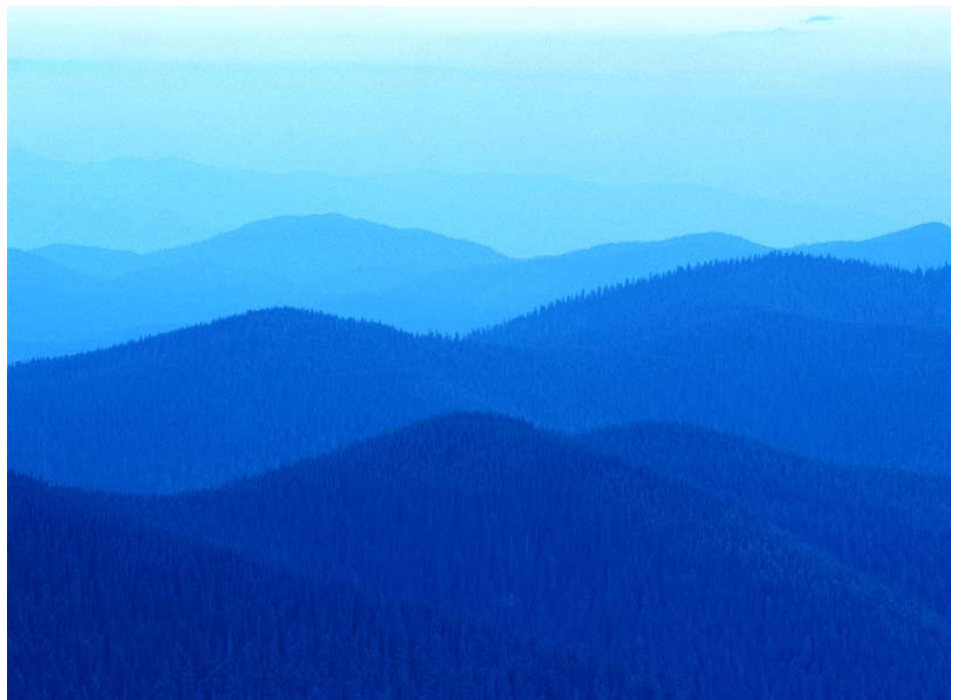


SOUTH ISLAND CONTRACTED SERVICE REVIEW



November 2008

Discussion Summaries & Recommendations

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South Island Non-residential Contracted Service Review

BACKGROUND:

In February, 2008 the South Island Non-residential Contracted Service Review Project Charter was signed by Chuck Eamer, Executive Sponsor and Mark Armitage, Project Sponsor.

The South Island had recently completed a process to review their management structure and plans were underway to implement the decisions reached in that process. Relevant to this project were the decisions to align services and responsibilities for the three existing Community Service Managers along geographic lines where possible. The three “communities” are Peninsula & Gulf Islands; Esquimalt, Victoria & Saanich; and West Shore & Sooke. It was anticipated that aligning services along geographical lines would result in the identification of changes needed to the array of services available to these communities. Some services, however, would continue to cross boundaries and serve the entire South Island area.

At the time of this project initiation, our region was engaged with the Vancouver Island Interim Aboriginal Authority in a focused disentanglement process to help identify which services may be the first ones transferred to the permanent Aboriginal Authority in 2008. The legislation to create permanent Aboriginal Authorities did not proceed and work continues on developing Aboriginal governance models. However, work on disentangling services and resources for Aboriginal peoples and communities continues. Initially, this project was to support and be informed by that process.

Vancouver Island Region will use the Contract Writing Tool to support improved contracted service delivery. This will include the development of logic models with outcome, output based contract language as we develop service priorities and new contracts. This project will include planning for any procurement process required and assist with planning the movement of contract management responsibilities among the Community Service Managers.

The following goals for the project were identified:

- Services purchased are based on the best available evidence for good outcomes and reflect the desired mix of prevention and intervention services;
- Key stakeholders are active participants in service planning through an engagement strategy that includes partnership, involvement and consultation;
- Services and contracts are aligned with the new geographical structure for South Island management;

- Utilization rates and expenditures on services to Aboriginal clients are identified; disentanglement of Aboriginal services and expenditures is realized for contracted services;
- Procurement and contracting polices and procedures are complied with; contracts reflect current language and reporting requirements through use of the Contract Writing Tool;
- Budgets and expenditures are aligned; flexibility to meet emergent needs is realized.

PROCESS:

Demographic and service profiles were developed for each community to serve as a foundation for discussion. This task proved difficult as service descriptions in contracts were, in many cases, quite outdated and did not reflect how the service had evolved over time. In some cases, the contract manager, ministry staff and the service provider all had differing understandings of the service. In the interest of consistency, it was decided to develop the profiles using only information from the contracts as a starting point. Service providers were then asked to correct their information. The other issue identified through the profiling was that service line descriptions from the chart of accounts and those used in contracts were not always in agreement. For example, parenting programs are coded under Protective Family Supports, Parent Training and Education, Family Preservation, and Aboriginal Child & Family.

Meetings were held with MCFD staff, service providers, youth, parents and community members from March to September. Some early meetings were simply to introduce the project and its objectives and to ask advice on the engagement planning. Formal engagement meetings were held with 31 groups. Total attendance at these meetings was over 350 persons (though many service providers attended more than one meeting).

	West Shore / Sooke	Peninsula / Gulf Islands	Victoria / Esquimalt / Saanich	South Island Wide
Service Providers	2	3	5	6
MCFD Staff	2	1	6	6
Parents / Youth	2	2	2	2

Following these meetings, a recommendations committee met for each community (two for Victoria, Esquimalt, Saanich). Members of the recommendation committees were nominated at the larger community meetings. Participants reviewed summaries from the engagement meetings and were asked to develop recommendations on how to make the best use of existing resources to meet the needs of each community. The resulting recommendations ranged from the very specific to the very general; from immediate to longer term initiatives.

