

Recruitment and Retention of Manitoba Youth Care Practitioners

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EXECUTIVE SUMMARY

A note to readers: The report uses new terminology for existing concepts to more accurately reflect current shifts within the field. Of particular note are:

“Youth Care Practitioners” (YCP) replacing “Youth Care Workers” (YCW)

“Residential Treatment” replacing “Residential Care”

Purpose

The purpose of the Residential Treatment Recruitment and Retention (RTRR) working group is to produce a report which makes recommendations for youth care practitioner:

- Qualifications
- Standards
- Classification specifications
- Compensation, and
- Recruitment strategies

In addition, the report will propose updates to existing funding models.

Background

Children and youth are placed into residential treatment arrangements for a variety of reasons, including destructive behaviour. These behaviours are often the result of unmet needs arising from past trauma that exceed the capacity of a caring family setting.

Many of the children and youth placed into residential Treatment arrangements are also served through the justice and mental health systems. Information was gathered on 122 youth currently residing in a residential treatment facility. It was found that:

- 65 per cent (n=79) had either a current, suspected or previous mental health diagnosis
- 57 per cent (n=69) had either a current, suspected or previous other mental health issue (such as FASD or exhibiting suicidal behavior), and
- 48 per cent (n=58) are currently or had previously been prescribed psychotropic medications

Furthermore:

- 51 per cent (n=62) are currently or have previously been on probation
- 42 per cent (n=51) had current or previous bail conditions
- 32 per cent (n=39) had current or previous undertakings with the court
- 29 per cent (n=35) are currently or have previously completed community service hours, and
- 17 per cent (n=21) had current or previous other dealings with the justice system (such as charges pending)

Recruitment and Retention Issues

The report identifies three key recruitment and retention issues affecting the Manitoba residential treatment system. They are:

- **The challenging nature of the work** – this is both a positive and negative. There is much to be said about the satisfaction that's achieved making a difference in the lives of children and youth struggling with myriad issues, however, the work is physically and emotionally exhausting (and sometimes dangerous). Two organizations reported 38 Worker's Compensation Board claims in 2010. Those claims included YCPs who had been bitten, punched, kicked, head-butted, stabbed and threatened with knives.
- **Shift work/Hours** – The nature of the work requires 24 hour supervision of children and youth living in residential treatment facilities. Youth care practitioners must be available to work at all hours. Other occupations that require this flexibility provide shift premiums and additional benefits to offset the challenges that such a schedule poses to staff.
- **Salary and Benefits** – Current salary and benefits do not begin to approach sufficient compensation for youth care practitioners. In the early 1980s funding for youth care worker positions was based on their equivalent position within Justice, juvenile counsellors. However, those rates have diverged to the point that the difference in compensation has resulted in critical difficulties recruiting and retaining youth care practitioners in the system.

As a result, Practitioners often work a second job and/or seek alternative education (and a career path outside the residential treatment field) to improve their earning potential. The result is that the residential treatment system struggles with high turnover and, unfortunately, children and youth are impacted as important relationships with their Practitioners are fractured.

Recommended Actions

The report recommends specific actions in three main areas:

- Standards and Qualifications
- Wages and Benefits, and
- Training

Standards and Qualifications

The working group proposes the adoption of new classification specifications for youth care practitioners (see Appendix 2). The new specifications are based on similarities across existing position descriptions collected from residential treatment agencies. The specifications include detailed information on:

- Typical duties
- Qualifications
- Education
- Training
- Experience, and
- Physical Standards.

A four-level classification is proposed with a protocol for transitioning between levels that would allow individuals the potential to fulfill responsibilities of a position without initially having the necessary academic credentials.

Wages and Benefits

The working group proposes eliminating the wage gap between the YCP and JC salary scales. Analysis shows that the wage gap between the first steps of each scale is significant.

- At the YCP1 level the gap is 45.9 per cent (just over half of the JC1 wage)
- At the YCP2 level the gap is 45.5 per cent
- At the YCP3 level the gap is 35.9 per cent
- At the YCP4 level the gap is 28.8 per cent (just over three quarters of a JC4 wage).

