

HomeBridge Youth Society Framework for Practice

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Preamble

This HomeBridge Youth Society Framework for Practice was commissioned in July 2014 by Linda Wilson, past Executive Director. The purpose is to bring together the foundational components that articulate the HomeBridge multidisciplinary approach to youth care.

Marion Brown, PhD, former HomeBridge employee, licensed social worker, social work educator and Associate Professor at Dalhousie University was hired to interview selected employees and board members, review the literature, and analyse the vision, values, theories, practices and ethics of HomeBridge.

As with the practice of residential youth care internationally, HomeBridge applications and interventions have evolved significantly through its 35 year history. HomeBridge has adopted an interdisciplinary approach to residential youth care and is committed to meaningful and transformational experiences to be shared by all impacted by and involved in the organization. Professionalism in terms of therapeutic best practices, collegiality, accountability, integrity and distinction are understood expectations.

This is a living document, reflecting the established, current and emerging HomeBridge. It is used for the orientation to HomeBridge of external partners and employees to HomeBridge and to be reviewed and revised on a regular basis.

Thank you Marion, for coming back after 10 years and looking at us through a familiar but objective lens and analysing and articulating our work.

Ernie Hilton, MSc CYCA
Executive Director

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HomeBridge Youth Society

Framework for Practice

Introduction

A practice framework should:

- be consistent with the purpose, values and ethics of the profession
- be capable of being communicated to others (i.e., its concepts, principles, and assumptions should be clearly described and defined)
- make sense to laypersons (i.e., most clients and volunteers should be able to understand the framework's connection to their concerns and life experiences)
- help the worker analyze and understand complex and often chaotic situations
- provide guidance and direction during the various phases of the change process
- rest on an empirical foundation (i.e., be based on facts and careful and systematic observation) (Sheafor & Horesji, 2003, p.8)

This document reflects the HomeBridge philosophy, analysis and methods of practice from a number of related perspectives: ideology and values, theoretical knowledge, practice strategies, and professional ethics. These are interdependent and mutually reinforcing, with definition, focus and requirements in any one area necessarily connecting with the others.

The work of HomeBridge is multifaceted and complicated. Although in popular consciousness there is some intuitive understanding of caring for youth in residential facilities, because most people have themselves grown up in residential homes and we understand many of the daily life activities and responsibilities for raising young people, in fact there are several layers of context that apply to the work of HomeBridge that both obscure full understanding of the challenges and make the work far more complex. Therefore, while a framework for practice “consists of a set of beliefs and assumptions about how, when and under what conditions people and systems change and what a ... worker can do to facilitate desired and needed change” (Sheafor & Horesji, 2003, p.8), before this articulation is presented, the HomeBridge *context* for practice is detailed, because the context directly shapes the therapeutic work.

Context for Practice at HomeBridge

The context for practice at HomeBridge is defined as the structural conditions and external operational systems that scaffold the therapeutic work at HomeBridge. There are three central considerations:

1. HomeBridge is a non-profit organization with charitable status, with the only mandate of its kind in Nova Scotia; all other residential care organizations for youth ages 12-18 years of age are operated by the province of Nova Scotia. HomeBridge is not a revenue-generating company profiting from the care of children, thus it does not have a pool of revenue from which to draw when it determines there are care needs not covered by the funder. The HomeBridge vision is that food and shelter alone are not sufficient to meet the many developmental needs of the young people who have experienced trauma and adversity. As this framework for practice makes clear, HomeBridge has a comprehensive therapeutic approach which is holistic and empowering at its core, committed to working with young people and their families to be empowered and engaged citizens. Programming and providing opportunities toward these ends requires fundraising efforts and a strong public profile, which call for diverse skills and talents distinct from those of the primary therapeutic work of HomeBridge. Specifically, conscientious attention to neighbourhood relations and donor recognition adds another layer of diligence and accountability to the work of HomeBridge.

As a non-profit organization, HomeBridge is governed by a voluntary Board of Directors whose members reflect two distinct networks of committed professionals: 1). business people from a range of corporate, commercial enterprises, who bring economic acumen and their connections to collaborative partnerships, and 2). service provider professionals who work within the systems of care which overlap throughout the lives of the youth of HomeBridge. All Board members are selected for their expertise in their fields of practice and bring the credibility that accompanies established expertise to the governance of HomeBridge. They can be seen as partners in excellence as they advance the vision and mission of HomeBridge through strategic directions and innovative, productive collaborations.

Excerpted from the HomeBridge Youth Society Policy Governance document adopted in 2000, the Board governs with the following areas of emphasis:

- a) vision rather than internal preoccupation
- b) encouragement of diversity in viewpoints
- c) strategic leadership more than administrative detail
- d) clear distinction of Board and Executive Director roles
- e) collective rather than individual decisions
- f) future rather than past or present
- g) proactivity rather than reactivity

(HomeBridge Youth Society Policy Governance, 2000)

Further strengthening the organization's standing within the highly specialized work of residential youth care is the sound financial and ethical operation of HomeBridge in the community for over 40 years, which includes ownership of one building and use of three others through a long standing relationship with St. Paul's Home Board. Municipal and provincial politicians, citizen advocates, and inter-sectorial leaders in education, health, justice, housing and social services know that this organization has a long history of service and a strong record of accountability in local neighbourhoods. Together, the shared focus of the Board of Directors and the staff provide the anchor to that excellence.

2. The Department of Community Services is simultaneously the primary funder of the organization, the licensor of the facilities of the organization, and the guardian to the children residing at the facilities.

- Primary funder of the organization: although there is revenue diversification, with approximately \$200,000 fundraised each year, the Department of Community Services funds 98% of the total revenue of the organization.
- Licensor of the facilities of the organization: The Department of Community Services' Residential Child-Caring Facilities Policies (DCS Policies) itemizes the regulatory requirements to operate as a residential facility in the province of Nova Scotia. Failure to be in compliance with the DCS Policies can result in closure of a facility.
- Guardian of the children who reside in the organization: under the Children and Family Services Act of 1990, the Minister of the Department of Community Services is the guardian for all children who are in permanent or temporary care of the Department of Community Services. Child welfare workers act as delegates of the Minister.

In an ideal world, the priorities of the funder, licensor and guardian would align in much the same way parents seek congruence among the financial means they have for raising children and their visions for raising their children in a safe, supportive and healthy environment, attending to their developmental and emotional needs. In practice, however, tensions exist. For while HomeBridge and the Department of Community Services are committed to the best interests of children and youth, each does not have a working understanding of the day to day realities of the other. As a result, frustrations on both sides ensue. For example, youth residing in HomeBridge facilities (up to 40 youth at a time) come from across the province. Potentially, HomeBridge could therefore be working with 40 different social workers, all of whom have many children and youth on their caseloads in different living situations across Nova Scotia. Individual social workers have varied understandings of HomeBridge's services, what HomeBridge can be helpful with, and where lines of decision making and authority lie. Great patience is required on both sides to work together through daily crisis situations while managing multiple priorities and remaining solution focussed. The relationship-based approach of HomeBridge extends to relationships with the staff of Department of Community Services, in the knowledge that they impact the youth directly and indirectly.

3. HomeBridge is the largest residential non-profit organization serving 'youth in care' in Atlantic Canada, employing approximately 138 people. Unless otherwise identified, professions listed below are funded by the Department of Community Services.

- Addictions and Mental Health Consultant
 - *Funded by the IWK/Choices program*
- Art therapy
 - *Made possible through corporate fund raising*
- Building maintenance and housekeeping
- Communications and fund development

- Education
 - *The Department of Education funds two licensed teachers in Bridges for Learning*
- Finance and administration
- Food services
- Human resource
- Information technology
- Management
- Music therapy
 - *Made possible through corporate fund raising*
- Life skills programming
- Psychology
- Recreation therapy
 - *Funded by the Department of Health and Wellness and the IWK/Choices program*
- Social work
- Youth care

In 2003, HomeBridge became a unionized environment. The existence of the union has clarified the process through which employees and management raise and address priorities for employment and the delivery of services, and holds both parties accountable to shared standards for each. The unionization process has clarified for all involved that comprehensive, progressive, ethical service to the youth extends from comprehensive, progressive and ethical rights and responsibilities of all employees, management and unionized alike.

Framework for Practice

The work of HomeBridge has been influenced by many ways of thinking and being, drawing from a range of disciplines, as the Board of Directors, the management team and employees are committed to staying current with empirical research and contemporary academic literature, as well as remaining grounded with the practice wisdom of scholars around the world. The HomeBridge approach is influenced by sociological curiosities and analyses of why things happen as they do, balancing attention to both the material and environmental structures in people's lives as well as their intrapsychic meaning-making processes. The HomeBridge approach also acknowledges that Board members and employees come to their work both as knowers and participants within their own lives and as professionals working to professional standards and rigour in their fields. The result is a continual ebb and flow between the theoretical and the practical, the perceived and the lived, the objective and the subjective, as HomeBridge aims to provide a nested experience for young people and their families while they are involved with HomeBridge programs.

Ideological Perspective

Ideology is an internally consistent way of seeing the world, a lens through which we reflect upon what we observe and filter those observations through a set of things that matter to us. Ideology is a “set of social, economic, and political assumptions, beliefs, values and ideals...[which] provide frameworks for making sense of the social world; in other words, they provide us with a worldview” (Mullaly, 2010, p. 29). Providing us with a worldview, ideologies become a means through which to examine and articulate dynamics that are complex, as we seek to make sense and understand. Our ideologies are directly influenced by what we value and what we believe, and tend to be concerned with the big questions of life, for example, What is the nature and cause of personal and social issues? What should we do about those issues? Thus they underpin the full scope of practice at HomeBridge as employees continually notice, analyse and assess what is happening in the moment and decide how to intervene in the most effective way possible.

Recognizing the role of ideology in the work of an organization places the influences to our thinking at the centre, directly from the outset. It is an immediate recognition that our work does not occur in a vacuum, value-neutral and apolitical: our work reflects what we believe in. HomeBridge names and owns those beliefs and uses them to direct the work in theories, practices and ethics, manifesting a congruent approach from all directions and disciplines across the organization.

HomeBridge has a well-developed and comprehensive organizational ideology - an internally consistent way of seeing the world of their work - which reflects and reinforces the interests of the organization. It is the foundation upon which the organization stands, providing guidance to employees in the work with youth, families and communities. It is a touchstone to which employees return for a sense of shared purpose. There are several components which speak to the organizational ideology, each of which is detailed below.

1. HomeBridge Youth Society Vision Statement
2. HomeBridge Youth Society Organizational Themes
3. Circle of Courage (adopted from the work of Brendtro, Brokenleg & van Bockern, 2002)

The HomeBridge Vision

All youth and their families living in health, safety and harmony

This vision speaks of a world toward which HomeBridge is striving, based on the value that all people deserve and need to experience physical and mental wellbeing, security and care, and a sense of being in peaceful accord with our surroundings. HomeBridge believes that health, safety and harmony require attention on the levels of social systems and structures, interpersonal relations, and intrapersonal capacities in order to be maximized. Detailed below, the theories from which they draw and the practice strategies used target each of these three domains.

The HomeBridge Youth Society Organizational Themes

- Attending to the needs of others
- Practicing gratitude
- Awareness of context
- Using best practices
- Safety
- Commitment

These organizational themes similarly speak from the foundation of values. As *organizational* values, they expand beyond the work from the level of youth, families, and communities, to include ways of being with each other as employees of HomeBridge. HomeBridge employees are held accountable to these mutually supporting and overlapping themes, using them to determine the extent to which decision-making finds congruence with these values which have been purposefully adopted to lead the organization.

- Attending to the needs of others: this is the primary professional obligation of HomeBridge employees to one another, to the youth residing in their programs and their families, to their neighbourhoods, and their partners.
- Practicing gratitude: deliberately striving to find, in each experience, something for which to be thankful, including within uncomfortable, unsettling learning
- Awareness of context: this is the practice of locating each person and each experience within its broader frame, including the physical/environmental/material considerations and the emotional content, and assessing the audience/viewer/receiver when considering one's role or approach
- Using best practices: this is a commitment to being evidence based, staying current with the progress of one's field, and practicing from that leading edge
- Safety: as an organizational theme, naming the bedrock of safety is a commitment to maintain a common bottom line of wellbeing and security in decision making
- Commitment: a poignant value particularly in working in challenging contexts, this value translates to maintaining one's belief in a young person or colleague and in the possibility of positive changes

The Circle of Courage (Brendtro, Brokenleg & Van Bockern, 2002)

The Circle of Courage is an articulation of four central values from Indigenous teachings, which empower and affirm young people by reframing ways of thinking about their needs. It is both a cultural tradition for Native American people and an ideology about human development and interaction. The four values are: experiences of belonging, opportunities for mastery, expressions of independence and engagement with generosity:

- Experiences of belonging: "treating others as related [is] a powerful social value that transform[s] human relationships" (p.4). To uphold the value of belonging means

that from the level of organizational policies to daily interactions with young people and their families, HomeBridge employees aim to communicate the message, 'you have a place here, and we want you here'.

- Opportunities for mastery: "the foundation of self-esteem and...the motivation for further achievement" (p.4). Commitment to the value of opportunities for mastery means that, for both groups and individuals, HomeBridge employees are seeking to understand what activities will provide a young person with experiences of learning, accomplishment, satisfaction and/or competence on levels from the micro to the macro, and are striving to secure those experiences for them.
- Expressions of independence: "the autonomy that permits people to make decisions about their own actions and the effect of these on others and the environment" (p.5). To value expressions of independence means that HomeBridge understands that young people are in a developmental stage wherein they need to distinguish themselves and try on new identities. While this has long been common understanding in western psychology, the Native traditions within which the Circle of Courage is rooted highlights the equal importance of understanding the effects of one's decisions on one's surroundings. The work of HomeBridge is a network of interdependent people and systems, with several daily life examples from which to enact this value.
- Generosity: "the virtue of altruism, sharing with others, and giving to those in need" (p.6). HomeBridge knows that being of service connects people with the larger world and that extending oneself can provide a different perspective on one's own life, which can be useful when seeking to provoke and support changes.

The HomeBridge ideology, upon which all theoretical frameworks, practice strategies and professional ethics are built, is comprised of the components reviewed here: the HomeBridge vision, the organizational themes, and the Circle of Courage (Brendtro, Brokenleg & van Bockern, 2002). They guide the strategic directions, the operational decision making and the therapeutic analysis and action of the Board of Directors, management team and unionized employees, collectively and individually.

Theoretical Perspective

HomeBridge Youth Society works from an interdisciplinary approach to residential, relational youth care. Employees represent a variety of professions, each of which maintains particular areas of emphasis, however the HomeBridge approach is to centre the therapeutics of youth care, both theory and practice, for all employees. This theory and practice base is over 50 years old, and continues to develop in ways which privilege frontline line practice as the wisdom that informs research questions, academic debate and the disciplinary literature (Anglin, 2002; Brendtro, Brokenleg & Van Bockern, 2002; Fewster, 2013; Garfat, 1998; Garfat & Charles, 2009; Krueger, 1988; 1998; Maier, 1987; Ricks, 2000).

Theorizing the field of residential youth care began to emerge in the 1950s, with the publication of Bruno Bettelheim's *Love is Not Enough* (1950) and Redl & Wineman's *Children Who Hate* (1951) and *Controls from Within* (1952). The latter of Redl & Wineman's books focused

attention on the residential milieu as the primary therapeutic influence for change. While this concept of milieu had been in the literature since August Aichhorn's work in the 1920s (cited in Trieschman, Whittaker & Brendtro, 1969), Redl & Wineman used the concept to develop a framework for therapeutic programming and the role of the residential child and youth care worker. Developing these concepts further, Trieschman et al. (1969) wrote of *The Other 23 Hours*, outside the psychotherapy office, and the growing legitimacy of the 'life space' of youth as the central site of therapeutic influence.

Garfat and Charles (2009) review the historical origins of child and youth care in Canada, both residential and non-residential, tracing back to orphanages, recreational and social service-oriented programming for newcomers to Canada, the legacy of residential 'training' schools for Indigenous children, and correctional facilities. Not surprisingly, each of these reflected distinct ideologies and priorities, while also sharing the ethnocentrism of Anglo-Saxon morals and values (Garfat & Charles, 2009).

A review by Garfat and Mitchell (2000) traced shifts over the years in the theoretical bases for programming within residential youth care facilities. In the 1970s and 1980s the orientation was toward the provision of basic care, in the belief that a safe and steady home-styled setting could provide the nurturance, guidance and structure necessary for growth toward social citizenship. Through the 1990s and into the 2000s, due to a variety of political pressures, residential programs began to be expected to provide treatment and interventions to *resolve* the difficulties that precipitated a youth entering the residential care system. Emphasis then shifted to creating a therapeutic milieu with a focus on behavioural, emotional and psychological change through simplified behaviour modification approaches (Garfat & Mitchell, 2000).

As the field of youth care has developed its theories of treatments and intervention, proponents within the field have advocated a move away from behaviour modification, to relationship and process-based theories for work with young people and their families (for example, Garfat, 1998; Krueger, 1988; 1991; 1998; Maier, 1987). Relationship based approaches are rooted upon the attachment work of John Bowlby and others (Bowlby, 1969; Snow & Finlay, 1998; Steinhauer, 1991), which posits that nurturance, stimulation, structure, and security are required for the healthy development of all children. The youth care practice established in HomeBridge Youth Society's programs is based on the practices, theories and research of professionals who have led the relational approach to child and youth care across the world. The Executive Director at HomeBridge has headed the development of the organization's practices from within the Nova Scotian regional context, with the regular consultation and influence of Thom Garfat (Montreal, Quebec), Brian Gannon (South Africa), Henry Maier (Seattle, Washington), Gerry Fewster (Victoria, British Columbia), Mark Krueger (Wisconsin), Frances Ricks (Vancouver, British Columbia), Karen VanderVen (Pittsburgh, Pennsylvania) and Jack Phelan (Edmonton, Alberta).

Growing from this rich tradition of practice, theory and research, the HomeBridge approach to youth care begins from the understanding that all behaviour is the expression of a need.

Behaviours and choices are understood as attempts by young people and their families to cope with conflicting, confusing and challenging circumstances. Using intentional and purposeful methods, the youth care approach is to assess and intervene for positive change directly in the sites where people live their daily lives. The HomeBridge youth care approach is characterized by three cornerstones, each of which is substantiated by its own theoretical basis. The cornerstones are:

- The use of relationship as the central tool through which to engage
- The use of daily life events as therapeutic moments
- Awareness and analysis of the self in ongoing reflective practice

(Garfat, 1998; Garfat & McElwee, 2007)

In addition, HomeBridge has articulated 13 Characteristics of an Effective Program (2006), included following these three theoretical cornerstones.

The use of relationship as the central tool through which to engage

Based on theory of attachment developed by Bowlby (1969) and brought into theorizing youth care by Maier (1987), Fewster (2013, pp.9-10) specifies that among the basic needs for the development of all children are the need for “bond”, the need for “breathing room”, and the need for “attunement”, all of which require the context of being in relationship: the bond is the closeness, the breathing room is the space to experience the world on one’s own, and attunement is the anchoring knowledge that at least one person holds us sacred. Youth care workers have access to this context - the relationship - all day, throughout all interactions.

While there may be a popular intuitive sense of what it means to use relationship as a central tool through which to engage, Laursen’s (2003) ethnographic study isolates the components that constitute effective and meaningful relationships in the lives of youth who have experienced adversity; these are framed as core competencies which all youth care workers should demonstrate. They are trust, attention, empathy, availability, affirmation, respect, and virtue, behavioural manifestations of deep-seated beliefs. Laursen’s deconstruction of the caring relationship reveals that it is not just a “feel-good” enterprise, but a set of intentional, purposeful behaviours and actions which authentically reflect the beliefs from which they grow.

The use of daily life events as therapeutic moments

Residential youth care work occurs in the settings where young people live: the kitchens, the living rooms, the bedrooms, the bathrooms, the laundry rooms, the garages, the schools, the playgrounds and parks, the nooks and crannies where daily life events play out in real time (Garfat, 1998; Szajnberg, 1987). This is not the site of counsellor office hours or the sanitized walls of hospitals, not the bounded domain of a wide variety of service professionals, both within and outside agency doors. Within one’s home, whether permanent or temporary, is where the fullest expression of ourselves might occur, not only those that we bring to the fore for therapeutic discussion.

The HomeBridge approach to youth care recognizes the opportune moments of this fullest expression, and calls upon them for analysis and action, in the here and now. Held within the nest of the relationship described above, the youth care worker notices, interprets and considers a way to intervene for positive change.

Awareness and analysis of the self

The youth care approach at HomeBridge is based upon the imperative for all employees, regardless of discipline, to scrutinize their reactions and interpretations for the assumptions, beliefs, and biases that lie beneath and drive them. Many are difficult to recognize, so deeply they are rooted in how we see the world; and because they easily remain unrecognized, we often do not question them and do not realize they are operating in how we respond in our work. However, as Fewster (2013) succinctly states, “the knower *is* the knowledge” (p. 1, emphasis added).

HomeBridge requires that the journey to remaining an employee of the organization includes developing ways of raising one’s consciousness about how one views the world and how one think things ‘ought to be’, so that they can attend to the needs of others with the insight that theirs is not the only way to view or be in the world. In this way compassionate and skillful response to the needs of others can occur. Through the supervision process and with the support of colleagues and teammates, HomeBridge employees attend to their own developmental, relational, and familial processes – and their disruptions – in order to practice an active, ongoing consciousness of the self and an active, ongoing understanding of the role of influence HomeBridge employees have with young people, their families and their communities (Garfat, 1998).

Reflective practice is a cornerstone of many helping professions (Fook & Gardner, 2007; White, Fook & Gardner, 2006). Drawing from the work of Donald Schoen (1983), who wrote about the need to reflect in action (in the moment) and on action (after the moment) as a primary methodology for adult education, the HomeBridge youth care approach is committed to the ongoing learning that is available when one deconstructs experience, analyzes it from multiple perspectives, and reconstructs it to arrive at different meanings and possibilities. This process requires a diligence to review, revise and not attach to any one, fixed interpretation of an interaction or occurrence. It requires flexibility, curiosity and humility, which can grow from the HomeBridge foundation of accepting relationship as the primary therapeutic tool and the use of daily life events as therapeutic moments.

Characteristics of an Effective Program

The HomeBridge articulation of *13 Characteristics of an Effective Program* (2006) extends and overlaps with the above theoretical framework. These characteristics are as follows:

1. A focus on Commitment

Youth in care have often lived in a variety of settings. Too often, they have moved through various group care programs. It can be difficult to ‘hang in’ with youth who challenge our strengths, but it is exactly what needs to be done. When we ‘hang in’ the

opportunity for healthy attachments, improved self-esteem, and the opportunity to learn new ways of being is created.

2. A focus on Self in Relationship

Relationship in youth care work is not about being friends or feeling good about one another. Relationships are the experiences where new self-understanding can evolve; a place where a young person can experience themselves differently, in relation to significant others.