THEMES

In this section, themes listed were raised by more than one constituent group and in more than a few meetings. This section identifies common areas of interest for the most participants but cannot be interpreted as a ranking of the importance of any given service in the lives and well-being of children, youth and families.

Themes are organized by program area first with comments that are not community specific. Themes related to all program areas follow and do not repeat those included in program areas.

Early Childhood Development:

While there was praise for many ECD programs, there were some concerns raised. At several meetings, concerns were raised that some ECD programs were designed for and welcoming only to motivated, well-informed at-home mothers. A need was identified for improving access for working mothers and fathers and reaching out to and welcoming those who might not understand the value of these services. This could be accomplished by having some weekend programming, some programs tailored to fathers and outreach for isolated parents who may not be identified as ‘at risk’.

There was also some confusion about the implementation of Triple P and the links between MCFD funded ECD services and Strong Start.

Children & Youth with Special Needs:

There was widespread confusion or lack of knowledge about **FASD Key Worker** services. Both service providers and MCFD staff report they did not know this service existed or report they did not know how to make a referral or to whom. Those who had referred families reported inconsistent service. Suggestions included reducing the number of agencies delivering the service; coordinating referral criteria and intake; providing clarity about which agencies were responsible for service delivery to what population; and improving communication flow between key workers and referral sources.

MCFD staff generally interpret “Children and Youth with Special Needs” as meaning CLBC eligible. They were surprised to hear of MCFD’s definition and the range of services the ministry is responsible for. The region’s CYSN consultant was highly praised by those who had utilized her expertise. However, a number of newer staff were unfamiliar with the consultant’s role. Staff suggested the CYSN consultant attend team meetings on a regularly scheduled basis; perhaps twice a year.

Child & Youth Mental Health:

SAIP services were seen as valuable and well-delivered generally. However, there were also concerns about a lack of culturally appropriate service. This concern was raised by both Aboriginal and non-Aboriginal participants in light of the inter-generational abuse legacy from residential schools and the

60's scoop. Some participants went further and suggested that staff in one agency were openly derogatory about Aboriginal peoples, healing practices and spiritual beliefs.

Difficulties in understanding eligibility criteria, referral processes, and accessing information were cited by almost everyone who addressed the CYMH program area. Suggestions for navigator positions and guides were made many times but may be addressed through the recent creation of a provincial service that helps community members learn what types of services are available to them and how to access them.

More counseling services to young children and more prevention services were also a theme. Comments on prevention services identified bullying and eating disorders in particular.

Support Services to Families:

Supervised Access received numerous comments from staff, parents and service providers. There was general agreement that the existing service delivery model was inefficient and ineffective in many situations. There were many suggestions that a review be undertaken with an eye to developing a more efficient model delivered by local providers and that clear guidelines be developed for referrals to a continuum of supervision levels.

Parenting Programs were also a major topic of discussion. Concerns about Project Parent were expressed regarding lack of sensitivity to Aboriginal parents, cessation of transportation and childcare, intakes occurring only twice a year and lack of consultation when making significant changes to the service. Since these meetings were held, Project Parent has informed us that childcare is still provided; that transportation is provided for children in foster homes but not the parents; and that intake is continuous. Concerns about these items were raised in numerous meetings by ministry staff, parents and other service providers and it is not known how these perceptions developed.

In general, it was felt strongly that a continuum of parenting programs should be delivered within each community with improved access and cultural appropriateness.

General Themes:

Access – This theme was the most dominant during discussions in the West Shore / Sooke and the Peninsula / Gulf Islands. Access was raised by staff, by parents, by youth and by Aboriginal participants. As a theme, access includes service delivery location; days and hours of service; and cultural appropriateness.

Communication – This was a thread running through all of the participant groups though it was expressed in a variety of ways. It was particularly interesting to note that groups expressed almost identical concerns though from their different vantage points. For example, service providers and MCFD staff both raised poor communication between them as an issue that needs to be addressed. For service providers, it was about not receiving risk reduction plans or other information they felt was pertinent to working with a referred family. For MCFD staff, the main issue was not hearing back from service providers about what, if any, progress the family was making or even if the family had attended.

Another recurring communication issue was the difficulties MCFD staff reported in trying to keep current on available services, contract deliverables and raising issues about the quality of some services.

Relationships – The importance of taking the time to build relationships founded on trust and respect was discussed in many meetings. Service providers spoke frequently about how critical to good service delivery the various networks, coalitions and tables were and the need for MCFD to be a presence at more of these. They believe this would assist in the development of stronger working relationships which they felt had deteriorated significantly over the past few years. A strong desire to work more closely with MCFD was made clear. It was also apparent that while some very strong relationships among service providers exist, there were also some very strained relationships. For service providers in the outlying communities, there was an evident lack of trust of those operating from the core cities.

Integrated, coordinated service delivery and planning – This was the number one issue raised by parents. Staff and service providers also had a number of comments and suggestions on this which are reflected in the recommendations. A major factor in the concerns expressed was the sheer number of specialized services with families being required to enter many doors. The result: confusion, contradictory service plans, communication gaps and the need for navigators. From an internal perspective, staff question if there would be some cost savings as well as improved outcomes if an integrated, coordinated approach were taken.

Accountability – Clear expectations of the ministry, of service providers and of community were desired. It was suggested that the establishment of community planning tables would help support this and questions were raised about when this would be happening. There was a high degree of awareness that this is happening in many other communities.