Such discrepancies help explain why youth care practitioners either work a second job or leave the system for better paying jobs once they have some experience. Furthering the disparity is the reality that YCPs have not had a wage increase in three years.

In order to compensate for such wages, agencies often provide benefits over and above the level provided for in the residential treatment funding model (although in line with benefit costs in the Manitoba General Employees Union master agreement).

The current funding model provides for 12.75 per cent to employee benefits, inclusive of:

- Canadian Pension Plan
- Employment Insurance
- Worker's Compensation
- Payroll Levy
- Pension
- Health/Dental, and
- Disability and Life insurance.

Real costs to agencies vary, depending largely on the health and dental benefits provided, but range between 14.23 and 27.62 per cent (with the majority of agencies ranging between 16 and 20 per cent). The range of the MGEU agreement is 17.26 to 19.16 per cent.

In addition, an analysis of the relief time costs was also completed. Relief time includes:

- Vacation
- Sick Time, and
- Statutory Holidays

The residential treatment funding model allows for 12.00 per cent. The MGEU agreement ranges between 15.00 and 25.77 per cent, while the agencies report costs ranging between 14.62 and 28.07 per cent (with the majority of agencies ranging between 15 and 20 per cent).

Training

The current residential treatment funding model does not include any provisions for training. Most agencies currently provide up to 3.85 per cent for training days.

The RTRR Working Group believe that better salaries, benefits and training opportunities for YCPs will result in decreased turnover and therefore a substantial benefit for employers, children and youth in residential treatment facilities and the province.

Recommendations

The report makes the following recommendations:

- 1. That the new Youth Care Practitioner Classification Specifications (outlined in Appendix 2) be approved**
- 2. That the wage scale of the new YCP classification is indexed to the existing JC scale and**
 - a. That the current disparity is eliminated over a five year period.**
- 3. That the residential treatment funding model be amended to more accurately reflect the costs associated with the provision of:**
 - a. Benefits**
 - b. Relief Time, and**
 - c. Training**

Five-Year Implementation Plan

In Year One, the new YCP classification specifications would be approved and the disparity between the old YCP and JC wage scales would begin to be addressed.

Also in Year One, the funding model would be revised to address the costs of providing benefits, relief time and training for Manitoba YCPs.

Years Two through Four would continue to decrease the disparity between the old YCP and the JC wage scales.

Year Five would effectively eliminate the current disparity between the old YCP and JC wage scales and would index the new YCP and JC scales, insuring equity on a go forward basis.

Other Considerations

While increases to YCP salary allocations are an important first step in addressing the challenges faced by this sector, ultimately a revised funding model is necessary. Revisions are needed to address many other considerations required to ensure YCP salary increases are sustainable. Some of these considerations include:

- Increases to operational expenses, such as:
 - Shelter costs
 - Transportation costs
 - Taxes
 - Utilities
- Currently unfunded operational expenses, such as:
 - Human Resources
 - Information Technology
- Benefit changes, such as:
 - Establishing a YCP Pension Plan
 - Introducing shift differentials
 - Establishing a “working alone” policy (including overnights)

Finally, there will be a need to address the impact of increased YCP wages on other wage scales in the sector. These adjustments have not been included in the cost estimate.

Cost Estimate

Work has begun to estimate the costs proposed in this report. A concurrent process is underway to review the entirety of the existing funding model which will address the other considerations mentioned above.

Recruitment and Retention of Manitoba Youth Care Practitioners

1. INTRODUCTION

The following section provides a brief overview of the origins of this report and a description of the Residential Treatment System in Manitoba.

Purpose

The purpose of the report is to make recommendations in the following areas of concern for youth care practitioners (YCP):

- Qualifications
- Standards
- Classification specifications
- Compensation, and
- Recruitment strategies

In addition, the report will propose updates to existing funding models.

Structure of the Report

The report is composed of five sections including the first, the introduction. The second section provides a brief overview of the recruitment and retention challenges facing the residential treatment system in Manitoba. Section three addresses the expected results of the RTRR working group by presenting

Youth Care Practitioners

Youth care practitioners help children, youth and their families develop the strengths and skills needed to identify and resolve concerns that occur in their lives.