3. A focus on Caring

In youth care, caring means 'doing' with people in a manner that confirms their worth and value as humans. It is about appreciation and respect. It is manifested in what we do and how we do it.

4. A focus on Family

Too often, youth in residential care are isolated from their family psychologically, emotionally and/or physically. This can be intensified by program rules and practices which may separate them further. Family involvement in the day to day life of a program, in decision making and in treatment is essential to overcoming this sense of isolation.

5. A focus on Individuality

Each young person in care is unique, special, and individual. When programs treat everyone the same, no one is special. Individualized programs, differential treatment, and unique responses help youth to realize that they are different from others, in a special sort of way.

6. A focus on Success

A program that is strength or success focussed is distinctly different, in practice and experience, than the one that is problem focussed.

7. A focus on Support

Young people need to experience adults as a source of support so they may learn new ways, give up unhealthy patterns, and try new experiences. It is this focus on support, actualized in practice, which allows youth to take risks in spite of natural fear.

8. A focus on Helping through involvement in Daily Life Events

When we focus on helping, through our involvement in their daily life events, we focus on helping people where they live and experience their lives. When they experience success, they experience success in living.

9. A focus on Context

Nothing occurs in isolation, yet frequently, interventions appear to ignore context. When we consider context, we are able to design specific interventions for an individual at this moment, at this place. Such interventions are more likely to be helpful and effective.

10. A focus on Meaning-Making

We all try to make sense out of what we experience. It is our way of organizing our experience so that we understand it. When we focus on 'meaning making', we focus on what things mean to the other, as well as to ourselves.

11. A focus on 'Response-Able' Interventions

We understand that youth must have the ability before we expect them to achieve. Our responsibility is to create 'response-able' behaviours. Young people need to achieve for themselves, not for the approval of others. Adults must remember to respect their pace when learning.

12. A focus on Safety

The physical and emotional safety is imperative for a positive residential experience. It includes recognizing, and responding therapeutically to the needs of race, sexual orientation and identities, religion, regional uniqueness, and unique family systems. Making fun or joking without understand the background of an individual is unprofessional, and in some cases, abusive.

13. A focus on Environment

The overall theme reflected in a program is impacted by everything from the facility's cleanliness, to the mannerisms, professional approach, accountability and social skills of the employees. The environment is created by the way people are greeted, and make to feel welcome no matter who they are, a young person, a family member, a guest, a neighbor or community member.

This multi-dimensional theoretical grounding, which provides the basis to the interdisciplinary youth care approach at HomeBridge, is rooted in both practice wisdom and empirical research and reflects what is substantiated in the literature as both established and emerging. Its simultaneous focus on the young person and the many layers of context, both internal and external, echoes Fewster's call to action that while residential youth care work can't change the world, it is in a "privileged position to nurture and preserve the basic unit of social sustainability", which has the potential to change the world (Fewster, 2013, p.8).

Practice Strategies

Led directly by the ideological foundations and theories detailed above, the practice strategies undertaken by HomeBridge reflect their interdisciplinary approach to youth care. In order to substantiate the claim to interdisciplinarity, examples reviewed in this section are taken first from the administrative, finance, communications and fund development, maintenance and housekeeping, and kitchen services at the organization prior to moving to the direct therapeutic services of care management, life skills programming, Bridges for Learning education program, therapeutic recreation, and addictions support.

Office administration and reception: There is a shared commitment in the office administration and reception positions that their central priority is to ensure that administrative practices and procedures are in place to allow the staff to focus on their work with the youth and their families. For example, documents are updated and information is easily accessible so that their requirements do not distract from the central therapeutic work. Further, a decade after HomeBridge decided to break the tradition of youth moving in and out of programs using garbage bags for their belongings, it is the administrative personnel who continue to ensure

there are suitcases for each young person whose time it is to leave a HomeBridge facility, to the number required for what they need, every time, without fail.

Financial Management: The services provided to young people and their families could not occur without sound financial operation. This is a truism known by all HomeBridge employees. The HomeBridge vision, organizational themes, and well-articulated and deeply entrenched theoretical grounding for what young people need could not be brought into action without the credible, meticulous accountability to the funders and donors required so that core funding and fundraising efforts continue. While the organization's therapeutic work can be unpredictable, with changes in behaviours and needs often unforeseen, the financial operations are a practice strategy that is certain and quantifiable, evidenced both in monthly financial statements and the audited accounts made public each year in the Annual Report.

Communications and Fund Development: The role of communications is one of contributing to positive societal attitudinal and behavioural change by spending time in the community, talking with neighbours, providing information about the needs of young people whom come to HomeBridge, and offering guidance on how a constructive community response can enrich their lives. Fundraising practices reflect and quantify this constructive community response, with funds going directly toward programming for the youth and reporting of same detailed in the HomeBridge Annual Report.

Maintenance and Housekeeping: The ideological and theoretical bases of HomeBridge come to a practical and material foundation in the work of the Maintenance and Housekeeping Team, where their standards are to provide comfortable, durable structures and surroundings that support the therapeutic work. Innovation is involved, so that the physical surroundings can withstand the wear and tear as well as incorporate recreational and green space for the range of developmental and therapeutic needs of the youth residing in the homes. Further, the maintenance staff are in positions of instruction when youth have interest in assembly and repair activities in their homes, making for naturally occurring teachable moments.

Food Services: A commitment to youth and their families living in health equates with sound nutritional practices on a responsible budget. The Food Services Team puts HomeBridge values into action by recognizing the role of food and meal sharing in the quest to find a place of belonging. Talking with a young person to learn of a favourite meal or a cultural tradition, and sending youth to school with lunch in a lunch bag rather than a re-used grocery store bag are examples of attention to the detail of enacting the HomeBridge ideology.

Case Management System: The HomeBridge case management system is the framework used for gathering historical and contextual information regarding youth who reside within the HomeBridge community. It is guided by the principle that case management is a continuous process from admission to transition (Roberts-DeGennaro, 1993) and is congruent with the National Child Welfare Outcomes Indicator Matrix (Trocme, MacLaurin, Fallon, Shlonsky, Mulcahy & Esposito, 2009). All staff involved in the direct therapeutic work of HomeBridge have a role in the care management system.

The Clinical Team consists of the following positions and professional disciplines: psychologist, case management coordinator, care coordinator (youth care), program coordinator (youth care), teacher, and youth care school support. The Clinical Team provides resources to the frontline youth care workers and program supervisors in the following ways (excerpted from A Guide to HomeBridge Youth Society, 2014, section 2.1.5):

- The collection, management, and distribution of information for both internal and external care planning needs, for example intervention meetings, case conferences and formal reports
- Liaison with outside professionals including the planning and facilitation of case conferences
- Consultation with frontline youth care workers regarding the unique life experiences and needs of each youth in care
- Development and facilitation of life skills programming including conflict education, stress management, anger management and coping skills, social, employment and independent living skills
- Employee training
- Psycho-educational testing
- Academic screening

Case management services at HomeBridge have several components, with some overlap across the process:

- Intake meeting & intake report
- Ongoing daily programming, observation and reporting
- Assessment across the five domains of 1. Behavioural and emotional concerns; 2. Family dynamics; 3. Leisure, recreations, life skills and health; 4. Education; and 5. Placement needs.
- Intervention meetings
- Case conferences

The HomeBridge Guide to Case Management (2018, p. 7) articulates the nature of its work relative to the HomeBridge commitment to multidisciplinary youth care:

HomeBridge believes that in order to enter into relationships with youth and their families, in the most meaningful and respectful way, it is important to perceive their feelings and behaviours, not in isolation, but in the broader contexts in which they experiences daily life events. These contexts, which have played a significant role in developing their unique belief and value systems, and in shaping their life experiences, include gender, race, socio-economic status, sexual identity, environment, history of positive experiences, and history of negative experiences, among others.

Developing analysis of these contexts allows us to competently work with the youth, their families, and agency social works towards a place of care. “Practice does not occur within some vacuum, isolated from the rest of the world. It occurs within the

relationship that develops between the practitioner and the client. It also occurs in light of the multiple relationships that the practitioner and client have with the rest of the world” (Ricks, 2000, p. 61).

HomeBridge Youth Society strives to assist child welfare agencies to develop plans that include all participants, reflect both the perspectives and realities of youth and their families, and emphasize the important of relationships as the basic therapeutic process to facilitate change. The main emphasis of the plan of care is on four domains: child safety, child well-being, permanency planning and family and community support (Trocme et al, 2009).

“Good case management implies continuity of services, planfulness (i.e., rational decision-making) in designing and executing a treatment package, coordination among all providers of services, effective involvement of the clients, timeliness in moving clients through the process and maintenance of an informative and useful case record” (Roberts-DeGennaro, 1993).

The HomeBridge case management process is designed to ensure that all important aspects of a youth’s life are examined. It specifies who will be involved in the planning, how, when and where the planning will take place and the criteria for tracking and monitoring progress....“The intent behind such planning processes is to understand what is going on, what we are doing with a case, why, who is responsible for what, and the effect it is having....Unless we know what is going on, where we are going, how we will get there, and how we will know when we do, our plan is incomplete” (Ricks, 2000, pp. 83-84).

Please see Appendix A: The HomeBridge Guide to Case Management, 2018 for full details.

Life Skills Programming: Life skills programming at HomeBridge enters into the lifespan (Garfat, 1998) of youth to teach and learn a range of knowledge and skills for insight and action. Being in residential settings allows many such purposeful teachable moments. Using relationships as the primary therapeutic tool, the youth engage in workshops on such topics as stress management, media literacy, emotion management, employment preparedness, sexual health, and interpersonal relationship issues such as racism, homophobia, sexual harassment, violence and communication. Congruent with the vision of HomeBridge and the Circle of Courage domains, life skills programming offers youth the opportunity to experience themselves in new ways, through direct skill instruction and practice.

HomeBridge understands that the youth who come to their programs often do not have opportunities for artistic and cultural experiences, which can result in a lack of confidence that undermines their efforts in academic and social settings. Borne from the HomeBridge commitment to the whole child, the Expressions Program for the Arts was developed. This is a multi-faceted skills program that uses the Arts to facilitate direct and tangible experiences of belonging, mastery, independence and generosity. Since 2004, 1500 youth have participated in visual art methods, music therapy, dance, drama, circus skills, digital photography, kickboxing,

Flying Yoga, Tai Chi, meditation, Parkour and videography classes. In situations where a young person is especially committed to an activity, agreements and collaborations have been made with schools within the Halifax Regional School Board to structure the learning such that the youth can earn an academic credit. This experience of success builds confidence and motivation for school attendance.

Bridges for Learning: The Bridges for Learning program has been in operation since 2005 as a partnership with the Department of Education and Regional School Boards to provide accredited curriculum to youth who reside in HomeBridge facilities and are not attending their community schools. It grew from years of advocacy by HomeBridge, rooted in practice experience and substantiated by the literature that youth who experience multiple moves from their school neighbourhood (family of origin, kinship care and/or foster homes) are not well served by traditional in-class educational methods (Brendtro, Brokenleg & Van Bockern, 2002). Consistent with the commitment to the full child, HomeBridge embarked on a decade-long process to ameliorate and address the effects of being expelled, suspended, and otherwise disconnected from learning institutions. Bridges for Learning offers a space in which youth continue with their academic programs at the schools in their home communities and provide liaison to facilitate return to community schools when that time comes.

Addictions Consultant: In 2012, an external assessment was undertaken to explore and understand the needs of youth and employees at HomeBridge to effectively address the many issues related to substance use and abuse. The resulting report recommended a range of actions, among them the creation of a position funded by IWK Choices to work part time with HomeBridge as an addictions consultant, with a focus on assessing the needs of youth, providing education and professional development training in requisite areas for employees, and facilitating the referral of HomeBridge youth to IWK Choices' programs. There is a central congruence to the approaches of both Choices and HomeBridge, which together guide the work of the Addictions Consultant: it is rooted in an understanding that substance using behaviours are expressions of unmet needs and that promoting belonging, wellbeing and inclusion is the means through which to interrupt substance using behaviours of concern.

HomeBridge Youth Society serves many youth who have experienced complex trauma. This complex trauma is why many of our youth become involved with substance use. HomeBridge has adopted a harm reduction approach to align our practice with evidence-based research to best respond to the needs of young people while working towards reducing the harm connected with substance use.

Please see Appendix B: Harm Reduction Approach for full detail.

Recreation Therapy: A second recommendation from the above noted external report, and tied into the comprehensive assessment of issues related to substance use, was the development and delivery of therapeutic recreation programming to increase the opportunities for physical engagement of HomeBridge youth, a population at high risk of using substances as a result of childhood experiences of trauma, transience and close proximity to mental health and

addictions challenges. Physical recreation provides young people with opportunities to experience naturally occurring physiological processes which can mirror the effects of substances, simultaneously offering socially engaging experiences while stimulating the brain to feel aroused and relieved. The result of an innovative partnership among IWK-Choices, the Department of Health and Wellness, and HomeBridge, a full time recreation therapist administers surveys to establish objectives of recreation services; coordinates an organization-wide committee which advises on recreation development and works to secure resources and equipment; identifies and applies for grants; secures community partners; and works with youth care teams to develop and integrate individual activity plans with due recognition for barriers that can limit ongoing participation.

The recreation therapy model used at HomeBridge is congruent with the organization's ideologies and approach to youth care. The process of determining meaningful and relevant activities for a young person builds upon a foundation of experiencing *belonging* and the goal is to provide opportunities which can provide experiences of *mastery* and *independence*, as they are defined above (Brentro, Brokenleg & Van Bockern, 2002). The initiative taken by HomeBridge to develop the recreation therapist position again reflects the organization's commitment to the whole person, understanding that therapeutic recreation and leisure extend further than the provision of equipment for traditional sports. Rather, therapeutic recreation focusses on being in relationship with young people through purposeful activity, offering opportunities to both learn new skills and extend existing ones (Ellis, Braff & Hutchinson, 2001). Beyond simply activity for activity sake, therapeutic recreation intentionally connects targeted activity to individualized youth development goals so that the youth can experience challenges and conscious effort, which can translate to current and future social situations.

Professional Ethics

Employees of HomeBridge are held to the highest professional standard in their respective fields of practice. Accountability to this standard is set by the Board of Directors and Executive Director and reinforced through requirements for membership in professional bodies, licensure where applicable, and through internal codes of professional conduct.

Youth care workers are members and executive members of the Nova Scotia Child and Youth Care Association, the psychologist is licensed with the Association of Psychologists of Nova Scotia, the Business Manager is registered with the Institute of Chartered Accountants of Nova Scotia, the Communications and Fund Development Officer is a member of the Association of Fundraising Professionals, and the social workers are licensed with the Nova Scotia Association of Social Workers.

There are three internal Codes of Conduct at HomeBridge Youth Society which have been emulated by non-profit and governmental departments across Nova Scotia. The Board of Directors' Code of Conduct highlights the commitment to "ethical, businesslike and lawful conduct, including proper use of authority and appropriate decorum when acting as board

members” (HomeBridge Youth Society Policy Governance, 2000, p. 8). Matters of policy development and adherence, governance, accountability, executive limitations, conflict of interest, and confidentiality form the basis of the commitment, which is required to be signed annually.

The Managers’ Code of Conduct (2021) emphasizes both the comprehensive responsibility to be ambassadors of the organization and the shared commitment to present unified leadership within and outside the boundaries of the organization. *Professional responsibilities* include those fiscal, environmental, legal, technological, safety oriented, stakeholder related, and pertaining to positional competence. *Ethical obligations* highlight trust, confidentiality, cultural competence, and holding one another accountable to the Code of Conduct. *Community partnership* responsibilities require maintenance of positive community relations through being respectful, credible, and progressive in the residential youth care sector. Finally, *interaction with others* emphasizes recognizing the unique position of power and influence managers have, reflecting a cohesive management position, guiding principles for being in relationship with colleagues and employees, and understanding the responsibility to lead by example in the workplace and beyond. The document is reviewed and revised as necessary on an annual basis. Finally, the HomeBridge Youth Society Code of Professional Conduct (2019) applies to all personnel involved with the organization including all employees, contracted community members, students placements, volunteers and any other person connected with the organization for the purpose of delivering services to the youth involved in HomeBridge programs. It was developed in 1999 over an 18 month process of discussion and input within HomeBridge and is reviewed and revised every three years through an organization-wide consultation process. The *Introduction* of the document reads,

HomeBridge Youth Society is committed to high ethical standards of conduct. The Code of Professional Conduct has been developed to guide and assist employees of the organization in performing their work responsibilities legally, ethically and without discrimination. This Code also coincides with the organizations vision and values. This document should be read in conjunction with the Policy and Procedure Manual, Internet Policy, Privacy Act Policy and the Collective Agreement of CUPE, Local 4471. (A Guide to HomeBridge Youth Society, 2014, 1.1.7)

The organization-wide Code of Professional Conduct (2019) includes a process for concerns of violation within the 17 sections of the document. The process details the process to raise concerns regarding both professionals external to HomeBridge and employees within HomeBridge. There are provisions for addressing concerns regarding unbecoming conduct or unethical behaviour of colleagues, students and employees which are distinct from those for members of the management team, which as distinct further from those of the Executive Director. Finally, a detailed progressive discipline policy and flowchart is included for determinations of incompetence and misconduct. Please see Appendix C for the full document and appendices.

HomeBridge Youth Society will not tolerate any form of physical, sexual, emotional, verbal, or psychological abuse, nor any form of neglect or harassment.

Physical Abuse is defined as but not limited to the use of intentional force that can result in physical harm or injury to an individual. It can take the form of slapping, hitting, punching, shaking, pulling, throwing, kicking, biting, choking, strangling or the abusive use of restraints.

Sexual Abuse is defined as but not limited to any unwanted touching, fondling, observations for sexual gratification, any penetration or attempted penetration with a penis, digital or object of the vagina or anus, verbal or written propositions or innuendos, exhibitionism or exploitation for profit including pornography.

Emotional Abuse is defined as but not limited to a chronic attack on an individual's self-esteem. It can take the form of name calling, threatening, ridiculing, berating, intimidating, isolating, hazing, habitual scapegoat, blaming.

Verbal Abuse is defined as but not limited to humiliating remarks, name calling, swearing at, taunting, teasing, continual put downs.

Psychological Abuse is defined as but not limited to communication of an abusive nature, sarcasm, exploitive behaviour, intimidation, manipulation, and insensitivity to race, sexual preference or family dynamics.

Neglect is defined as but not limited to any behaviour that leads to a failure to provide services which are necessary such as withdrawing basic necessities as forms of punishment, failing to assess and respond to changes in health status and refusing or withdrawing physical or emotional support.

Harassment is defined as but not limited to any unwanted physical or verbal conduct that offends or humiliates, including gender-based harassment. It can be a single incident or several incidents over time. It includes threats, intimidation, display of racism, sexism, unnecessary physical contact, suggestive remarks or gestures, offensive pictures or jokes. Harassment will be considered to have taken place if a reasonable person ought to have known that the behaviour was unwelcome.

Definitions taken from Policies & Procedures: Creating Abuse Policies in Nova Scotia – Risk Management Centre of Excellence

Conclusion

This concludes the HomeBridge Youth Society Framework for Practice, a document that details the organization's context for practice as well as the ideological and theoretical bases for the organization, its practice strategies and professional ethics, all of which manifest the HomeBridge vision and mission.

This is a living document, intended to reflect the current and emerging HomeBridge Youth Society, while grounded in the established traditions of this organization's commitment to residential youth care, which began 44 years ago. Much like the young people who come to HomeBridge, it will have roots in what has long been known, it will be an expression of what exists now, and it can be a look forward, to what can be, in the complex and challenging, rich and rewarding, field of residential youth care.

References

- Anglin, J.P. (2002). *Pain, normality and the struggle for congruence: Reinterpreting residential care for children and youth*. New York: The Haworth Press.
- Brendtro, L., Brokenleg, S., & Van Bockern, S. (2002). *Reclaiming Youth at Risk* (revised edition). Bloomington, IN: Solution Tree Press.
- Bettelheim, B. 1950. *Love is not enough: The treatment of emotionally disturbed children*. New York, Glencoe, Ill: Free Press.
- Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.
- Ellis, J.M., Braff, E. & Hutchinson, S. (2001). Youth recreation and resiliency: Putting theory into practice in Fairfax County. *Therapeutic Recreation Journal*, 35(4), 304-317.
- Fewster, G. (2013). *Relational child & youth care: Principles and practices*. Self published.
- Garfat, T. (1998). The effective child and youth care intervention: A phenomenological inquiry. *Journal of Child and Youth Care*, 12(102), 1-178.
- Garfat, T. & Mitchell, H. (2000). *Recommendations from a review of the Association for the Development of Children's Residential Facilities*. Halifax, Nova Scotia.
- Garfat, T. & McElwee, N. (2007). *Developing effective interventions with families: An Eircan perspective* (2nd ed.). Cape Town, South Africa: Pretext Publishers.
- Garfat, T & Charles, G. (2009). Child and youth care practice in North America: Historical roots and current challenges. *Relational Journal of Child and Youth Care Practice*, 22(2), 17-28.
- Home Bridge Youth Society Policy Governance. (2000). Internal document.
- HomeBridge Guide to Case Management (2020). Internal document.

- Krueger, M. (1988). *Intervention techniques for child and youth care workers*. Washington, DC: Child Welfare League of America.
- Krueger, M. A. (1991). Coming from your centre, being there, meeting them where they're at, interacting together, counselling on the go, creating circles of caring, discovering and using self, and caring for one another: central themes in professional child and youth care. *Journal of Child and Youth Care*, 5(1), 77-87.
- Krueger, M. (1998). *Interactive youth care practice*. Washington, D.C.: Child Welfare League of America.
- Laursen, E.K. (2003). Seven habits of reclaiming relationships. *The International Child and Youth Care Network*, volume 53.
- Maier, H.W. (1987). *Developmental group care of children and youth: Concepts and practice*. New York: Haworth Press.
- Mullaly, R. (2010). *Challenging oppression and confronting privilege* (2nd Ed.). Toronto: Oxford University Press.
- Redl, F. & Wineman, D. (1951). *Children who hate: The disorganization and breakdown of behavior controls*. Glencoe, Ill: Free Press.
- Redl, F. & Wineman, D. (1952). *Controls from within: Techniques for the treatment of the aggressive child*. Glencoe, Ill: Free Press.
- Ricks, F. (2000). *Emergent practice planning*. Victoria: University of Victoria.
- Risk Management Centre of Excellence – intact public entities. *Policies & Procedures: Creating Abuse Policies in Nova Scotia*.
<https://www.intactpublicentities.ca/centre-of-excellence/policies-and-procedures-creating-abuse-policies-in-nova-scotia>
- Schon, D. (1983). *The reflective practitioner: How professionals think in action*. London: Temple Smith.
- Sheafor, B.W. & Horejsi, C.R. (2003). *Techniques and guidelines for social work practice* (6th ed). Toronto: Allyn and Bacon/Pearson Education
- Snow, K. & Finlay, J. (1009). *Voices from within: Youth speak out*. Toronto, Ont: Office of the Child and Family Services Advocacy.
- Steinhauer, P. (1991). *The least detrimental alternative*. Toronto: University of Toronto Press.