RECOMMENDATIONS

1. In partnership with the United Way of Greater Victoria, host an annual service fair that would provide ministry staff and service providers with current service information. This would be of particular benefit to new staff.
2. Community Service Managers to ensure team leaders have current contract lists and deliverables for their areas.
3. Develop a plan to address communication gaps between agencies and MCFD, perhaps with the assistance of community planning tables. Concerns were raised at every consultation meeting about the lack of effective communication between front line staff and between managers of the ministry and the agencies. (see Communications theme)
4. Improve reporting functions in new contracts, including client-specific reporting. Establish a monitoring system to ensure general reporting requirements are complied. (see Accountability theme)
5. In keeping with the ministry's commitment to community based planning and service delivery, the following order of preference for service delivery is recommended. As many services as possible should be planned for and delivered first at the neighbourhood level. When this is not feasible, consideration should move to the community level and then to the CSM area. Sub-regional service delivery should be reserved for services where the specialized skills required or the small number of clients creates an exceptional circumstance.
 - a. Neighbourhood based service (Burnside, Blanshard, etc)
 - b. Community based service (Sooke, Esquimalt, Salt Spring, etc)
 - c. CSM area based service
 - d. Sub-regional based service
6. Using the revised funding allocation formula, complete the division of contracted services along geographic lines. Each CSM to ensure that services are delivered wherever possible by local service providers and to give consideration to the recommendations from the committees in their area. (see appendix A). Allocations for Aboriginal services should come 'off the top' using the formula developed by the Aboriginal recommendations committee.
7. Evaluate individual agency reporting and general performance before awarding any new contracts. Accountability was a theme in most discussions and it was felt very strongly that any issues around reporting and/or performance should be resolved before new service contracts were awarded.
8. Conduct a review of the supervised visit service and obtain data on usage and reasons for referrals. Prepare an RFP based on a service continuum that meets the needs identified in each

Community Service Managers' area and is cost-effective. Ensure that a reasonable match between qualifications, duties and costs is obtained.

9. Review the anger management and counseling 'packages' currently being provided. Questions about the effectiveness of this approach, reporting and travel issues should be resolved before this contract is renewed to determine if there is a more effective and efficient approach to meeting the need.
10. Conduct a review of transportation costs associated with non-residential contracts in each CSM area for children in care to determine the most cost-effective approach to providing transportation.
11. Review Family Group Conference coordination to determine if the current split between contracted service and staff positions is the optimal service delivery approach.
12. Allocate 35% of the overall budget for 'gate-kept' parenting programs for an Aboriginal program that includes an interactive component with the children. The remaining funding to be allocated geographically to each CSM so that local access for parents is possible. Additionally, cancel the contract with Blanshard Community Centre for 'Nurturing Families'. This program has had a very small number of parents involved for many years and efforts to improve the performance and reporting have not been successful.
13. Youth Support Services: very few contractors actually serve all areas though many contracts are intended to serve the entire South Island. Funding should be redistributed on a geographic basis so that each CSM can develop services to youth in their area. This will mean significant shifts of funding and services from the core cities. Hours of service should be addressed in the contracts to reflect access issues for youth.
14. Youth Justice: The Boys and Girls Club provides the majority of contracted services for this program area. The recommendation is to consolidate all non-Aboriginal youth justice contracts with this service provider who has an extensive knowledge base.
15. FASD Key Workers: There are currently four contractors providing this service. Given the relative small amount of funding available (\$326,031) consider consolidating these services.
16. CYSN Services: VIHA has contracts to deliver Supported Child Development, Infant Development and Early Intervention Therapies for the South Island. The Infant Development Program is primarily an outreach service and received many positive comments.

The therapies are delivered in the West Shore and in Victoria. Access to the Queen Alexandra campus was cited as an issue for many families. Therefore, the recommendation is that VIHA be required to deliver this service in the Sidney area for the benefit of Peninsula and Gulf Island families.

Supported Child Development funding could be redistributed to the three CSM areas or the existing contract could require three Local Advisory Committees that would reflect the terms of reference as set out in the SCD Policy and Procedures Manual. These include the duty to:

“Recognize and address barriers to parent participation to ensure equal access to LAC participation for parents who may experience social, financial or geographical barriers.”

17. Review single service agencies to determine if they are cost-effective and align with the ministry's and communities' desire for more integrated service delivery.
 - a. Move Children Who Witness Abuse (Victoria Women's Transition Society) to BC Families in Transition who deliver Caught in the Middle.
 - b. South Island Dispute Resolution Society: cancel contract and include parent-teen mediation in other youth support services contracts (many of whom are already doing this.)
 - c. Saanich Native Support Program: Conduct a review of this service and its outcomes to aid in the development of Aboriginal youth justice services.
 - d. Providence House Resource Inc: support for three youth could be provided by another youth serving organization.
 - e. The Mary Manning Centre delivers the Sexual Abuse and Intervention Program for the core cities and the Peninsula/Gulf Islands. A review is warranted to determine if access is adequate for children in the Peninsula and Gulf Islands; if the service is culturally competent and appropriate; and if this service should be part of a more integrated approach.
18. Form a South Island education and training committee in partnership with both delegated and non-delegated agencies to identify common learning needs so that efficiencies can be gained and to support capacity building within smaller agencies.

Appendix A

RECOMMENDATION COMMITTEES

Five meetings were held to develop recommendations based on discussion summaries. West Shore/Sooke and the Peninsula/Gulf Island each had one meeting. For the core cities, two meetings were held. There was also one Aboriginal services meeting. Recommendations ranged from very specific to very broad and from immediate to long term.

West Shore / Sooke Recommendation Committee

- More services be provided by local service providers and provide clear rationale for when this is not possible.
- Conduct a review of supervised access and develop a more effective and efficient model.
- A continuum of family and parent support programs must be delivered by local agencies, building on what they already offer. These should include prevention and intervention; open access and MCFD referred for all but the highest risk parents.
- Youth outreach workers are needed in Sooke and the West Shore and should be attached to local agencies.
- Parent / teen mediation is needed and could be delivered by local agencies.
- Given the disproportionate number of foster homes in the West Shore and the struggles faced by youth transitioning out of care, consideration should be given to increase the share of youth service funding to the West Shore to help support services specifically for youth leaving care.
- Triple P should have an outreach component built in to help reach pregnant and young mothers whether they are in school or not.
- We are seeing mental health issues in younger children, often of parents who themselves have mental health challenges. There is a need for a respite service for struggling parents and a committee should be formed to look at various models and creative funding opportunities.