They deliver individually customized treatment using client-centered and culturally sensitive personal care.

This term replaces youth care worker in the report.

recommendations in the areas of standards and qualifications, wages and benefits and training. The fourth section summarizes the main issues presented in the report and the fifth section proposes a five year implementation plan with cost estimates.

Background

Children and youth are placed into residential treatment arrangements for a variety of reasons, including destructive behaviour. These behaviours are often the result of unmet needs arising from past trauma that exceed the capacity of a caring family setting. Such behaviours may include a lack of trust towards adults, abusing animals, themselves or others, substance abuse and/or involvement in criminal activity. In addition, they may be experiencing significant mental health challenges. This results in the need for ongoing client-centered, culturally sensitive personal care and individually customized treatment to ensure the safety of the child or youth, their family and the broader community.

Many of the children and youth placed into residential treatment arrangements are also served through the justice and mental health systems. In the early 1980s, when the youth care worker (YCW) position was originally created, wage scales and benefits were based on their equivalent position within Justice, Juvenile Counsellors (JC). However, those rates have diverged to the point where it is believed that the difference in compensation has resulted in difficulties recruiting and retaining youth care practitioners in the system.

Informed by current research, youth care practice has evolved successful intervention methods to assist children and youth in coping and recovering from the trauma they have experienced in their lives. However, successful intervention can only be achieved through the skill, dedication and effort of professional youth care practitioners. It's intrinsic that these professionals are afforded commensurate compensation and training opportunities so that children and youth receive the care they deserve to promote healing.

Terms of Reference

The Residential Treatment Recruitment and Retention (RTRR) working group drafted Terms of Reference (TOR), based on direction from the Minister of Family Services and Consumer Affairs, to guide their work. The TOR is attached in Appendix 1.

The RTRR working group has the following expected results:

To improve the recruitment and retention of youth care practitioners through:

- a. New qualifications, standards and classification specifications
- b. Commensurate compensation, and
- c. Training opportunities

Manitoba's Residential Treatment System

Manitoba has approximately 150 residential child care facilities (including 65 short-term Emergency Placement Resource (EPR) shelters – which are not a component of this report)

which provide specialized or emergency receiving homes for more than 700 children; the province spends over \$30 million per year for the provision of residential child treatment services.

Many of these organizations belong either to the Manitoba Association of Residential Treatment Resources (MARTR) or to the Council of Child Caring Treatment Centres (CCCTC).

FUNDING FOR RESIDENTIAL CHILD TREATMENT FACILITIES

Most of our province’s residential child treatment facilities receive the bulk of their funding from Manitoba Family Services and Consumer Affairs (FSCA). Funding is delivered either through grant funding (sometimes referred to as “core funding”) provided by the Child and Family Services Division (hereafter referred to as “the Division”) or by charging CFS agencies per diem rates for specific agency children in the facility’s care. The CFS agencies are then eligible to be reimbursed by the Division for those per diem payments. Children-in-care with First Nations status who come into care on-reserve are funded by Indian and Northern Affairs Canada (INAC).

Service Purchase Agreements (SPAs) are in place for those facilities receiving grant funding. These facilities receive a level of funding regardless of whether their facility is full. There are 39 residential child treatment facilities, from 13 different organizations which receive grant funding. This represents 281 spaces (often referred to as “beds”) for children. The Division’s Provincial Placement Desk Specialist is responsible for coordinating the admission process for 28 of the 39 grant funded residential child treatment facilities.

Youth Care Practitioner Workforce

The lack of an inventory detailing the characteristics of the youth care practitioner workforce in Manitoba is a gap identified by the RTRR working group¹. Therefore, this section of the report will describe the general characteristics associated with a youth care practitioner position.

In general, youth care practitioners:

- establish trusting and meaningful one-to-one relationships with children, youth and families
- implement strategies such as planned daily activities, coordinated treatment interventions, structured environments, and organized recreational and social activities
- help youth identify personal strengths and resources for positive change
- develop and maintain individual and group treatment programs
- respond effectively to acts of aggression and depressive, destructive or self-injurious behaviours
- act as a resource for clients and their families
- engage in behaviour management, safety and security programming for young people in residential centres
- supports the client’s educational and/or day program activities
- support the child in observing their cultural or spiritual beliefs, and

¹ Demographic information such as level of education, experience, etc.