- Szajnberg, N. M. (1987). *The milieu therapist: Toward a theory of action. Residential Treatment for Children and Youth*, 5(2), 51-58.
- Triesman, A. E., Whittaker, J. K. & Brendtro, L. K. (1969). *The other 23 hours: Child-care work with emotionally disturbed children in a therapeutic milieu*. New York: Aldine.
- Roberts-DeGennaro, M. (1993). Generalist model of case management practice. *Journal of Case Management*, 2(3), 106-111.
- Trocme, N., MacLaurin, B., Fallon, B., Shlonsky, A., Mulcahy, M. & Esposito, T. (2009). National Child Welfare Outcomes Indicator Matrix. Published by Centre for Research on Children and Families; Centres of Excellence for Children's Well-Being: Child Welfare. (Retrieved from www.cwrp.ca on October 20, 2014).

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The HomeBridge Guide to Case Management

Introduction:

The purpose of this document is to outline HomeBridge Youth Society's Case Management Process, which includes Five Care Plan Areas, and a framework for Individual Developmental Planning. A formalized case-management process is used to assist and guide HomeBridge employees to facilitate the achievement of the HomeBridge Vision, Mission, and Mandate, as noted below, for each youth who enters the care of a HomeBridge facility.

The HomeBridge Vision:

All Youth and their Families Living in Health, Safety, and Harmony.

The HomeBridge Mission:

To assist Youth and Families while they journey to understand the connection between choice and change. Setting in motion opportunities to experience themselves and their relationships differently, within their culture and community.

The HomeBridge Mandate:

Using a multi-disciplinary approach to Youth Care within a series of residential settings, youth and families experience stabilization, emergency placement and longer term interventions.

HomeBridge Youth Society provides Residential Youth Care for youth who are in the temporary or permanent care of the Department of Community Services. Most youth are dealing with disruptive behaviour and emotional issues.

Many young people are involved with running, self-harm, verbal aggression, physical aggression, young offender charges pending or in place, sex trade involvement, drug use, and/or family neglect as defined in Section 22(2) of the Family and Children's Services Act.

The facilities operated by HomeBridge Youth Society each have mandates further defining the client profile specifically served by that facility. These mandates are followed as closely as possible, while striving to serve the needs of the youth presented to the Central Region as needing residential care (A Guide to HomeBridge Youth Society, 1.1.2).

Definitions and Explanations:

The following terms are defined and explained as they pertain to the case-management process utilized by the youth care settings operated by HomeBridge Youth Society. The definitions appear in alphabetical order.

Admission Process:

The admission process begins with the intake meeting. It is the first opportunity for relationship building between the youth and a HomeBridge representative. During the intake process, the youth is informed about the care-planning process, including what they can expect during their placement, and who is involved in the process. After the formal intake meeting the youth receive an orientation to the facility. The orientation includes a tour of the facility and ensures that the youth is given any pertinent information about the program.

Agency Social Worker:

An agent of the Minister of the Department of Community Services who is assigned guardianship of a child. All youth living in HomeBridge facilities are assigned an agency social worker.

Bridges for Learning:

A transitional education program for youth living in residential care which has the capacity to accommodate 18 full-time students. This program is operated by HomeBridge Youth Society, and is funded by the Department of Community Services, the Department of Education, HomeBridge Youth Society and private funders. Bridges for Learning is located at the Reigh Allen Centre.

Care Status:

A child's legal status with the Department of Community Services (DCS), as follows:

- TCC: Temporary Care and Custody. A court order that indicates the custody/guardianship of a youth has been legally transferred to DCS temporarily/for a specified period of time.
- PCC: Permanent Care and Custody: A court order that indicates the custody/guardianship of a youth has been legally transferred to DCS permanently.

Case Conference:

A formal meeting that includes the youth's social worker, facility representatives, the youth, their family members when appropriate, and other supports involved in the youth's life. The purpose of the case conference is to review the youth's progress toward achieving the goals of placement, identify barriers to success, and discuss the youth's next steps. Discharge planning must be discussed during a case conference.

Case Manager:

A HomeBridge employee who has been assigned to apply the case-management process to a specific youth is known as the case manager. The case manager may also be known as a key worker, supervisor, care coordinator, or clinical social worker.

Client:

As per the HomeBridge Youth Society Code of Professional Conduct (copyright © 2019) a client is a youth, family member, or legal guardian of a youth who is:

- living within a residence operated by HomeBridge Youth Society
- in care of the Department of Community Services
- someone, who at one time lived in a HomeBridge Youth Society program or was in care of the Department of Community Services and is under the age of 18 years old
- living in foster care and is 12 years of age or older

“Client” is used interchangeably with “youth” and “child” in this document.

Client Supports:

Individuals or a group identified by the youth and/or social worker as resources to assist the youth, and family when appropriate, achieve general or specific goals. Supports may include: family members, therapist, youth support worker, probation officer, Guardian ad Litem, or friend.

Consistency:

It does not mean subjecting a client to the same response or intervention as other clients without encompassing contexts like cognition and psychosocial development. This is too basic of an interpretation of consistency for treatment purposes. Consistency is most useful when viewed from the child’s frame of reference. A residential setting provides a consistent setting when the client can predict the outcomes of their actions (Maier 1987, pp 24-25). Responding developmentally with clients is consistent even when clients will appear to be treated differently. Some areas to act consistently are:

Consistency with self

Consistency with the intervention plan

Consistency with program philosophy

Consistency with culture of origin of the client

(“Consistency” available online at <http://www.cyc-net.org/threads/consistency.html>)

Daily Log:

See section 3.32 of the HomeBridge Youth Society Policies and Procedures Manual. A written record of observations for each youth that outlines the youth’s day to day activities, observations that fall within the Five Care Plan Areas, and any other information that is related to the psychological, emotional, and physical health and well-being of the youth. Information regarding contact with family members, other professionals, and formal and informal supports is also included. When records are handwritten they must be legible and written in ink.

Five Care Plan Areas:

As discussed later in this document case management focuses on five specific areas.

These five areas are:

1. Behavioural and emotional concerns
2. Family dynamics
3. Leisure, recreation, life skills and health

4. Education
5. Placement

Goals (Outcomes) of Placement:

Placement in a youth care setting is part of an agency intervention for a client to achieve specific goals or outcomes such as the development of life skills for independent living, stabilization of troublesome behaviours, or interim placement until the desired placement is secured. The goals of placement are defined by the youth's social worker.

Intake Meetings:

The designated time the intake package is completed with the youth, an agency social worker and family members when appropriate. At the Reigh Allen Centre, intake meetings are not planned and may occur at any time. Information regarding the youth and the agency plan is discussed, and information regarding the youth care setting is provided.

Intake Packages:

Are a collection of information-gathering forms completed at the intake meeting. The completed intake package provides the youth care team with information regarding the youth's needs and current life situation in the five care plan areas.

Also included in the intake package are a series of consent and release forms that, when signed and dated properly, give youth care teams authority to share relevant information to other support people involved in the youth's life.

Individual Developmental Plans:

A written outline of a youth's resilient behaviour and strategies to assist the youth to make positive changes to their behaviours. The individual developmental plan also includes outcomes for the youth and indicators that change is or is not occurring.

The purpose of the individual developmental plan is to:

- guide the youth care team in their every interaction with the youth, family, agency and other professionals
- help youth care teams make decisions
- hold youth care teams accountable
- help youth care teams find a way to make sense of the resilient behaviour
- force youth care teams to think about context and process
- create a meaningful sense of "consistency" by developing agreed upon outcomes while maintaining flexibility in the approach to achieve these outcomes.

Key Worker:

The youth care worker designated as the case manager for a specific youth. All long-term facilities have key workers. The Reigh Allen Centre does not.

Plan of Care:

A plan outlining the goals for each youth. Goals are set in the five care plan areas noted earlier. These goals are developed at a meeting involving the youth, the youth's social worker, other professionals involved in the youth's life, family and other significant people in the youth's life, and a facility representative.

Relationship Building:

An ongoing, fluid process that aims to promote individual self-worth, value and dignity. Through respect, acceptance, safe challenging and being with others, reciprocity in relationship with others and the community can be fostered.

Relevant Observations:

Observations that span the five care plan areas; information significant to the physical, psychological, and emotional care and well-being of the youth. This also includes youth and youth care worker contact with others, including family members, formal and informal supports, regarding the youth.

Resilient Behaviour:

"There are many definitions of resilience but most have similar components. Gilligan's (2000) definition – 'a set of qualities that helps a person to withstand many of the negative effects of adversity....Bearing in mind what has happened to them, a resilient child does better than he or she ought to do.'

Kirstie MacLean

Child Welfare Outcome Indicator Matrix:

HomeBridge Youth Society has adopted The Child Welfare Outcome Indicator Matrix (Trocmé et al, 1999, available online), which proposes measuring child welfare outcomes in four domains. These domains reflect the broad ecological traditions of Canadian child welfare practice. The four domains are:

1. Child Safety:

The primary focus of the child welfare system is to prevent future maltreatment of children. **Recurrence of maltreatment** can include ongoing or new incidents of child **abuse and neglect**. Protection from serious injury or death is a priority and requires immediate intervention.

2. Child Well-Being:

“Maltreatment is a significant risk factor for developmental, cognitive, and academic delays.” A child’s well-being is impacted by his/her **school performance**. “Research consistently shows that children receiving child welfare services are behind their peers in all aspects of cognitive development and school performance.” Children in care are more likely to have cognitive/behavioural concerns and be delinquent from school more often. “Maltreated children are at risk for **behavioural problems** at home, in school, and in the community.” Children in care are also more likely to experience difficulty with anger and defiance.

3. Permanence Planning:

“Social stability is essential for children to develop a sense of belonging and identity as they cope with separation from their families.” Some **moves in care** can be beneficial, but multiple unplanned moves (**placement rate**) can have serious negative short and long-term consequences for children. It is a concern when children spend too much **time in care**. A child who is moved to a permanent placement (either reunification with their family, adoptive home, or a permanent foster home) within three to six months is less likely to be taken into care again.

4. Family and Community Support

“Parents involved with the child welfare system are less organized, have higher levels of conflict, are less emotionally responsive to their children, provide less stimulation, feel less competent and are more likely to be depressed.” We must target **parenting capacity**, the parent’s ability to meet their child’s emotional, cognitive, physical and behavioural needs. Families involved in the child welfare system also may have frequent **address changes**. This leads to loss of their peer and social support networks. “When children and youth must be removed from their homes, efforts should be made to place them within their geographic community with extended family, a family with similar **ethno-cultural** background, or in foster care that is very inclusive of their family and friends.”

See Appendix A for a diagram outlining the Child Welfare Outcome Indicator Matrix as it pertains to HomeBridge Youth Society.

Case Management Process:

Overview:

“The case management system is the framework used for gathering historical and contextual information regarding youth who reside within the HomeBridge community. It is based on the belief that case management is a continuous process from admission to transition” (HomeBridge Youth Society, available online). (See Appendix B for the Case Management Functions in a Generalist Model for further information on case management functions.)

HomeBridge Youth Society believes that in order to enter into relationships with youth and their families, in the most meaningful and respectful way, it is important to perceive their feelings and behaviours, not in isolation, but in the broader contexts in which they experience daily life events. These contexts, which have played a significant role in developing their unique belief and value systems, and in shaping their life experiences, include gender, race, socio-economic status, sexual identity, environment, history of positive experiences, and history of negative experiences, among others.

Developing analysis of these contexts allows us to competently work with the youth, their families, and agency social workers towards a plan of care. “Practice does not occur within some vacuum, isolated from the rest of the world. It occurs within the relationship that develops between the practitioner and the client. It also occurs in light of the multiple relationships that the practitioner and client have with the rest of the world” (Ricks, 2000, p. 61).

HomeBridge Youth Society strives to assist child welfare agencies to develop plans that include all participants, reflect both the perspectives and realities of youth and their families, and emphasize the importance of relationships as the basic therapeutic process to facilitate change. The main emphasis of the plan of care is on four domains: child safety, child well-being, permanency planning and family and community support. (Trocme et al, 1999, available online) “Good case management implies continuity of services, planfulness (i.e., rational decision-making) in designing and executing a treatment package, coordination among all providers of services, effective involvement of the clients, timeliness in moving clients through the process and maintenance of an informative and useful case record” (Cohn & DeGraff, 1982, as cited in Roberts-DeGennaro, 1993).

The HomeBridge case management process is designed to ensure that all important aspects of a youth’s life are examined. It specifies who will be involved in the planning, how, when and where the planning will take place and the criteria for tracking and monitoring progress (see Appendix C). “The intent behind such planning processes is to understand what is going on, what we are doing with a case, why, who is responsible for what, and the effect it is having....Unless we know what is going on, where we are going, how we will get there, and how we will know when we do, our plan is incomplete” (Ricks, 2000, pp. 83-84).

Daily Program/Case Conferences/Intervention Meetings:

Life skills programming is an important component of the placement intervention. Such programming provides general information to youth in a variety of areas including healthy relationships, conflict resolution, sexual and physical health care, and leisure and relaxation skills. Programming is also geared toward individual client needs.

See A Guide to HomeBridge Youth Society, Section Five, Program Development, for a list of life skills, recreation, and leisure programs offered within the organization.

Case Conferences:

Case conferences are arranged by the case manager to discuss the overall plan of care for each youth. This meeting must include the youth's social worker, and should also include others who are involved in a youth's life such as family members, probation officer, and therapist. During case conferences, the youth's goals, needs, strengths and challenges, in all five care plan areas are reviewed to assess progress, regress and relevance.

Intervention Meetings:

HomeBridge Youth Society uses three main resources in developing individual developmental plans for youth during intervention meetings.

The first approach used is the Accountability Case Management (Ricks, F., 1991, University of Victoria) model which defines case planning as "the process of generating, implementing and monitoring a plan of action which includes specifying troublesome behaviour, need identification, goal setting, generating service action(s) and evaluation" (Ricks, 1997, p. 1).

The second approach is the Circle of Courage developed by Dr. Larry Brendtro, Dr. Martin Brokenleg and Dr. Steve Van Brockern. In the Circle of Courage there are four main areas that make up the Circle: Belonging, Mastery, Independence and Generosity. Larry Brendtro suggests that if the circle is broken in a child's life it needs to be mended and understanding where it is broken is key.

The third approach is trauma informed care which is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid retraumatization. **National centre for Trauma Informed Care

Intervention meetings are scheduled on a bi-weekly or monthly basis (or more frequently if needed), and attended by members of the facility's youth care team and the facility supervisor. Intervention meetings provide a forum for team members to identify behaviours demonstrated by a youth, theorize the need(s) underlying the behaviours and develop specific plans to reduce and eliminate them. It is understood that behaviours are often techniques youth have learned to employ to cope with and/or avoid situations and experiences they don't have the skills to address otherwise (resilience). As a result, when the goal is to reduce or eliminate such behaviour, the youth must be given a replacement for it. The development of strategies to promote the development of such skills is also a major focus of group and individual life skills programming.

“The identification of the concern is not a diagnosis (e.g., Jasper has an attention deficit disorder), nor should it be a judgement (e.g., Jasper hates school, is lazy, or lacks the necessary skills). It is simply an identification of some concern, problem, issue, or situation that may alert us to explore further” (Ricks, 2000, p. 88). The observations recorded in a youth’s daily log are discussed and assessed during the intervention meetings. In short, during intervention meetings the youth’s strengths and behaviours are discussed, and strategies are developed to increase positive behaviour and to decrease troublesome behaviour.

The process of facilitating change is neither a linear nor time specific process. In addition, upon entering a youth care setting, a youth’s behaviours may worsen, they may acquire new troublesome behaviours, and/or other concerning behaviours not previously identified may surface. The primary focus of any individual developmental plan must be safety, including that of the youth, the youth group, the youth care team, and the greater community; therefore, individual developmental plans will shift as necessary.

“...Assessment is a critical and essential aspect of practice and you must engage in an assessment process before you undertake to set goals, define a plan, or take any other action in response to a situation. Assessment assists us in a number of ways:

It prepares us to undertake goal setting and planning based upon the needs and interests of the individual, family, group, community, organization or system we are serving.

It informs us about what is going on during and following the implementation of a service plan, such that we can make changes as necessary.

It prompts and assists us in documenting what is going on” (Ricks, 2000, p. 89).

Intervention meetings ensure that all members of the youth care team respond to the youth in a consistent way (see the definition section of this document for a definition of consistency). “The main value of treatment plans for clients in a group home setting is to ensure that they are responded to in ways that are consistent and that address their difficulties. In other words, all of the people in their lives give them the reinforcement for their strengths and negative consequences for their maladaptive behaviors. The goals of the plans are to solve or reduce the behavioral problems that the clients present with” (Davis, 2008, available online).

Individual Developmental Plan Template:

HomeBridge utilizes an individual developmental plan template based on research conducted by Leon Fulcher and Thom Garfat on Outcomes that Matter for Children and Young People in Out of Home Care. The individual developmental plan template is broken down into the four areas of the Circle of Courage, Belonging, Mastery, Generosity and Independence. The youth’s resilient behaviour is identified for each of the four categories and strategies are written to assist the youth to make positive changes in these areas. During following intervention meetings the team assesses whether the strategies are meeting the youth’s needs and adjust the strategies if needed.

Outcomes are defined by the Canadian Outcomes Research Institute as “Services to persons”.

Outcome impacts are measured by the increase or decrease of the severity of the behaviour that was used to meet a need (Circle of Courage domains), or respond to pain-based experiences (trauma).

The HomeBridge individual developmental plan template is started when a youth enters their first HomeBridge facility. The template is a living document that follows the youth if they move from

one HomeBridge facility to another HomeBridge facility or even to a facility outside of the HomeBridge community. As stated above the document is a living document so it changes over time to meet the changing needs of the youth.

See appendix I for the HomeBridge Individual Developmental Plan Template.

Five Care Plan Areas:

Introduction:

The “safety” of youth is paramount. When a safety concern has been identified, either prior to admission or during the course of placement, the youth are closely monitored to determine the risk of possible reoccurrence of maltreatment and injury.

The primary focus of the child welfare system is to prevent future maltreatment of children.

Recurrence of maltreatment can include ongoing or new incidents of child **abuse and neglect**.

Protection from serious injury or death is a priority and requires immediate intervention. (Trocme et al 1999, available online)

Overview:

At HomeBridge Youth Society case management focuses on five specific areas. As stated earlier these five areas called care plan areas are:

1. Behavioural and Emotional Concerns:

When assessing a youth’s behavioural and emotional concerns, it is imperative to review their history of behaviour, as well as their presenting behaviours; it is important to look at behaviour in the context of home/family, school, and the community. It is also important to be aware of any mental health issues diagnosed prior to or during the youth’s placement. Observations of the youth’s behaviours and emotional health during placement are compared to those reported at the time of the youth’s admission; the identification of similarities or differences in these areas further informs the plan of care, the intervention plan, and the day to day interactions between the youth and the youth care team.

As stated by Trocme et al (1999, available online), “Maltreated children are at risk for behavioural problems at home, in school, and in the community”. The value of identifying discrepancies in behaviour across these environments is incorporated into the HomeBridge case management process. Understanding and assessing other potential influences is also built into the process. Influences may include peer(s), family members, addiction, history of abuse, learning disabilities and mental health issues for example.

During a youth’s placement it may be observed that their behaviours and emotional well-being remained the same, worsened, or improved. Some areas commonly reviewed include the following, which fall within the four domains identified by Trocme et al, (1999, available online):

- the youth’s ability and willingness to follow routine and take direction
- peer relationship skills and social skills
- problem solving, conflict resolution, and coping skills
- age appropriate behaviour
- behaviour in the community and in school
- incidents of verbal and physical aggression
- response to perceived authority figures
- involvement in the youth justice system

- suspicion/observation of drug and/or alcohol use
- strengths and challenges.

Individual developmental strategies are developed to assist youth care teams to effectively manage a youth's behaviour. As previously stated, a youth care team also identifies theorized needs that may be underlying a youth's concerning behaviour and strategizes alternate, pro-social, and more self-promoting ways for the needs to be met. The youth care team documents observations that indicate the troublesome behaviour changed and/or barriers preventing change.

2. Family Dynamics:

Depending upon the youth's care status with DCS, and upon agency direction regarding family contact, the youth care team attempts to make and maintain contact with the youth's family to:

- provide information to the family regarding the HomeBridge program
- gather information which assists in gaining insight into the family history, dynamics, and culture
- encourage the family's cooperation and agreement with the plan of care
- gather the family members' observations and perceptions of the youth's behaviour, as well as the overall family dynamic (the youth's perception on how they see the family dynamic is also obtained).

The team attempts to gain insight into the family history including its strengths and resilience, incidents of domestic violence, mental health issues, harmful use of drugs or alcohol, previous child welfare agency involvement, issues of neglect and physical, sexual and/or emotional abuse of the youth.

The youth's social worker provides the team direction regarding which family members the youth can have contact with. Team members observe and document the frequency of contact and the apparent positive and/or negative impact it has on the youth.

3. Leisure, Recreation, Life Skills and Health:

The youth care team identifies areas of life skill and health the youth may need programming or education in, such as conflict resolution, anger-management and sexual health. These areas are highlighted by the youth care team to facilitate formal and informal programming in this/these area(s). This information is also provided to the youth's social worker so that he/she can connect the youth to other appropriate resources in the community. The youth is also encouraged to participate in extracurricular recreation and leisure activities outside the facility to promote community membership, and relaxation and stress relief for example.

Any changes in behaviour that may be attributed to medication use are recorded and reported to the youth's social worker and doctor. The team also records any mental or physical health concerns and reports them to the youth's social worker, therapist, and/or doctor.

4. Education:

Whenever possible, youth are encouraged to attend their community school. If this is not possible because of moves in placement, geographic location of placement, and/or other circumstances, alternative educational programs will be sought. This may include placement in the Bridges for Learning education program or participation in daily program offered at the youth care setting. If required a youth can participate in a psycho-educational assessment completed by the HomeBridge psychologist to determine an appropriate educational placement.

The youth care team reviews the following information when considering educational options for the youth:

- current grade level; geographic location of school placement, access to necessary learning supports/resources
- school plan during a youth's placement
- background information including:
 - assessments
 - learning strengths and challenges
 - learning disabilities
 - positive and/or challenging behaviour
 - peer relationships
 - social skills
 - ability to follow direction
 - responses to perceived authority figures.

5. Placement:

“Social stability is essential for children to develop a sense of belonging and identity as they cope with separation from their families. Some placement changes can be beneficial, but multiple unplanned moves can have seriously negative short and long-term consequences for children” (Trocme et al, 1999, available online).

