The sample consisted of 6 females and 7 males.

Aboriginal Identity

Sixty-two per cent were Aboriginal and 38 per cent were non-Aboriginal. Of the Aboriginal children and youth (n=8), 4 were females.

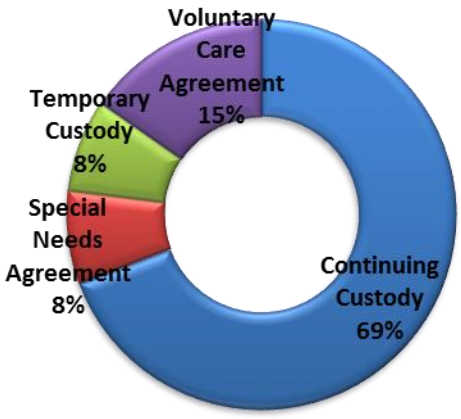
Figure 10



Ministry/DAA Team

Seven of the 13 children and youth were served by MCFD and 6 were served by a Delegated Aboriginal Agency (DAA). The MCFD offices in this sample were all within the Vancouver/Richmond local service area. The DAA office is located in Vancouver.

Figure 11: Number of CIC (Phase 3) by Legal Status



Legal Status

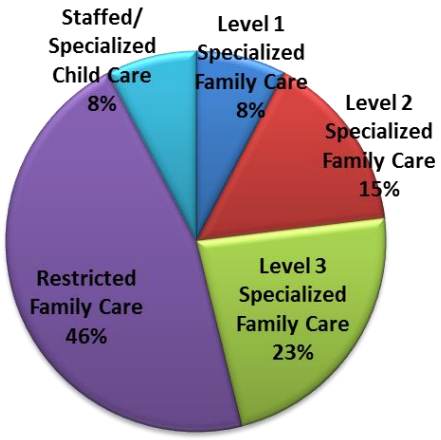
Sixty-nine per cent of the children and youth were in care by Continuing Custody Order (CCO),15 per cent by Voluntary Care Agreement, 8 per cent by Temporary Custody and 8 per cent by Special Needs Agreement.

Age at First Placement into Care

As mentioned previously, the average age of the sample was 15 years. The average age at first placement was 7.8 years of age, and ranged from infancy to age 15. Twenty-nine per cent of the children and youth in the sample experienced their first placement into care after age 15, and 29% experienced their first placement into care under the age of 5 years.

Types of Placement

Figure 12: Number of CIC (Phase 3) by Type of Placement



At the time of review, 4 of the 13 children and youth were placed in Restricted Family care, 2 in Level 3 Specialized Family Care, 2 in Contracted Staffed/Residential Care, 1 in Foster care, and 1 in Staffed Residential Care.

Moves in Care

About 79 per cent (n=11) of the children and youth in the sample experienced two or fewer moves since their first care placement. No child or youth in this sample experienced more than 5 moves in care. On average, children and youth in the sample had one move in care. The number of moves in care ranged from 1 to 5.

Reportable Circumstance Reports

There were no reportable circumstance reports for children and youth in Phase 3 with an incident date between June 1, 2014 and June 19, 2015

PHASE 3 RECORDS DID NOT MEET 'HIGH RISK' CRITERIA

After careful review of electronic and file information, it was determined that children and youth identified in Phase 3 were not considered to be high risk, nor did they have a history of engaging in high risk behaviours. Children and youth in Phase 3 will not be included in the profile of high risk youth. The remainder of this report will focus on children and youth from Phase 1 and 2 only (N=111 of 124)

Findings & Analysis

The following sections will present aggregate findings on the circumstances and needs of N=111 children and youth who live or frequent the DTES from Phase 1 (Children and Youth in Care, n=32) and Phase 2 (Children and Youth not in Care or receiving Youth services, n=79) only. The children and youth identified in Phase 3 sample (n=13) did not present as a child or youth in a high risk situation nor have a history of engaging in high risk behaviours, therefore do not meet the criteria for the profile review.

There may be findings that are specific only to Phase 1 or Phase 2 in the profile review due to information that was collected specific to the "in care" or "youth services" stream.

There were a number of children and youth who were not receiving any ministry support services in the Phase 2 sample (i.e. no MCFD/DAA open file). These children and youth are known to MCFD either through Yankee 20 or through previous MCFD involvement that did not result in the children or youth being placed in ministry care, receive support services for youth (s.12.1) or being placed on a youth agreement (s.12.2).

Due to differences in the level of information available between children and youth who did not have an open MCFD/DAA service and those who were receiving MCFD services (SSY or YAG), these two groups are sometimes reported separately throughout this report. While it is assumed that children or youth with no open file are more likely to be vulnerable in high risk situations, there is limited ministry information available of the circumstances of these children and youth compared to children and youth who are receiving MCFD services during the time of review.

Findings are based on the information collected from electronic and physical file information which includes socio-demographic information and risk and protective factors.

What did we find?

The profile review focuses on 111 children and youth where:

Phase 1 (Children and Youth in Care):

- 14 (44 per cent) were in care by Voluntary Care Agreement, 12 (38 per cent) by Continuing Custody order, 5 by Interim/Temporary Custody order and 1 by Special Needs Agreement.

Phase 2 (Child and Youth Support Services):

- 22 (28 per cent) did not have an open file with MCFD/DAA, 26 (33 per cent) were receiving SSY and 31 (39 per cent) were on a YAG.

Prevalence of High Risk Vulnerabilities

The profile review examined the prevalence of eleven high risk factors among children and youth in both Phase 1 and 2, which include:

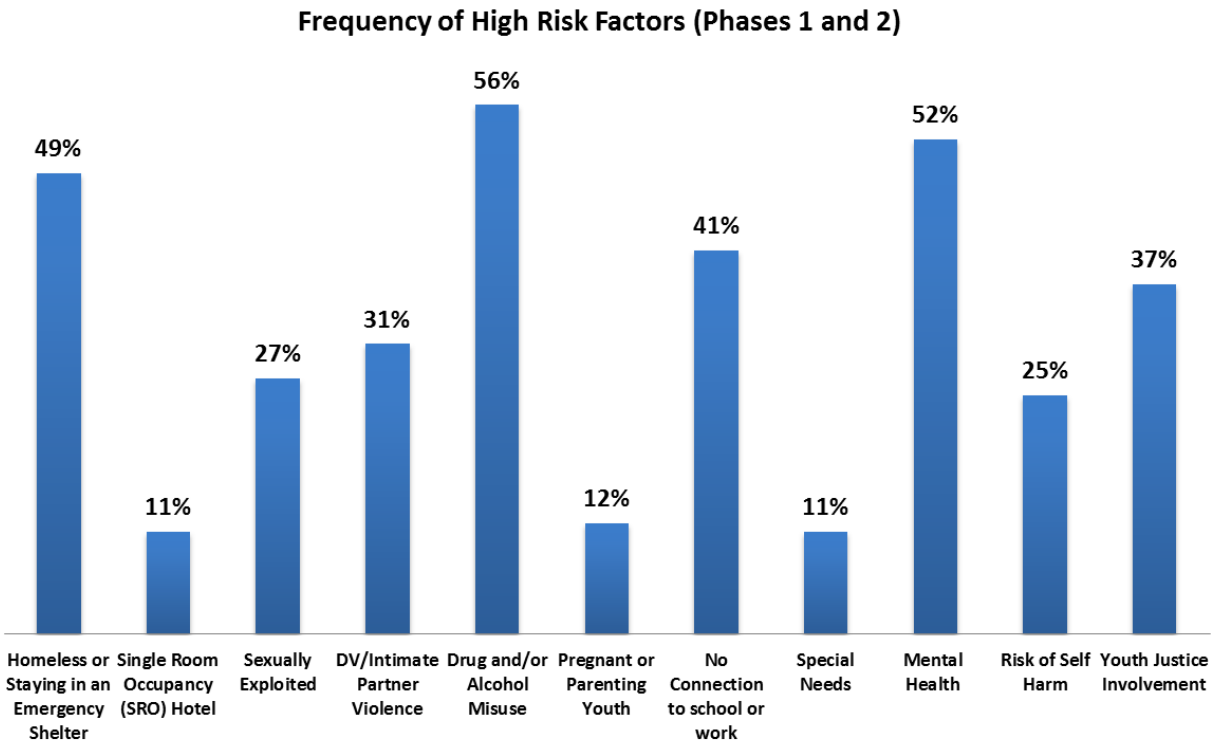
- Victim of sexual exploitation
- Domestic/Intimate partner violence
- Frequenting or visiting a Single Room Occupancy (SRO) Hotel
- Drug and Alcohol Misuse
- Mental Health Concerns
- Special Needs
- Pregnant or Parenting Youth
- Youth Justice involvement
- No connection to school
- Risk of Self Harm
- Homeless/Using Emergency Shelter

Two additional risk factors were examined in Phase 2 only:

- At risk of physical harm
- Chronic/ongoing medical conditions

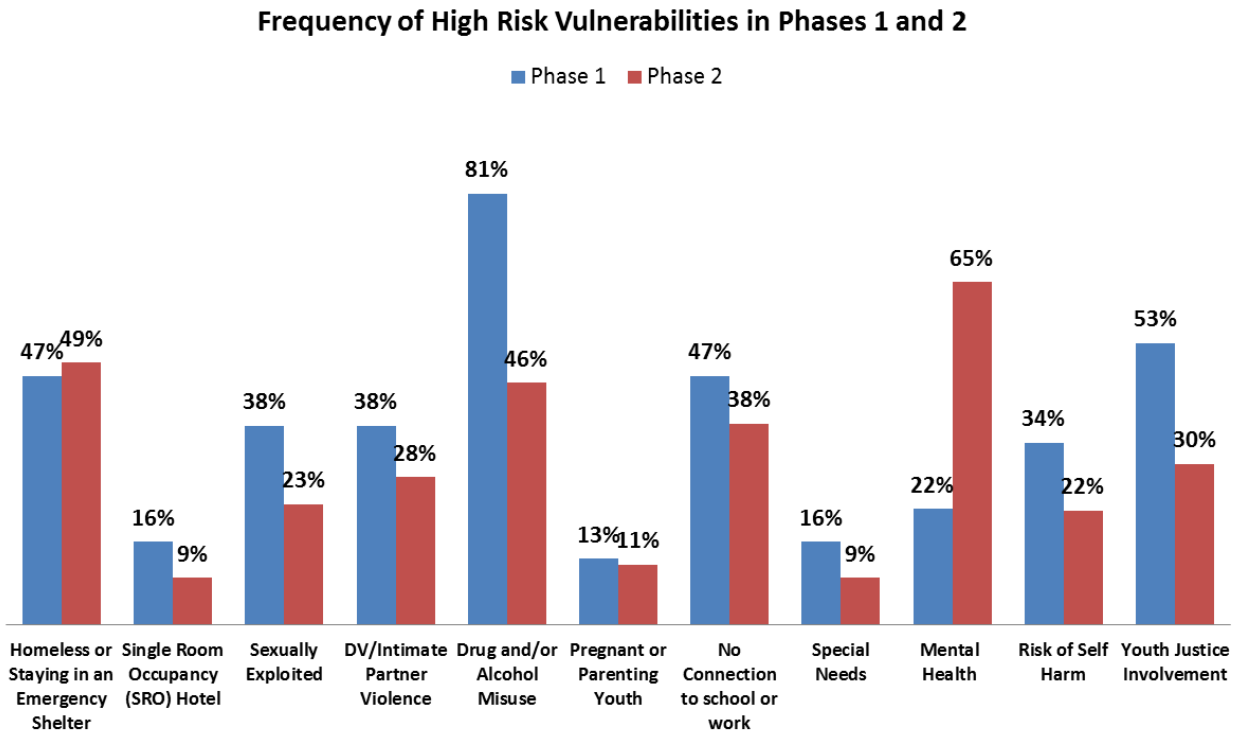
Overall, the profile review found risk factors such as: homeless or staying in emergency shelters, drug and alcohol misuse, no connection to school or work, mental health and youth justice involvement, were commonly identified for the children and youth. Nearly 30 per cent of children and youth were also victims of sexual exploitation or had evidence of domestic/intimate partner violence.