- complete written documentation.

Youth care practitioners often work as part of a team of social workers, psychologists, recreation therapists, foster care workers, teachers and other professionals. They help integrate the efforts of all these specialized professionals with children, youth and families who may be experiencing emotional or behavioural challenges. Due to their on-going close involvement with children, youth and families, youth care practitioners are in an ideal position to help these individuals to be advocates for themselves and to take responsibility for their actions.

A youth care practitioner working in Manitoba was asked to describe why she chose a career in this field. The following is her response:

I was raised to believe that people should always be given a chance to succeed and that it really does take a community to raise a child. I have learned that sometimes the greatest gift you can give someone is to listen and actually hear them. I have become an advocate, a caregiver, a mentor, a teacher. I have been yelled at, sworn at, and physically threatened. I have laughed, cried, joked, and learned more than I ever thought I could. The youth and families that I work with continue to be some of the most amazing people that I've come to know.

However, helping people to heal takes time and commitment. It's sometimes an exhausting road - I've had to work extra jobs to make ends meet so I could continue to work in this field.

I believe that people will see the value of what we do and the value of the youth and families we work with. It's because I believe in these things that I continue to advocate for respect for the youth in my care, their families, and my profession.

I believe every child, every youth, and every family should have someone in their lives that see their limitless potential.

Population Served

Our province's residential child treatment facilities provide a wide range of specialized residential services. These specialized services include treatment programs for adolescents with addictions, programs for minor-aged adolescent parents and their infants, programs for children with significant medical, emotional and/or behavioural challenges, programs for adolescents

with sexual offending behaviours and programs for sexually exploited youth. The majority of the children living in residential child treatment facilities are adolescents with specialized needs that cannot be met in a foster home setting.

Facilities were asked to provide information to the RTRR working group on the mental health status and justice-related involvement of youth in their care. Information was submitted on 122 youth currently residing in a residential treatment facility. Table 1 presents information on mental health status.

Category	Current		Suspected		Previous		Total	
	n	%	n	%	n	%	n	%
Mental Health Diagnosis	38	31	33	27	8	7	79	65
Other	26	21	31	25	12	10	69	57
Psychotropic Medications Prescribed	44	36	N/A	N/A	14	11	58	48

Of the 122 youth for which information was received:

- 65 per cent (n=79) had either a current, suspected or previous mental health diagnosis
- 57 per cent (n=69) had either a current, suspected or previous other mental health issue (such as FASD or exhibiting suicidal behavior), and
- 48 per cent (n=58) are currently or had previously been prescribed psychotropic medications

Table 2 presents information on the justice involvement of respondents.

Category	Current		Previous		Total	
	n	%	n	%	n	%
Probation	47	39	15	12	62	51
Bail Conditions	35	29	16	13	51	42
Undertaking	23	19	16	13	39	32
Community Service Hours	18	15	17	14	35	29
Other	17	14	4	3	21	17

Of the 122 youth it was found that:

- 51 per cent (n=62) are currently or have previously been on probation
- 42 per cent (n=51) had current or previous bail conditions
- 32 per cent (n=39) had current or previous undertakings with the court
- 29 per cent (n=35) are currently or have previously completed community service hours, and

- 17 per cent (n=21) had current or previous other dealings with the justice system (such as charges pending)

In short, many of our province's highest need and most vulnerable children-in-care live in residential child treatment facilities.

2. RECRUITMENT AND RETENTION ISSUES

The RTRR working group identified numerous recruitment and retention issues affecting the residential treatment system in Manitoba. Based on the characteristics of youth care work, these issues include:

- Challenges posed by working with the client population
- Shift work/Hours, and
- Salary and Benefits.

Challenging Work

As mentioned above, working in the residential treatment system often means working with the most vulnerable (and most volatile) children with the highest needs in the system. The work can be physically and emotionally exhausting. It can also be dangerous.