Through regular contact with the youth's assigned social worker, case conferences and plan of care reports, the youth care team makes recommendations for the youth within all relevant care plan areas, including recommendations regarding placement. These recommendations take into consideration the agency's short and long-term plan for the youth at the time of their admission to the program. These plans may change over the course of the youth's placement. Recommendations are also based on the youth's behaviour prior to admission, the observations of the youth care team during the placement, and must also consider services that are available within the region and greater province.

Intakes:

Admission Criteria:

To be admitted to a HomeBridge facility a youth must be in the care of the Minister of the Department of Community Services (DCS). All HomeBridge facilities serve youth 12 years of age or over. The Reigh Allen Centre has one unit called the Maples Unit which can provide services to youth five years of age or over. Youth are admitted to the unit in consultation with the Child Welfare Specialist/Admission. The following are HomeBridge facilities:

- Hawthorne House
- Johnson House
- Sullivan House
- Jubien House
- Cogswell House
- Reigh Allen Centre

Intake Process and Key Worker Role:

For the youth the intake process begins prior to their arriving at the facility, as this is when their social worker explains where they will be living. When they arrive at the facility they participate in completing the intake package with a HomeBridge representative and their social worker. Parents and guardians are encouraged to participate whenever possible and appropriate. During the intake process the youth is informed about the care planning process, including what they can expect during their placement, who is involved in the process and what their rights and responsibilities are (Ricks, 2000, p. 98). In long-term facilities youth are also informed of who their key worker will be. Whenever possible, the assigned key worker will complete the intake so that the relationship building process can begin immediately. (See appendix D for the intake procedure for a long-term facility and appendix E for the intake procedure for the Reigh Allen Centre.)

Most youth entering a residential facility are nervous and apprehensive. It will take a period of time for them to adjust to group living. “In longer-term relationships there is often a ‘getting to know you’ period of time; in some settings, this is labelled the intake period, the preliminary assessment phase, or the initial sessions. Typically, this involves a great deal of clarification, dealing with apprehensions and fears, and ensuring that expectations are understood going both ways, and that a mutual commitment to working together is made. This careful building of the initial relationship is instrumental in affecting an ongoing working relationship, and it requires careful management on the part of everyone involved” (Ricks, 2000, p. 102).

Active client participation and collaboration in the overall case management process will ensure greater success in the youth achieving mutually agreed upon goals. Cooperative engagement in this process also creates an avenue for relationship building between the youth and the greater youth care team. Although this is ideal, for a variety of reasons, some youth in care have difficulty developing and/or maintaining focus on the goals of placement. When this occurs, the focus of case management shifts, first and foremost, to promote the physical and emotional safety of the youth and to create opportunities for the youth to invest in relationships with the youth care team. It is through relationship, that the youth will experience themselves and others in new ways and develop internal motivation to define and focus on goals of placement.

Discharge planning is expected to begin at the time of intake. Placement in a youth care setting is a goal-specific, time-limited intervention, which is connected to a greater comprehensive plan of care designed for the youth by their assigned social worker. Placement is one part of a continuum of services to be provided to the youth depending on his/her individual needs, strengths, challenges, abilities, and goals. (See appendix F for an outline of the intake process.)

Intake Meeting:

The intake meeting may include the youth, an agency social worker, preferably the youth's assigned social worker, member(s) of the youth's family, and/or other supports. The completed and signed intake package acts as a contract between the HomeBridge facility and DCS, authorizing the facility youth care team to act as a co-caregiver to the youth. (See appendix G for a completed intake form.)

A major function of the intake meeting is to glean as much relevant background information as possible from the youth, the social worker, and other participants. If additional information is needed from sources not present at the meeting, the case manager will facilitate information gathering via telephone, meetings, and/or assessments/reports; collateral sources could include the youth's probation officer, teacher, or therapist. It is important to note that information gathering is a continuous part of the case management process throughout a resident's placement, and it is the case manager's responsibility to ensure that this information is communicated to the greater youth care team. The background information from all five care planning areas, as well as observations from the youth care team will be utilized to develop the youth's plan of care.

“Fortunately in these complex times, there is more appreciation and understanding of the nature of the client's issues and how they are influenced by context. Most theories of change depend on context-based information because it fosters greater understanding of the total life circumstances and situation. Contextual information provides knowledge of people in the client's life (including the practitioner) as well as the history of the client's relationships with those people; the conditions of work, study, and religious and other cultural settings that influence and affect the client's experiences; and the significant interactions of people and these context factors in the client's life” (Ricks, 2000, p. 78). (For further reading on cultural competence refer to the thesis written by Patricia Thompson titled Promoting Cultural Competence In Residential Facilities for Youth. A copy of the thesis is located in each facility.)

Observation and Reporting Period:

Throughout a youth's placement their behaviour is observed and recorded in their daily log. The direct observation of a youth is the youth care team's main source of information. It is important that relevant observations are recorded in a detailed, objective, and non-judgemental manner so that they are understood and interpreted consistently by readers.

Recordings include observations from all five care planning areas including behaviour and emotional concerns in the contexts of the youth's strengths, challenges, and resilient behaviour. Resilient behaviour can occur once or as a pattern/theme. "As human beings, we are typically alerted to the need to take action when there is something troublesome in our midst or when a significant change or opportunity presents itself. Such alerts can happen in the moment or over time" (Ricks, 2000, p. 87).

In long-term facilities, youth care workers are required to write plan of care reports as per section 3.3.3 of the HomeBridge Youth Society Policies and Procedures Manual. At the Reigh Allen Centre the Care Coordinator writes the discharge summary for each youth.

Daily Programming

The following is an excerpt of a document written by the HomeBridge Program Coordinator Shelley Teal. For the full document see Appendix H.

The Purpose of Programming:

Programming at HomeBridge Youth Society is based on “Activity-Based Therapeutic Life Skill Programming”. The goal of this type of programming is to facilitate the development of daily living skills through activities that will assist youth to learn, experience, and maintain healthy life styles and relationships. Daily living skills are not instinctive abilities: they are learned and require training and practice to perfect.¹

The leading researchers and experienced practitioners of youth care such as Karen Vander Ven and Lorraine Fox have all stressed the importance of programming within residential facilities. These experts view programming as having both short-term and long-term benefits. One of the most important short-term benefits is preventing acting out behaviours. Youth who are engaged in fun-filled, challenging activities do not feel the need to search for stimulation through involvement in negative behaviours. Long-term benefits include the development of social skills that help them interact positively in society. Having the ability to maintain healthy relationships combined with having the ability to receive positive stimulation and enjoyment through socially accepted activities prevents youth from seeking stimulation through harmful means such as drugs, alcohol, unprotected sex and criminal activity.^{2,4}

Fox suggests that youth should be taught negotiating and decision-making skills that will help them to not be victims. “We can teach kids how to speak for themselves: yes, those seemingly trite but terrific "I" messages that help us to stay centred, assume responsibility, and stop blaming others for our condition or feeling helpless to change things.” (3, p.13)

In addition, Karen Vander Ven says, “Few would dispute the contention that activities are psychologically healthy. Activities energize youth, engage them with the environment, teach them knowledge and skills, and give them hope for the future. Activities can lead not only to life-long interests, but provide youth with a means to connect with and form relationships. Activities reduce boredom and asocial behaviour.” (4, p.12)

Follow up/File Care/Statistics/Maintaining Records:

After a youth is discharged from a HomeBridge facility a discharge summary is prepared and sent to the youth's social worker within 30 days (Section 3.1.3 HomeBridge Youth Society Policies and Procedures Manual).

The discharge summary includes, at a minimum, the following information:

- an overview of the youth's placement including strengths and challenges;
- the intervention strategies developed and implemented by the youth care team;
- recommendations for the youth's plan of care.

In addition to meeting the requirements of the residential standards, the goal of the discharge summary is to inform future caregivers and supports and services working with the youth of their strengths and challenges across the five care plan areas. A copy of this report is also put in the youth's file. After the youth's discharge, their file is reviewed to ensure that it includes all relevant information and reports. It is then filed in a locked cabinet, in a locked storage room. See sections 2.1.1.1 and 2.4 of the HomeBridge Records Manual for additional information.

References

A Guide to HomeBridge Youth Society. Formally known as: The Association for the Development of Children's Residential Facilities, June 15, 2005.

Association for Alaska School Boards' Initiative for Community Engagement: Developmental Assets. Retrieved July 20, 2016 from <http://alaskaice.org/developmental-assets/>

Davis, Cynthia (2008). Creative treatment planning at a home for troubled adolescents. *CYC-Online*, 108. Retrieved July 06, 2016 from www.cyc-net.org/cyc-online/cycol-0208-davis.html

Garfat, T. & Fulcher, L.C. ed, (2012) *Child and Youth Care in Practice*, Cape Town: Pretext Publishing

Garfat, T. & Fulcher, L.C. (2012) www.reclaimingjournal.com, volume 20, number 4

HomeBridge Records Manual, May 30, 2008.

Maier, H.W., (1987). Developmental Group Care of Children and Youth: Concepts and Practice. Binghamton, NY: The Haworth Press, Inc.

Maclean, Kirstie (2004). Resilience: What it is and how children and young people can be helped to develop it. Retrieved July 07, 2016 from <http://www.cyc-net.org/cyc-online/cycol-0304-resilience.html>

Provincial Standards for Residential Child-Caring Facilities, Nova Scotia Department of Community Services Residential Standards. Effective September 2016.

Ricks, Frances (1991). Accountability Case Management. British Columbia: Morriss Printing Company Ltd.

Ricks, Frances (2000). Emergent Practice Planning. British Columbia: University of Victoria.

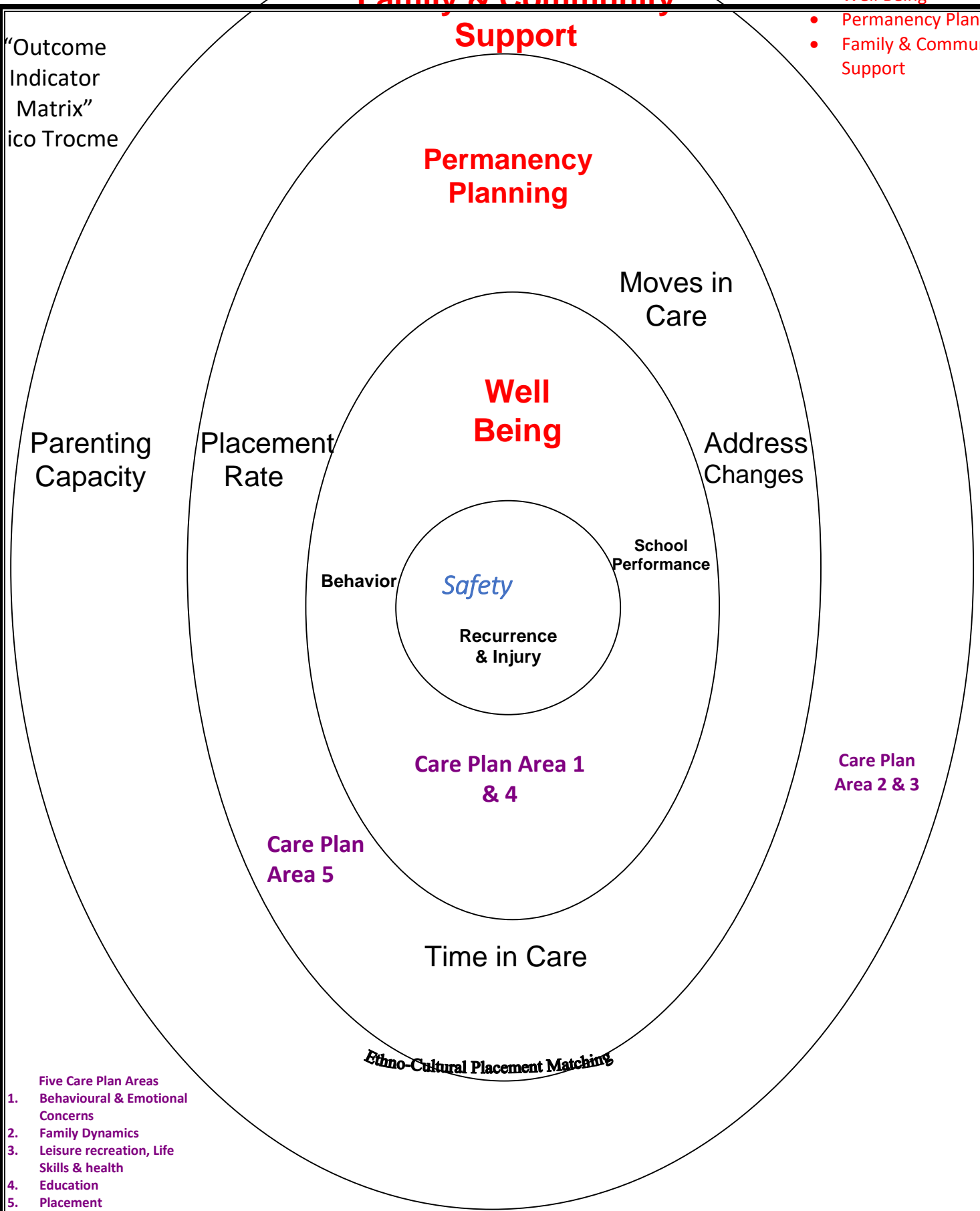
Roberts-DeGennaro, Maria. "Generalist Model of Case Management Practice". *Journal of Case Management*, 1993, (Fall), 2, 3, 106-111

Trocme, Nico, Butch Nutter, Bruce MacLaurin and Barbara Fallon (1999). Child Welfare Outcome Indicator Matrix. Retrieved from <https://www.mcgill.ca/crcf/projects/archived-projects/nom>

Family & Community Support

- Safety
- Well Being
- Permanency Planning
- Family & Community Support

“Outcome Indicator Matrix”
Mico Trocme



- Five Care Plan Areas
1. Behavioural & Emotional Concerns
 2. Family Dynamics
 3. Leisure recreation, Life Skills & health
 4. Education
 5. Placement

Appendix B

Case Management Functions in a Generalist Model:

In settings where a generalist case management practice model is used a set of eleven case management functions can be identified:

1. **Developing a network:** A network of resources that can be assessed for and with the client needs to be developed. The primary focus should be on the continuity of care that is needed by the client.
2. **Accessing the clients:** This function is not applicable to HomeBridge as it involves educating perspective clients of the eligibility for admission to the program.
3. **Assessing the client's strengths and needs:** The client's limitations and strengths should be assessed. The focus should be on enhancing the client's ability to function more effectively in life situations. Case management should focus on a youth's strengths rather than on their problems. As the youth grows and develops new situations will develop and therefore new skills will be needed. If there are multiple needs then priorities will need to be set.
4. **Developing the care plan:** The care coordinator or key worker and the youth must all agree on the goal or goals.
5. **Establishing a contract:** The goals are set; time limits are set; actions defined in terms of what, where, when, and with what frequency; who is responsible for carrying out each action; and what will happen if the action is not carried out.
6. **Designing the networks:** The service network is the supporting organizations that will be providing services to the youth. Services should be selected based on available resources, the social worker's and the care coordinator/key worker's judgement about what services would best meet the client's needs, affordability of the services, total cost of all services outlined in the contract, and the willingness of the client to use the services offered.
7. **Implementing the care plan:** The service providers begin to work with the client.
8. **Monitoring the services:** The case manager/key worker records and ensures the client is receiving the services. Through observation the case manager should be able to determine if the client is making progress or not.
9. **Evaluation:** The impact on the client and whether the goals were met should be evaluated. The case manager/key worker should look to see if any corrections or improvements are needed. They should also look to see if there were any consequences of the services that were not intended.

10. Closing the case: Discharge planning begins during intake and includes the youth's social worker. During intake the client is informed of the length of time the service can be provided. The case manager/key worker will decide whether to close the case and will inform the other members of the team of the decision.
11. Follow-up: The case manager/key worker should follow up with the client at specified periods of time. This will determine if any new problems have arisen or if any old problems have resurfaced.

Source: Roberts-DeGennaro, Maria. "Generalist Model of Case Management Practice". *Journal of Case Management*, 1993, (Fall), 2, 3, 106-111

Follow up/File Care/Statistics/Maintaining Records

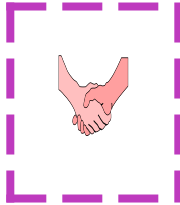
Daily Programs/Weekly Reviews/Case Conferences/Intervention Meetings

Observation Report Period

Intake Meeting

Intake Process/Key Worker

Admission Criteria



Intake Procedure for a Long-Term Facility

- The Case Management Coordinator, Director of Youth Care Services, Care Coordinator and the Manager of the Reigh Allen Centre meet every second week with the Child Welfare Specialist/Admissions. During the meeting they discuss placement applications that the Child Welfare Specialist/Admissions wants considered for placement in a HomeBridge facility. The Case Management Coordinator, Director of Youth Care Services and the Manager of the Reigh Allen Centre review the placement application and forward it to the supervisor of the facility they feel would best meet the youth's needs. The supervisor of the facility to which the referral is made is responsible to review the application and confirm whether or not the youth is appropriate for admission. The referred youth is either accepted to the program, not accepted to the program, or placed on the facility's waiting list.
- The placement application is placed in the facility communications book for the youth care workers (YCWs) to review prior to admission, if possible.
- The youth's social worker will contact the facility supervisor or YCW designate to arrange a mutually agreed upon time to complete the intake form. When scheduling the intake meeting the YCW must ensure there are no other appointments at that time so sufficient time is available to complete the intake process. The YCW will also remind the youth's social worker to bring the proper documentation to the intake meeting, such as the youth's health card, social insurance number, letter of medical designation, and a list of upcoming appointments.
- A key worker is assigned to work with the youth and the time for the intake meeting is scheduled when the key worker is on shift, whenever possible. If this is not possible, the intake process is completed by the YCW on shift.
- The youth's room is thoroughly cleaned and prepared for their admission.
- The other youth in the program are informed that a new youth will be admitted to the program. If information is available that there is or may be a conflict between the incoming youth and a current resident, YCWs must have a discussion with the current resident regarding conflict resolution, appropriate communication, and the expectation of pro-social behaviour within the facility to promote peaceful cohabitation amongst all youth in need of care.
- On the day of the youth's admission to the facility, the YCWs on shift will decide who will complete the intake form, and who will supervise the current resident group and answer the telephone. In order to prepare in advance of the intake meeting, some information can be copied to the intake form from the placement application.

- The YCW completing the intake form is expected to set up a log book in a binder for the new youth with the appropriate sections.
- Upon their arrival, the youth and their social worker are to be greeted at the door. The YCW will introduce him/herself and anyone else who is present. The YCW will assist the youth and social worker carry the youth's belongings into the facility, if necessary.
- Both the youth and their social worker will be offered a drink prior to beginning the intake process.
- With the youth present the intake form is to be completed and signed. Please remember to date and witness all consent and release forms.
- During the intake process other issues to be discussed include:
 - o Does the youth have adequate personal items? If not, arrangements including money and a plan to shop with the youth need to be made.
 - o Does the youth require a bus pass; if yes, discuss how it will be issued.
- An inventory of the items the youth brought to the facility is to be completed.
- All medications are counted and then stored in the locked medication cabinet.
- Both the youth and social worker are given a tour of the facility and shown to the youth's bedroom.
- An initial plan of care meeting is scheduled for a date the key worker and social worker are both available. This should occur within the first 30 days of placement, after the intake meeting, to ensure all parties are on the same page, and discussions occur around future plans for discharge. Parents/family and other professionals connected to the case are also asked to attend on the date chosen.
- The fire/EMO procedures and facility guidelines are reviewed with the youth. The youth is given a copy of the guidelines to keep. If the YCW assesses that the youth would not benefit from a review of this information immediately following the completion of the intake form, this task can be delegated to YCWs on the next shift.
- The youth is introduced to the other residents already residing in the program.
- The youth is then given any personal items that they may need, a key to their room and lock box. They are assigned a room clean/laundry day and added to the chore board.

- YCWs will spend some time being with the youth and helping them to get as comfortable as possible. The goal in the next several weeks is to begin building a relationship with the youth.
- YCWs must review the bus schedule and relevant community resources with new residents not familiar with the area.
- Prior to the end of the YCW's shift, they must ensure the entire intake package is completed, with all forms signed and dated.
- An intake summary must be written and placed in the youth's log binder.
- All upcoming appointments must be recorded in the youth's log book and the communications binder.
- The youth's information must be added to the EMO box information.
- At the time of the youth's admission, they are placed on a period of orientation and informed of their individual bedtime and curfew. These decisions are based on the youth's level of development and needs. An individual developmental plan may be completed if there are indicators of past behaviours that need to be addressed immediately.
- If necessary, YCWs will contact the youth's school or a community school to make arrangements for the youth to continue/resume their educational plan.

Appendix E

Intake Procedure for the Reigh Allen Centre

The majority of all requests for placement at the Reigh Allen Centre are received via telephone. When answering the phone, please remember to demonstrate professionalism. For example, answer the phone professionally, “Hello, this is the Reigh Allen Centre, Jenny speaking, how may I help you?” If this is an agency social worker seeking placement for a youth, the intake process for an emergency referral begins with that phone call.

It is important to note that there is usually a discussion at shift change about bed availability for youth at the Reigh Allen Centre. If you do not have that information it is always a good idea to find out the details early on in the shift in case you get the call.

If you are a new employee with HomeBridge, the best thing to do when receiving a request for placement is ask the social worker (sometimes referred to as “the worker”) to “Please hold” and get a more experienced youth care worker to continue the process. If possible, you can ask if you can observe the intake process so you can learn how it’s done. If you are alone, proceed as follows:

- Complete the admission request form, in its entirety. (The admission request form is available in the HBYS Form Depository on Google Drive.)
- Answer their questions as best you can and ensure them you will have someone call them back right away with a response to the request for placement.
- Remember when social workers call it is almost always an emergency, so find someone quickly to return the call.

Here are some basic activities an experienced youth care worker will do to organize and respond to a potential emergency-intake of a youth. The experienced youth care worker will:

- Seek guidance from a supervisor to ensure there are no last minute details to interfere with the intake process, like multiple bookings.
- During the intake meeting, be ready with a pen & paper to take additional notes of details not provided during the initial telephone call, such as the emotional state of the youth, and other details pertinent to the safety of the incoming resident.
- Coordinate a time for the actual intake to occur.
- Remind the social worker that they must provide the youth’s health card number, medications and the letter of medical designation.
- Establish an estimated time of the youth’s, and social worker’s arrival. With this information, the experienced youth care worker will ensure all other teammates are aware of the upcoming intake so everyone can assist with the process before, during and after the youth’s arrival. For example, determine who will prepare the room where the youth will stay and the room where the intake procedure will happen.
- Remind them that this youth might not have been in care before and entering a youth care setting or any other agency-designated placement is a traumatic situation. As a result, youth care professionals must respond with sensitivity and compassion.