Figure 13



There were some differences in prevalence rates between children and youth in Phase 1 compared to Phase 2. Figure 14 shows about 80 per cent of the children and youth in Phase 1 had evidence of severe and/or chronic drug and alcohol misuse compared to 45 per cent in Phase 2. The prevalence of documented mental health concerns for children and youth in Phase 2 was nearly 4 times (69 per cent) the rate for Phase 1.

Figure 14



Aboriginal Status

Forty eight per cent (n=53) are Aboriginal and 52 per cent (n=58) are non-Aboriginal. Figure 15 shows the prevalence of risk factors by Aboriginal and non-Aboriginal children and youth (n=111). Overall, there were more Aboriginal children and youth (38 per cent) who experienced domestic/intimate partner violence and who were pregnant or parenting (83 per cent) compared to 24 per cent and 7 per cent of non-Aboriginal children and youth respectively. There were more non-Aboriginal children and youth (57 per cent) with a documented mental health concern, victim of sexual exploitation (33 per cent) and risk of self-harm (29 per cent).

Gender

Sixty four per cent of children and youth (n=71) were female and 36 per cent (n=40) were male. Because there are a higher proportion of females than males, there may be differences in the prevalence of risk factors by gender. Figure 16 shows that some risk factors had few differences between females and males, however, factors such as: victim of sexual exploitation,

mental health, and risk of self-harm was higher for females. Males showed slightly higher prevalence in receiving Child and Youth with Special needs services, no connection to school or work, and youth justice involvement.

Figure 15:

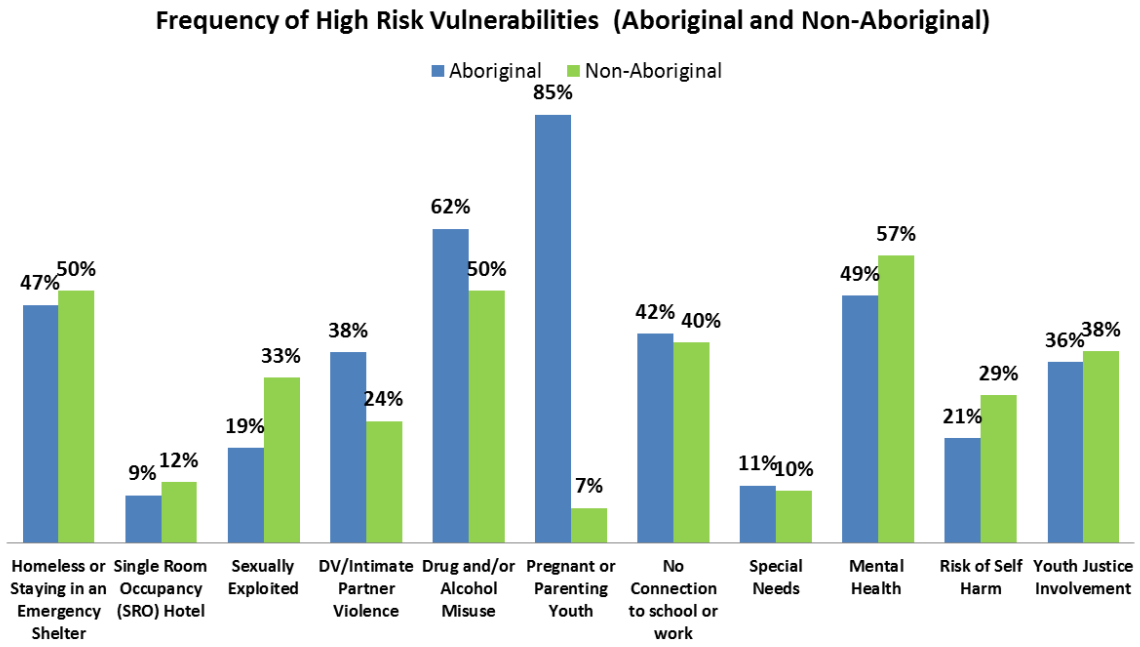
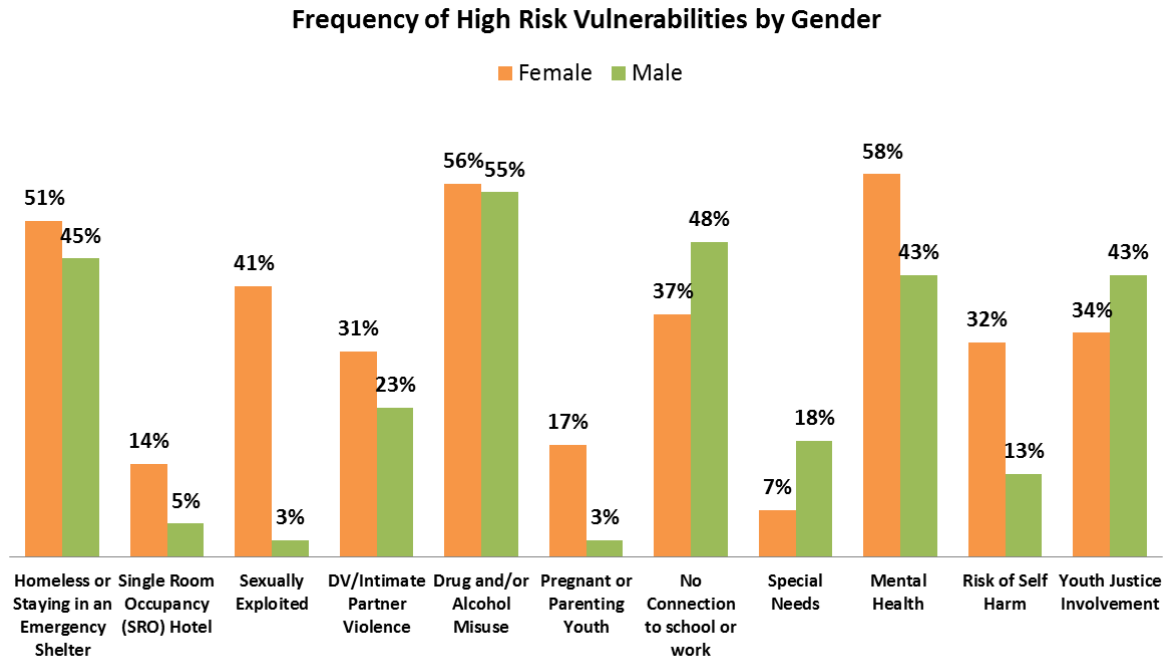


Figure 16:

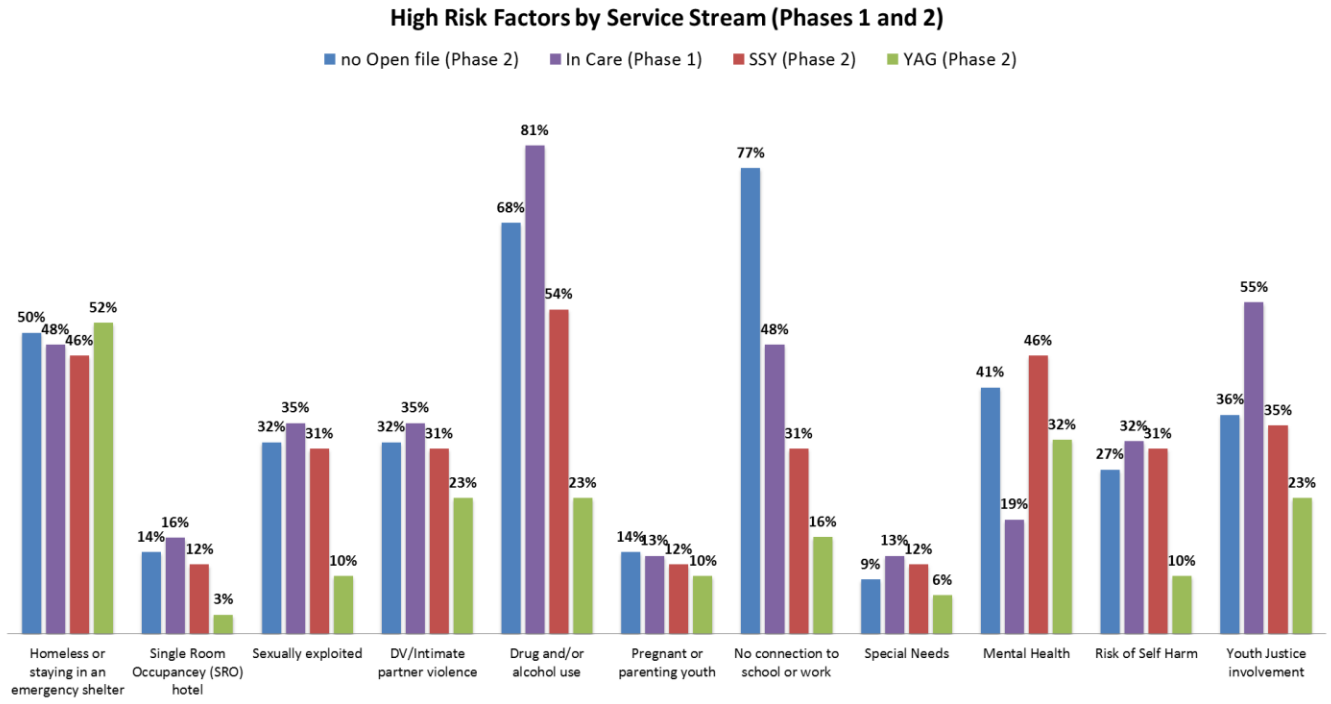


Service Stream Comparisons

High risk factors were also compared by ministry service streams (i.e. in care, Support Services for Youth) and the data suggests similar results for some risk factors irrespective of service stream. This finding is consistent with what we heard from interviewed ministry staff.

Figure 17[13] shows the percentage of children and youth by service stream that had evidence of a particular risk factor. There were a higher proportion of children and youth in care or known to MCFD/DAA with no open file with drug and alcohol misuse (81 per cent and 68 per cent) in the last 12 months compared to those on a Youth Agreement (YAG) (23 per cent). Mental health issues were more likely to be identified for children and youth on SSY and children and youth with no open file compared to youth in care or on a YAG.

Figure 17:



Note: Percentages are based on the total within each service stream population.

[13] This figure does not count the number of youth with multiple risk factors. It counts each youth once if they have evidence of the presenting risk factor. Special Needs and Mental Health category counts any youth with prior or current CYSN or CYMH file and/or document information about any special needs or mental health concerns.

Overall, youth on a YAG showed lower prevalence rates and fewer risk factors than children or youth in care, children or youth receiving SSY, and children or youth with no open service file in the sample. This may be due to the eligibility criteria for youth agreements where youth need to demonstrate ability and readiness to engage in supported independent living, implement a plan for independence, and address and manage risks that may be affecting the youth's safety and wellbeing[14]. Some youth on a YAG could still be considered to be in high risk situations.

Children and Youth known to MCFD/DAA with no open service file

Children and youth who did not have an open MCFD/DAA file had higher prevalence of risk compared to youth on SSY or YAG. Of the 22 children and youth, 68 per cent presented with more than 3 risk factors compared to 23 per cent of youth on YAG and 42 per cent on SSY. Although there is less information available due to their limited involvement with MCFD (i.e. not open file), it is likely their level of risk may be higher.

Based on the information available for children and youth with no open file, the three most common documented risk factors were: No connection to school or work (77%), drug and/or alcohol misuse (68%), homeless or staying in an emergency shelter (50%). Other risk factors that showed high levels of concern for this group were: Mental health concerns (41%), Youth Justice Involvement (36%), victim of sexual exploitation (32%), domestic/intimate partner violence (32%), and risk of self-harm (27%).