For example, Marymound and Macdonald Youth Services reported that in 2010 there were 38 Worker's Compensation Board claims in which an YCP was injured by a client. Almost a third of these claims resulted in time lost at work and a paid claim.

The claims were almost always a result of violent physical behavior and included:

- six YCPs punched
- five YCPs bitten
- three YCPs kicked
- two YCPs head-butted
- one YCP stabbed, and
- one YCP threatened with knives

It should not be surprising, then, that the nature of the work can lead to stress and health issues that often force practitioners to abandon their positions and move to jobs outside of youth care.

On the other hand, some practitioners choose a career in this field precisely because of the opportunity that it offers. They recognize

The Salary and Benefits Counterbalance

The RTRR working group identified three issues affecting the recruitment and retention of youth care practitioners. Two of the three issues reflect characteristics of the occupation itself, leaving compensation as the counterbalance.

the important role of the practitioner in the delivery of high quality services to children in need.

While the challenging nature of the work is at once a negative and a positive, it's something that cannot be changed, at least not directly. However, it *can* be affected through other means, such as: hiring qualified staff, providing staff training and orientation and reducing turnover.

Shift Work/Hours

Again, much like the challenging nature of the work, shift work (and the hours that it entails) is a characteristic of working with youth in a residential treatment facility. Children and youth require 24 hour supervision, thus practitioners must have a flexible schedule which allows them to work evenings, overnight and weekends. The nature of this shift work can result in the least experienced and trained staff working the least desired (and arguably highest risk) shifts, such as overnights and weekends.

Other occupations that require this level of flexibility compensate staff through shift premiums and other benefits. Therefore it's other components of the system, namely salary and benefits, which must act as counterbalances to characteristics of the work that aren't negotiable.

Salary and Benefits

While practitioners often work in challenging conditions, their salary and benefits do not adequately compensate them. The last increase to grants and per diems was in April 2008 which provided a 2.5 per cent increase. Thus, it's not unusual for practitioners to work multiple jobs in order to make a living wage. The consequence is that practitioners become burnt out and/or seek employment opportunities outside of youth care. The resulting turnover affects all aspects of service delivery within the residential treatment system, including children and youth in their care.

It should be noted that two characteristics of the YCP occupation described above (the challenging nature of the work and shift work) along with the characteristics of the client population are distinctly similar to those one would find in the JC occupation. However, YCPs (and the residential treatment system, in general) lack many of the structural supports and benefits that are afforded to JCs and the Youth Justice System, in particular. These differences exacerbate the challenges faced by the residential treatment system.

3. FINDINGS

The RTRR working group has developed three specific recommendations to address the recruitment and retention of youth care practitioners in Manitoba. The recommendations address the items outlined in the purpose of the TOR, specifically:

- Qualifications
- Standards
- Classification specifications
- Compensation
- Recruitment strategies, and
- Proposes updates to funding models

Standards and Qualifications

In order to address qualifications, standards and classification specifications, the RTRR working group developed a four-tier YCP classification specification (Appendix 2).

The development of the specifications began by gathering youth care worker position descriptions from New Directions, Project Neecheewam, B & L Resources for Children, Youth and Families and Macdonald Youth Services. These descriptions were compared and contrasted with resulting YCP classification specifications being developed based on similarities in:

- Roles and responsibilities
- Qualifications
- Education
- Training
- Experience, and
- Physical standards.

The YCP1 entry level position would be the least common of the four levels, with YCP2 positions composing the majority of the workforce. YCP3s would provide leadership and supervision to YCP1 and YCP2 staff (among their other responsibilities) and would report to an YCP4.

Commensurate duties, qualifications, education, training and experience have been outlined in the classification specifications.