There is usually more help available to front-line youth care workers during Monday to Friday when more support people are on shift; they can be a resource to support the intake process. In the evenings there is an evening supervisor who is always available by cell phone if you are still nervous and need more assistance and your colleagues are very busy.

The intake procedure is a rare and limited time to make a first impression with a youth. The first impression can shape their stay at the Reigh Allen Centre, can linger with them for the rest of their time in care, and in some cases their lives. As a result, properly greeting the youth and worker upon admission are key elements in contributing to a positive and effective intake experience. There is no “rocket science” involved in the interaction, rather just full use of good manners that include introducing yourself (usually to the youth first to send a message of importance and respect). Don’t look grumpy...appear and be welcoming.

It is important to get as much information as possible during the intake process as you may not have access to the social worker for a period of time. Direct your questions to the youth if possible. This will begin communication and will make them feel involved instead of having people talk about them. Explain to the youth that you ask the same questions of everybody and that all of the questions may not be applicable to them. Tell the youth that they are free to ask any questions. After the paperwork is filled out show the youth to their room and help them settle in.

The “Observation and Reporting” period begins immediately. Many of the youth’s behaviours will be observed and put into context at an intervention planning meeting and hopefully a future care review meeting will give further information to help shape our individual developmental plans. At the Reigh Allen Centre other professionals are available to assist youth care workers to gather information. In the longer-term facilities this duty is primary the role of a “key worker” however the duties are sometimes shared with the team as a whole.

Appendix F:

Intake Process for the Reigh Allen Centre:

1. Request for placement by child welfare social worker is made
 2. Youth Care Worker (YCW) completes the Admission Request Form
 3. Placement request is denied by the Supervisor or Reigh Allen Centre Manager
 4. Admission Request Form is filed
 5. Supervisor is advised of denied placement, if not already aware.
-

1. Request for placement by child welfare social worker
2. Youth Care Worker (YCW) completes the Admission Request Form
3. Placement request is approved
4. Admission Request Form is placed in a log book organized for the incoming youth
5. Intake time is identified
6. Room to complete intake form is booked
7. Bedroom for youth is prepared by YCW
8. Admitting YCW or Other HomeBridge (HBYS) representative begins to complete Intake Package, if time permits, prior to intake meeting
9. Placing social worker, youth and family arrive at the facility for admission
10. YCW or HBYS representative greets youth, social worker, family members, introduces them and accompanies them to room where the Intake Package will be completed
11. Refreshments are offered and provided
12. Youth, social worker and family are informed that the Intake Package provides the YC Team with information needed to provide a safe and effective placement. All participants are informed that questions can be asked at any time throughout the process
13. Whenever possible, questions are directed to youth and family to promote their sense of participation and ownership of process
14. Once the Intake Package is complete, it is reviewed to ensure all necessary signing and dating is completed
15. Information for Parents/Guardians is provided to the social worker and family member
16. The Intake Checklist is copied and provided to the social worker to identify any outstanding information that needs to be provided to the facility
17. A copy of the Program Guidelines are provided to the youth
18. Prior to beginning to inventory youth's belongings, they are advised that all contraband items will be returned to their social worker or parent for the duration of their placement
19. An inventory of the youth's belonging is completed with youth whenever possible
20. Contraband items are given to the social worker or parent when inventory is completed

21. Youth is accompanied to their room, introduced to other residents and YCWs on shift, and given tour of facility including fire exits
22. If the youth has not eaten, they are taken to the kitchen for food
23. YCW reviews Program Guidelines with the youth
24. The Intake Package is filed in the youth's log book
25. The youth's picture is taken and placed in log book
26. The YCW or other HBYS representative who facilitated the intake meeting completes the Intake Summary as the first entry in the youth's log.

*Other HBYS representative may include: Care Coordinator, Key Worker, Case Management Coordinator, Supervisor.

Appendix G:

Completed Intake Form
HomeBridge Youth Society
Intake Form

Admission Date: January 12, 2021- Hawthorne House Time: 2 pm
Transferred to: _____ Date: _____
Transferred to: _____ Date: _____

Legal name of youth (including middle name): Joseph Bradly McLean

Preferred name of youth if different: Joey

Pronoun: He, his, him

Date of birth: July 12, 2005

Gender the youth identifies as: male

Health card number: 0004 322 389

Expiry Date: March 13, 2020

Religion: Catholic

Ethnicity: Indigenous

Band affiliation: Indian Brook

What is the youth's cultural connection plan and how can we support this?

Joey's social worker will arrange for him to be connected to someone at the Mi'kmaw Native Friendship Centre.

(Please note that the youth's health card number must be provided to the Program at the time of a youth's admission)

Youth's physical description:

Height: 5 feet 8 inches

Complexion: native

Weight: 150 pounds

Eye color: brown

Hair color: black

Birthmarks: N/A

Hair length: short (around his ears)

Tattoos/scars: heart tattoo on his left hand

Eye Glasses: N/A

Piercing(s): N/A

Family information - Those identified as immediate family by the youth and Agency:

Name: Rosie Clark

Relationship to youth: Mother

Address: 2240 Main Street, Truro

Home tel. no: 902-752-5669

Work tel. no: 902-752-1466

Cell: 902-654-9898

Is this the youth's guardian? **no**

Name: Bobby McLean Relationship to youth: Father
Address: 22 South Street, Indian Brook
Home tel. no: 902-765-3432 Work tel. no: 902-765-8877 Cell: 902-765-3322
Is this the youth's guardian? **no**

If guardian is other, please note below:

Name of Guardian(s): Mi'kmaw Family and Children's Services
Address: Box 179, Shubenacadie, NS B0N 2H0
Home tel. No: N/A Work tel. no: 902-777-6666 Cell: N/A

Other family members, i.e., siblings:

Name: Rebecca McLean Relationship: sister Tel: 902-752-5669
Address: _____

Name: _____ Relationship: _____ Tel: _____
Address: _____

Name: _____ Relationship: _____ Tel: _____
Address: _____

Agency instruction regarding contact with family members:

Telephone contact (explain): Joey can have telephone contact with all of his family members.

Day visits (explain): Joey can have day visits with his mother.

Outings to community (explain): Joey can have outings in the community with all of his family members.

Overnight visits (explain): Joey can have overnight visits with his mother. He can go for the weekends.

Supervised contact (explain): N/A

Other (explain): _____

Biological parents :(if not stated above)

Name: N/A
Address: _____
Telephone number: _____

Name: _____
Address: _____
Telephone number: _____

Agency instruction regarding contact with biological parents: N/A

Agency instruction regarding the release of information to non-custodial biological parent(s): N/A

Agency information:

Agency: Mi'kmaw Family and Children's Services – Indian Brook

Telephone number: 902-777-6666

Address: Box 179, Shubenacadie, NS B0N 2H0

Youth's status with agency: **PCC**

Placing worker: Julie Smith

Telephone number: 902-888-2332

Assigned worker: Carolyn White

Telephone number: 902-777-2325

Email address: carolynwhite@ns.gov.ca

Fax number: 902-777-6699

If the placing Agency is outside of the Central Region, what is the plan for ongoing Agency and family contact? Carolyn White will arrange for Joey to spend the weekends with his mother at her home.

Emergency call list:

Name: Carolyn White

Tel.: 902-777-2325

Call: Anytime day or night or

Call: ***Between 8:30 am to 4:30 pm***

Name: Rosie Clark

Tel.: 902-752-5669

Call: ***Anytime day or night*** or

Call: Between _____ a.m./p.m. to _____ a.m./p.m.

Provincial After Hours Response Team telephone number: 1-866-922-2434

Mi'kmaw Family and Children's Services after hours: 1-800-263-8686

If a youth is missing from the facility without permission HBYS employees will notify the agency or the Provincial After Hours Response Team when the youth has been missing for two hours. The police will be notified when the youth has been missing for 24 hours unless the youth is identified as being at imminent risk. If a youth is at imminent risk the agency or Provincial After Hours Response Team will be notified as soon as possible.

Who will notify family and significant others? Carolyn White will notify Ms. Clark during business hours.

Section 9.4.4 – Missing, Lost, Runaway, or Absent Child, Child Protection and Children in Care Policies identifies the following factors to be considered when determining real and imminent risk associated with a child being gone without permission from the child-caring facility:

(a) The presence of an acute medical or psychological condition;

- (b) Limited/impaired cognitive functioning that impacts the child's ability to consent, care for self or understand consequences of his/her actions;
- (c) Inclement weather conditions that pose a hazard to the child's safety and wellbeing;
- (d) No apparent precipitating reason for the child to run away;
- (e) An expressed intention to meet, associate and congregate with persons confirmed to be a risk to the child;
- (f) An expressed intention to attend places confirmed to be a risk to the child;
- (g) The child has left a secure child-caring facility, such as Wood Street Centre Secure Treatment, without permission;
- (h) The child is older than twelve years of age, has been missing for more than two hours and is presenting with one or more of the risk factors listed above;
- (i) The child is younger than twelve years of age.

Medical information:

Family doctor: Dr. Jones

Telephone number: 902-888-7887

Address: 33 Prince Street, Truro

Allergies: allergic to bee stings

Emergency procedure if allergic reaction occurs: Joey has an EpiPen but Emergency Health Services should be called as well.

Physical health concerns: N/A

Special dietary requirements: N/A

Has the youth received two doses of Covid 19 vaccines? Yes

If yes, was proof of vaccination given? Yes

If proof of vaccination is not provided the youth may not be able to participate in outings in the community with HomeBridge employees.

If the youth has not received two doses of Covid 19 vaccine is there a plan for them to receive the vaccine? N/A

Has the youth been informed of their ability to receive the vaccine? N/A

Mental health diagnosis: **Yes**

Comment: Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD)

On a scale of 1 to 10 how is your mental health currently? 5

What can we expect when you are angry? _____

Do you find you have mood swings or times when you are anxious?

Is there anything we need to know about in regards to your eating habits? _____

Is there anything we need to know about your sleep habits? _____

How do you interact with your peers? Do you find this easy or difficult? _____

Have you taken things from others before? _____

Have you tried to light anything on fire before? _____

Have you ever harmed yourself before? If so how? _____

Have you ever thought about suicide before? _____

Medication	Dosage	Dispense Time
Adderall	10 mg.	Breakfast and supper

Has enough medication been provided to the Youth Care Team for the youth for the duration of the youth's residency? **Yes / No**

If not, what arrangements have been made to renew/refill the prescription?

(Please be advised that it is the responsibility of the Agency to ensure that the youth has the appropriate medications during their residency. In addition, the prescription will be dispensed as per the directions on the prescription bottle.)

Date of the youth's last medical examination: September 15, 2020

Date of the youth's last dental examination: unknown – Ms. Smith will find out and pass it on to us.

Date of the youth's last eye exam: September 30, 2020

Substance Use: marijuana and alcohol.

Substance Use History: Joey said that he started using drugs, marijuana, when he was 13 years old. He has used alcohol since he was 15 years old.

Relationship (frequency) with substances: Daily use of marijuana and weekly use of alcohol.

School information:

Name of current school placement: Cobequid Education Centre

Address: Truro, Nova Scotia

Telephone number: 902-555-6363

Grade/Current situation: 10 (Joey has been refusing to attend)

School plan during placement: Ms. White will enroll Joey at Dartmouth High School and at BFL

School package provided: **No**

Transportation arrangements, if attending community school: **Yes** Describe: Joey will take the bus to Dartmouth High School or BFL.

If no community school placement, why not? Explain: He will be enrolled as he just moved to the area.

If youth is not attending community school, what is the plan for education? N/A

Youth's daily schedule: Once he is enrolled Joey will attend school each day. Until then he can participate in programming offered at Hawthorne House. He will spend some weekends at his mother's home.

Agency contracted supports or other (i.e., Youth Support Worker) **Yes**

Specify: Brian Cooper – youth support worker Telephone number: 902-444-5656

Schedule of contact during youth's placement: Brian will take Joey out every Wednesday evening.

Therapist: Gary Wilson Telephone number: 902-555-4747
Address: Willow Street, Truro
Scheduled appointments:
Date: February 01, 2018 Time: 4 pm
Date: _____ Time: _____

Transportation arrangements: **Yes** Youth Support Worker Brian Cooper will transport Joey.

Probation Order: Yes
Copy of Probation Order received: **Yes**
Name of probation officer: Sarah Young
Address: Lower Street, Truro
Telephone number: 902-888-8989
Scheduled appointments:
Date: January 27, 2021 Time: 2 pm
Date: _____ Time: _____
Transportation arrangements: Ms. White will arrange transportation

Restorative Justice Involvement: N/A

Details of Information Received (include reason, upcoming dates, tasks assigned):

Undertaking: No

Copy of Undertaking received: **Yes / No**

(The Program must be supplied with a copy of a youth's Probation Order and/or Undertaking at the time of intake)

Organized recreation/leisure activities: Yes

Schedule: Joey plays on a hockey team. Ms. White will speak to him about transferring to a hockey team in the Dartmouth area.

Are there any interests or hobbies that you enjoy? Joey enjoys playing video games and reading books.

What is one thing you would like us to know about you? Joey said that he wants people to know that his friends are very important to him.

Do you have any goals that you would like to work on during your stay that youth care workers could assist you with? Is there anything you would like to experience while you're here? What motivates you? Joey said he would think about this.

Individual program needs identified (i.e., anger management, hygiene, sexually transmitted infections/diseases, drug use, etc): anger management, drug use

No contact list during placement:

Name: Billy Jones Telephone number: 902-645-8978 Relationship: friend Name:

_____ Telephone number: _____ Relationship: _____

Name: _____ Telephone number: _____ Relationship: _____

Approval for long distance telephone calls: Yes

Name: Rosie Clark Tel. 902-752-5669

Name: Bobby McLean Tel. 902-765-3432

Number of calls: unlimited Duration of calls: unlimited

Does the youth have adequate personal items such as clothing and toiletries: **Yes**

If not, what arrangements have been made: N/A

Residence prior to placement in this facility: Joey was living with his mother in Truro

Reason for placement (Including brief description of concerning behaviours, if applicable):

Joey became escalated and assaulted his mother. Ms. Clark called the police and Joey was arrested. Ms. Clark is concerned about her safety but also about the safety of her daughter who also lives in the home.

Youth's presentation at intake: Joey was not happy during the intake. He refused to answer any questions.

Impressions/suggested approach for interventions from the youth and the social worker:

Joey indicated that when he is upset he likes to be left alone and given time to calm himself down.

Agency placement plan at the time of intake:

The agency is hoping that Joey will be able to move back home with his mother after he has some counselling regarding his anger management issues.

Goals to be accomplished during the youth's placement:

Joey needs to attend therapy regarding his anger management issues. He and his mother will also participate in therapy sessions together.

Has an application been made to the Child Welfare Specialist/Admissions for long-term placement?

Yes

Comment: The application was made and he was accepted to Hawthorne House.

Additional comments including areas of:

Family information: Joey's parents are separated. It is reported that Joey's father, Bobby McLean was abusive to his wife, Rosie Clark. There is no evidence that Mr. McLean was ever abusive to his children.

Behavioural and emotional concerns: Joey has been becoming increasingly aggressive for the last three months. He has been diagnosed with ADHD and ODD. Joey has done property damage in his home and threatened his mother.

Other: Joey is very close to his youth support worker, Brian Cooper. Brian is a good support for Joey and Brian appears to be able to calm Joey down when Joey is escalated.

Transmission of Communicable Disease

Please be aware that there is risk of communicable disease transmission, including Hepatitis A, B, and C, as well as HIV, while living in residential care. Through certified First Aid Training, all employees of HomeBridge Youth Society are educated in universal health precautions and methods to stop the spread of communicable diseases.

In addition, it is important for all youth entering this facility to understand the importance of taking responsibility for their actions to protect themselves. Specifically, youth can protect themselves from communicable diseases by, for example, not engaging in sexual intercourse or oral sex with another person, not sharing cigarettes, and/or not sharing piercing and tattooing tools, such as pins or needles. If you have any questions about this, please speak to a Youth Care Worker.

Joey McLean
Youth Signature

Patsy Thompson

Intake Completed By
(HomeBridge Employee/Please Print)

Julie Smith
Agency Representative Signature

Date: January 12, 2021

Revised October 2021

Appendix H:

The Purpose of Programming:

Programming at HomeBridge Youth Society is based on “Activity Based Therapeutic Life Skill Programming”. The goal of this type of programming is to facilitate the development of daily living skills through activities that will assist youth to learn, experience, and maintain healthy life styles and relationships. Daily living skills are not instinctive abilities: they are learned and require training and practice to perfect.¹

The leading researchers and experienced practitioners of youth care such as Karen Vander Ven and Lorraine Fox have all stressed the importance of programming within residential facilities. These experts view programming as having both short-term and long-term benefits. One of the most important short-term benefits is preventing acting out behaviours. Youth who are engaged in fun-filled, challenging activities do not feel the need to search for stimulation through involvement in negative behaviours. Long-term benefits include the development of social skills that help them interact positively in society. Having the ability to maintain healthy relationships combined with having the ability to receive positive stimulation and enjoyment through socially accepted activities prevents youth from seeking stimulation through harmful means such as drugs, alcohol, unprotected sex and criminal activity.^{2,4}

Fox suggests that youth should be taught negotiating and decision-making skills that will help them to not be victims. “We can teach kids how to speak for themselves: yes, those seemingly trite but terrific "I" messages that help us to stay centred, assume responsibility, and stop blaming others for our condition or feeling helpless to change things.” (3, p.13)

In addition, Karen Vander Ven says, “Few would dispute the contention that activities are psychologically healthy. Activities energize youth, engage them with the environment, teach them knowledge and skills, and give them hope for the future. Activities can lead not only to life-long interests, but provide youth with a means to connect with and form relationships. Activities reduce boredom and asocial behaviour.” (4, p.12)

Some of the skills that are developed through programming within HomeBridge Youth Society facilities include:

- effective communication and expression
- information processing and focus
- understanding others
- imitation
- anticipation
- capacity to experience pleasure
- sense of identity
- positive body image
- frustration tolerance
- appropriate social skills
- goal orientation

Programming facilitates the development of daily living skills, such as communication, expression, and understanding others. This is achieved through a variety of types of programming. One type is skill-building which includes formal educational sessions where specific skills are taught, such as, sexual health, drug and alcohol prevention, bully prevention and Aggression Replacement Training (A. R.T.). The other types of programs that facilitate these skills are movie discussions, educational board games, visual arts, cooperative games and challenges. These types of programs build leisure activities and provide opportunities to practice the skills learned. Additionally, they allow for the youth to communicate and share their views and hear the views of others.

Youth learn skills through imitation. In order to achieve this, they need positive role models that can show them the appropriate ways to handle interactions with others. This can be done through role-play or just by providing the youth with an organized period of time when program occurs where they can view how the adults and others in the room handle group interactions, conversations, and any conflicts that may arise. Youth look for their caregivers to give them a script of what to say in a variety of situations. That is why it is important to be aware that you are being observed as a role model, at all times. Youth care workers need to show an active interest and participation in program as to encourage the youth to do the same.

Activity- based programs help the youth to develop and practice skills, such as information processing and focusing. Struggles with school are common amongst youth-in-care. Program gives them the opportunity to practice their information processing and focusing skills in a small group environment with support. For some, program might be the only opportunity they would have had to learn in a long time. Program is an effective tool to assist youth when making the transition back into community school.

Activities such as visual arts, problem-solving challenges, and interactive games help youth to learn frustration tolerance and to create an identity. Youth need to be supplied with challenging, success-orientated activities where they can work through their frustration in a safe, supportive environment. Providing programs such visual arts, music, games, indoor and outdoor sports, exercise, and food preparations for example offer youth with an opportunity to discover their strengths and passions. Nothing lifts a youth's feeling of self-worth as when they can say, "Hi, my name is ... I have done this... and I am good at"

When positive activities are planned and carried out, youth learn the joy of looking forward to things in life, their capacity to experience pleasure also increases. For some youth, anticipation may have only ever had negative connotations. They may have been in a home situation where they were always nervous about what may occur next. Therefore, planned, structured activities provide youth with safety and stability.

Henry Maier discussed the value of programming as follows, "Programming deals with the effort of guaranteeing the residents a sound diet of everyday life experiences, which will hopefully enrich development. The essence of programming is not the scheduling of special events but envisaging and planning a day which promises to satisfy: with adults to support and to guide, with routines, which serve to relax, where old ways of doing things are tolerated and new ways are possible, and above all, where life can proceed for fun and keeps. (5, p.1)"

Good activity programming:

- is goal oriented
- is skills focused
- is structured
- embraces multiple domains
- utilizes adult support
- challenges and engages

Having a sense of purpose and accomplishment can make life richer. Having programs that are structured, goal oriented and skill focused provides youth with a sense of purpose to their day. It helps them to feel safe. An organized program schedule posted where the youth can see it can reduce anxiety, especially for youth who may have experienced chaos in their lives.

Good activity programming embraces multiple domains, utilizes adult support, and challenges and engages. Youth need to be offered a diet of activities that provide a variety of both active and passive leisure skills. Examples of active leisure skills can be organized sports, fitness exercises, and adventure based cooperative games that involve physical exertion and movement. Passive leisure skills include activities such as art, music, and board games. An environment that offers both passive and active programming is one of inclusion that provides each youth with equal opportunity for growth and discovery.

Karen Vander Ven states, “activities be pitched slightly above the ability of the participants so with adult guidance they are able to attain them.” (4, p. 14) Providing activities that are challenging evokes genuine interest in youth, assists them in learning new skills, enhances performance, and leads to further growth. Sharing such experiences promotes positive relationships between the youth and the youth care workers. Youth learn that challenges are fun and that activities can serve as a focal point for developing healthy relationships

Techniques for Involving Children/Youth in Activities:

- developing and Sustaining an “Activity Culture”
- avoiding tying activities to ‘good behaviour’ or ‘earning activities’
- providing an orderly, inviting environment
- ensuring adult enthusiasm
- providing support
- avoiding power struggles
- building on needs and interest patterns
- communicating a positive expectation
- utilizing a novelty effect

- showing ongoing interest
- judicious use of 'praise'
- encouraging performance standards

The two most important ingredients for involving youth in programming are developing and sustaining an activity culture and adult enthusiasm. "An activity culture means the attitudes and value system of people at all levels endorse activities and encourage them to happen." (4, p.13)

Displaying posters, previously completed projects, and posting a program schedule on the wall communicates "we do programming here." It makes programming seem like a natural part of everyday life - not a novelty to be accepted or refused. Excitement is contagious: unfortunately, so is negativity, fear, and reluctance. Program participation should be pitched with enthusiasm and confidence so that it cannot be refused. Youth care workers can even feign confusion or shock when youth do refuse. "Wow, come on! I can't believe you don't want to join in! Give it a try. I can't wait to do it myself." If we start out with the thought in our head that the youth will refuse, that thought will inevitably surface and show up in our presentation.