Peninsula / Gulf Islands Recommendation Committee

- Shift supervised access funding to local service providers to reduce the amount of time used for travel.
- Mandated or gate-kept parenting programs need to be delivered locally by local service providers.
- Local agencies can provide parent – teen conflict.
- Rising teen pregnancy rates, especially among First Nations girls, suggests need for teen parenting supports.
- Move some youth funding to allow CASY to expand service delivery to Gulf Islands.
- Youth alcohol and drug counselling service must be made available locally to avoid increased risk to youth by sending them into the city for services.

- Increase family development funding to the Gulf Islands to support creation of a parent peer support and mentoring program for the outer islands.

Victoria / Esquimalt / Saanich Recommendations Committee

General Recommendations

- A current ‘catalogue’ of services (including delivery location and method, eligibility, etc.) be developed to identify gaps and aid in planning for future service delivery. This should be updated annually.
- MCFD must be an active partner in tables or coalitions to discuss, plan and coordinate services in a sustained manner that recognizes the expertise of front line service providers.
- Within contracts, develop financial recognition of core agency activities including, but not limited to the following: service coordination; accreditation activities; planning, coordinating and collaboration; community development; participation in government and non-governmental committees.
- Assist in the development of a culture of feedback in which clients and frontline workers are included in evaluation of services and models while avoiding any form of tokenism.
- Where collaborative efforts made by contractors result in efficiencies, the resulting savings are to be used to improve direct services provided by those contractors.
- Identify and remove barriers to services including gate-keeping by MCFD and funding/program silos to ensure there is a focus on providing a continuum of services.
- Contract managers must develop ongoing relationships with contractors that are meaningful and respectful to build a sense of partnership.

Family Support Services

- Whoever does the first intake should provide a copy to the client so they do not have to keep repeating their story.
- Managers / team leaders should do site visits and view services in action.
- Look at all sources of funding at a community level and use to inform long term service planning. Collaborate with United Way, other levels of government, etc.
- Gather statistics and indices by smaller geo-areas to help inform service planning.
- Have defined communities with a multi-sector planning table in each.
- Delivering some services at worksites may be an option.
- Consider development of common and/or central intake for gate-kept services.
- Develop tracking system for clients as they move through programs and services in the community.
- Provide clarity on outcomes expected and eligibility for services.
- Clarify that existing service providers do not ‘own’ services; others may also be funded to provide the same or similar services.

- Move away from single service agencies; they only contribute to family stress by involving more helpers; integrated services in each community would help avoid this.
- Develop and maintain a user-friendly database of services.
- Sharing statistics and data across agencies and the ministry would help in adjusting funding levels in a responsive manner.
- When / if new funding becomes available to develop preventative services, service providers should be required to collaborate and share tasks/functions for the best use of funds and ensure a data collection system is in place to track long term impact.
- Pay real attention to attachment concerns: protect critical relationships with mentors, family, caregivers, professionals.
- Develop collaborative forums bringing community and service providers together; to deliberate and share evidence-based outcomes and practices.

Supervised Access

- Should be done in community settings; needs to be affordable for families.
- Social workers should provide clear goals so that intervention can be focused and helpful.
- Completely revise this service, use specific sites and use an assessment model. Involve families in review of this service.

Parent Education/Training:

- Develop a continuum of parenting programs and identify any gaps.
 - Pay attention to location, ages of children (parenting teens, new parents), other funding sources and intensity of service needed.
 - Imbed Triple P into parenting programs .
- Locate parenting programs in the communities they serve.
- Consider having one contractor with expertise in this area for the core cities who could subcontract others to deliver the services in neighbourhoods. This would allow for consistency in data collection, reporting and increase accountability.
- Services need to be seamless for families.
- Need for programs / services tailored to fathers.
- Cross cultural parenting support and counseling needed.
- Make services available to grandparents and to CIHR recipients.

Neighbourhood Houses

- Each should have a continuum of prevention, early intervention and intervention/support services available. Use as hubs and locate more services within them such as supervised access.
- MCFD and contractors should assign staff to serve as liaisons with specific neighbourhood houses.
- Have MCFD social workers based in community; schools and neighbourhood houses.

Aboriginal Services Recommendation Committee

Given the disproportionate percentage of children in care who are Aboriginal; the relationships Aboriginal service providers have built with families; the principles laid out by the Ministry recognizing the importance for Aboriginal families to receive services from Aboriginal service providers; and the variety of Aboriginal service providers in the South Island who have capacity to take on additional services, the following recommendation was made:

35% of funding spent on “gate-kept” CFD services and 25% of open access CFD services be made available for Aboriginal agencies to deliver Aboriginal culturally appropriate services with the following as priorities:

Parent Education/Training:

Aboriginal parenting programs must be recognized as having value when families are directed to services. Support for parents as they work through the trauma that has contributed to their current reality is critical and is often a necessary first step leading to programs that include activities with the child(ren).

Currently, there is no Aboriginal funding under the Parent Training and Education service line. However, there are two parenting programs funded under Aboriginal CFD and Family Preservation. **One is an open access service; the other** is considered a gate-kept program but **does not receive the referrals or have sufficient funding to deliver a program that meets all the requirements** of MCFD social workers who do not recognize it for the purposes of completing a risk reduction plan. Little understanding of the need to aid parents in dealing with past trauma before including their children in programming has been shown by social workers with the result that parents are then sent to a non-Aboriginal parenting program to receive ‘credit’ rather than being able to continue with a culturally sensitive service. Participants would like funding to expand the Aboriginal parenting program (**curriculum** has **already** been developed) that would be more relevant and appropriate.

A total of \$1,253,719.68 is being spent in the South Island on parenting programs of various descriptions. Of this, \$234,744 (18.72%) is with Aboriginal agencies.

Move \$204,058 from non-Aboriginal service providers to Aboriginal agencies and review twelve months from start-up. This would bring the total funding to 35%.

Youth Support Services:

Aboriginal youth are less likely to complete high school than non-Aboriginal youth; are at higher risk of being involved with the Youth Justice system and are more likely to have been in the care of MCFD. Evidence shows that youth who are connected to their culture and/or have strong attachments to one or more healthy adults are at lower risk.