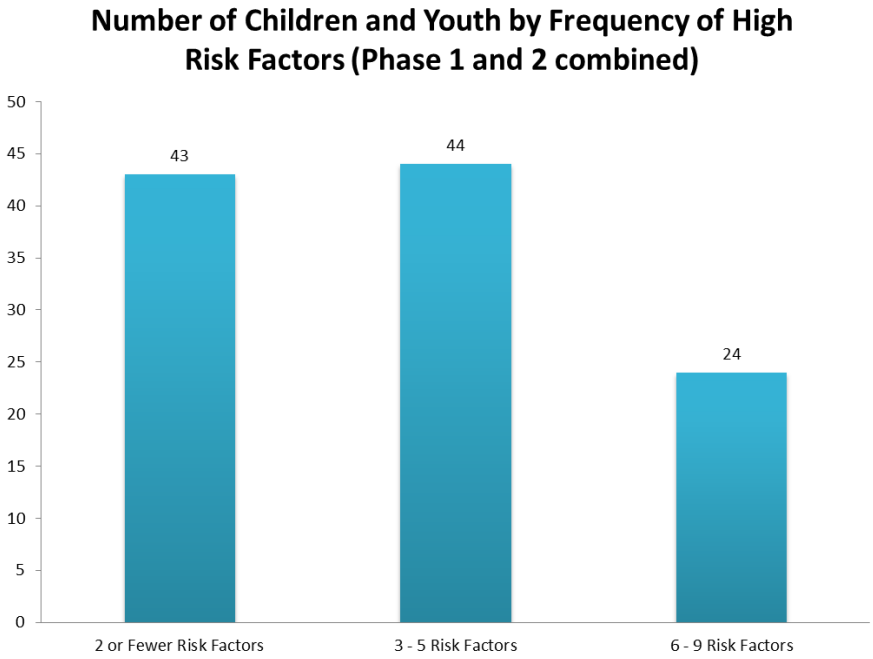
The average age of children and youth with no open file was 16.5 years, slightly younger than the average age in the sample. Fifty nine per cent were Aboriginal and 41 per cent were non-Aboriginal youth.

[14] Standards for Youth Support Services and Agreements (August 2013)

Multiple Risk Factors

Majority of children and youth in phases 1 and 2 presented with significant multiple risk factors. Forty-four had 3 to 5 risk factors while 24 had 6 to 9 risk factors. The most common multiple risk factors that were present were: homelessness/emergency shelter, sexual exploitation, drugs and alcohol use, mental health concern and youth justice involvement. Children and youth with significant multiple risk factors can add to the complexity in service response.

Figure 18:



Homelessness/Emergency Shelter

Fifty percent (n=54 of 111) of children and youth had evidence of being homeless or staying in an emergency shelter in the last 12 months. This was described as sleeping outside in parks, under bridges, in tents, couch-surfing, sleeping in vehicles, AWOL or staying with family sporadically. The majority were offered alternative or emergency shelter, where some accessed emergency shelter services on more than one occasion in the last 12 months. The most common emergency shelter services offered were: Youth Shelter, Emergency Shelter and temporary placement with Family.

Of the 54, 36 are female and 18 are male. There were slightly more non-Aboriginal (n=30) than Aboriginal children or youth (n=24).

Single Room Occupancy (SRO) Hotels

Practice Analysts reviewed all files in the sample to determine if there was any evidence of a child or youth visiting or staying in a Single Room Occupancy (SRO) hotel in the DTES in the last 12 months at the time of review. Any file containing evidence that a child or youth was currently visiting or staying in a SRO would have been identified for immediate action under section 13 of the CFCSA. There were no youth found to be currently living or staying in a SRO although the review found that 12 youth had visited or stayed in an SRO at least once during the previous 12 months.

No evidence was found where a ministry social worker placed a child or youth in a SRO as a placement.

At the time the review was completed, here are some examples of circumstances youth associated with SRO's had experienced during the previous year:

- 18 year old female, Aboriginal (YAG) stayed in SRO's on occasion due to unstable housing situation. No other identifying information was provided. Youth is known to use drugs and stays with her mother in the DTES. Suspected of being coerced in the sex trade to pay off drug debts.

- 17 year old female, non-Aboriginal (YAG), spends time at the Murray, a social housing hotel for men. Youth is suspected of being sexually exploited. She has issues with drug addiction (heroin and other injectable drugs), and it is suspected that she is directly/indirectly coerced in the sex trade to pay for her drug use.

- 17 year old male, Aboriginal (in care) whose parents reside at an SRO (Balmoral). Youth exhibits frequent alcohol and drug misuse, attempted suicide, has been hospitalized due to drinking/police involvement, and has youth justice involvement.

Victim of Sexual Exploitation

There were 30 children and youth who were known or suspected to be victims of sexual exploitation. Sexual exploitation/coercion include: sex/sexual acts for drugs, financial supports, food, shelter and/or to pay off drug debts, sexual abuse/interference by a family member, direct/indirect coercion to be used as an escort in the sex trade.

A number were suspected of providing sexual acts to access drugs, to pay drug debts, or for financial supports or housing. Others were suspected of being manipulated, groomed or lured into the sex trade. Some of the girls were in the company of – or in a relationship with – men known to exploit women/girls through the sex trade.

Of the 30 children and youth, 29 were female and 1 youth was male. Five were under the age of 16, and 25 were between 16 and 19 years of age. There were 11 Aboriginal youth (all female) and 19 non-aboriginal youth (18 female, 1 male) in this group.

Domestic Violence/Intimate Partner violence

There were significant concerns for 34 children and youth who experienced or may be experiencing domestic or intimate partner violence. Of the 34 youth, 20 were Aboriginal (13 female, 7 male) and 14 were non-Aboriginal (9 female, 5 male). Majority of the youth experienced violence by a "boyfriend", (i.e. usually a much older man) or by a male family member.

Of the 12 male youth who have domestic violence/intimate partner violence as a risk factor, 3 are known to be perpetrating violence toward their romantic partners (female), or toward female family members.

Drug and Alcohol Misuse

Sixty-two children and youth in the review (56 per cent) had evidence of drug and/or alcohol misuse. The prevalence of drug and alcohol misuse was very high (81 per cent) among children and youth in care, and for children and youth who were known to MCFD/DAA with no open file (68 per cent). The majority had evidence of severe or chronic drug and alcohol misuse – drinking or using drugs daily or several days a week. These drugs included: marijuana, cocaine, heroin and methamphetamines. There are some who were identified using heroin and/or crystal meth as their preferred choice of drug. The severe and chronic use of drugs and alcohol impacted the safety (physical, emotional, sexual) of the children and youth in terms of who they associated with, and the high risk situations they were involved in, such as emergency hospital admissions from severe intoxication or police involvement. Some of the children and youth are suspected of drug trafficking and/or being involved with drug dealers.

Of the 62 children and youth, 32 were Aboriginal (22 female, 10 male) and 30 were non-Aboriginal (18, female, 12 male). Sixty-five percent were female (n=40).

In the Phase 2 sample (n=79), reviewers found that 16 children and youth had a history of substance use but were not using in the last 12 months, 18 were using one substance, while 21 engaged in poly substance use.

Pregnant or Parenting Youth[15]

There were 13 youth identified as being pregnant or parenting during the 12 month period of the review. There is evidence of child protection concerns and safety planning of the child in

[15] At the time of the review, all individuals who were pregnant or parenting were over the age of 16.

four of the cases. There were two youth whose infants were removed or placed under supervision under the *CFCSA*. One youth had a no contact order with her child due to domestic conflict and drug/alcohol misuse. One youth had her child living with grandparents and had ongoing contact. One youth had a miscarriage and did not seek medical attention.

Of the 13 youth that were pregnant or parenting, 9 were Aboriginal (all female) and 4 were non-Aboriginal (3 female, 1 male). Three youth did not have an open file, 3 received SSY and 3 were on a YAG and 4 were in care. All the youth were between the ages of 16 to 19 years of age.

No Connection to School and Work

There were 45 children and youth (41 per cent) who had evidence that they were not connected to school or work. Many were enrolled in either an alternative or special education program but were not attending. There was limited information recorded about reasons why the child or youth was not attending, but for those that did have information, they were not attending due to mental health illness or due to substance use relapse. Interestingly, many indicated a desire to attend or finish school to their social worker. It is likely that their lifestyle influenced their ability to attend school, (i.e. drug and alcohol misuse).

An Individual Education Plan (IEP) is required for students who have been identified as having a special need by the Ministry of Education.

An IEP is a documented plan developed for students with special needs that summarizes and records the individualization of a student's education program

Source: Individual Education Planning for Students with Special Needs, Ministry of Education, Nov 2009

Of the 45 children and youth, 21 were Aboriginal (13 female, 8 male) and 24 were non-Aboriginal (13 female and 11 male).

There were 66 children and youth in Phase 1 and 2 whose records indicated that they were connected to school. Of these 66, 22 were identified as having an Individual Education Plan (IEP).

Child and Youth with Special Needs (CYSN) Services

All records were reviewed to determine if any children or youth had received Child and Youth with Special Needs services. There were 12 who had open or closed CYSN services. One was identified as having a physical disability and another was referred for adaptive skills testing. One is non-verbal with severe intellectual disability, diagnosed with autism spectrum disorder and unspecified anxiety disorder. Another was diagnosed with autism spectrum disorder and another with attachment disorder.

Many of the children and youth had received CYSN services during their early childhood years. There was limited information available in ICM regarding the CYSN services.

Of the 12 children and youth that had involvement with CYSN, 6 were Aboriginal (3 female, 3 male) and 6 were non-Aboriginal (2 female, 4 male). Five were in care, 2 had no open file, 3 were receiving SSY and 2 were on a YAG.

- 3 were receiving SSY, 1 was transitioning from a foster home and a voluntary care agreement, one was transitioning from a contracted residential bed, and one lived with family
- 2 were on YAGs and lived independently.

Mental Health Concerns

There were 58 children and youth identified with a mental health concern, where 64 per cent (n=37 of 58) had received or were currently receiving CYMH services. About 20 youth with documented mental health behaviours did not have evidence of receiving any mental health service(s).

For the purposes of this review, a mental health concern may include; behaviours associated with stress, trauma, depression, anxiety, relationship problems, grief, ADHD or learning disabilities, mood disorders, or other psychological concerns impacting health, safety or wellbeing, and/or open or closed CYMH file.

The vast majority of the children and youth identified with a mental health concern presented with behaviours indicating multiple and persistent mental health challenges, such as depression, anxiety, PTSD, history of childhood trauma growing up, suicidal behaviour/ideation, ADHD and OCD. Many were identified as suffering from depression and anxiety issues.

Five had evidence of receiving an assessment and/or services due to an admission (usually involuntarily) into a hospital or residential mental health facility.

Of the 58 children and youth with a documented mental health concern, 25 were Aboriginal (20 female, 5 male) and 33 were non-Aboriginal (21 female, 12 male). Majority of those with mental health concerns were from Phase 2 (SSY/YAG or no open file). There were 7 children and youth from Phase 1 who had documented mental health concerns.

Risk of Self Harm

There were 28 children and youth who had documented evidence of self-harming behaviour such as attempted suicide, cutting and overdose of pills. Some were hospitalized or committed under the Mental Health Act due to their suicidal behaviour and/or referred to child and youth mental health services or Maples.

Of the 28, 11 were Aboriginal (9 female, 2 male) and 17 were non-Aboriginal (14 female, 3 male). There were 11 who were in care and 6 with no open file.

Youth Justice Involvement

There were 41 children and youth who had involvement in the youth justice system, which means, an individual between the ages of 12 to 17, as of the date of offence, was accused or found guilty of a criminal offence. Of the 41 involved with the youth justice system, 18 were Aboriginal (10 female, 8 male) and 23 were non-Aboriginal (14 female, 9 male).

Just over 80 per cent had a Youth Community file. There were 17 who had both a Youth Community File[16] and Youth Institutional File[17]. Many of the youth justice files were closed, while a small number were open at the time of review.

The majority of youth were also identified as having mental health concerns, often depression, anxiety, and a concurrent disorder. At least 9 youth had a previous CYMH file with the ministry. Many were receiving some form of youth justice program such as substance abuse treatment programs, extra-judicial sanctions program, peace bond or community based outreach crime prevention program. Some were also referred to youth forensics for an assessment and/or referred to a mental health outreach worker.

> ***Youth involved in the justice system*** *may be dealt with through extra-judicial measures, or receive a community- or custody-based sentence, may be subject to a community bail supervision or held in detention (remand custody), or restorative justice conferencing and/or referred to Youth Forensic Psychiatric services that provides* assessment and treatment for young offenders in BC.

At risk of Physical Harm – *(Phase 2 only)*

Thirty-four per cent (n= 27 of 79) of children and youth in Phase 2 had evidence of being at risk of physical harm in the last 12 months. For these children and youth, their behaviours were often cited as the reason why they were at risk of physical harm. For 21 of the 27, the use of drugs and alcohol the primary reason for being at risk of physical harm, while 14 were at risk of physical harm from sexual assault. There were 12 who were assaulted (10 female, 2 male), 5 of which were related to domestic violence.