"A youth may reject an activity. "Nah, I ain't doin that." Staff need to recognize the meaning of such refusals. The youth may be afraid she can't perform or that her peers may ridicule her for her interest, or the activity simply may not be engaging or attention getting. A structure that is punctuated by an array of activities, such as staff enthusiasm, positive expectations, avoidance of power struggles, or a simple, "OK, you don't want to do it now? I'll try you later," all encourage participation. Typically, once an activity is started, the stragglers gradually work their way in." (4, p.14)

Activity is an essential part of every child's growth and development. However, it is not to be confused with pure entertainment or special events. "By activities we mean those occupations that "activate" such as arts and crafts, music (production as well as listening), drama, games, indoor and outdoor sports, exercise, food preparation, yard work and maintenance, gardening, pet care, and many others. Going to events, such as ball games and the theatre, is fine, but only if the youth have an opportunity to be active in these domains – to play ball and to learn the skills associated with the games, or to put on their own theatre performances" (4, p.12).

Having events that the youth can earn or work towards is important, but should not be confused with activity. For some youth, attending programs in the community may be too challenging for them and may not be in their best interest, or the best interest of others. When these activities are denied, then other activities should be supplied to supplement that youth's need for positive stimulation.

"As the pioneers Redl and Wineman established so compellingly 50 years ago. The activity program is the core of treatment. Depriving children of activities is tantamount to taking away treatment. A rich activity diet is fundamental to mental health and positive development and should be offered unconditionally." (4, p.14)

When program is planned based on the needs and interests of the youth, and when the youth care workers attend to provide support, to show interest, to give meaningful praise, and to encourage performance standards, then and only then will program be a success, such that the young people can flourish. When youth care workers share their special interest and skills it provides the youth with a sense of novelty and excitement. The youth feel special, and this in and of itself can provide a hook with which to make a connection with them.

Providing a special space or environment for program that is orderly and inviting helps program to run smoothly, while lessening distractions. It helps the youth switch into program mode in their minds, and to solidify expectations. When activities are displayed in an attractive manner with adequate supplies available, it sends the message to youth that they are welcomed and respected. If it is a visual arts program, have options clearly laid out with an example of a finished project. If program is a formal, skill-building session, have furniture attractively pre-arranged, with a snack or ice water made available. "When available activities are unattractive and the materials inadequate in quality, youth are likely to reject them and choose to do nothing instead." (4, p.14)

The decision to enter the field of youth care often accompanies the desire to make a difference. Research shows that youth at-risk who have positive adult role models in their lives and who are involved in age-appropriate activities are less likely to engage in risky behaviors. ^(1, 2, 4) The skills youth learn through program help to develop the daily living skills that will aid them in developing and maintaining healthy life styles and relationships. A difference in the lives of the youth occurs when positive learning activities are planned and carried out. When the information presented in program is subsequently carried forth into their residential and community settings and practiced in their everyday lives with the support and encouragement of the youth care team, these skills are then solidified and positive change can occur. Therefore, programming is a means to making a difference in the lives of the youth we serve by providing them with the skills needed for a successful future.

References:

http://www.narconon.ca/narconon_faq.htm

<http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/abor-e/rep-e/repfinoct03part2-e.htm>

The Catastrophe of Compliance, by Lorraine Fox, Aug 2001.

<http://www.cyc-net.org/cyc-online/cycol-0801-fox.html>

Beyond Game Boys, Walkmans, and T.V.: The Significance of Activities and Activity Programming in Group and Residential Care, by Karen Vander Ven, 2005.

<http://www.cwla.org/programs/groupcare/rgcqwinter2005.pdf>

Programming and Freedom, Play and Productive Work, by Henry Maier, October 2004

<http://www.cyc-net.org/cyc-online/cycol-1004-maier.html>

Appendix I:

HomeBridge Youth Society

Young Person:

Date of Birth:

Social Worker:

Current Agency:

Report completed by:

Date of Admission to a HomeBridge Facility:

Date of Intervention Plan:

Background Information:

- **Background Information obtained from _____ (Agency rep/referral):**
- **Background Information obtained from _____ (young person's name)**
- **Background Information obtained from _____'s family of origin and other people that the youth identifies as family**

Describe any events of significance for _____ in the past month or so.

-

Statement of Expectations

Expectations of the youth:

Expectations of the agency:

Expectations of the family:

Relationship Chart:

Resource List:

Current Resources Available	Level of involvement with the young person and how they are involved.

Possible future resources needed	Possible level of involvement with the young person and how they might be involved.
Past Resources Utilized	Level of involvement with the young person and how they were involved.

Individual Development Plan

Notices:

Themes:

Need for Belonging:

BELONGING (wider family connections and belonging)

“Belonging “highlights the importance of young people having opportunities to establish trusting connections with others “especially kin group, family and peers. This emphasizes the importance of attachment, providing motivation for a young person to affiliate, form social bonds and learn that “I matter and am appreciated!” (Dr. Leon Fulcher 2007). The universal need for human attachment is met in supportive relationships of safety and trust: “I am loved.” (Brendtro 2018)

Theme Behaviour:

Outcomes:

Strategies:

Indicators of change:

Summation: Reflecting on the month what are some of the highlights related to belonging we noticed.

Need for Mastery:

MASTERY (mastery of life skills and capacity to learn and communicate thoughts and feelings)

“Mastery “reinforces the importance of young people having opportunities to solve problems and meet goals. Through experiencing Achievement, a young person is motivated to work hard and attain excellence, and through recognition of competence a young person learns that “I can solve problems!” (Dr. Leon Fulcher 2007). “The inborn need for achievement is met through opportunities for learning and problem-solving: “I can succeed.” (Brendtro 2018)

Theme Behaviour:

Outcomes:

Strategies:

Indicators of change:

Summation: Reflecting on the month what are some of the highlights related to mastery we noticed.

Need for Independence:

INDEPENDENCE (physical growth and development towards autonomy and independence)

“Independence “highlights opportunities for young people to build self-control and demonstrate responsibility. This emphasizes the significance of Autonomy through which young people find motivation for self-management, the capacity to exert influence over their lives and gain a sense that “I set my life pathway!” (Dr. Leon Fulcher 2007) “The need for autonomy is met by developing self-control, free will, and respect for others: “I have power over my life.”(Brendtro 2018)

Theme Behaviour:

Outcomes:

Strategies:

Indicators of change:

Summation: Reflecting on the month what are some of the highlights related to independence we notice

Need for Generosity:

GENEROSITY (capacity for happiness, faith, a sense of purpose and contemplating the needs of others through generosity) “Generosity” is associated with young people experiencing opportunities to show respect and concern for others. This reinforces a sense of Altruism and the importance of learning to help and be of service to others, enabling young persons to affirm that “My life has

purpose!” (Dr. Leon Fulcher 2007). “The need for altruism is met by strengthening empathy and contributing to others: “I have a purpose for my life.” (Brendtro 2018)

Theme Behaviour:

Outcomes:

Strategies:

Indicators of change:

Summation: Reflecting on the month what are some of the highlights related to generosity we noticed.

BELONGING

Normal	Distorted	Absent
Attached	Gang Loyalty	Unattached
Loving	Craves Affection	Guarded
Friendly	Craves Acceptance	Rejected
Intimate	Promiscuous	Lonely
Gregarious	Clinging	Aloof
Cooperative	Easily Misled	Isolated
Trusting	Overly Dependent	Distrustful

MASTERY

Normal	Distorted	Absent
Achiever	Overachiever	Non achiever
Successful	Arrogant	Failure Oriented
Creative	Risk-seeker	Avoids Risks
Problem-Solver	Cheater	Fears Challenges
Motivated	Workaholic	Unmotivated
Persistent	Compulsive	Gives Up Easily
Competent	Delinquent Skill	Inadequate

INDEPENDENCE

Normal	Distorted	Absent
Autonomous	Dictatorial	Submissive
Confident	Reckless/Macho	Lacks Confidence
Assertive	Bullies others	Inferiority
Responsible	Power Struggles	Irresponsible
Inner Control	Manipulative	Helplessness
Self-discipline	Rebellious	Undisciplined
Leadership	Defies Authority	Easily Led

GENEROSITY

Normal	Distorted	Absent
Altruistic	Unearned Entitlement	Selfishness
Caring	Indulgent	Affectionless
Sharing	Plays Martyr	Narcissistic
Loyal	Co-dependent	Disloyal
Empathic	Over-involved	Hardened
Pro Social	Servitude	Antisocial
Supportive	Bondage	Exploitative

Appendix B. The HomeBridge Harm Reduction Approach

Harm Reduction Approach

Purpose:

HomeBridge Youth Society serves many youth who have experienced complex trauma. This complex trauma is why many of our youth become involved with substance use. HomeBridge has adopted a harm reduction framework to align our practice with evidence-based research to best respond to the needs of young people while working towards reducing the harm connected with substance use.

Scope:

This approach is intended to inform youth care practice and intentionality around decisions regarding youth engagement and the harms attached to substance use. It is not intended to direct youth care practice as it pertains to substance use as this requires a focus on individuality, flexibility, and meeting the youth where they are at (Garfat et al, 2018).

Harm reduction definition:

Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use. (Harm Reduction: A British Columbia Community Guide, 2020, p 4)

Rationale:

HomeBridge Youth Society believes that harm reduction is an essential framework that mirrors the core tenets of relational youth care practice. Harm reduction is a perspective that focuses on reducing the adverse health, social, and economic consequences of substance use, and its principles can be equally applied to other stigmatized and/or criminalized behaviours related to substance use and related behaviours. Harm reduction is an evidence-based approach that is recognized worldwide as best practice when working with people who have substance use concerns. The harm reduction framework is client-centered, nonjudgmental, and provides a practical application to addressing issues related to substance use.

Principles:

The following chart highlights the eight core principles of harm reduction and connects these to the Characteristics of a Relational Child and Youth Care Approach (Garfat et. al., 2018) demonstrating the interconnectedness between harm reduction and the daily practice of youth care.

Harm Reduction Principle	Being, Interpreting, Doing (BID)
<p>Accepts for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them</p>	<p>Participating with others as they live their lives (B), Examining Context (I), Meeting others where they are at (D), Hanging in (B), Meaning Making</p>
<p>Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.</p>	<p>Hanging in (B), Responsively developmental (I), Purposeful use of activities (D), Examining context (I), Meeting them where they are at (D)</p>
<p>Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.</p>	<p>Flexibility & individuality (B), strength based (I), Intentionality (D), Examining context (I), Meeting people where they are at (D)</p>
<p>Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.</p>	<p>Love (B), Needs based (I), Doing with not for or to (D), Flexibility and individuality (B), Working in the now (B), Rituals of encounter (D), Meeting others where they are at ((D)</p>
<p>Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.</p>	<p>Being in relationship (B), It's all about us (I), Connection & engagement (D), Intentionality (D), Strength based (I)</p>

<p>Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.</p>	<p>Participating with others as they live their lives (B), Reflection (I), Meeting others where they are at (D), Intentionality (D), Strength based (I), Examining Context (I)</p>
<p>Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.</p>	<p>Flexibility & individuality (B), Needs based (I), Rhythmicity (D), Examining context (I), Flexibility and individuality (B), Meeting them where they are at. (D)</p>
<p>Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.</p> <p><i>*each individual situation will be attended to within an approved intervention plan and reviewed at team and SD meetings*</i></p>	<p>Working in the now (B), Examining context (I), Intentionality (D)</p>

[Reference:National Harm Reduction Coalition \(n.d.\) https://harmreduction.org](https://harmreduction.org)

Bibliography:

Garfat, Fulcher, & Freeman. (n.d.). TransformAction International - DLE Training. Retrieved from <http://www.transformaction.com/>

Garfat, Thom, et al. *Making Moments Meaningful in Child & Youth Care Practice*. CYC-Net Press, 2016.

Harm Reduction: A British Columbia Community Guide. (n.d.). Retrieved February 18, 2020, from <https://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>

Hyshka, E. C., Anderson-Baron, J. C., Karekezi, K. C., Belle-Isle, L. C., Elliott, R. C., Pauly, B. C., ... Wild, T. C. (2017). Harm reduction in name, but not substance: a comparative analysis of current Canadian provincial and territorial policy frameworks. *Harm Reduction Journal*, 14(1). doi: 10.1186/s12954-017-0177-7

Resources

Harm Reduction and Shelters - A Jurisdiction Scan for Out of the Cold Emergency Shelter Shila LeBlanc (shilaleblanc@gmail.com)

https://outofthecoldhalifax.org/about_42_1447052977.pdf

Harm reduction: An approach to reducing risky health behaviours in adolescents, KM Leslie; Canadian Paediatric Society , Adolescent Health Committee

<https://www.cps.ca/en/documents/position/harm-reduction-risky-health-behaviours>

<https://www.heretohelp.bc.ca/>

<https://harmreduction.org/>

Appendix:

Common Concerns About Harm Reduction

Concern: Harm reduction enables drug use and entrenches addictive behaviour.

This is rooted in the belief that drug users have to hit “rock bottom” before they are able to escape from a pattern of addiction and that harm reduction protects them from this experience. For those who do not want to quit, cannot quit, or relapse into drug use, harm reduction can effectively prevent HIV, hepatitis C and other drug-related harms. Harm reduction is often the first or only link that drug users have to the health and social service system and, as such, it is a gateway to addiction treatment. Harm reduction services increase the possibility that drug users will re-engage in broader society, lead productive lives and quit using drugs, instead of contracting and transmitting infectious diseases and/or succumbing to drug overdose death.

Concern: Harm reduction encourages drug use among non-drug users.

This is based on the notion that harm reduction “sends out the wrong signal” and undermines primary prevention efforts. Some feel that helping drug users stay alive, reduce their exposure to risk and become healthier may encourage non-users to regard drug use as safe and to want to start using drugs. This view underestimates the complexity of factors that shape people’s decisions whether to use drugs. It also ignores numerous scientific studies that have found no evidence that the introduction of needle exchange or other harm reduction programs increases drug use.

Concern: Harm reduction drains resources from treatment services.

Harm reduction interventions are relatively inexpensive and cost effective. They increase social and financial efficiency by interrupting the transmission of infectious disease at a lower cost, rather than waiting to treat complications of advanced illness at a much higher cost.

Concern: Harm reduction is a Trojan Horse for decriminalization & legalization.

Harm reduction attempts to deal with the harms from drug use as it occurs within the current global regulatory regime. Some advocates of harm reduction want to see changes in the way governments have been attempting to control the trade and use of currently illegal drugs; others do not. Harm

reduction itself is neutral regarding the question of legalization. The philosophy of harm reduction applies equally to alcohol and tobacco use, which is legal in most countries.

Concern: Harm reduction increases disorder & threatens public safety & health.

Often referred to as the “honey pot effect”, this concern assumes that harm reduction programs will attract drug dealers and compromise the safety and well being of the surrounding community. Evidence has conclusively demonstrated that harm reduction programs do the opposite. They have a positive impact on public health by reducing the prevalence of blood borne viruses such as HIV and hepatitis C. Needle exchange programs often recover more needles than they distribute, which means fewer used needles discarded publicly in the community. Supervised injection facilities reduce the number of public injections by providing a safe, indoor alternative to open drug use. Protocols between police and harm reduction service providers ensure drug trafficking laws are enforced – open drug dealing is discouraged, while drug users are encouraged to access needed services. (Harm Reduction: A British Columbia Community Guide, page 6)



Manager's Code of Conduct

January, 2010

Last Reviewed: April 15, 2021

HomeBridge Youth Society
MANAGER'S CODE OF CONDUCT

PREAMBLE

Managers with HomeBridge Youth Society (HBYS) have a high profile and global responsibility within and outside the organization. Although each person has specific duties and areas of focus, they are the leaders, role models and spokespersons for the Board of Directors and often the Department of Community Services with the employees, the community and all other stakeholders.

Managers have the responsibility to be knowledgeable about the organization, its policies and procedures; those policies of the Departments of Community Services, Education, Transportation and Infrastructure Renewal, and St Paul's Home Board that impact HBYS. Managers are also responsible to enforce and model the characteristics included in the HBYS Code of Conduct.

The Management Team has the responsibility to speak with one voice on issues facing HBYS, to stand together and support each other in times of conflict and celebration and to ensure that personal beliefs do not overshadow the agreements or directives that are to be carried out to deliver exemplary service to the youth placed in our programs. That is not to say that opinions are not to be expressed or debates occur. However, these discussions must take place only within the privacy of the group and not in front of youth, employees, or stakeholders. If a management member feels they cannot agree with the direction or decisions being made by the group or the Executive Director, after voicing their opinion, and advising the Executive Director of their intention, they are free to approach the Board of Directors through the Board Chair for guidance or intervention.

1.0 PROFESSIONAL RESPONSIBILITIES

1.1 Fiscal Responsibilities

Exercising fiscal accountability and appropriate controls when conducting HBYS business.

1.2 Environmental Responsibilities

Making every endeavor to conserve the environment, balancing the rights of future generations with current economic needs.

1.3 Stakeholder Responsibilities

A manager must recognize that the primary responsibility is to the entire organization, and where appropriate, have regard for the interests for all stakeholders of the organization.

A Stakeholder is a person, group, or organization who affects or can be affected by an organization's actions.

1.4 Recording Responsibilities

Pursuing excellence in all of our recording and documentation practices.

1.5 Annual Responsibilities

Adhering to all annual duties and professional obligations in a timely manner.

Examples may include but are not limited to the following: Annual General Report, Annual Financial Audit, Attendance at the Annual General Meeting, Records Management and *Youth Care Setting Policies. *Name changed to reflect current language

1.6 Professional Development/ Accreditation/Affiliation

Position Descriptions: Every Manager is responsible to fulfill their duties as outlined in their position descriptions.

Engage in continued learning to improve managerial competence and pursue new ideas promoting the organization and themselves as thought leaders in their field of expertise.

1.7 Asset Protection

Exercising good stewardship* of HBYS assets and ensuring HBYS property and resources are used effectively and efficiently.

***Stewardship** is personal responsibility for taking care of another person's property or financial affairs or in religious orders taking care of finances

1.8 Due Diligence (employee safety)/ Consulting Experts

Due Diligence is a term used for a number of concepts involving either the performance of an investigation of a business or person, or the performance of an act with a certain standard of care.

A manager has the duty to use due care, guidance from internal and external experts and diligence in fulfilling the functions of their position and exercising the powers attached to that position without allowing their independent judgement to be subordinated.

1.9 Compliance with laws

HBYS management is committed to compliance to all relevant legislation and organizational policies. All managers are expected to be aware of all legislation and policies applicable to their position and be competent with such laws and policies so that they are able to comply.

1.10 Technical Competency

Managers are responsible for leading and implementing services, approaches, systems and interventions with the youth, and employees for the organization. They have a responsibility to be knowledgeable and educated on the current, evidence-based approaches to their work.

1.11 Business Practices

Although HBYS will never be a business in the traditional sense of the word, effective business practices will sustain its existence. To this end, managers must be cognizant and proactive about their financial responsibilities, and positive working relationships with clients, funders, donors, and community members or groups.

2.0 ETHICAL OBLIGATIONS / CONFLICT OF INTEREST

2.1 Ethics

Ethics is defined as a set of principles of right conduct. Understanding how one's actions affect others.
(*Excerpt from Lead Right*)

2.2 Confidentiality

Confidentiality forms the foundation of the expectation of respect, privacy and professionalism offered towards all clients and families. The policy relates to the context of how, where, when, why, what and with whom information is shared. This information may concern clients, program issues and /or personnel.

In addition to the expectations outlined in HomeBridge's Confidentiality Policy, managers are required to:

- Consult the Executive Director on the timing of the release of information to the employees and other stakeholders.
- Treat the personal information of employees with the same consideration as clients; meaning only sharing information in the context of their employment.
- Understand the confidentiality policies of our stakeholders for the purpose of effective collaboration.

2.3 Fiduciary Responsibility

Definition: Latin meaning "trust." Refers to a business or person who may act for another with total trust, good faith, and honesty who has the complete confidence and trust of that person. A fiduciary may include a trustee of a trust, a business adviser, attorney, guardian, estate administrator, real estate agent, banker, stockbroker, or title company. The fiduciary has more knowledge and expertise about the matters being handled and is held to a higher standard of conduct and trust than a stranger or a casual businessperson. Conflicts of interest must be avoided where the fiduciary's interests are not in the best interest of the person who trusts *them. For example: a stockbroker must consider the best investment for the client and not buy or sell on the basis of what brings *them the highest commission. The beneficiary's best interest should be primary even if a fiduciary and beneficiary join together in a business venture.

(*Excerpts from legalexplanations.com*)

*Language changed to "them" to reflect current language of inclusivity

HomeBridge managers are bestowed the highest level of trust and responsibility in relation to employees and clients and therefore must act in a manner that reflects best practices.

2.4 Diversity and Inclusion

Diversity and inclusion are important concepts everywhere. These concepts come into play every day with our co-workers, the youth and families we service, with outside professionals and everyone we come into contact with. We have the responsibility to stay current and informed in these areas. Even though we may experience limitations, it is important that we are in the mindset of being inclusive whenever possible.

Definitions:

Diversity: In broad terms, diversity is any dimension that can be used to differentiate groups and people from one another. It means respect for and appreciation of differences in ethnicity, gender, age, national origin, disability, sexual orientation, education, and religion. But it's more than this. We all bring with us diverse perspectives, work experiences, life styles and cultures.

Inclusion: A state of being valued, respected and supported. It's about focusing on the needs of every individual and ensuring the right conditions are in place for each person to achieve their full potential. Inclusion should be reflected in an organization's culture, practices and relationships that are in place to support a diverse workforce.

In simple terms, diversity is in the mix; inclusion is getting the mix to work together.

Diversity is being invited to the party; inclusion is being asked to dance. – Verna Myers

HomeBridge Managers are required to uphold the highest standards of diversity and inclusion and therefore must:

- Lead the organization by gaining knowledge on the most current perspectives on diversity and inclusion.
- Provide the most current training aimed at enhancing employees' knowledge and understanding of the cultural needs of our clients, employees and others.
- Ensure that programs comply with the Nova Scotia Policies for Youth-Care Settings regarding diversity and inclusion.

2.5 Interaction outside of Work / Gifts and Entertainment

Managers must consider the implications of their interactions with the following:

- Clients (see HomeBridge Code of Professional Conduct)
- Client family members (see HomeBridge Code of Professional Conduct)
- Employees
- Other managers
- Stakeholders including Department of Community Services Officials
- Board of Directors

We need to make responsible choices in our private lives in all interactions, and reflect on how our actions will impact our image as a manager. *Will be discussed annually in April.*

Example: drinking with employees outside of work, friendships with employees, exchanging gifts with friends who are employees, socializing with employees who also directly report to you.

2. ^ Mercedes Martin & Billy Vaughn (2007). "Strategic Diversity & Inclusion Management" magazine, pp. 31-36. DTUI Publications Division: San Francisco, CA.