Currently, some funding for Aboriginal youth services exists within the CFD program area under Family Preservation and Reunification. \$74,027 can be identified as an Aboriginal youth program. There is no funding for Aboriginal services in the program area Youth Support Services which totals \$2,524,589 of which \$1,845,253 is for Youth Outreach & Support. The remaining funding in this category is for Safe Care, Conflict Resolution and Residential Living for Pregnant and Young Moms.

Move \$387,286 from non-Aboriginal service providers to Aboriginal agencies to provide youth outreach and support services that are culturally grounded. This would bring the total funding to 25%. Review in twelve months.

The committee recognizes that ongoing work on the Aboriginal disentanglement process and the development of a new socio-economic formula will have an impact on funding for Aboriginal services. For that reason no recommendations are being made at this time for additional transfers to Aboriginal service providers. However, individual agencies may develop requests at any time.

The committee did not make recommendations on the process to be used for assigning new funding to Aboriginal service providers. They did, however, make the following comments:

- There is a need for Aboriginal specific design. Hanging Aboriginal art on the wall does not make a culturally sensitive service. It is much more than tweaking mainstream design.
- Mentorship based programming works well but takes time to develop.

- Triple P should have culturally appropriate material woven into it; this would have to be done by Aboriginal communities.
- Problems cannot be solved by the same consciousness that created them.
- There must be no reduction in current Aboriginal funding to meet the 25-35% threshold; ie: ECD funding.
- Aboriginal services and programs must be accountable for the services they are currently providing before taking on new services or funding.
- There is no appetite for competitive processes like RFPs. Problem solving from a cultural perspective collectively rather than competing was encouraged.
- Each needs to determine their priorities re: needs and what each is good at.
- There was concern expressed about the potential for lateral violence and the need to support one another.
- There was acknowledgement that some participants did not attend this meeting and their voices are equally important.

Appendix B

West Shore / Sooke

No. Meetings	No. Participants	No. Surveys
6	54	7

Program Specific Comments:

Support Services to Families:

- Expand family development services in Sooke.
- Urgent need for parenting program in Sooke and Port Renfrew.
- Niltuo services inconsistent; staff sometimes say it's too far to drive.
- Cascadia's anger mgmt and family counseling services are good.
- Family support workers located in schools would work.
- Family group conferencing should be used earlier.
- Either use risk assessments and risk reduction plans or stop creating them.
- Need for more evening and weekend hours of service.
- With population growth, we need to develop more neighbourhood houses; a proven concept.
- Need for serious collaboration between agencies and MCFD.
- Need support for parents of 'acting out' teens.
- Need parenting programs that are not gate-kept by MCFD.
- Need better transition planning when families move from one program to another.
- Consider wrap-around style services for families at risk.
- Risk reduction plans not being used or shared.
- Need more Aboriginal designed and delivered services
- Need for local delivery of Caught in the Middle program
- Need for mutual accountability: social workers sharing plans; agencies reporting back on client's progress
- Two intakes a year for parenting program does not meet needs of parents and their children who may be returning home
- Access issues reported including parenting programs that do not provide childcare or transportation; supervised access not available evenings or weekends; centralized location for many services that could be located in community.

Youth Support Services:

- Need for local parent/teen mediation service.
- Need for local youth leadership and youth drop-in service.
- Need youth shelter on West Shore; once youth go to Victoria they are at greatly increased risk.

- Huge need for youth outreach; Y doing a good job but not enough.
- Peer support and mentoring approaches needed.
- Aggression in relationships a growing issue and needs a response tailored to teens.
- Teen pregnancy skyrocketing; need peer support groups for girls.

Youth Justice:

- Some services should be located locally. Victoria service providers not reaching out as much as they should. Access to day program is difficult.
- Turnabout service needed for Sooke.
- Expectations of youth with probation orders should be clear and service providers should not enable non-compliance.

Children and Youth with Special Needs:

- FASD key workers provide good service from some agencies; inconsistent from others. Workers need to connect more with other services.
- AIDP excellent service.
- Denial of services until child protection issues identified in stressed out families is counter-productive. Unless the intent is to ensure job security for protection workers.
- Lack of assessment services.

Early Childhood Development:

- Drop-in programs, parent support programs work well but need more outreach to parents at risk.
- Strong Start vs. ECD programs; confusing for parents and for providers. Should we reevaluate ECD?

General Comments:

- Equitable access for Sooke/Port Renfrew needed.
- Encourage service providers to develop common intake form/process that would streamline for families.
- Need for flexibility in response to individual needs and learning styles.
- Long term integration planning needs to begin and to be supported.
- MCFD teams need list of contracts and deliverables for their areas.
- Provide public information about what is available and where.
- Use Wale Road building as a one-stop centre.
- No significant new funding in 15 years in spite of population growth.

Peninsula / Gulf Islands

No. Meetings	No. Participants	No. Surveys
5	57	0

Program Specific Comments:

CFD:

- Need support for grandparents raising their grandchildren.
- Roots: not seeing service.
- Phoenix: hours being used for travel time; more direct service time if service moved to Beacon. 1.5 FTEs devoted to FN clients.
- Cafca family support worker in community a lot; working well.
- Females uncomfortable with male worker on Pender.
- Niltuo workers not showing up for appointments
- Mandated parenting program needs to be delivered on Islands and on Peninsula.

Youth Support Services:

- Some youth need protection and are not able/ready for youth agreements – need to be in a family care home.
- Much can be done if services build on recreation or cultural programming.
- Need support for gay and lesbian youth.
- Too many youth who are functionally illiterate and many workers do not recognize this as an issue.
- Need a support program (Aboriginal) for youth who are parenting.
- Need local parent/teen conflict support groups and/or mediation on the Islands and on the Peninsula.
- Need shelter beds – bed at Our Place.
- CAFCA has a position dedicated to Peninsula/Gulf Islands youth but it is located in Victoria. How does this make sense? Funding should be moved to Beacon or Salt Spring.
- Peninsula and Gulf Islands could share a Reconnect worker if funding moved from Victoria.
- Pregnant/parenting youth program needed at Stelly School; most clients are First Nations youth.
- Casy program model would be beneficial for Salt Spring.
- No youth specific program funding to the Islands; could use a reconnect program; youth homelessness an issue; need youth/parent mediation service.
- Islands: money spent by service providers coming here on transportation could be better spent delivering service if a local provider had the funding; access is an issue for those unable to take time off work to go to Victoria.