The specifications also include a proposal for transitioning between positions that would be used when an individual fulfills

Proposed Solutions

The RTRR working group proposes that in addition to approving the draft classification specifications for youth care practitioners (Appendix 2) that the wage scales of the new classification be indexed to the Juvenile Counsellor scales. It is also proposed that shortfalls in the funding model, specifically, benefits, relief time and training costs, are eliminated through phased increases to the model over five years.

responsibilities of a position initially without the necessary academic credentials. The process would include:

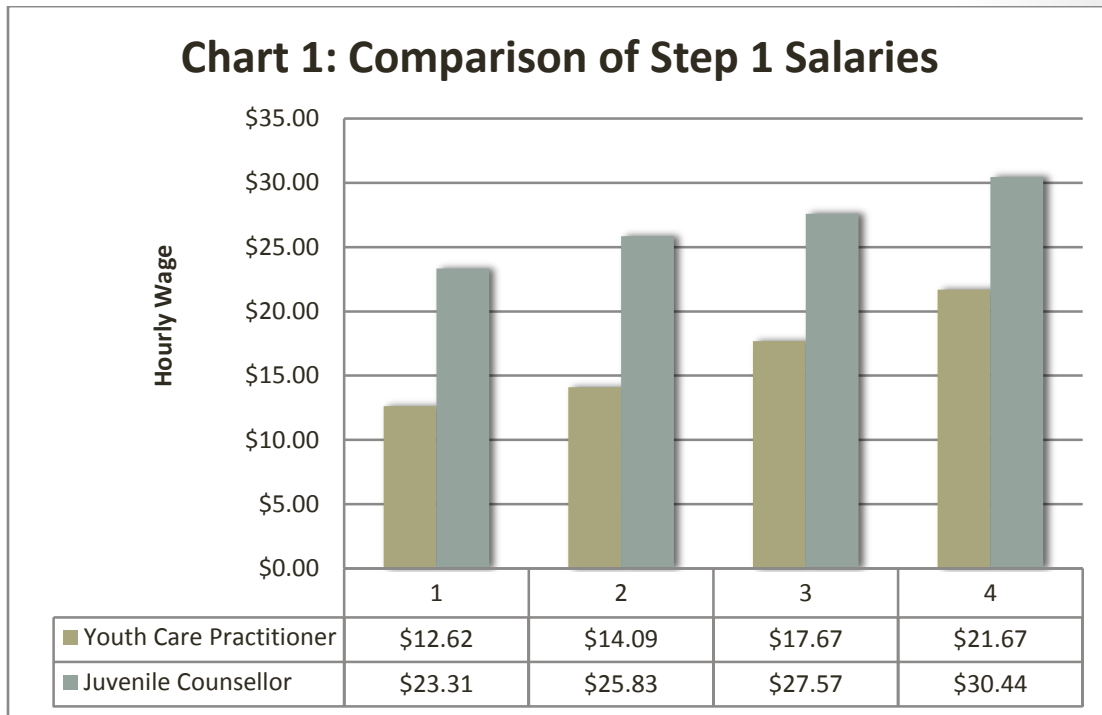
- A written education plan to meet the education qualifications within a realistic time line
- The provision of additional supervision which records the amount and frequency of supervision, provides progress reports on education and training plans and the completion of performance reviews, and
- The establishment of a six month mentoring relationship to provide ongoing daily support to the individual. The support may include job shadowing, case advice and/or emotional support, but would not include supervision.

The RTRR working group recommends the approval of the new Youth Care Practitioner Classification Specifications.

Wages and Benefits

The RTRR working group completed a wage analysis comparing the existing youth care practitioner wage to the Juvenile Counsellor (JC) wage.

An analysis was also completed which compared the average employer benefit, relief time and training costs across residential treatment facilities to the Manitoba Government Employees Union (MGEU) master agreement and the current funding model. Chart 1 compares step one hourly wages for YCPs and JCs.



There is a significant difference between the step one hourly rates across all four levels, although the gap decreases as the level increases.

- At the YCP1 level the gap is 45.9 per cent (just over half of the JC1 wage)
- At the YCP2 level the gap is 45.5 per cent
- At the YCP3 level the gap is 35.9 per cent
- At the YCP4 level the gap is 28.8 per cent (just over three quarters of a JC4 wage).

With such salary discrepancies between classifications that serve similar clients, many individuals entering the youth care field are striving for JC positions or leaving an YCP position for positions with better pay once they have gained some experience in the field.

A key component of any recruitment and retention strategy for the youth care practitioner workforce in Manitoba must include provisions to close the wage gap.