2.6 Coercive Practices

Managers will not be coercive, nor will they tolerate being coerced themselves, by anyone.

Definition: Coercion is the practice of forcing another party to behave in an involuntary manner (whether through action or inaction) by use of threats, intimidation, trickery, or some other form of pressure or force. Such actions are used as leverage, to force the victim to act in the desired way. Coercion may involve the actual infliction of physical pain/injury or psychological harm in order to enhance the credibility of a threat. The threat of further harm may lead to the cooperation or obedience of the person being coerced.

2.7 Holding each other accountable

It is the responsibility of every Manager to bring forward concerns regarding the unbecoming conduct or unethical behavior of any other alleged offending Manager (AOM). This is defined, at a minimum, as actions which contradict the philosophy underlying, as well as the specific behaviours outlined in, the Code of Conduct.

Steps to be followed:

1. Make AOM aware of their questionable conduct.
 - a. As soon as possible the Manager will schedule a formal meeting with the AOM.
 - When uncertain, or not confident, with approaching the AOM directly, consultation with another member of the Management Team may be required to determine a plan of approach.
 - If initial consultation with another Manager does not result in a plan to address the concern, additional consultation with a third Manager may be required.
2. The AOM has an obligation to establish a plan of action to “make it right”, within an established time-frame (determined on an individual basis).

3. Establish a follow-up meeting between the AOM and the Manager within an agreed upon time-frame to determine if the issue was resolved/made right.

4. If the issue has not been addressed/resolved/made right, the Manager has an obligation to bring forward the concern of questionable conduct to the next level, ie. AOM's supervisor, Executive Director, or Board of Directors immediately.

3.0 COMMUNITY PARTNERSHIPS

3.1 Establishing Positive Linkages in the Community

This affords the organization opportunity to expand resources and generate support for effective operations. ie:

- Brand exposure which raises profile (Public Relations)
- Professional networking
- Increased credibility affords benefits for HBYS stakeholders
- Promoting image can increase business opportunities

3.2 Community and Public Interests

Acknowledging current external community issues, and proactively facilitating an opportunity to seek resolution promotes:

- Credibility
- Philosophical congruence
- Trust we will follow through with what we say we are going to do
- Foster open communication
- Prevents future negative interactions

3.3 Other Affiliations

HomeBridge Youth Society Managers have affiliations with the following organizations/associations:

NSCYCWA (Nova Scotia Child and Youth Care Workers Associations)
Chartered Professional Accountants of Nova Scotia
Chartered Professional Accountants of Canada
AFP (Association of Fundraising Professionals)
Chamber of Commerce
Chartered Professionals Human Resources of Nova Scotia (CPHRNS)
Gordon Foundation for Children and Youth
IWK Addictions and Mental Health
Holland College Youth Care Curriculum Advisory Committee
Relational Child and Youth Care Practice Journal
Nova Scotia Community College

Project Management Institute
Trafficking and Exploitation Service System (TESS)
Canadian Welfare League of Canada
Association of Children's Residential Centers
International Child and Youth Care Network (CYC-Net)

Actively connecting with other affiliations provides an opportunity to:

- Increase education
- Increase diversity of thought
- Increase availability for consultation and referral
- Encourage integration of our multi-disciplinary philosophy
- Expand connections to access Human Resource needs

4.0 INTERACTION WITH OTHERS

As a member of the management team you hold a position of power and influence. Whether you realize so or not, employees, outside professionals, and all stakeholders see you as a leader and a spokesperson for the organization wherever you are and at all times.

4.1 Understanding Your Authority

When you speak, people assume that what you are saying is factual, even if it is just your personal opinion. Others will always view you as a member of the HBYS management team. Your words and actions always need to reflect your management position at all times.

4.2 Speaking With One Voice

There is a responsibility for the group to speak with one voice on issues facing HBYS, to stand together and support each other in times of conflict and celebration. That is not to say that questions can not be asked, opinions are not to be expressed or debates not occur. However, these discussions must take place only within the privacy of the group and not in front of youth, employees, or stakeholders.

4.3 Treatment Of Colleagues And Employees

There is an expectation that the collegial relationship will be respectful. This includes supporting and challenging in effective ways which would include:

Colleagues:

- Seeking first to understand
- Not making assumptions
- Wondering in the positive
- Talking about differences of opinions and practices directly, and privately if most appropriate
- Taking a supportive stance in other's wellness and career management (i.e. encourage vacations or rest, getting second opinions or consultation, and other supportive measures)
- Support each other in times of challenge or high activity (i.e. offer assistance to temporarily take on a responsibility)
- Inform and acknowledge and support the successes of all
- There will be times that the team will celebrate together and all members will be included. It is also natural that friendships develop at work and that is fine too.

Employees:

- Be aware of your position of power
- Provide people the opportunity to express their opinions, to educate yourself and them
- Do not use fear or coercive tactics
- Keep employees informed
- Provide clear expectations

4.4 Role Modeling

Work in a not-for-profit, charitable, human services organization provides a dynamic and complex corporate culture. It is each manager's responsibility to understand that culture, and lead employees by an example through their interactions with all people and the examples they set. Role modeling responsibilities must be considered in the following areas:

- 1) Personal and professional presentation
- 2) Dress and hygiene
- 3) Work habits and time management
- 4) Interactions with youth and their guardians
- 5) Interactions with employees
- 6) Communication skills both verbal and written
- 7) Personal disclosure
- 8) Respecting other professions, cultures, view points
- 9) Understanding, implementing and keeping informed about current trends and practices in their area of responsibility
- 10) Establishing positive linkages for the organization as a whole or individual youth

Approved by Management Team: **January 21, 2010**

Revised: **April 20th, 2011, April 15, 2021**

Reviewed: **October 20, 2011/ February 13, 2014/April 27, 2017/April 15, 2021**

References:

4 Agreements

7 Habits of Highly Effective People

Lead Right

Your Natural Edge

Organizational Themes

Australian Institute of Management

The Career Place, University of Berkeley

Austal Limited

<http://www.canatx.org/CAN-Initiatives/ccdi/index.php>

<http://www.canatx.org/CAN-Initiatives/ccdi/suggestions-for-individuals.php>

http://www.americanbar.org/publications/gpsolo_ereport/2012/june_2012/diversity_invited_party_inclusion_asked_dance.html

<http://www.rbc.com/diversity//what-is-diversity.html>



HomeBridge Youth Society
CODE OF PROFESSIONAL CONDUCT

January, 2019

**HomeBridge Youth Society
Code of Professional Conduct**

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HOMEBRIDGE YOUTH SOCIETY Code of Professional Conduct

Introduction

This Code of Professional Conduct is a working document. It is to be followed completely. The first document's content was developed over 18 months from discussion and input of employees throughout HomeBridge Youth Society, and after reviewing the standards of other professions and programs. This version is the fourth edition which has endeavored to capture the ongoing agreements and comments of all employees.

HomeBridge Youth Society is committed to high ethical standards of conduct. The Code of Professional Conduct has been developed to guide and assist employees of the organization in performing their work responsibilities legally, ethically and without discrimination. This Code also coincides with the organization's vision and values.

This document should be read in conjunction with the Policy and Procedure Manual, Internet Policy, Privacy Act Policy, and the Collective Agreement of CUPE, Local 4471. This Code applies to all personnel involved with HomeBridge Youth Society including:

- All employees
- Contracted community members
- Student placements
- Volunteers
- Any other person(s) connected with the organization for the purpose of intervention, planning and delivering services to the youth entrusted to our care.

This document will be reviewed every 3 years, with input and feedback sought from all employees and approval by the Management Team. Over time, items may be added and points may be clarified in order for it to be more understandable and accessible. There will be much discussion, debate, agreement and disagreement. This process of collaboration is embraced with the optimism that, as a result of our commitment to the process, services to young people and their families will be enhanced.

While the Code of Conduct does not provide the answers to every question that may arise, it does provide the framework for determining appropriate behavior and conduct across a variety of situations.

Section 1: Power Differentials: The Reason For A Code of Conduct

Young people most often have no power within the systems they live. They are expected to abide by the “rules” of a family home, group facility, or wherever they find themselves living. If these “rules” are fair and consistent, their experience can be safe as they struggle to grow up. Even in the best of living situations children and youth live in a subordinate and inferior position.

Adults are always in a position of power over children and youth. Adults have more authority, knowledge, skill, life experience, money, ability to access resources, understanding, and credibility in society as a whole. Children and youth are always more impressionable, vulnerable, naive, scared, unskilled, unknowing and innocent.

The young people served by HomeBridge Youth Society have less power than the “typical child”. Society has stereotyped them and their families. Assumptions are made about their behaviour, intelligence, worthiness, attitudes, and potential. The youth find this out quickly. They become vulnerable to acting out, being misunderstood, becoming involved in risky behaviours, and taking great lengths to find the love and acceptance they so desperately desire, need, and deserve.

Employees of HomeBridge Youth Society, therefore, are perceived by the young people and their families to have more power than they have. After all, we are the “professional people paid to take over” because it is perceived that either the families or children have failed. By virtue of this perception, we do have more power....the power of an “Adult Professional”.

The above perception, in combination with the fact that we have consciously chosen this work, and the vulnerability of the young people and their families, makes us more responsible and accountable for every action and decision. To assist us with our responsibility we have developed a Code of Professional Conduct. This document is to be continually followed, discussed and understood.

Linda Wilson, Former Executive Director
May, 2005

Section 2: Context and Assumptions for Integrating the Code of Conduct

Context

The code of conduct is a guide to the culture of the organization. The culture is developed by combining practice expectations of the professions represented in its membership. For this reason, all professions (youth care, maintenance, food service, clinical, development and administration) have taken part in the development of this document. All views were brought together and tied to create the body of the document.

When working with a code of conduct it takes time for employees, students and volunteers to truly understand its depth. With time people become clear on what an expectation is, what is acceptable and what is not acceptable, when working in either a paid, student or voluntary capacity with the organization. These understandings usually come through example, discussion, supervision, collegial debate and deferring to professional ethical codes, law and legislation.

Assumptions

Throughout the document there are references to the terms “appropriate”, “acceptable” “competent”, and other words holding different meanings in different cultures. Through collegial discussion, employees have agreed that these words can not be rigidly defined. However, it is understood that these words may be unclear and confusing. As a result, it has been agreed that when in doubt collegial discussion or supervision is necessary.

It has also been agreed that the process of asking, how does my interpretation align with the organizational vision (Youth and their families living in health, safety and harmony) should bring clarity to uncertainty.

This document is to be discussed and debated, but followed completely, always.

Section 3: Professional Responsibility

Definition:

For the purposes of this document a client is a youth, family member, or legal guardian of a youth who is:

- living within a residence operated by HomeBridge Youth Society
- a youth in care of the Department of Community Services or Mi'kmaw Family & Children's Services
- someone, who at one time lived in our programs or was in care of the Department of Community Services or Mi'kmaw Family & Children's Services, and is under the age of 19 years old
- a youth living in foster care and under the age of 19 years old

HomeBridge Youth Society will always endorse initiatives protecting the clients we serve. The HomeBridge Youth Society Confidentiality Policy will always prevail. We have the responsibility to maintain the best interests of the client as the primary obligation. We also have the responsibility to:

3.1. Maintain professional boundaries and objectivity to help ensure that our personal values, biases, vulnerabilities and judgements do not interfere with relationships between youth and their families.

3.2. Never discriminate on the basis of race, ethnic origin, language, religion, marital status, gender, sex, sexual orientation, age, abilities, socio-economic status, political affiliation or national ancestry. All employees and board members have an obligation to unlearn both the overt and subtle forms of discrimination, and challenge ourselves to learn anti biased and ethical practice.

3.3. Carry out all duties with integrity and objectivity.

3.4. Maintain an acceptable level of emotional and physical health and well being in order to provide a competent level of service. Anyone whose health deteriorates will take time away to heal. Anyone who does not recognize their symptoms can be asked by a Manager to do so.

3.5. Maintain and increase an acceptable level of knowledge, attitude and skill through opportunities for personal and professional growth.

3.6. Share in the maintenance and ethics of our professions and respect the integrity of a multi-disciplinary approach.

3.7. Never exploit the relationship with a client for personal benefit, gain or gratification.

3.8. Never harass any person.

3.9. Never be involved with hate crimes.

3.10. Identify and remove ourselves from any consideration or situation which may predispose objectivity and/or effectiveness resulting in a conflict of interest.

3.11. Act with the knowledge that parents and guardians, except as limited by law, retain primary responsibility for their youth. We will support parents and guardians to exercise their rights and responsibilities toward their youth and promote family relationships.

3.12. Bridge conflicts arising between Parents/Guardians/Clients and employees. Concerns with generally accepted professional and/or developmental practices or issues will be clarified through respectful education and communication.

3.13. Maintain the confidentiality policy of HomeBridge Youth Society (see Appendix III). The information we acquire in the course of our work will only be divulged when consistent with our professional duties in accordance with existing laws and agency policies.

3.14. Identify any potential breach with the employee involved. If resolution is not found, advise the employee that the process for bringing forward concerns regarding conduct will be followed, and then do so (see Appendix I).

3.15 Employees are required to advise their Supervisor immediately if charged with a criminal offense.

Section 4: Responsibility to Clients

HomeBridge Youth Society promotes a view of Youth Care, which is based on establishing and maintaining healthy relationships. The issues present in the lives of many of our clients contribute to the creation of an environment where there is a high risk of allegations. HomeBridge Youth Society recommends employees avoid knowingly placing themselves and/or the clients in situations that could lead to allegations.

In addition:

- 4.1. No employee is to engage in the following with a client:
 - a. socializing outside the context of the program
 - b. knowingly giving out personal telephone numbers, addresses, e-mail addresses, or any other social networking site information
 - c. taking to personal homes
 - d. co-habiting
 - e. entering into a romantic relationship
 - f. entering into a friendship
 - g. loaning a personal vehicle or allowing a client to drive a personal vehicle
 - h. borrowing from, loaning, or giving money to a client
 - i. accepting gifts outside the context of the program (All gifts accepted within the context of the program will remain in the facility unless they are non-identifiable).
 - j. personal chores for money or as a personal favour (e.g., cleaning cars)
 - k. buying items owned by the young people (excluding entrepreneurial, program sponsored initiatives)
 - l. buying from, selling to, or exchange of cigarettes, drugs, alcohol or sex to youth
 - m. Requests for favors asked of the client, for the sole benefit of employees is not

- permitted (e.g., "Would you go to the store and get me some pop").
- n. Loaning personal items such as laptops, tablets, and cell phones.

Any employee, past or present, who involves themselves in the above behaviours will be deemed by this organization to be unethical. This behaviour could result in discipline, dismissal, legal ramifications and impact future employment opportunities.

4.2. Making sarcastic or obscene remarks or telling stories with sexual or violent overtones is inappropriate.

4.3. The use of profanity is to be avoided.

4.4. Employees are to avoid activities that could be considered "horseplay" (e.g., physical jostling, arm wrestling, rough housing, etc.) with the young people. This behaviour could be misinterpreted by the youth and cause fear, agitation or alarm.

4.5. Any intentional use, even minor, of physical pain, direct or indirect, as a way to control youth is unacceptable.

4.6. Exposing a client to pornographic materials, films or any abusive sexuality is cause for termination.

4.7. Efforts are to be made to ensure that the media that youth are exposed to, including books, internet, videos, games, posters, music, magazines, television, etc., present healthy relationships. Individual intervention plans will inform the decision of what video games the youth will be permitted to play. Employees cannot rent or take clients to violent or sexually explicit movies. When viewing movies as a means to develop a therapeutic relationship with a young person, observance must be paid to the movie classification system. The expectation is that employees will discuss the content and meaning of any media exposure with each other and with the young people.

4.8. All relevant employees and supervisors must be alerted immediately when youth have indicated suicidal ideation or planning.

4.9. HomeBridge Youth Society employees shall not interfere with the relationship a client has with an outside professional unless discussed with the facility supervisor and agency, and all are convinced the best interests and well-being of a client requires such intervention.

4.10. Anyone who is involved in any type of research where clients are involved, shall only do so with the consent of the youth, the approval of the facility supervisor, guardian or parent(s) and when clients are paid \$10 an hour for their expertise. Honorariums for public speaking will be considered on an individual basis.

4.11. Any prior relationship with a youth could be deemed a conflict of interest and its implications will be assessed accordingly on an individual basis. It is the employee's responsibility to bring this matter to the attention of the facility supervisor where the client is involved (e.g., a family member is being considered for residency).

4.12. It is the responsibility of employees to notify insurance carriers if they choose to transport clients in their vehicles. Employees who use their own personal vehicle to transport clients must provide written confirmation from their insurer annually that 1) you carry \$2,000,000 Third Party Liability coverage and 2) your insurance includes coverage to carry passengers/clients (as advised in

writing by your Insurance company to HomeBridge) A photocopy of this insurance, insurer's letter, driver's abstract, vehicle safety inspection, and a valid driver's license must be forwarded to the HR Manager to be retained on the personnel file of the employee. Clients must wear seat belts in all vehicles. All vehicles must have a valid vehicle inspection, registration, and all drivers must have a valid driver's license.

Section 5: Professional Conduct

5.1. All clients and employees of HomeBridge Youth Society are to be treated with respect and dignity at all times.

5.2. Employees will demonstrate exemplary behaviour physically, emotionally and ethically, as we are role models for youth, their families, and our colleagues.

5.3. Personal beliefs, values, politics or social attitudes that are not congruent with those of HomeBridge Youth Society are not to be discussed with, or in front of clients (e.g., socializing outside of work).

5.4. Employees must always be aware of their perceived authority by clients. They must be aware of their relative position of power and promote self-empowerment with the residents.

5.5. Employees involved in activities which contradict the philosophical premises and professional practices of HomeBridge Youth Society, whether or not criminal charges are laid, may be subject to disciplinary action or termination (e.g., involvement with cults or hate based crimes).

5.6. The discussion about dress code has a long history in the organization. Employees must present a professional presence, while at the same time, remaining approachable for the youth and able to perform the duties that require physicality, including sports and restraints as examples. Below is the final agreement of what is necessary for a HomeBridge Youth Society professional to meet all these objectives.

Employees are expected to comply with the following dress code while on duty:

Dress Standards

- Good personal hygiene and grooming is to be practiced
- We are a scent sensitive environment, therefore please refrain from wearing perfumes, lotions, etc. that may be irritants to some people.
- Day shift (between the hours of 7am and 7pm), 7 days a week (except for kitchen and maintenance):
 - Smart casual is always appropriate.
 - Clothing to be unripped, clean and in good repair, including jeans.
- Night shift (between the hours of 7pm and 7am), 7 days a week
 - Clothing to be clean, unripped, unwrinkled and presentable

Special Circumstances:

- During programming/training: wear comfortable clothing which is appropriate for the activity
- Cleaning
- Track pants, gym pants, and yoga pants can be worn on overnights.

What **not** to wear:

- shorts/skirts shorter than tip of middle finger when standing straight and arms and fingers straight to side
- spaghetti straps, halter tops, muscle shirts
- ripped or torn clothing (*even if purchased that way*)
- clothing revealing cleavage
- sleepwear
- recreational headgear (e.g., ballcaps, cowboy hats, toques, etc.) in facilities or other business/professional settings (*as a professional standard in line with other organizations/professions, i.e., Emergency personnel and schools (police, fire - remove their hats upon entering facility)*)
- accessories that may compromise safety
- clothing advertising drugs, alcohol, violence, sexism, racism or other similar presentations is inappropriate.

5.7 Employees are not permitted to do personal shopping when in the presence of a youth.

5.8 Gossiping, and/or the spreading of gossip or rumours will not be tolerated.

Work Place Gossip Definition (<http://www.hrzone.com/hr-glossary/workplace-gossip-definition>):

Workplace gossip is a form of informal communication among colleagues focused on the private, personal and sensitive affairs of others. Gossip is seen almost universally as a negative process because it can introduce falsehoods, rumours and slanderous statements into the ecosystem of work and cause conflict in interpersonal relationships.

Human development expert Peter Vajda identifies workplace gossip as a form of workplace violence because it is an “attack” on another, albeit a passive-aggressive one. Negative consequences of workplace gossip can include loss of productivity and effectiveness, loss of trust as feelings get hurt and breakdown of unity as workers develop personal opinions on information spread by gossip and change their perceptions of individuals.

Section 6: Communication

6.1. Self disclosure is to be used sparingly and **in a therapeutic way only**. Consultation with other employees is necessary before any employee discloses or discusses personal issues with a young person. Examples of this may be self-disclosure regarding past addictions or abuse, or disclosure of personal privilege, i.e., purchases of new car, home or trips, or talking about our own children/family and what they are involved in, etc.

6.2. Written and verbal communication are essential to carry out our professional duties and we will ensure that the content and style of all communications are honest, clear, direct, and complete. This will enhance the quality of our service to the youth, their families and the community.

6.3 It is an expectation that all telephone calls, email communications, and text messages from HomeBridge employees or stakeholders will be acknowledged with a response as soon as possible.

6.4 Videotaping and/or audiotaping is prohibited unless full informed consent is given by all parties involved.

Section 7: Conflict of Interest

Defined as: A conflict between the private interests and the official responsibilities of a person in a position of trust.

A conflict of interest occurs when an employee of HomeBridge Youth Society must choose between the organization's best interests and their own interests. This includes any situation where an employee's judgement may be compromised, where unsolicited favoritism occurs, or where an employee receives a benefit of some kind.

7.1. It is the employee's professional obligation to avoid situations that could potentially lead to or create, a conflict of interest.

7.2. Where a conflict arises, all employees shall attempt to resolve their professional differences in ways that uphold HomeBridge Youth Society's principles of respect, confidentiality and integrity.

7.3 Where two employees are immediate family members or identify themselves to be in a committed relationship, they shall not work within the same program or department.

Section 8: Drug and Alcohol Use

8.1. The consumption of alcoholic beverages, drugs, or the residual effects of such, on shift, will not be tolerated.

8.2. Medication use that will impair professional judgement cannot be used on shift. This judgement is to be made through medical advice and self-assessment. Feedback from colleagues must also be observed.

Section 9: Harassment

HomeBridge Youth Society is committed to providing an environment without intimidation, aggression, coercion, and victimization. We understand the detrimental impact of harassment on performance and personal development. As a result:

9.1. Any evidence of physical, sexual or emotional abuse, including harassment of clients or employees (notwithstanding the possibility of criminal charges) is cause for termination.

9.2. Any initiative to humiliate, ridicule, hurt, intimidate, threaten, scare or put in danger any youth or employee will not be tolerated.

9.3. Any effort to insult, slander, degrade, diminish self-respect, scorn, exclude, or provoke any youth or employee will not be tolerated.

9.4. Bullying of any kind, including cyber-bullying, will not be tolerated and may result in criminal charges.

Section 10: Hours of Work

10.1. Regarding work performed for HomeBridge Youth Society, all employees must have 24 consecutive hours off within every seven day period. This requirement is stated in the Labour Standards for the Province of Nova Scotia.