Youth Justice:

- Curfew checks being done by phone only; have they heard of cell phones or call forwarding? Physical checks needed but service providers won't drive out here.

CYMH:

- Need services for younger children.
- SAIP – not culturally appropriate; would like to see satellite service on peninsula.
- Collaboration among service providers / families needs to improve.
- Focus on capacity building for prevention strategies.
- Cascadia: reporting an issue; need to be clear on referral expectations; need to hear back if client no-shows.
- Need more choice of services; question quality of existing services.

CYSN:

- Support group for parents with FASD and for parents of children with FASD needed on Peninsula.
- Islands need to be able to access key worker services.
- Niltuo FASD worker has shifted to only working with adults with FASD and not families with a child affected by FASD

ECD:

- Strong programs, working well.

General Comments:

- Look at data for services that are supposed to serve the Islands; move the money to fund local delivery
- Need to find ways to improve communication between service providers and MCFD front line; turnover is an issue.
- Respite needed for parents of high needs child; especially for single parent.

Victoria / Esquimalt / Saanich (Core)

No. Meetings	No. Participants	No. Surveys
12	103	20

Program Specific Comments:

Support Services to Families:

- Need more neighbourhood based services such as C'Nex and Nurturing Families.
- Recognize that neighbourhood houses already serve as hubs and place a family support worker in each one.
- Support development of a neighbourhood house in Gordon Head.
- Burnside Gorge has excellent services; particularly C'Nex, a housing worker, community dinners and youth outreach.
- Move more contracts to neighbourhood houses with family support workers and a range of services to meet individual client needs.
- Family care plans need to be developed earlier, need to be transparent and need to be family driven.
- Services that facilitate attachment; stop activities that interfere with attachment.
- Place family support workers in schools.
- Need for improved transition planning when families moving from one service to another.
- Consider wrap around services for families at risk.
- Risk reduction plans not being used or shared with agencies so they can tailor services and report back.
- Services/agencies should not be isolated from each other; lack of communication and forcing families to repeat their stories over and over causes the erosion of trust and hope, making things worse for some.
- Address communication gaps between agencies and MCFD; assign ministry liaison for every agency.
- A great need for consistency and continuity in services; when making service decisions, try to see it from client's perspective also.
- Staff of several agencies unable or unwilling to deal with difficult clients presenting with multiple issues. Seen as a growing issue.
- MCFD involved families are not welcome in some programs/agencies.
- Need for more services available evenings and weekends.
- Parents whose children have been taken into care often say they asked for help earlier but were unable to obtain it. Perhaps outreach services would help with this.
- Need to implement Aboriginal parenting program curriculum that builds on Kwen,an,lateel.

- Need for parenting program designed for parents with cognitive impairments/fasd like one in Prince George.
- Parents report poor access to parenting programs that do not provide childcare or transportation.
- Parenting programs need to be delivered in each community.
- Difficult for working parents to attend parenting programs that are not available on weekends.
- Mini parent education programs could be offered to businesses as a proactive and preventative approach.
- Parental capacity assessments are needed but we need to recognize there are different reasons and one size does not fit all; contracts should have language requiring specific recommendations.
- Grandparents or other extended family taking on children should be offered services such as how to care for children who've been abused or neglected, grief/loss, dealing with visiting parents, and how to navigate systems.
- Coordinator position for shared assessment team needed.
- FDR: either improve Aboriginal agency participation or set up Aboriginal committee.
- Supervised access; no visits on weekends or evenings a problem; rigid about how and what; over-educated workers being used for this who then can't do family work; need some to be done in-home; need a centre in each community with a continuum of supervision; more flexibility to meet families needs; does not all need to be done by workers with degrees; too much valuable time providing taxi service.
- Prepackaged anger management / counseling program not realistic for all clients; only get 9 of 10 hrs if we need a report; families cut off before real benefits can be seen; need more options for referrals.
- Family Violence Project gets generally good outcomes; reports are provided if requested.
- Research shows value of mentoring programs so we should support more of these; Big Sisters/Big Bros does excellent work but has long waitlist.
- Alcohol and drug clinic on Quadra not working for many parents (hours of service).
- Foster parents need support to participate in mediation and other collaborative practices and support to follow through with plans that accommodate parents and extended families.
- Family Group Conferences should be done earlier.

Youth Support Services:

- Need more transition supports
- With the high number of youth outreach workers in different agencies, perhaps one or two could be dedicated to housing workers along the lines of Burnside Gorge's.
- Youth like services not located in downtown core; seen as more confidential.
- Divert parent/teen mediation dollars to youth serving agencies who could be more effective and are more accessible.
- SKIT workers are invaluable; youth are comfortable with them and trust them.

- Develop a youth hub with MCFD staff and service providers in downtown and Esquimalt.
- Too many players offering same services; eg outreach workers not well coordinated.
- Youth services should modify their hours to meet the needs of youth and not pull youth out of school.
- Contracts should spell out who the service is designed for so that providers cannot avoid the difficult youth if that is who they are meant to serve.
- Many success stories from Youth Care Home at Boys and Girls.
- Takes too long to access services.
- Protection for youth should be responded to more quickly. They deserve protection as much as a 10 year old.
- The number of high risk youth is a reflection of the absence of early intervention services or protection services.
- Youth drop-in recreation programs work and can generate many preventative benefits.
- New services need time to build a clientele.
- Youth services should be universal and prevention/early intervention focused which would help to remove stigma of attending.
- Mentoring should be built into most youth programming. Lots of evidence that this approach works.
- Artemis Place is an excellent service and has helped many girls turn things around.
- Need for youth services to be more timely (both in terms of when need is identified and hours available) and more integrated.
- Need for wrap-around services for youth, including after care.