The RTRR working group recommends that wage scales of the YCP classification be indexed to the JC scale and that the current disparity be eliminated over a five year period.

A further gap was identified when the working group analysed the employer costs of providing benefits to their staff. The working group compared the average cost to a residential treatment facility with provisions in the MGEU master agreement and those contained in the residential treatment funding model. The benefits included in the analysis were:

- Canadian Pension Plan
- Employment Insurance
- Worker's Compensation
- Payroll Levy
- Pension
- Health/Dental, and
- Disability and Life insurance.

An analysis of the costs of providing benefits is included in Table 4.

Item	Facility	MGEU	Funding Model
Canadian Pension Plan	4.95%	4.95%	12.75%
Employment Insurance	1.73%	1.73%	
Worker’s Compensation	0.91%	N/A	
Payroll Levy	2.15%	2.15%	
Pension	1.00-7.00% ²	5.10-7.00%	
Health/Dental	0.98-10.00% ³	3.33%	
Disability and Life Insurance	0.00-3.10% ⁴		
RANGE	14.23-27.62⁵	17.26-19.16%	

While the first four items are identical to the MGEU master agreement (except for the provision to Worker’s Compensation), there is some variation in pension holdbacks (which fall as low as 1 per cent among residential treatment facilities) and health and dental benefits (which can be as high as 10 per cent). These variations are to be expected, as facilities attempt to counterbalance low wages by offering higher benefits.

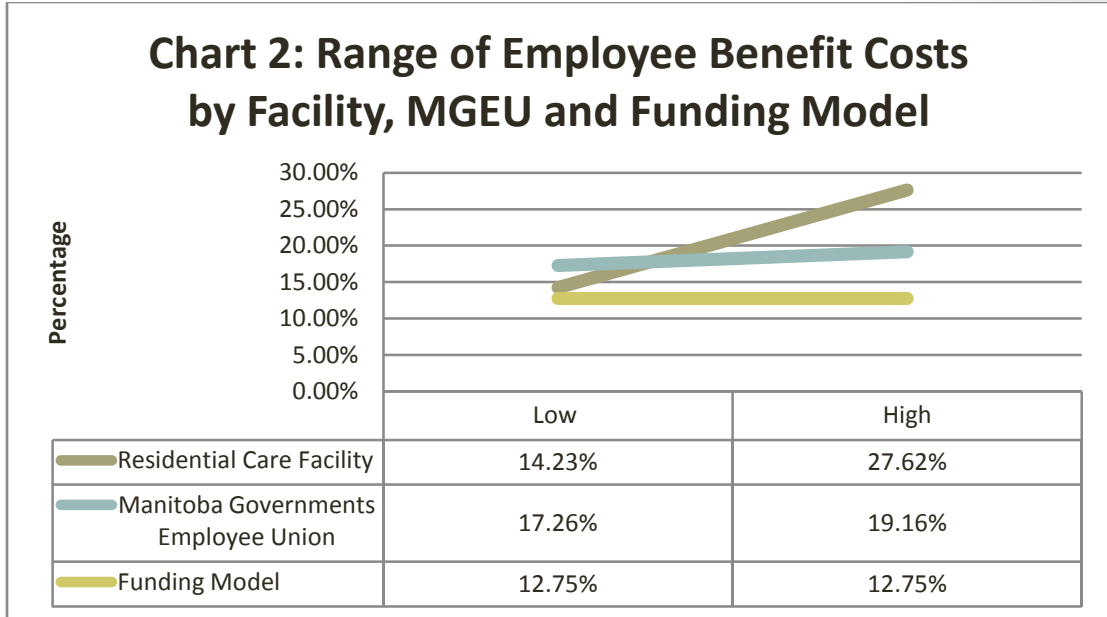
The most important piece of information presented in Table 4 is that the current funding model does not cover facility benefit costs, and indeed, would not cover the costs of the current MGEU master agreement. Chart 2 illustrates the shortfall.

² These numbers represent a range, not an average.

³ These numbers represent a range, not an average.

⁴ Only B&L and New Directions identified a cost.

⁵ These numbers represent a range, not an average.