10.2. As a matter of professional practice, employees are expected to perform at top standard, even if they choose to work in excess of the determined 56 hours for consecutive days, in order to supplement their employment or experience beyond the work of HomeBridge Youth Society. If an employee's performance is jeopardized because they are assessed to be over-extended, they may be asked to re-examine their commitment to HomeBridge Youth Society. Employment expectations include arriving at work rested, professionally grounded, able to make clear decisions and perform effective interventions at all times.

10.3. It is expected that there will be an 8 hour resting period between 8 and 12 hour shifts of any type of paid or volunteer work, with the exception of emergency situations-and/or for operational reasons as approved by a HomeBridge Youth Society Manager. It is considered unethical and negligent to do otherwise.

Section 11: Media Relations

11.1. The Executive Director is the only authorized person to speak to the media with respect to HomeBridge Youth Society business or affairs.

11.2. Only at the explicit request of the Executive Director is a designate or employee permitted to speak on issues concerning the youth or the organization to media representatives.

11.3. Any articles written by employees which identify HomeBridge must be reviewed by the Executive Director prior to submission for publishing (e.g., Articles to CYC-Net, Child and Youth Care Journal). Non-identifying articles can be submitted without further review.

Section 12: Pornography

12.1. Pornography shall not be viewed in any HomeBridge Youth Society facility at any time.

12.2. Any HomeBridge Youth Society employee involved in viewing or utilizing computer technology to access, display, distribute, forward or store information that is offensive, pornographic, obscene, or abusive, while at work, is unacceptable and cause for termination.

12.3. HomeBridge Youth Society will cooperate with law enforcement agencies to prosecute anyone using its facilities unlawfully.

12.4. Exposing a client to pornographic materials, films or any abusive sexuality is cause for termination.

Section 13: Professional References

13.1. Professional references can be provided by supervisors only.

13.2. Colleagues can provide character references only.

Section 14: Client References

14.1. Employees are not to give clients references for the purpose of gaining employment without a process of collaboration that involves the youth, Youth Care Workers and Supervisor.

14.2. Youth Care Workers may collaborate with service providers outside of HomeBridge Youth Society in relation to issues surrounding future placement of a client in their care, only after the appropriate releases have been signed by the youth, social worker and/or legal guardian, giving permission for Youth Care Workers to release confidential information.

Section 15: Student Placements

15.1. Employment references for people who have completed student placements with HomeBridge will be provided by Supervisors in collaboration with the employee who worked with the student.

15.2. Power differentials exist between students and employees; therefore, invitations to social events, outside the context of the program, will not be extended to students. Gifts cannot be accepted from students as long as a professional relationship still exists.

15.3. Supervisors are to be advised of known established employee/student relationships prior to the start of a placement, so arrangements can be made to consider appropriate, or alternate facility placement.

Section 16: Provincial Standards

16.1. Employees working alone must have Non-Violent Crisis Intervention, and CPR/First Aid Training. Employees cannot work shifts alone with expired qualifications. It is the responsibility of each employee to be aware of their own certification expiry dates. When training is scheduled, attendance is mandatory.

16.2. All employees are required to be aware of and abide by the Occupational Health and Safety Act and its requirements within HomeBridge Youth Society.

Section 17: Reporting Violations of the Code of Conduct

17.1. We have been given a sacred trust to work with youth and their families. Therefore, it is each employee's obligation to report unethical behavior, specifically actions in violation of the Code of Conduct. Please see Appendix I for the process to follow in order to raise such concerns.

17.2 Employees shall fully cooperate and participate in any investigation of a breach of the Code of Conduct.

References:

- *Standards for Practice of North American Child and Youth Care Professionals Code of Ethics
- *Nova Scotia Association of Social Workers Code of Ethics
- *Standards for Conduct, Nexus Program
- *Code of Conduct, Phoenix Youth Programs
- *Child and Youth Care Workers Association of South Africa
- *Canadian Nurses Association, Professional Code of Ethics
- *CN Code of Business Conduct
- *Nova Scotia Board of Examiners in Psychology, Standard of Professional Conduct
- * Canadian Psychological Association, Code of Ethics

APPENDIX I: PROCESS FOR CODE OF CONDUCT CONCERNS

A. External Professionals Impacting HomeBridge Youth Society.

It is the obligation of each employee to report unbecoming or unethical behaviour of professionals outside of HomeBridge Youth Society to their HomeBridge Youth Society supervisor immediately. It is the supervisor's responsibility to bring the issue to the Management Committee for discussion and planning regarding action required.

B. Employees of HomeBridge Youth Society.

It is the responsibility of every employee to bring forward concerns regarding the unbecoming conduct or unethical behaviour of any employee of HomeBridge Youth Society to their direct supervisor (see Process For Review). Unbecoming conduct or unethical behaviour is defined, at a minimum, as actions which contradict the philosophy underlying, as well as the specific behaviours outlined in, the Code of Conduct.

Given our commitment to individual context and circumstance, there will not be standardized responses for concerns regarding behaviour which may contradict the Code of Conduct. Responses are based on full review of all relevant information and the employee's professional development plan, and are determined by the appropriate supervisor.

Supervisors have an obligation to follow the full extent of this process. If there are concerns that a supervisor has not followed this process, please refer to Process for Review: Management Team.

Process for Review: Unbecoming conduct or unethical behaviour of colleagues, those on student placement, or any employee of HomeBridge Youth Society:

1. If an employee recognizes that a co-worker or colleague is in breach of the Code of Conduct, and there is no potential for immediate or significant harm, it is their responsibility to bring this matter to their colleague's attention. It is expected that the employee refer their colleague who is in breach of the Code of Conduct to this document as a form of professional support and education. If there is no resolution to the matter, progress to Step #2 of the Process for Review.
2. The employee who has a concern regarding a potential breach of the Code of Conduct will bring forward the matter to their direct supervisor or 'back up' supervisor for their "home base facility" immediately. This must be done in written form, either at this point in the process, or at the time of Step #3. Based on the outcome of the full process, this document may or may not be placed on the employee's personnel file.
3. As soon as possible, the supervisor will schedule a formal meeting with the employee who brought forward a concern about the conduct of another employee in order to gather information related to the context of the concern, the relationship between the employees involved, and to fully discuss the implications of maintaining confidentiality of the source of information. If not done so already, the concern will be documented in writing.
4. The facility supervisor will inform the Human Resource Manager of the potential breach of the Code of Conduct.
5. As soon as possible, the supervisor will schedule a formal meeting with the employee about whom a concern has been raised and seek information related to the context of the concern, the relationship between the employees involved, and the individual's professional development plan. The Human Resource Manager may also be included in this meeting.
6. The supervisor and Human Resource Manager will meet with any other relevant persons related to the concern.
7. The supervisors involved and Human Resource Manager will meet to review the information gathered and determine the degree of involvement of the Executive Director.
8. The course of employee discipline will be evaluated based on the details and circumstances of individual context and professional development plan of the employee.
9. Confidentiality regarding the response to the concern will be maintained by the supervisor.
10. A written account of the concern, the discussions/meetings held for clarification, and the forthcoming response will be prepared by the supervisor and Human Resource Manager. This will be reviewed with the employee and signed by both parties. This document will be retained in the employee's personnel file. Unless otherwise noted, it does not constitute a "written warning" consistent with HomeBridge Youth Society's progressive discipline policy (see Appendix II).

Please Note: For unethical behavior of an employee, colleague or student placement that falls outside the Code of Conduct, employees are expected to follow the above stated process for review.

Process for Review: Unbecoming conduct or unethical behaviour of any member of the Management Team:

1. The employee who has a concern regarding potential breach of the Code of Conduct by a member of the Management Team will bring forward the matter to the Executive Director immediately. This may be done in written or verbal form. If the notification is in written form, this document will not be placed on the employee's personnel file.
2. The Executive Director will schedule a formal meeting with the employee who has brought forward a concern about the conduct of another employee to gather information related to the context of the concern, the relationship between the employees involved, and to fully discuss the implications of maintaining confidentiality of the source of information.
3. The Executive Director will meet with the employee about whom a concern has been raised and seek information related to the context of the concern, the relationship between the employees involved, and the professional development plan of the employee.
4. The Executive Director will meet with any other relevant persons related to the concern.
5. The course of employee discipline will be evaluated based on the details and circumstances of individual context and professional development plan of the employee.
6. Confidentiality regarding the response to the concern will be maintained by the Executive Director.
7. A written account of the concern, the discussions/meetings held for clarification, and the forthcoming response will be prepared by the Executive Director and reviewed with the employee and signed by both parties. This document will be retained in the employee's personnel file. Unless otherwise noted, it does not constitute a "written warning" consistent with HomeBridge Youth Society's progressive discipline policy (see Appendix II).

Please Note: For unbecoming or unethical behavior of any member of the Management Team that falls outside the Code of Conduct, employees are expected to follow the above stated process for review.

Process for Review: Unbecoming conduct or unethical behaviour of the Executive Director

1. The employee who has a concern regarding the potential breach of the Code of Conduct by the Executive Director will bring forward the matter to the Chairperson of the Board of Directors. The Office Manager will provide direction on the means through which to contact the Chair of the Board.
2. The Board of Directors will determine their process for concerns related to the Executive Director.

Please Note: For unbecoming conduct or unethical behavior of the Executive Director that falls outside the Code of Conduct, employees are expected to follow the above stated process for review.

APPENDIX II: PROGRESSIVE DISCIPLINE POLICY

The HomeBridge Youth Society Progressive Discipline Policy is based on the progressive discipline process outlined by Human Resources and Skills Development of Canada (HRSDC). For more information, please refer to the HRSDC website at www.hrsdc.gc.ca.

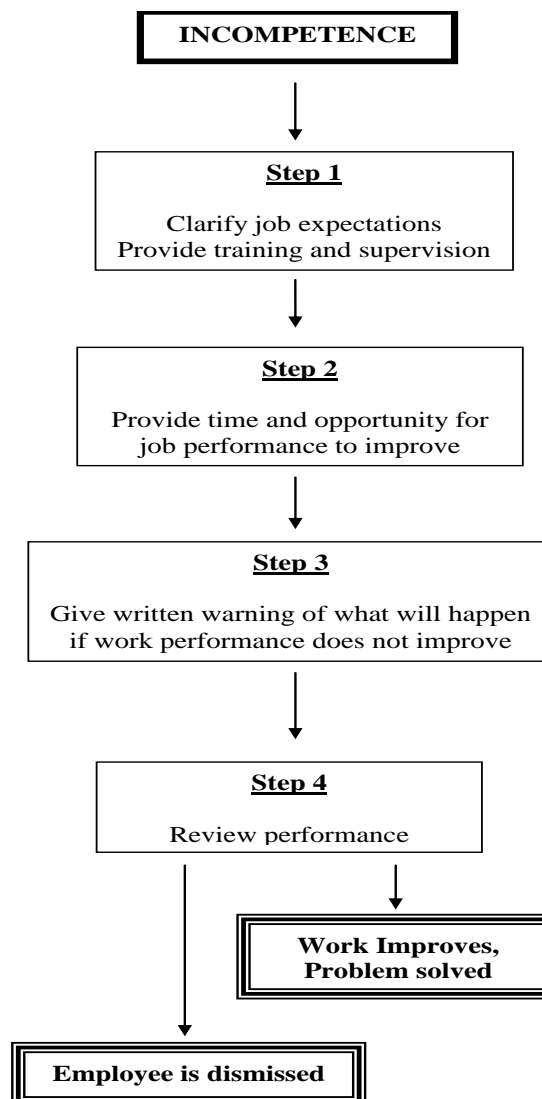
There are two kinds of work place problems that require progressive discipline:

Incompetence: an employee lacks the skills or ability needed for the job.

Misconduct: an employee breaks rules for keeping the work place efficient and safe.

Progressive Discipline for Incompetence:

In the event that an employee lacks the skills needed to perform their job, their immediate supervisor will follow the progressive discipline process outlined below.

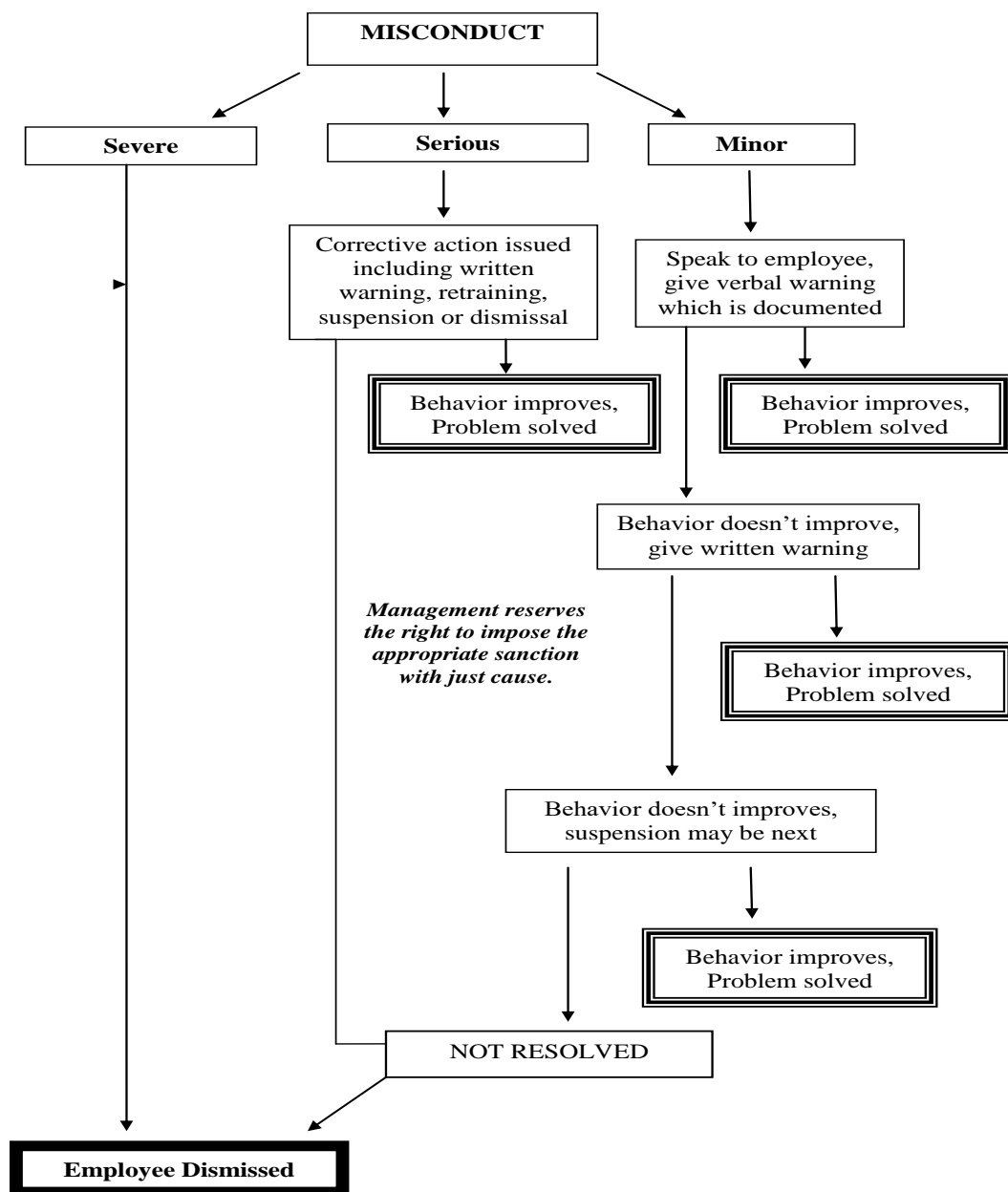


Progressive Discipline for Misconduct:

When dealing with misconduct the employer must determine if the employee's misconduct is minor, serious or severe to implement the appropriate discipline process. The investigation by the direct supervisor of the employee in question and Human Resource Manager will take into account factors such as:

- seriousness and/or frequency of the problem
- employee's work history
- effect on the organization

Once a decision has been reached, the supervisor and Human Resource Manager will follow the process as outlined below. The length of time will vary on circumstances surrounding misconduct. Refer to the Collective Agreement between HomeBridge Youth Society and C.U.P.E. 4471 for further information. Union representation, if appropriate, will be encouraged throughout the investigation process.



APPENDIX III: HOMEBRIDGE YOUTH SOCIETY CONFIDENTIALITY POLICY

HomeBridge Youth Society recognizes the importance of keeping all information concerning residents confidential. Any information gained with respect to any resident (past or present) or a resident's family is treated as confidential. This includes the time the employee is in the employ of the facility or following termination/retirement of services.

Access to such information may occur among employees, students, volunteers and consultants; therefore, it is imperative to protect residents from an invasion of privacy as a result of indiscriminate and unauthorized access to and relapse of information by these individuals. Any such release, except with the consent of the Board and by authorized employees is subject to disciplinary and/or legal action.

All requests from any member of the media (e.g., newspaper, radio, television, internet, etc.) are to be directed to the Executive Director of HomeBridge Youth Society.

Rationale:

Confidentiality forms the foundation of the expectation of respect, privacy and professionalism offered towards all clients and families. This policy relates to the context of how, where, when, why, what, and with whom information is shared. This information may concern clients, program issues and/or personnel.

Expectations:

1. All employees shall maintain the best interests of the client(s) as their primary obligation. Any action which is not consistent with this commitment is unethical. The emotional safety of clients is of highest priority in performance expectations.
2. To ensure the best service for each young person, only necessary information will be shared in the context of professional and ethical work. No gratuitous information is to be shared at the expense of the client or family.
3. Employees are expected to follow procedure to ensure that private papers and property of clients are respected, if the client has requested this and the program has agreed to do so.
4. There shall only be one master, or primary file per client. Within two weeks of discharge, all information shall be gathered and secured to the file and stored in an agreed upon central location for safe-keeping. It is the facility supervisor's responsibility to ensure that all records are properly maintained and kept secure.
5. Employees are expected to confront each other respectfully and in a timely manner when there is any concern for professional performance, including maintenance of this confidentiality policy. The unnecessary, unauthorized and disrespectful exchange of client information is considered to be gossip and, as such, is unethical and unprofessional (e.g., relaying gratuitous stories, mimicking, minimizing client experiences).

The emotional demands of the work require appropriate debriefing to ensure healthy workers; this debriefing is expected to maintain the boundaries discussed above.

Requirements:

1. Information gained at any time with respect to any client or family is to be treated as confidential during and after employment within HomeBridge Youth Society unless:
 - a) The client provides written authorization for the release of specified information
 - b) The information is released under the authority of a statute or an order of a court of relevant jurisdiction.
 - c) In medical emergencies, necessary information only.
 - d) The client presents danger to self or others.
2. HomeBridge Youth Society establish policies and practices protecting the confidentiality of client and personnel information which will be adhered to in all HomeBridge Youth Society facilities and in all aspects of HomeBridge Youth Society's work. All HomeBridge Youth Society personnel are responsible to carry out their work in a manner which respects these principles of confidentiality. In addition, administrative and supervisory employees are expected to educate, initiate the discussions and enforce the standard protecting the privacy of all clients, their families and HomeBridge Youth Society program and personnel issues.
3. Management employees are expected to establish procedures and forums for debriefing all team members to provide the support necessary to consistently deliver a professional, caring, and effective service to clients and families.
4. All employees are responsible to have a sound understanding of the following definitions and how they apply to the Youth Care context within HomeBridge Youth Society:

Confidentiality: A firm trust

Gossip: Sharing, verbally or written, of information and/or stories with individuals that are not required to know such information OR with whom the information will not assist their interaction with a client and/or family.

Debriefing: The positive exchange of information between employees and/or professional counselor, etc. to discuss and put into perspective a completed event or mission.

Ethical: Relating to morals especially as it relates to human conduct.

Professional: Relating to any professional code of ethics or conduct which you are required to abide under your profession and the strict adherence to this policy.

APPENDIX IV: CHARACTERISTICS OF AN EFFECTIVE PROGRAM

1. A focus on commitment

Youth in care have often lived in a variety of settings. Too often, they have moved through various group care programs. It can be difficult to ‘hang in’ with youth who challenge our strengths, but it is exactly what we need to be done. When we ‘hang in’ the opportunity for healthy attachments, improved self-esteem and the opportunity to learn new ways of being, is created.

2. A focus on self in relationship

Relationship in youth care work is not about being friends or feeling good about one another. Relationships are the experiences where new self-understanding can evolve. They are a place where a young person can experience themselves differently, in relation to significant others.

3. A focus on caring

In youth care, caring means ‘doing’ with people in a manner that confirms their worth and value as humans. It is about appreciation and respect. It is manifested in what we do and how we do it.

4. A focus on family

Too often youth in residential care are isolated from their family psychologically, emotionally and/or physically. This can be intensified by program rules and practices which may separate them further. Family involvement in the day-to-day life of a program, in daily decision making and, in treatment, is essential to overcoming this sense of isolation.

5. A focus on individuality

Each young person in care is unique, special and individual. When programs treat everyone the same, no one is special. Individualized programs, differential treatment and unique responses help youth to realize that they are different from others, in a special sort of way.

6. A focus on success

A program that is strength or success focused is distinctly different, in practice and experience, than the one that is problem focused.

7. A focus on support

Young people need to experience adults as a source of support so they may learn new ways, give up unhealthy patterns and try new experiences. It is this focus on support, actualized in practice, which allows youth to take risks in spite of natural fear.

8. A focus on helping through involvement in daily life events

When we focus on helping, through our involvement in their daily life events, we focus on helping people where they live and experience their lives. When they experience success, they experience success in living.

9. **A focus on context**

Nothing occurs in isolation, yet, frequently interventions appear to ignore context. When we consider context, we are able to design specific interventions for an individual at this moment, at this place. Such interventions are more likely to be helpful and effective.

10. **A focus on meaning-making**

We all try to make sense out of what we experience. It is our way of organizing our experience so that we understand it. When we focus on ‘meaning making’, we focus on what things mean to the other, as well as to ourselves.

11. **A focus on ‘response-able’ interventions**

We understand that youth must have ability youth before we expect them to achieve. Our responsibility is to create ‘response-able’ behaviors. Young people need to achieve for themselves not for the approval of others. Adults must remember to respect their pace when learning.

12. **Focus on Safety**

The physical and emotional safety is imperative for a positive residential experience. It includes recognizing, and responding therapeutically to the needs of race, sexual orientation and identities, religion, regional uniqueness, and unique family systems. Making fun or joking without understanding the background of an individual is unprofessional and in some cases, abusive.

13. **Focus on Environment**

The overall theme reflected in a program is impacted by everything from the facility’s cleanliness, to the mannerisms, professional approach, accountability, and social skills of the employees. The environment is created by the way people are greeted, and made to feel welcome no matter who they are, a young person, a family member, a guest, or a neighbor.