Youth Justice:

- Prevention: use restorative justice processes for younger kids getting into trouble.
- Consolidate all contracts to Boys and Girls who have knowledge base.
- Pay agency staff a competitive wage even if it means a reduction in service; it would lead to better quality of service.

Child and Youth Mental Health:

- Drug and alcohol counseling is needed for younger children.
- Need for grief counseling for young children
- Gap in service for sexually offending over 13 yrs where no charges.
- Services are difficult to navigate or access and have long waitlists.
- Families say they do not feel heard, cannot get through the bureaucracy, and have difficulty getting basic information on services. This is particularly difficult when they are in crisis.
- Parents need a guide to accessing specific types of services; the trial and error approach is costly and unproductive.

- Youth have difficulty accessing services unless they are involved in justice system and are referred to forensics.
- Navigating CYMH system is difficult and confusing for professionals let alone families; consider navigator positions or simplify system.

Children and Youth with Special Needs:

- Children in care in level 2 home not eligible for supported child development – this does not make sense.
- Need to address gap between EIT and SAT – there may be some time between child's 5th birthday and school entry.
- Move some money from YS or SCD to hire child and youth workers to support youth in and out of school.
- FASD key workers should be available to families in the evening.
- Respite needed for children with high needs to help prevent caregiver burn-out.
- QA services difficult to access for some families.

Early Childhood Development:

- Parents most in need of this service may not access. Too many appear designed for motivated, informed, middle-class, at-home parents.
- Some parents report they do not feel welcome if they are members of a marginalized population.
- Neighbourhood based 'gateway' services work well; especially within a multi-service agency.
- Existing early learning programs have not been acknowledged while Strong Start receiving funding. Why is there no consultation on this and the resulting confusion for existing services and for families.

General Comments / Recommendations:

- MCFD referrals: staff would like more reporting back on how clients are doing. Social workers, probation officers and mental health staff all made similar comments. Where appropriate, make this a contractual requirement.
- Too many small, specific contracts; should consider merging.
- MCFD should be accredited.
- Regular evaluation of services/programs/agencies needs to be done.
- Consider web-based services such as youth link for other things.
- Funding allocations do not reflect disproportionate number of Aboriginal children in care and justice involved.
- Encourage and support shared training initiatives, shared space.
- Need for contract manager to more accessible.
- Continue movement toward more cross-ministry work.
- Neighbourhood houses should be used by visiting 'clinicians' instead of requiring clients come to them.

- We expect clients to go to too many places for too many reasons when they have complex needs and/or are in crisis.
- We don't need any more agencies created; already far too many.
- Need for solid case management across services. Case managers may be in agencies or MCFD staff but must be supported and not done off the side of the desk.
- Give families a voice in how services are delivered and evaluated.
- Care and support plans need to be made, updated, consistent and family driven. All should be held accountable for their part of the work.
- MCFD and agency staff need to see each other as partners and improve ongoing communication.
- New staff in particular are not knowledgeable about the range of services / service providers that may be appropriate for their clients.
- Lack of information / clarity about deliverables in contracts; therefore difficult to have realistic expectations. Team leaders were virtually unanimous in wanting to have updated information on contracts and services on a regular basis. This would also address comment above.
- Sponsor an annual service fair for MCFD and agencies.
- A portion of each contract should be dedicated for children in care
- Extended family providing care should be eligible for services.
- Drug-testing: access issues around hours of service.
- Accessibility for families with several children is a problem; taking buses and going to multiple sites.
- Saanich families do not always have access to downtown services.
- Devote 10-15% of funding to evidence based prevention.
- More strength based focus.

South Island wide

No. Meetings	No. Participants	No. Surveys
16	144	2

Program Specific Comments:

Support Services to Families:

- Service providers need to be informed of risk reduction service plans so they can tailor services and report back.
- Perception of power and control in relationships with the ministry undermines trust.
- Severing effective supports just as a family is making gains is counter-productive.
- Need for more Aboriginal specific services such as parenting and supervised access.
- Roots has not worked for a long time; service is fragmented; should be delivered by one agency or by ministry.
- In home parenting program like Homebuilders model needed.
- MCFD referrals: need to hear if family is attending.
- Supervised access transportation: inadequate seating in vehicles, no car seats, borrowing equipment from caregivers.

Youth Services:

- Allow time for new services to stabilize and to evaluate outcomes.
- NEEDS crisis line used a lot and clients report it is responsive and helpful.
- Improve partnerships between MCFD youth team and service providers.
- Parent/teen mediation – many parents can't afford even the sliding scale of fees. Have to wait till serious enough for a social worker referral to make it no-cost. Might be able to prevent escalation if more accessible earlier.
- Need for recreation/arts type programs for youth who are not attending school, not in day program and are ordered out of house during the day.

CYMH:

- Need for more home-based services.
- Aboriginal access an issue.
- Outlying communities not getting good services.
- Need for more holistic service – therapists should receive training in drug & alcohol and sexual abuse – so that multiple therapists not involved with same client.
- Positive reports from caregivers about Children Who Witness Abuse.
- Project Alive gets good reports though sometimes too short.
- SAIP should be provided in house by the CYMH team or by agencies providing integrated services.

- The Force is an excellent source of support for parents of younger kids; could expand to support parents of youth.
- Need for therapeutic resource (receiving home model).
- Need multi-family therapy as early intervention and more prevention focus such as bullying programs, positive body image, critical thinking re media.
- Need for earlier assessments
- Need clarity on eligibility for services.
- Access for families/foster parents can be an issue regarding transportation to service.

CYSN:

- FASD key workers: who provides service to whom? – need for clarity and more information about service.
- Key workers should participate / provide support during assessment/diagnosis at QA.
- Provide ongoing funding for White Crow camps.
- Mentoring and supporting leaders on reserves to provide education and prevention of FASD.
- Need early assessments for hidden disabilities.
- Need access to a behavioural interventionist.
- Need FASD workers to be more proactive and to provide more info/education to other service providers involved with youth.
- Supported child development often helps to stabilize families.
- IDP is an amazing service.