Other examples of physical harm that was experienced by the children and youth included: going missing, associating with people who have assaulted them in the past, unsafe/high risk activities/behaviours while under the influence of drugs or alcohol, associating with people involved in criminal activities, and sleeping outside.

[16] Youth Community File means the youth was/is receiving Community Youth Justice Services.
[17] Youth Institutional File means the youth was/is receiving Youth Custody Services.

Of the 27 children and youth at risk of physical harm, 22 were female and 5 were male. Thirteen were receiving SSY, 6 were on a YAG, and 8 did not have an open file. Fifteen were Aboriginal (12 female, 3 male), and 12 were non-Aboriginal (10 female, 2 male).

Chronic/ongoing Medical condition - *(Phase 2 only)*

Twenty-seven children and youth in Phase 2 had documentation relating to the management of a chronic or ongoing medical condition during the review period, and 22 children and youth's files had no documentation confirming whether a chronic or ongoing medical condition existed.

A chronic or ongoing medical condition included conditions that are persistent and recurring in durations measured in months and years instead of days and weeks and might require ongoing medical monitoring and treatment.

There was a range of medical conditions that were documented, including: physical injury, asthma, diabetes, sexually transmitted infections, FASD, ADHD, medications for depression/anxiety (i.e. sertraline, zoloft, prozac and trazodone). Dental concerns were cited for a number of children and youth who were experiencing teeth infections and jaw pain. One was identified as having chest pains and was referred to a cardiologist.

Of the 27 who had a documented chronic or ongoing health concern, 21 were female (9 Aboriginal and 12 non-Aboriginal) and 6 were male (4 Aboriginal and 2 Non-Aboriginal). Nine youth were receiving SSY and 11 were on a YAG.

Care Plans

All files in Phase 1 for children and youth in care (n=32) were reviewed to determine if there was evidence of a completed Care Plan on file. A Care Plan is a tool for assessment and planning for children and youth in care. The review found 13 records with a current Care Plan on file, 11 of those were completed and 19 had no evidence of a Care Plan. Of the completed plans, few showed sufficient information in the plan, however, reviewers were able to find relevant information in case notes in ICM and physical files (e.g. emails).

Plan for Independence

All files in Phase 2 where the child or youth was on a YAG (n=31) were reviewed to determine if there was a Plan for Independence. A Plan for Independence is a plan falling under a Youth Agreement and documents the commitments of the child or youth and the director under the agreement to make a transition to independence and address educational, employment, financial, residential and other needs.

Of the 31 youth on a YAG, 21 had evidence of a PFI where all were current except for one. Of the PFI that were current, 14 PFI were completed. There were 9 youth on a YAG who had no evidence of a PFI on file.

Youth Response Services - Assessing for Immediate Needs and Safety

All files in Phase 2 (N=79) were reviewed to determine if there was evidence of safety planning, including evidence of applicable assessment and safety plan tools as outlined in the Youth Support Services Standards for youth receiving youth services.

Reviewers found that majority of children or youth receiving SSY or YAG (n=67) in Phase 2 had evidence of safety planning; including some who have not voluntarily accepted service (n=13 of 22). There were 24 who had evidence of a completed Immediate Needs Assessment and Safety Plan form, primarily youth on YAG.

Protective Factors related to Positive Connections

The data collection tool was expanded in Phase 2 to consider protective factors or attributes that can help reduce risk factors associated with vulnerable children and youth in high risk situations and support resiliency and well-being. Phase 1 did not include this information.

Connection to Family

Over 80 per cent of the children and youth in Phase 2 had evidence in their planning that recognized the importance of maintaining connections to family. Of the 79 children and youth in phase 2, 62 youth (78 per cent) identified a family member(s) or significant adult(s) who was willing or able to support them. A mother was identified most often, followed by father, extended family (i.e. grandparents, aunt, uncle, cousin) or sibling. While a high number of youth had an adult willing or able to support them, not all youth were prepared to accept this support.

Of the 62 children and youth, 45 were female and 17 were male. Thirty two are Aboriginal (27 female, 5 male) and 30 are non-Aboriginal (18 female, 12 male). Just over 70 per cent of the youth were receiving SSY or YAG.

Social or Recreational Connection

Just over half of the children and youth in Phase 2 (53 per cent or n=42) had evidence of social or recreational connections, mostly those receiving SSY or YAG. Children and youth had access to a gym or leisure pass (n=24) and/or were participating in sport (i.e. hockey, yoga, running, softball, hiking, swimming, boxing). Activities that encouraged artistic endeavours, such as music, photography, or drawing were also mentioned.

Overall, the type of activities varied depending on the child or youth's needs. Some had more long term plans for themselves that aligned with their planning, such as travel with a school group or completing a marathon. Others had planning that included basic daily functioning, and more structured participation in youth or mentoring groups.

Twenty-nine of the 42 were female and 12 were male. There were 21 Aboriginal children and youth (18 female, 3 male) and 21 non-Aboriginal children and youth (11 female, 9 male) in this group. Four did not have an open file, 15 were receiving SSY, and 23 were on a YAG.

Cultural/Spiritual Connection

There were 40 children and youth in Phase 2 who had evidence of planning that supported a cultural or spiritual connection. The support offered to children and youth included contact with family members (where appropriate), contact with groups who share the same cultural background, attendance at church or youth groups, and connection with LGBQT resources. Examples of agencies or programs that children and youth were engaged with for cultural or

spiritual connections were: Raven's Lodge, Inner Hope Youth ministry, Covenant House, Urban Native Youth Association and Circle of Courage.

Of the 40 children and youth, 29 are female and 11 are male. There were 25 Aboriginal children and youth (21 female, 4 male) and 15 non-Aboriginal (8 female, 7 male). Aboriginal children and youth (n=25) were often connected with their family or elder, their First Nations band/community and/or connected with a mentor from Urban Native Youth Association.

Financial Literacy

It is important to assist children and youth in developing skills and capacity to manage their finances independently and effectively. Majority of the youth on a YAG (n=31) had documented evidence of capacity to manage money well, while a small number were referred to or currently working with a transition youth worker to learn budgeting skills.

Very little information was found on financial literacy for children and youth receiving SSY and those with no open file with MCFD/DAA. During these service stages, planning prioritizes building capacity to mitigate risks and meeting basic needs for food, clothing, shelter, connection and stabilization. Accordingly, there is lower priority placed on transitional supports and independent living skills.

Care Team and Connections with Service Providers

All records (Phase 1 and 2) were reviewed to identify the individuals and/or agencies that were part of their Care Team. Majority of the children and youth had evidence of a Care Team who was supporting them. There were a range of individuals identified on a Care Team with the youth and their social Worker such as:

- Outreach Workers, School counsellor, family members (i.e. mothers/fathers, siblings, extended family), community service providers, Youth Worker, mental health workers, police/youth probation officers.

The following list shows the array of community service providers found on Phase 1 and 2 Care Teams (next page).

Table 2: List of Community Service Providers found on Care Teams for Phase 1 and 2

Organization/Agency/Service Provider	Care Team Member	Description
Boys and Girls Clubs of South Coast BC	Youth Worker; Nexus Program Outreach Worker	Offers substance abuse support, counselling, and employment services for youth and families.
Burnaby RCMP	School Liaison Youth Officer	Designed to build a strong relationship between police and youth to influence youth in becoming responsible members of the community.
Clark House Group Home	Caregiver	Group Home
Collinson Eagle House Group Home	Staff Person	Group Home
Covenant House	Staff	Operates shelters, second stage housing, and semi-independent living housing and supports to male and female youth.
Delta Police	School Liaison Youth Office	Designed to build a strong relationship between police and youth to influence youth in becoming responsible members of the community.
Directions Youth Services	Housing Worker; Transition for Youth to Adulthood (TYA) Worker; SIL Worker	Operated by Family Services of Greater Vancouver, offers a safe place for youth who are homeless or at risk.
Esau Group Home	Staff Person	Receiving Home for adolescents awaiting long-term placements, usually foster care or residential placements.
Fraser Regional Aboriginal Friendship Center	Staff Person	Fraser Region Aboriginal Friendship Centre (FRAFCA) is an Aboriginal social service agency providing services and programs including education, housing and homelessness services, and infant/early childhood development services.
Fraser Health Authority	Concurrent Disorders Consultant	Mental Health Services
Genesis Program - Vancouver School Board	School Counsellor	School program operated by the Vancouver School Board, an educational program for youth aged 16-18 in grade 10 who require more support to be successful I school.
Immigrant Services Society of BC (ISS)	Staff Person	ISS of BC is a friend to newcomers, assisting with initial settlement needs and appropriate language and employment training, and helping to establish networks in their communities.
Intensive Support and Supervision Program	Worker	Youth Justice community based program that offers one to one service for medium to high risk youth and provides an alternative to custody.
Inter-Regional At Risk Youth Link	Outreach Worker	Outreach support to youth ages 10-15 who congregate around sky train stations throughout the lower mainland.
LGTBQ Support Services	Staff	Provides a safe place for lesbian, gay, bisexual, trans, two-spirit, intersex, queer, and questioning youth 14 to 25 years of age to hang out, find resources, share experiences, develop leadership skills, and get support.
Lower Mainland Purpose Society	Youth Worker; Director of Youth Services	A non-profit society providing a variety of social, health and educational programs together with a continuum of services to Lower Mainland communities.
Maples	BiFrost Program Worker	The Maples is mandated to provide residential, non-residential and outreach services to support youth, families and communities. Generally, clients are troubled 12 to 17 year-old youth in the Province of British Columbia who have significant psychiatric and behavioural difficulties, as well as those youth found Not Criminally Responsible by Reason of a Mental Disorder or Unfit to Stand Trial.
Mosaic BC	Building Blocks Program Staff	MOSAIC is a multilingual non-profit organization dedicated to addressing issues that affect immigrants and refugees in the course of their settlement and integration into Canadian society.
Narcotics Anonymous	Staff Person	Recovery meetings for addicts
Network of Inner City Community Services Society (NICCSS)	Youth Worker; Roving Leaders Program Staff	NICCSS is a consortium of community based organizations, resident groups and consumer groups who work together in the coordination and delivery of services to children and families and individuals. These programs are all focused Vancouver's Inner City population, addressing gaps in existing social services for residents in these neighbourhoods.
New Dimensions Shelter	Shelter Staff	Not Available

Organization/Agency/Service Provider	Care Team Member	Description
Pacific Community Resources	ASTRA Worker; DEWY Staff; Immediate Response Program Worker; Stop Exploiting Youth Program Staff; LINKS Worker	Pacific Community Resources provides a range of services, including education programs, employment, housing, and addiction counselling and prevention programs for youth, adults and families from a variety of backgrounds and orientations.
Park House	Staff Person	Group Home
PLEA Community Services	One-to-one worker; ONYX Worker	PLEA delivers community-based social, health, educational, vocational and justice services to children, youth, families and adults who, during periods of their lives, face significant challenges and barriers.
Public Guardian and Trustee (PGT)	Staff Person	The Public Guardian and Trustee (PGT) is a corporation sole established under the Public Guardian and Trustee Act with a unique statutory role to protect the interests of British Columbians who lack legal capacity to protect their own interests.
Ray-Cam Co-operative Centre	Staff	Ray-Cam Co-operative Centre is a neighbourhood facility on East Hastings St. near Clark Drive offering recreation and social activities for all ages and support services for individuals and families.
Royal City Alternate Program	School Counsellor	School Program in district no. 40 (New Westminster)
Representative for Children and Youth	Staff Person	An independent officer of the Legislature providing support for children and youth in BC.
South Vancouver Youth Centre (SVYC)	Staff	Support youth by providing personalized education and planning, vocational preparation, parenting skills, foster care counselling, life transitions, housing support and recreation with a goal of creating positive, contributing members of our community.
Surrey Mental Health	Mental Health Worker	Mental Health Outreach Services
Urban Native Youth Association (UNYA)	Mentor; Cultural Programming and Support; Outreach Worker; One-on-One Worker.	Aboriginal services agency that operate a number of educational, residential, and addictions-focused services.
Vancouver Aboriginal Child and Family Services Society (VACFSS)	Social Worker	VACFSS is a non-profit society providing services to Aboriginal children, youth, and families in the Greater Vancouver area.
Vancouver Coastal Health	Youth Pregnancy and Parenting Program Staff	Vancouver Coastal Health (VCH) is a regional health authority providing direct and contracted health services including primary care, home and community care, mental health services, and preventive health and addictions services in Greater Vancouver.
Vancouver Community Mental Health Services	Mental Health Worker (Child and Adolescent Response Team)	CART (Child and Adolescent Response Team) provide short term mental health services to children.
Vancouver Native Housing Society	Staff Person	VNHS's mandate is to provide safe, secure and affordable housing. Although our original and ongoing mandate is to focus on the housing needs of the urban Aboriginal community we have expanded our operations to include housing solutions for seniors, youth, women at risk, persons living with mental illness and the homeless and homeless at risk populations.
Vancouver School Board	Pinnacle Program Staff	Vancouver schools are involved in a wide range of partnerships with cultural, arts, and service organizations. The district also offers a multitude of services and program options to meet student interests and needs.
Watari Counselling and Support Services Society	Staff Person; Transitioning To Independence (TIP) Program Staff; Outreach Worker; Drug and Alcohol Counsellor; Youth Worker	Watari provides programs and services for street involved youth affected by substance abuse or mental health issues.
Women Against Violence Against Women (WAVAW)	Counsellor	Provides women who have experienced any form of sexualized violence with support and healing, and engage with youth to develop leadership for prevention of future violence.
Yankee 20	Police; Youth Worker; Outreach Worker	Yankee 20, formerly Car Y177, is an intervention team for high risk / street youth.

Children and Youth Accessing Services – December 2015 Update

At the time when the samples for Phase 1 and 2 were drawn for the review in April 2015, 32 children and youth were in care, 22 did not have an open file, 26 were receiving SSY and 31 were on a YAG. Although the file review focuses on activity during the previous 12 months from June 2015, a review in ICM was conducted if any of the children or youth had a change in service with MCFD as of December 2015.

In Phase 1 (in care):

- Of the 12 CCOs in April 2015 – 10 remain under a CCO and 2 aged out of care
- Of the 5 TCO/ICO in April 2015 - 2 remain under a TCO/ICO, 1 was placed under a CCO, 1 youth aged out and 1 had no open MCFD/DAA file
- Of the 14 VCAs in April 2015 - 8 remain under a VCA, 2 were on a YAG, 1 placed under a SNA, 1 youth aged out of care, 1 was receiving SSY and 1 youth had no open MCFD/DAA file
- One remained on an SNA since April 2015.

In Phase 2 (not in care):

- Of the 22 children and youth with no MCFD/DAA open file – 1 began receiving SSY, 3 on a YAG and 18 have no MCFD/DAA open file
- Of the 26 children and youth on SSY - 12 remain on SSY, 10 were on a YAG, 2 were no longer accepting service and 2 youth aged out of service
- Of the 31 youth on a YAG – 1 youth receiving SSY and 30 youth remained on a YAG

Who are the Children and Youth in High Risk Situations in the DTES Review?

Based on the information gathered for Phase 1 and 2 from Vancouver Youth Services North (RGB) and Yankee 20, an estimate of 48 of the 111 children and youth in the sample were considered to be in high risk situations. This was determined if a child or youth presented, at minimum, any three of the following influential high risk factors[18] whose prevalence in tandem with other risk factors often leads to higher vulnerability and differentiates between "at risk" and "high risk" situations within the sample:

- Homelessness/emergency shelter
- Victim of sexual exploitation
- Drug and/or alcohol misuse
- Mental health issues/concerns
- Youth justice involvement

It is important to note that while the above noted factors are prevalent in contributing to higher risk situations (see Figure 19) there are circumstances where higher levels of vulnerability associated with other factors less prevalent can also be significant contributors to risk. The above criteria provides a systematic method to estimate the numbers of "high risk" versus "at risk" children and youth across different samples[19] who reside in or frequent the DTES. It is also important to note that the circumstances and profiles of vulnerable children and youth in high risk situations often change frequently. This review strives to estimate how many children and youth in high risk situations would be visible and need supports or interventions within the DTES catchment area at any given point in time, and inform how interventions could be more effective and timely.

Of the 48 children and youth, 20 were Aboriginal (15 female, 5 male) and 28 were non-Aboriginal (19 female, 9 male). Twelve had no open file, 13 were receiving SSY, 15 were in care and 8 were on a YAG. There were 26 who had 3 to 5 high risk factors while 22 had 6 or more high risk factors.

The following section focuses on this group of 48 vulnerable children and youth in high risk situations to further explore the strengths and challenges in the service interventions that were provided to support them, including feedback from ministry staff and service providers who work and support these young people and the systemic challenges they see in the child-serving system.

[18] Based on the same criteria, there were 23 of 31 youth identified from Phase 1 (in care).
[19] Guidelines for Provisions of Youth Services, October 2002, MCFD

Characteristics and Needs of Vulnerable Children and Youth in High Risk Situations

It is evident from this profile review, that there are significant issues and challenges in the lives of these children and youth who are characterized by their severe drug and alcohol use, mental health issues, self-harming behaviours, sexual exploitation, conflict with the law and emotional trauma. They often present with a history of family-based challenges as well as challenging past involvements with educational, health and social services. They are often survivors of traumatic pasts, struggling with attachment issues and coping within a combination of concurrent internal and environmental risk factors.

Staff who were interviewed frequently discussed the trauma, extensive drug, alcohol, and mental health challenges that they see when serving vulnerable children and youth in the DTES. It could start with one issue that a worker is responding to and quickly snowball into multiple issues at times of crisis. During these times, children and youth are often self-medicating and looking for a sense of belonging.

The multitude of risks poses a challenge for workers and agencies to engage with children and youth in high risk situations as they typically have difficulty in trusting adults. Trust in adults in general is often low or non-existent. When children or youth are told what to do, where to stay and how to behave, before any relationship has been developed, they often do not "buy in"[20].

Behaviours are often motivated by survival, to meet basic needs for food, clothing, shelter, and connection. Accordingly, children and youth in high risk situations often don't want to be found or identified, and mistrust anyone offering to assist through outreach or in office settings. As such, building readiness for establishing a trusting connection and helping relationship can often be a longer term proposition, taking weeks, or commonly months. Staff emphasized the importance of intake and service processes being:

- Warm and welcoming
- Focusing on establishing a connection with the child or youth
- De-emphasizing "administrative" or "bureaucratic" intake processes in the beginning
- Not tied to identity verification at intake
- Engaging and child and youth centered during service provision

Staff also recounted experiences where young people did not feel welcomed and abandoned intake processes. Reasons cited were rigid requirements around intake and information collection, and a strong focus on "rules and consequences" instead of welcoming practices. Examining intake and service practices across organizations/agencies would be beneficial to

[20] McKay, S., Fuchs, D. & Brown, I. (Eds.). *Passion for Action in Child and Family Services: Voices from the Prairies*. Regina, SK: Canadian Plains Research Center: pp. 119-142. Retrieved from http://cwrp.ca/publications/1133

more effectively respond to "windows of opportunity" when vulnerable children and youth in high risk situations are ready to accept services.

Reconnect/Hard Target

Reconnect is a weekly meeting which brings together outreach workers and other service providers to coordinate intervention strategies to assist children and youth in high risk situations, including street involved youth. The Reconnect meetings are for the purpose of identifying young people at risk and developing safety plans with the community at large. Meeting minutes are recorded during Reconnect meetings which include a brief description of the child or youth and their current circumstances. This information is shared with agency members on Reconnect and used to locate and update members on the whereabouts of the children or youth.

Meeting minutes of the Reconnect meetings falling within the review period[21] were examined. There were 38 meetings that took place. Thirty-seven of the children and youth (n=37 of 48) were identified as high risk on Reconnect minutes. Of the 37, 10 were served by RGB and 26 were known to Yankee 20. There were at least 11 who were frequently mentioned at Reconnect (ranging from 13 to 21 times). Of the 37, there were 16 Aboriginal (15 female, 1 male) and 21 non-Aboriginal (15 female, 6 male).

Children and youth who were frequently discussed were mentioned at least once a month following their initial appearance in the minutes. They were engaged in a variety of activities, with some commonalities between them. Notably, the children and youth were all involved in hard drug use, and each spent time at a safe house or residential program during the period. The young people were also seen sporadically around the Downtown Eastside as their locations and living situations changed significantly throughout the year.

In some cases, children and youth were mentioned in the Reconnect minutes for a few months, but then weren't mentioned for an extended period. Reasons for this were not always evident, but in some cases it appeared that the children and youth's living situation stabilized for a time (for instance, one was living in an apartment with a partner before breaking up with them). In other cases, they may visit the Downtown Eastside occasionally but spend the majority of their time in a different location.

[21] July 2, 2014 to July 22, 2015

Children and Youth Living or Frequenting the DTES

Although DTES is cited as Vancouver's poorest neighbourhood, DTES includes much more than East Hastings street, it includes neighbourhoods like Chinatown, Strathcona, high-priced condos, Science World, the bus depot, numerous schools, community centres and an increasing number of social service agencies[22]. The ministry has many foster parents living in neighborhoods spread out in the DTES area where child and youth in care are placed.

Interviewers were asked their perspectives of what attracts young people to live and/or frequent the DTES. The most common reasons for living or frequenting the DTES for vulnerable children and youth are: family, access to services or resources not available in their home communities, access to drugs, access to free food/shelter and a sense of belonging and acceptance in the DTES community.

Many responded that visiting family was a large reason for youth to come to DTES. Many grew up in the DTES and/or have family connections; they are either visiting their Mom or Dad or looking for their family. While family is the most commonly mentioned reason for gravitating to the DTES, sometimes the youth's family is responsible for introducing the youth to drug use or sexual exploitation.

In many ways, the reasons that young people are drawn to the DTES are mixed; positive reasons include connections to friends and family (even though these same connections may lead to high risk behaviours), access to required services, and often, feelings of acceptance that they do not find elsewhere. Children and youth feel more connected there because they are not judged by the community and service providers. They feel they are among other people who are experiencing the same issues they are.

> *It's absolutely family that draws the youth to the DTES, to protect or save their parents. The youth don't feel judged there. There's a feeling that if it's good enough for my parents, it's good enough for me"*
>
> *– Social Worker*

Some do come to the DTES for survival money through illicit work such as drug dealing or distribution or exchanging sex for money or food or to sell stolen property or to access drugs.

There are children and youth who grew up in the DTES and when they are placed by the ministry outside DTES such as the Westside of Vancouver, they often do not feel like they fit or belong there, and find themselves going back to DTES. For many, they are often looking for their parents, who may be entrenched in the DTES and they come to DTES to visit them.

[22] http://strathconabia.com/wp-content/uploads/2012/08/DTES-A-Community-in-Need-of-Balance.pdf

As one worker stated, "*We have what we call street kids in the DTES. They are there because it is home, it's multigenerational. Other youth, like those who live at the beach or referred to as the "Granville" kids, who smoke pot, ride the train, panning, playing music, it's a lifestyle for these youth. Many of these youth have options to go home. Some of these youth are travelling and find themselves in the DTES, some might access a safe house or detox. However, these kids are different than 'street kids'. We have very little to do with these youth."*

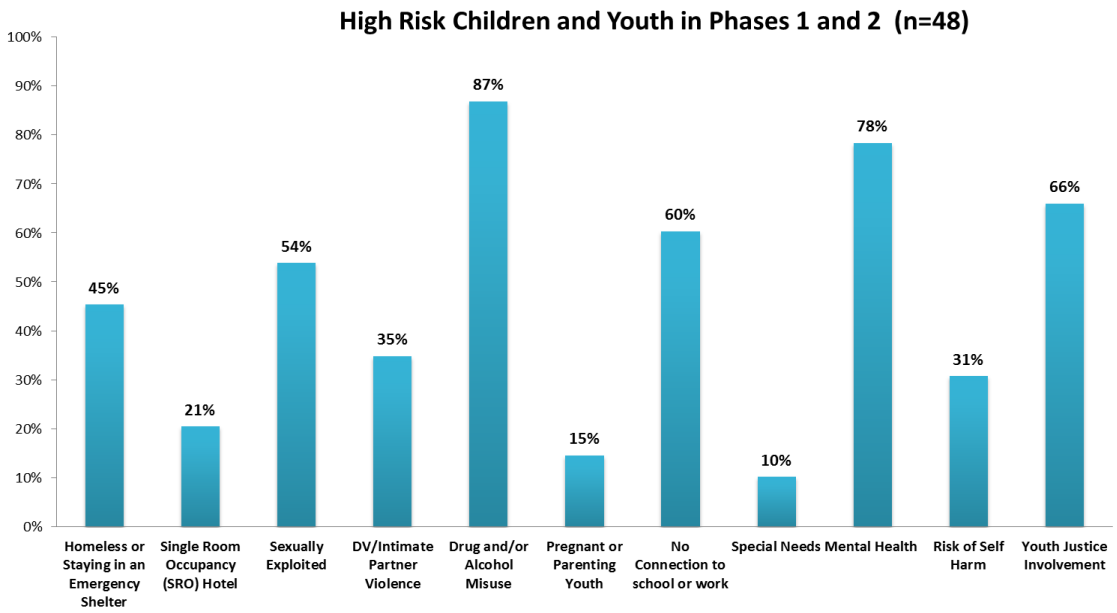
Many come to the attention of Vancouver Youth Services North in different ways than they come to the attention of MCFD offices in other communities via youth serving agencies in the DTES, Yankee 20 and Car 86. As one worker stated, "*They (Surrey and Coquitlam) have a lot of high risk youth that often come to DTES. If they had a Car 86 or Yankee 20, maybe there might be more services in that community because there is a team that is serving high risk youth*".