General Comments:

- Where there is a choice, give contracts to accredited agencies to improve accountability.
- Concerns that some agencies not keeping client files secure.
- Evaluate hours that services are available and access issues, particularly if clients need to come from outlying areas.
- High turnover of staff in agencies creates issues for families and for communication.
- MCFD staff generally don't know outcomes when they refer to a contracted service.
- Strong networking among programs delivering ECD; continue to support this.
- Too many youth, parenting and family violence supports centered in Victoria and not accessible.
- If contracted services not being delivered for extended time, move dollars to agency who can deliver. Shut down services if not being delivered.
- Service providers should be providing MCFD offices with schedules for groups, info on new services and eligibility info.

- Need clear guidelines on when services should be retendered, agencies believe they are untouchable.
- Facilitate joint education meetings with service providers and MCFD staff (ie; CYMH and FASD)
- Need for generally accessible guide to services in each community.
- Need to invest in evidence based prevention services and then allow time for the benefits to accrue.
- MCFD to show an interest in rebuilding partnerships.

Appendix C

Ministry Focus Comments and Suggestions

Support Services for Families:

- Family support workers/social workers located in schools and neighbourhood houses would work.
- Family group conferencing should be used earlier.
- Either use risk assessments and risk reduction plans or stop creating them.
- Need for serious collaboration between agencies and MCFD.
- Need for mutual accountability: social workers sharing plans; agencies reporting back on client's progress
- Family care plans need to be developed earlier, need to be transparent and need to be family driven.
- Increase services that facilitate attachment; stop activities that interfere with attachment.
- Address communication gaps between agencies and MCFD; assign ministry liaison for every agency.
- Coordinator position for shared assessment team needed.

Youth Support Services:

- Some youth need protection and are not able/ready for youth agreements – need to be in a family care home.
- Contracts should spell out who the service is designed for so that providers cannot avoid the difficult youth if that is who they are meant to serve.
- Protection for youth should be responded to more quickly. They deserve protection as much as a 10 year old.
- Allow time for new services to stabilize and to evaluate outcomes.

Youth Justice:

- Expectations of youth with probation orders should be clear and service providers should not enable non-compliance.
- Consider use of restorative justice with children too young to be charged as a preventative program.

Children and Youth with Special Needs:

- Denial of services until child protection issues identified in stressed out families is counter-productive. Unless the intent is to ensure job security for protection workers.

Child and Youth Mental Health:

- Navigating CYMH system is difficult and confusing for professionals let alone families; consider navigator positions or simplify system.
- SAIP should be provided in house by the CYMH team or by agencies providing integrated services.
- Need for therapeutic resource (receiving home model).

Early Childhood Development:

- Strong Start vs. ECD programs; confusing for parents and for providers. Should we reevaluate ECD?
- Triple P should have an outreach component and an Aboriginal stream.

General:

- MCFD teams need list of contracts and deliverables for their areas.
- Need to find ways to improve communication between service providers and MCFD front line; turnover is an issue.
- Agency Executive Directors and CSMs need to develop closer working relationships.
- Pay agency staff a competitive wage even if it means a reduction in service; it would lead to better quality of service.
- MCFD referrals: staff would like more reporting back on how clients are doing. Social workers, probation officers and mental health staff all made similar comments. Where appropriate, make this a contractual requirement.
- Regular evaluation of services/programs/agencies needs to be done.
- Continue movement toward more cross-ministry work.
- Need for solid case management across services. Case managers may be in agencies or MCFD staff but must be supported and not done off the side of the desk.
- MCFD and agency staff need to see each other as partners and improve ongoing communication.
- New staff are not knowledgeable about the range of services / service providers that may be appropriate for their clients.
- Lack of information / clarity about deliverables in contracts; therefore difficult to have realistic expectations. Team leaders were virtually unanimous in wanting to

have updated information on contracts and services on a regular basis. This would also address comment above.

- Sponsor an annual service fair for MCFD and agencies.
- A portion of each contract should be dedicated for children in care.
- Where there is a choice, give contracts to accredited agencies to improve accountability.
- MCFD staff generally don't know outcomes when they refer to a contracted service.
- If contracted services not being delivered for extended time, move dollars to agency who can deliver. Shut down services if not being delivered.
- Need clear guidelines on when services should be retendered, agencies believe they are untouchable.
- Need to invest in evidence based prevention services and then allow time for the benefits to accrue.

Across programs

- Need for more evening and weekend hours of service.
- Need better transition planning when families move from one program to another.
- Need more Aboriginal designed and delivered services.
- Centralized location for many services that could be located in community.
- Encourage service providers to develop common intake form/process that would streamline for families.
- Need for flexibility in response to individual needs and learning styles.
- Long term integration planning needs to begin and to be supported.
- Provide public information about what is available and where.
- Need more neighbourhood based services.
- Services/agencies should not be isolated from each other; lack of communication and forcing families to repeat their stories over and over causes the erosion of trust and hope, making things worse for some.
- A great need for consistency and continuity in services; when making service decisions, try to see it from client's perspective also.
- MCFD referrals: staff would like more reporting back on how clients are doing. Social workers, probation officers and mental health staff all made similar comments. Where appropriate, make this a contractual requirement.
- Regular evaluation of services/programs/agencies needs to be done.
- Encourage and support shared training initiatives, shared space.
- Neighbourhood houses should be used by visiting 'clinicians' instead of requiring clients come to them.

- Need for solid case management across services. Case managers may be in agencies or MCFD staff but must be supported and not done off the side of the desk.
- Sponsor an annual service fair for MCFD and agencies.
- Accessibility for families with several children is a problem; taking buses and going to multiple sites.
- Facilitate joint education meetings with service providers and MCFD staff (i.e. CYMH and FASD).
- Concerns that some agencies not keeping client files secure.
- Too many youth, parenting and family violence supports centered in Victoria and not accessible.

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