What concerns ministry staff are the "invisible" children and youth – the coach-surfing and transient children and youth. *"Those kids are who we worry the most. The 'invisible' youth are more at risk because no one is looking for them"*

Identified Needs and Supports/Services

The cohort of vulnerable children and youth in high risk situations (N=48 of 111) have a range of multiple and severe, complex needs. Interviews with MCFD, DAA and service providers identified the following areas as critical needs of high risk children and youth who they serve: Housing, Outreach services, Mental Health services, Drug and Alcohol treatment, and transitioning services.

Figure 19: Prevalence of Risk Factors for High Risk Children and Youth identified in Phase 1 and 2



Housing & Shelter

Seventy-seven per cent (n=37 of 48) of the children and youth experienced homelessness, stayed in a shelter or safe home in the last 12 months. Housing was a predominant identified need for this vulnerable population, but more importantly, the ability for workers to find available, appropriate and safe housing. Interview discussions included housing options such as: safe houses, youth supportive housing and rental housing.

Interviewed staff said a social worker or an outreach worker will assist a young person in finding and viewing safe housing options, however, there is not enough staff to provide this assistance. The housing allowance is approximately $650 in the Vancouver area, limiting options within that allowance amount and finding landlords who are willing to rent to youth. Some are moving to Burnaby and Surrey area because there are no rentals in the area or landlords are not renting to them. Some may have a pet, which can further narrow rental options.

> *It takes about 4 to 6 months to engage youth by our Outreach Worker. We usually have a meeting on the street for the first time. To get to a stage of real services, you need to build trust in a relationship*
> *- Manager*

> *Youth feel isolated and lonely, sitting in their place with nothing.*
> *-Social Worker*

Although housing is aimed at getting children and youth off the street and have a safe place to sleep, many workers cited their concerns when landlords appear “sketchy” or “dodgy” or the rental unit does not present well. These situations cause workers concern, as they feel compelled to accept the unit in fear that nothing else will come available or they might try to convince the young person to accept a temporary placement in a foster home until a better accommodation can be found.

Workers said many of the children and youth lack the life skills needed to live on their own. They need to learn how to cook, clean, manage their money and how to do laundry. It would be helpful if there were more one to one workers available to provide this mentoring or if young people were able to live in a supportive youth housing model with staff on site, to provide this training and mentoring. Some lose their housing because they lack life skills to successfully manage it.

Furniture was also identified as a need for this vulnerable child and youth population served by RGB and Yankee 20, or the availability of furnished apartments for those transitioning to their own living space. Those who are eligible for a youth agreement can receive start-up funds of $500. Once you factor in the cost of a mattress ($200), the remaining amount is often used to purchase basic items.

This group of children and youth were frequently accessing safe houses and emergency shelters. Workers said that some just need a place to get their basics covered, a bed, clean clothes, a shower and food. Many of the youth who come to the attention of RGB, Yankee 20 and After Hours, have mental health and substance use issues, some children and youth are assessed with concurrent disorders. The challenge is the availability of safe houses or beds that are low barrier and facilities where staff are trained in the areas of mental health and addiction. There are safe houses/emergency shelters that have policies where children and youth need to be clean (drug and alcohol free) for 72 hours, which is a policy that does not work for this population, at their most vulnerable time of need. These issues were frequently stated as a barrier to accessing safe houses.

Outreach Services

While a child or youth can enter into any door to receive support, first contacts with children and youth in high risk situations are often made through Yankee 20 or the network of street-based outreach services in the DTES. Ministry staff relies heavily on outreach workers because of their role in engaging with young people as a first step to connect them to the ministry. Outreach is flexible and workers go directly to the children and youth using an "on the street" approach. Connections typically are made through gradual offers of basic food, clothing, bus tickets and shelter needs in settings young people frequent.

Outreach services were identified as one of the most successful strategies in meeting the needs of this high risk population in the DTES from the perspective of interviewed staff. The engagement and approach used by Outreach staff to develop relationships with children and youth who are high risk enabled them to feel connected and trust with the workers. Workers are eventually seen to care about young people and their basic needs are met reliably when the outreach workers are around, without imposing identification or services as a requirement. Outreach services can help support the youth to stabilize and reduce risk, while working towards connecting the children and youth to other needed services.

When Outreach workers are able to work with children and youth to engage in service, there is a small window of opportunity that is presented. Because outreach workers are well connected and have partnerships with the ministry and other agencies, outreach is successful because the agencies are able to work closely together, to respond quickly and decisively when the youth is ready to accept services. However, interviewed staff said that communication and coordination of service response needs to occur quickly, before the child or youth changes their minds.

The focus of outreach interactions is on supporting children and youth to be as safe as possible while living within high risk situations. As trust develops, the service approach allows for gradual education on accessing supports and services as youth are capable and willing to accept it. Workers remain vigilant for windows of opportunity for children and youth to voluntarily exit their high risk lifestyles. Monitoring, collaboration and information sharing between services is critical at this point. Staff stated that responses need to be rapid and coordinated as readiness typically only lasts a short amount of time, typically hours. From a young people's standpoint, readiness often involves a need to extricate themselves from risky situations they can no longer control, or just "bottoming out" where the costs of experiencing their lifestyles outweigh the benefits. At this point, safe placement or housing, detox, hospitalization or repatriation to home communities are examples of immediate needs children and youth have.

Directions Youth Services (Family Services of Greater Vancouver), Broadway Youth Resource Center (Pacific Community Resources Society) and Urban Native Youth Association were identified as three agencies who ministry staff contact and work with the most for outreach services. One worker said, *" Directions Outreach Youth workers are responsive, work with caregivers to give additional support, will come to case conferences, will help transport youth home when they find them in the streets, and will call After Hours.*

"Youth who are admitted into our Safe House, in the first 3 to 4 days, we typically get to know them and work towards getting a plan in place. Some youth might be with us for 2 months in the Safe house before they are ready to be connected to MCFD.

– Safe House Worker

"The window of opportunity is small. If we don't respond immediately, we lose them. If a youth wants detox, but you can't get them in right away, you don't know if you can keep that momentum with the youth…..one week max….addictions, two days max."

– Outreach Worker

Case Example 1

A female Aboriginal youth in her mid-teens came to the attention of MCFD a few years prior to the review period due to parent-teen conflict stemming from the teen's drug use and high risk behaviours. The teen was taken into care, but had difficulty remaining in her placements. The youth left care and lived with her boyfriend, eventually giving birth to a baby boy. Her baby was removed and placed with her mother. The teen began living with her parents again, but due to on-going parent-teen conflict she was again placed in care.

During the youth's time in care, she engaged in frequent drug and alcohol use and was often reported as intoxicated. The youth used marijuana, ecstasy, heroin, cocaine and meth. She had a history of becoming aggressive when she consumed alcohol. The youth left the group home (i.e. missing on a weekly basis; police were alerted at each incident.

At this time the youth's high risk behaviours escalated. Her peer associations were with drug dealers and youth engaged in partying and drug use. Caregivers encouraged her to attend detox treatments, which she refused.

The youth began exhibiting suicidal behaviour and slashed her wrists on two occasions following romantic conflict. After each incident, she was admitted to hospital under the Mental Health Act, and self-discharged. She was referred to a mental health worker for psychological assessment, and referred to a counsellor. She returned to her group home where caregivers continued to provide supports for her. A number of referrals to services were made for the youth at this time, but she refused all.

In an incident the following year, the youth vandalized property, became violent, bullied a youth resident, and assaulted a staff member in the group home. The youth was arrested and charged. A new group home was sought, but some homes refused to accept the youth because of her behaviours.

She was eventually accepted into a new group home where she had to follow her bail conditions and meet with her Probation Officer on a regular basis. Staff at the group home and a youth worker were determined to support the youth and get her back on track. During this time the youth finally agreed to attend detox treatment for one week.

Following her week in detox, the youth agreed to see a drug and alcohol counsellor, an ISSP worker and a psychologist on a regular basis. The youth returned to school to attend an alternative school program, where she fully engaged in classes and extra-curricular activities. She successfully found a new job, where her co-workers provided a positive environment for her. The youth demonstrated enough progress and growth while at the group home that the ministry was supportive in transitioning her into a Youth Agreement (YAG). During her time on a YAG, the youth maintained a healthy lifestyle and continued to work with her Youth Transition worker to gain the skills necessary for independent living.

The youth graduated from high school and was accepted to post-secondary school. She is now receiving post majority supports (i.e Agreement with Young Adults).

Mental Health Services

Seventy-seven per cent of the children and youth in high risk situations (n=37 of 34) have mental health issues (*i.e. depression/anxiety, mood disorder, PTSD, ADHD, suicidal ideation/behaviour, eating disorder, substance misuse disorder, concurrent disorder)* and 50 percent (n=24 of 48) cent had a previous or current CYMH service.

Although many had both mental health and substance use issues, it was not evident if they were receiving services for both issues at the same time. It may be that children and youth are receiving sequential (one treatment after another) or parallel treatment (simultaneous treatment with different service providers often uncoordinated). Some mental health services do not accept children or youth until their substance use problems are addressed and vice versa.

Referrals for mental health services were frequently offered to the children and youth who were high risk which included:

- Referral to MCFD CYMH or MAPLES treatment centre or Youth Forensic Psychiatric Services
- Referral to mental health worker/outreach worker or CART mental health worker
- Counselling referrals (including trauma counselling)
- Psychiatrist referrals

However, these referrals were often declined, because the child or youth did not want the service and/or did not consider their issues as problems.

There was limited information evident in documentation that specified whether children or youth connected with mental health service after the referral. Interviewers stated that mental health referrals often require the young person to go directly to a mental health clinic (i.e. agency) to attend an appointment – this is often a challenge for children and youth who are high risk to follow through. A McCreary study that looked at the health of homeless and street involved children and youth found the most common reason for homeless/street involved children and youth missing out on a mental health service was thinking or hoping the problem would go away. Those who had missed out on a mental health service were more likely to report using alcohol and other substances to medicate their mental health symptoms[23]. This finding was consistent with what we heard from ministry staff and service providers from the DTES.

[23] Our Communities, our youth: The Health of homeless and street involved youth, McCreary Centre Society, 2015.

For the children and youth who did access mental health services these included:

- 3 accessing services at Maples Adolescent Treatment Centre
- 1 referral to Youth Forensics for an assessment
- 3 receiving services from Inner City Mental Health, Three Bridges, and Northeast Mental Health
- 1 was admitted to hospital under s.28 of the *Mental Health Act*
- 2 receiving counselling for suicidal ideation/behaviours
- 2 receiving psychiatric counselling for anxiety and depression (including medication)

There were a number of youth who had previous CYMH services, where documented file closure reasons were because the young person lacked engagement or commitment to service.

Children and youth who are high risk and not accessing mental health services are the ones who need it the most. Interviewed staff and service providers unanimously raised their concerns about the need for more mental health outreach services to support this population group. Staff spoke of the need for a flexible outreach approach that brings mental health services to children and youth where they are. Interviews also expressed their concerns about high risk youth in the DTES who have unaddressed mental health concerns and on the verge of aging out and not receiving the supports they need within adult-based services.

Drug and Alcohol Treatment

Eighty-eight per cent of the children and youth in high risk situations (n=42 of 48) had evidence of drug and/or alcohol misuse in the last 12 months. Ministry staff frequently offered drug treatment or drug and alcohol counselling referrals (i.e. day time program, residential treatment, detox), however, refusal or non-engagement was very high because the youth were not ready to accept service and/or they did not consider their drug and alcohol use an issue.

> *Treatment centres don't know how to deal with these behaviours. There's a lack of understanding of the trauma these youth have experienced and the fact that their maturity lags which affects their decision making. They get kicked out and the treatment centre expects we can find a suitable placement at the last minute.*
>
> - *Social Worker*

Drug and Alcohol service referrals:

- Alcohol and Drug counsellor at Odyssey, Urban Native Youth Association, Nexus and Watari Counselling and Support Services Society
- Maples Cross Road Program
- Methadone program
- PLEA Youth detox, PLEA Sisters and Daughters (residential treatment)
- Harm Reduction strategies and methadone maintenance program, Narcan kit training

Residential drug treatment programs for children and youth with substance abuse issues are typically four to six month programs. Interviewed staff spoke about the amount of time it takes to build a relationship that would allow them to engage with the child or youth to access treatment. Unfortunately, despite this, there are instances when children or youth are "kicked out for little things" where programs have a 'three strikes, you're out' policy.

Aging Out/Transitioning to Independence

Many of the youth who are high risk being served in the DTES are on the verge of aging out of the system and are in need of additional supports and services. These youth are not ready to age out at 19 due to the vulnerabilities they have. Interviewed workers (agency staff) who assist transitioning youth try to provide an additional 3 to 6 months of supports when youth age out. This is because they are finding that referrals to their transition youth team are coming two months before the youth turns 19. They would like to have referrals much earlier so that better planning and coordination of services can be in place. Workers also said they struggle with finding housing and mental health support services for aging out youth.

There are situations when youth 16 to 18 years of age, youth transitioning from a youth agreement or "in care" are in need of income assistance in order to live independently. Staff are finding it difficult to navigate the application process for income assistance. As one worker said, "*We used to have under age Income Assistance workers we could connect youth to. Now youth have to apply on-line, where the application is pretty cumbersome and after, there is a long intake process*. *The youth's application is streamed with everyone else's* ." One worker found Directions Youth Service's helpful to assist youth in applying for income assistance, as they have an iPad available that an Outreach Worker can use on the street.

Children and Youth Not Engaging in Services

It was evident that services were being referred for children and youth; however, the issue was primarily children and youth not engaging or refusing service which was high among the young people in the sample. At least 60 per cent of the high risk children and youth (n= 29 of 48) refused service. Not engaging or refusing service does not necessarily mean there is a service gap or lack of service; the issue may be that the service delivery model or the program philosophy may not be responsive to highly vulnerable youth. Also, not engaging or service refusal could have implications to child and youth serving agencies whose mandate is to serve street involved and/or children and youth who are high risk. An agency's funding may be contingent on the number of clients served or who complete a program/treatment or bed stays, as an example. Although there may be many high risk children and youth in need of services, it is not clear if non-engagement or service refusal has impacted the availability of services in the DTES over time.

Ministry staff cited that children and youth are often not ready for services. Staff often recognize the high risk behaviours and have safety concerns, but young people do not see their issues as problems, such as their substance abuse. Ministry staff noted that refusal to access or not engaging in services can significantly increases a child or youth's risk.

Children and youth may refuse services because they or their family had a bad experience with the ministry, so they do not want to engage. They may also be protecting their family due to fears that engaging in services could negatively impact their family. For example, a youth admitting they are no longer living in the parental home impacts the amount of income assistance the parents and other siblings get as the number of dependents changes in the home. Children and youth want to maintain their relationship with their family, such as their mother. Ministry staff said that young people are unique; they all have so many stories and what works for one does not necessarily work for another.

Interviewed staff also cited issues with some services not being responsive to the needs of youth, these include: the intake stage for services, cumbersome application for admittance to a program, income assistance application process (as mentioned earlier) or policies that do not work for high risk youth population (such as the 72 hour drug/alcohol free policy or the 'three strikes, you're out' policy). Intake processes may include questions about the youth's history that can often be insensitive or too clinical. These negative experiences have contributed to youth not engaging in services.

Information Sharing

The issue of client confidentiality was identified as an ongoing issue for ministry staff when working with other service agencies. There are agencies and hospitals that have policies pertaining to client confidentiality that often can inhibit collaboration and coordinated response. If individuals, especially ministry staff, are not able to receive timely information about the child or youth's circumstance, service or treatment it may impact the on-going assessment and planning in place for ministry clients.

Scenario A:
A youth referred by MCFD to a youth detox, self-discharges from the detox centre. The ministry is not notified immediately by the detox centre due to client confidentiality. The ministry receives this information at a much later date which can impact safety planning.

Scenario B:
A youth who has self-harming behavior arrives at the hospital emergency, where the ministry deems the person who brought the youth into the hospital as high risk. The youth is then discharged to the same individual. The information may not be reported to the ministry or reported in an untimely manner.

Service Delivery Model

According to ministry staff, the Vancouver Youth Services North team used to operate as the Adolescent Street Unit (ASU). The ASU worked with street involved youth and youth who are high risk where workers provided street outreach services and a youth clinic, mental health services and in-house drug and alcohol program were co-located. The unit worked closely with community partners and the Vancouver Police Department.

The model in serving youth at ASU was entirely street youth-focussed, flexible, creative, collaborative, caseloads were small enough that workers could form close bonds with their youths, and the work was done with adequate resources co-located or embedded in full partnership with the community. Because there were many youth on the street in the evenings, it extended its hours of operation to: 11pm on weekdays and 1 am on Fridays and Saturdays.

This service delivery model changed around mid-2000. The biggest difference between ASU and the current Vancouver Youth Services North (RGB) team is that ASU worked exclusively with street involved youth or youth who were victims of sexual exploitation. The RGB team is not only responsible for serving street involved youth but has a broader mandate to respond to child protection concerns for all youth over the age of 16 years which is nearly 500 child protection intakes a year for this team, conducting investigations, managing youth agreements, agreements with young adults and extended family program cases, court attendance on migrant and immigration cases and support on protocol investigations. The ASU was a youth friendly space that was welcoming to youth – they could hang out, watch television, have a safe place to take a break from the street while connecting with the ministry worker – this is no longer the case at RGB.

The Vancouver Youth Services North (RGB) team currently consists of two guardianship workers and 4 social workers. Interviewed staff cited that working effectively with street involved youth/high risk youth requires a considerable investment in time and energy on the part of the social worker (and the team) and the current service model has made it extremely challenging to meet the needs of vulnerable children and youth in high risk situations in the DTES. What remains from the former ASU, is the knowledge and experience of staff from that team, who continue to work at RGB and foster their passion to support street involved youth.

Case Example 2

An Aboriginal female youth had extensive involvement with the ministry and was in care multiple times as a child. She has a history of trauma, sexual abuse, mental health issues and struggles with crystal meth addiction. Her biological mother was suspected of introducing her to drug use. She re-connected with her biological father, but he does not maintain regular contact with her. She has a close relationship with her grandmother and aunt. Due to her high risk lifestyle and drug use, her father requested ministry assistance and the youth was placed on a Voluntary Care Agreement (VCA) when she was 15 years old.

During her time on a VCA, she was temporarily placed in a foster home and group home and during this time she frequently ran away, to hang out with friends and get high on meth. Police were frequently contacted and she would always return to her group home, sometimes intoxicated or high from meth. Efforts were made by the support staff to engage the youth to attend detox treatment and counselling, but the youth refused.

After several months the youth agrees to attend detox. She successfully completed detox and was discharged to the care of a relative but later returned to her group home. Due to several incidents of running away, she was placed at another group home for a short time.

A decision was then made not to renew the VCA as the youth and father did not follow through with the expectations set out in the agreement. The youth declined offers of services to address her drug use and trauma and refused to reside at her group home. She was returned to her father's care.

For the next few months, the youth was rarely at home and was often found visiting or staying with her mother who lived in an SRO in the DTES or couch surfing. She continued to spend time with individuals who enabled and encouraged both the use of drugs and involvement in the sex trade. After Hours, Yankee 20, Car 86 and police officers were frequently at her mother's place to offer her services including accommodations at a safe house – which were refused by the youth. She was well known at the Reconnect meetings and staff at Directions and Broadway Youth Resource Centre. She had a relationship with an outreach worker and an Onyx worker, who would encourage her to connect with the ministry and/or Directions Youth Services.

The worker met the youth and this time, she wanted to explore the option of being on a youth agreement. She was in agreement to a YAG, but it was clear that the youth was torn about wanting to have her own place or be able to stay with her mother.

The youth was placed on a YAG and moved to supportive housing. The youth agreed to counselling and expressed an interest to pursue school in the fall. This was one of the goals in her PFI. It is hoped that this reintegration into a school environment may support access and interest in social and recreational activities connected to the school. It is also hoped that she will continue to engage with the mental health services offered to her.

However, an incident occurred where she assaulted another youth. This resulted in the youth being evicted from her housing. The youth was directed to one of the safe houses or Directions for emergency shelter. Ministry staff are assisting in finding alternative housing.

Promising Practices Working with Children and Youth in High Risk Situations

We have heard from workers and service providers about the importance of building relationships and trust with vulnerable children and youth in high risk situations, and how essential these relationships are in connecting them to service. High risk children and youth are disconnected and rarely have family or healthy support systems and have a very difficult path ahead of them. The following discussion represents the experience of staff and service providers and the approaches that are working in supporting and serving children and youth in high risk situations.

Building relationships with Children and Youth

Children and youth who are high risk often come to the attention of and engage with services in an incremental way. Building a strong connection and relationship with children and youth, and gaining their trust, is critical for them to be receptive and willing to accept and engage in a process to make healthy changes. Research has shown that meaningful engagement with children and youth requires moving from a relationship where adults are providers and they are receivers, to a more equal, collaborative model[24]. Effective work with children and youth is done in their time frame not that of the worker[25].

In addition to trust issues, the combination of internal and environmental risk factors in their lives impacts children and youths' capacity to accept and be successful in services in a way that:

- reduces risks in their lives,
- supports them to engage in daily healthy developmental activities
- mentors them to co-create, take action on and celebrate successes in their lives and
- supports healthy, effective and sustainable transitions into adulthood and independence

> *…..we chased that kid for 18 months, mitigating risks. MCFD needs to recognize the chasing time.*
> - *Social Worker*

It takes time to gain trust and engage with children and youth as some can take many months (even up to a year) to talk to a social worker.

[24] Working with High-Risk, Marginalized Youth: Youth Led Development of a Framework for Youth Engagement, Homeward Trust Edmonton, 2015
[25] Making the Connections: Strategies for Working with High Risk Youth. 2009.

Building Community Networks and Partnerships

Ministry staff emphasized the importance of partnerships with agencies and how invaluable those relationships are in creating a wider network of services to support children and youth who are high risk in the DTES. Agencies providing youth outreach were cited as a service meeting the needs of youth in the DTES. Ministry staff rely heavily on Outreach workers because of their role in engaging with youth as a first step to connect them to the ministry. Outreach workers have an 'on the street' approach in locating and engaging youth, to assess their immediate needs and connect them to community services including MCFD. When the Outreach worker feels that the youth is ready to connect with the ministry, they will bring the youth in only if the ministry is able to confirm availability of service or support, otherwise, the youth may be reluctant to see a social worker. In other words, if the youth can trust the Outreach Worker and the Outreach Worker has a good working relationship with MCFD, then the youth will be more open to come in to see a social worker.

Family Services of Greater Vancouver, Watari, Covenant House, Britannia, Directions, Cargenie, Nexus, Urban Native Youth Association, Broadway Youth Resource Centre and Mental Health Outreach from Vancouver Coastal Health were cited by ministry staff as examples of collaborative partner agencies in providing services and supports to high risk children and youth.

Reconnect/Hard Target

It is evident that each child and youth's circumstances change frequently, making coordination and information sharing critical at the Reconnect meetings. These meetings are essential in effectively staying on top of the lives of this highly unpredictable child and youth population. A child or youth could be seen at a particular location and be anywhere in minutes. The fact that the whereabouts and circumstances of these young people are discussed each week is vital to their safety and connection to services.

While the recorded information of children and youth discussed at Reconnect were brief and to the point, the minutes spoke to how frequently key service providers are meeting to monitor, review and respond to their needs. The minutes also captured the fact how these staff were considering the personalities, experiences, and challenges in the quality of life of these struggling young people.

Although interviewed staff acknowledged the benefits of Reconnect and other planning tables, staff voiced their concerns about multiple planning tables, overlap of discussions and the ability to attend multiple meetings to coordinate and share information.

Information Sharing and Collaboration

> *"I need to know who the youth's key person is, the person they already have trust in and will respond to. I also want to know what the youth's triggers are."*
>
> *-Outreach Worker*

It is critical that information is universally accessible by those who are serving and supporting children and youth who are high risk. The ability of the staff and service providers to connect and communicate information helps to build and support a collaborative approach in meeting the needs of young people in the DTES. Information about where to get appropriate services, what services have already been presented and discussed with the child or youth, what is the planning direction, what is the discharge plan, and what appointments are scheduled were some examples of information that workers and agency staff need to know.

Staff also spoke of the need for a 'keeper' of information that would be available to anyone responding to a child or youth, day or night. Some staff identified After Hours as a logical holder of this information. This practice is already in place to some degree and is helpful; for example, Reconnect minutes are available to After Hours staff and assist and inform services such as Yankee 20 on an ongoing basis.

The development of the various high risk child and youth tables (i.e. Reconnect/Hard Target, Rapid Response, other planning tables), have enabled information, including alerts on the system, to quickly reach out to many providers, including police services. Information from Emergency Room, hospitals, mental health services, detox centres were frequently cited as areas that require more information sharing.

Interviewed staff also cited the need for clear and commonly understood information sharing guidelines between ministries and agencies to ensure that key information is shared accurately and in a timely fashion to effectively coordinate responses to vulnerable children and youth in high risk situations.

What we heard from Delegated Aboriginal Agencies…..

Staff from three Delegated Aboriginal Agencies (DAAs) participated in interviews and shared their perspectives of what is and what is not working in responding to and supporting vulnerable children and youth in high risk situations.

What's working?

Outreach/Cultural Workers and Elders

Interviewed DAA staff spoke about the important role of Aboriginal outreach/one to one and cultural workers to provide cultural interventions and practices for children and youth who are high risk in their communities. One agency in North Vancouver shared the unique role of their 'one to one' workers who are able to engage well with children and youth, because they have grown up seeing them in the community. The 'one to one' workers make it a goal to be relationship based and include an element of fun to keep children and youth engaged while they work on their plans.

Cultural workers and Elders work to engage with children and youth to build and maintain cultural connections and relationships. Some of the work they do involves drumming, language, singing, story-telling, and ceremonies. The Elders connect with families to facilitate and support collaborative practice meetings. Interviewed DAA staff found a lot of success working with children and youth who are high risk when interventions are culturally based, such as wellness programs and camps, where rites of passage, meditation and cultural teachings have helped a number address their addictions.

> *The camps we host are successful. Children and youth get to 'play'. It's where they get to feel free from the pressure to maintain their street credibility.*
>
> - *DAA Social Worker*

Outreach workers were also cited as successful in engaging with children and youth, being responsive, and working with caregivers to provide additional supports. Outreach workers are able to transport kids home when they find them on the streets or will call After Hours.

Communication and Coordination

Communication and coordination with Car 86, Ministry offices, police, and service providers in Vancouver were cited as positive and working well because there is a collaborative approach. Directions Youth Services (Family Services of Greater Vancouver) was identified as an agency DAA staff contact and work well with for outreach services.

One agency works very closely with integrated police in their community, where the police have a positive presence because of the trust they have developed with children and youth in the

community. The integrated police visit child and youth centres and have joined community canoe journeys.

What's not working?

Mental Health Services

Similar to what we heard from ministry and agency staff, DAA staff also cited a gap in mental health services (i.e. mental health services through Health or MCFD CYMH Services) and mental health outreach for children and youth who are high risk. They found that waitlists were long for mental health services, and by the time the child or youth gets through the waitlist, they are either too old for children's services or too young for adult services. They also stated that mental health services were often 'insensitive, too clinical, and based too heavily on a medical model'. Aboriginal children, youth, and families who DAA staff work with found the intake questions were insensitive and do not account the indigenous experience. They also spoke about children and youth with complex needs as 'falling through the cracks" as most services won't accept them, leaving DAA staff having to build safety plans around these young people.

Housing/Shelter

The ability for DAA staff to find placements for children and youth when they come out of detox is a challenge. There is a gap in 'step down' placements after treatment in general for children and youth who are high risk. They also expressed a concern that staff in treatment centres may not have the training to deal with challenging behaviours, and that there needs to be more understanding of the trauma these children and youth have experienced. This often leads to kids being 'kicked' out of treatment centres, and DAA staff having to find a suitable placement at the last minute. DAA staff would like to see more semi-independent living placements for youth with youth support workers.

DAA staff also stated that there are not enough child and youth safe houses/emergency beds that are 'low barrier', and staff at these facilities need more training, particularly around mental health and addictions. This is also consistent with what we heard from MCFD.

Information Sharing

DAA Staff would like to see improvements in information sharing and communication with hospitals and detox centres. As one worker stated, "*There's not enough communication with the hospitals. When youth are admitted to emergency, they often get sent home with no communication to us. The youth don't want to stay in emergency, so they know what to say to get discharged. It doesn't mean they aren't still at risk".* Accordingly, staff would like clearer information sharing guidelines when children and youth leave detox centres, so that safety planning can be done effectively.

Conclusion

In summary, this review examined information on the circumstances of 124 children and youth who live in or frequent the Downtown Eastside (DTES), and who are served or known by MCFD Vancouver North Youth Services Team (RGB) and Yankee 20. This profile review estimates about 50 vulnerable children or youth in high risk situations, who would be visible and need supports and interventions within the DTES at any given point in time. However, it is important to recognize that the circumstances and profiles of young people who are considered high risk change frequently including their levels of vulnerability, and that the prevalence of influential high risk factors, in tandem with other less prevalent factors can also be significant contributors to risk.

There are significant issues in the lives of these children and youth, and their behaviours can often pose challenges for workers and agencies to serve and support them. Interviewed staff unanimously cited the system challenges in responding to the needs of children and youth who are high risk, such as housing, mental health services and transitioning to independence supports.

The majority of the children and youth are served by a "care team" involving service providers from various different agencies including social workers, Yankee 20 staff, youth workers, CYMH professionals, outreach workers, drug and alcohol counsellors, and probation officers. Children and youth in this cohort are most commonly referred to addictions services, mental health services, youth justice services, and maternal health. Although it appears that children and youth are frequently referred to services, they often are not engaging in services. It also appears that outreach services that engage with children and youth on the street and build strong relationships in that environment (e.g. Reconnect, mental health outreach) are most successful in engaging this vulnerable population.

It is noteworthy that staff and service providers interviewed reported that many children and youth from outside the area are actually attracted to the DTES because of certain services available (i.e. food, shelter) but also because they feel connected or a sense of belonging to their "street family". It was also clear from file information and interviews that trust and strong working relationships among service providers has a direct bearing on their ability to engage successfully with children and youth.

Steps taken to date

- All individual child profiles were shared with the leads for the Rapid Response team after each Phase was completed (September 2015 and December 2015).

- Full report shared with leads for the Rapid Response team, Manager at Vancouver Youth Services North and ministry staff in Child Welfare policy in March 2016.

- Phase 1 draft report shared with leads for the Rapid Response team, Vancouver Youth Services North and Yankee 20 in August 2015.

Next Steps

1. Disseminate the report to ministry leadership and staff and service providers as relevant to discuss the findings and identify any existing or future initiatives that may need to consider the learnings from this report.

2. Identify immediate areas in practice, policy and/or service delivery where the ministry can improve and strengthen its approach to serving the needs of children and youth who are in high risk situations and their families.

3. From the work identified above, develop and implement an action plan.

Appendix

Cases Identified for Action/Follow Up

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act.

During the course of this review, two records were identified for action because the information in the record suggested that the children may have been in need of protection services. One record was assigned to an MCFD office and one record assigned to a DAA. For the record assigned to a ministry office, the TL was immediately notified and subsequently confirmed there had been follow-up as part of their ongoing case management process. For the record assigned to the DAA, the Executive Director of the agency was notified.

Interviews

Interviews were held in September and November 2015 with staff from the following:

- Vancouver Youth Services North (RGB)
- Yankee 20
- Rapid Response Team
- Car 86
- MCFD After Hours
- Vancouver Aboriginal Child and Family Services Society (VACFSS)
- Metis Family Services
- Ayas Men Men
- Urban Native Youth Association (UNYA)

References

Baker *et a.l* BioMed Central Public Health. (2014). *High prevalence of exposure to the child welfare system among street-involved youth in a Canadian setting; implications for policy and practice*. Retrieved from http://www.biomecentral.com/1471-2458/14/197.

British Columbia. Ministry of Children and Family Development. (2002, October). *Guidelines for Provision of Youth Services*. Youth Services Steering Committee.

British Columbia. Ministry of Children and Family Development. (2004, June 28). *Child and Family Development Service Standards*.

British Columbia. Ministry of Children and Family Development. (2004, June). *Summary of Youth Agreement Eligibility*.

British Columbia. Ministry of Children and Family Development. (2012,September 21). *Clinical Consultation and Support in Complex High Risk Child Protection Cases.* Practice Directive # 2012-01.

British Columbia. Ministry of Children and Family Development. (2013, August). Standards for Youth Support Services and Youth Agreements.

British Columbia. Ministry of Children and Family Development. (2015).*MCFD Factbook.*

British Columbia. Ministry of Children and Family Development. (2016). *The Reportable Circumstances Policy; Practice Guidelines.*

British Columbia. Ministry of Children and Family Development.(n.d.). *Plan for Independence*. CF0701_(15/03)

British Columbia. Ministry of Children and Family Development.(n.d.). *Youth Immediate Needs Assessment and Safety Plan*. CF0706_(04/06)

British Columbia. Ministry of Children and Family Development. (n.d.). *Youth Independence Planner.* 15/07/16 – Youth Independence Planner.

British Columbia. Ministry of Education. (2009, November). *Individual Education Planning for Students with Special Needs.*

British Columbia. Representative for Children and Youth. (2015, May 14). *Paige's Story; Abuse, Indifference and a Young Life Discarded.*

British Columbia. SDSI-CFD Legislation, Litigation and Appeals Branch. (2016, February 24). *Child, Family and Community Service Act*. RSBC 1996. Queen's Printer.

City of Vancouver (2013). *Downtown Eastside Local Area Profile*. Retrieved from https://vancouverpublicspace.wordpress.com/2014/03/01/learn-more-about-the-downtown-eastside-neighbourhood-plan/

Iwasaki, Y. & Youth 4YEG Team. (2015). *Working with High-Risk, Marginalized Youth: Youth Led Development of a Framework for Youth Engagement*. Homeward Trust Edmonton Retrieved from http://homewardtrust.ca/images/resources/2015-05-25-11-52Working%20With%20HighRisk%20Youth%20Y4YEG.pdf

McCreary Centre Society. (2015). *Our communities, our youth; The health of homeless and street involved youth in BC*. Retrieved from http://www.mcs.bc.ca/pdf/Our_Communities_Our_Youth.pdf

McDermott Consulting (2007, May). *Tolerant Shelter for Youth (18 – 24) with Concurrent Disorders*. Prepared for the Edmonton Community Drug Strategy Task Force.

Smythe, P, & Eaton-Erikson, A.(2009). *Making the Connection: Strategies for Working with High-risk Youth.*In S. McKay, D. Fuchs, & I. Brown (Eds), Passion for action in child and family services; Voices from the prairies (pp. 1190142). Canadian Plains Research Center, University of Regina. Retrieved from http://cwrp.ca/publications/1133

Strathcona Business Improvement Association (BIA). (2012, August). *Vancouver's Downtown Eastside: A Community in Need of Balance*. Retrieved from http://strathconabia.com/wp-content/uploads/2012/08/DTES-A-Community-in-Need-of-Balance.pdf