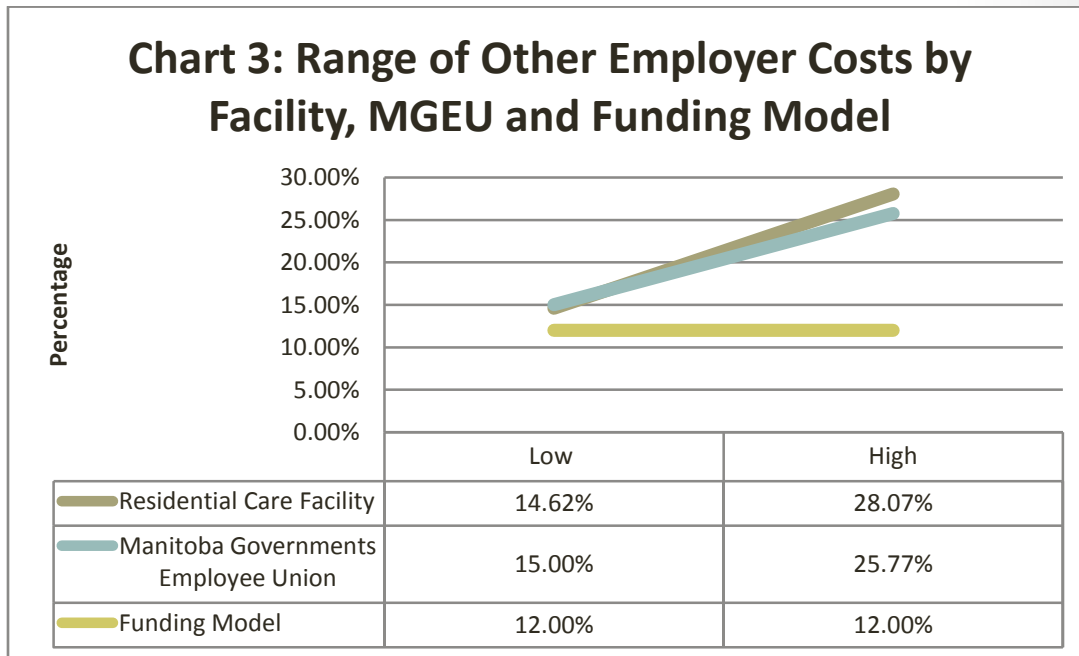


The RTRR working group recommends that the funding model be amended to more accurately reflect the costs associated with the provision of benefits in the residential treatment system.

Employer costs do not end with benefits. Another consideration is the provision of vacation, sick time and statutory holidays (or, relief time). A comparison of facility costs and the amounts in the MGEU master agreement with allowances in the funding model are made in Table 5.

Item	Facility	MGEU	Funding Model
Vacation	5.77-13.46% ⁶	5.77-11.54%	12.00%
Sick Time	5.37%	5.00-10.00%	
Statutory Holidays	3.79%	4.23%	
RANGE	14.62-28.07%⁷	15.00-25.77%	12.00%

Once again, the data show the shortfalls in the current funding model. Chart 3 illustrates the difference.



The ramifications of the funding shortfall place agencies in a difficult situation – they attempt to overcome wage disparities by providing benefits beyond the funding model and therefore cannot spend funds in other areas, such as repairs to agency offices.

⁶ These numbers represent a range, not an average.

⁷ These numbers represent a range, not an average.

The RTRR working group recommends that the funding model be amended to more accurately reflect the costs associated with the provision of relief time in the residential treatment system.

Training

Finally, the funding model does not allow for any costs associated with training (which includes replacement staffing costs). Costs to agencies can vary – from 0.77 per cent to 3.85 per cent.

The importance of training in the residential treatment system should not be underestimated. Not only does the system face a high turnover rate (with a constant influx of new workers requiring training) but existing workers also benefit from additional training. In addition, the Branch has developed and does deliver best practice training to agencies. Unfortunately, agencies struggle to access this training because they have insufficient funds to cover the replacement costs to send staff to the training sessions.

Thus changes to the funding model must address not only the staff time required to attend training sessions, but also the costs of paying replacement staff in their absence.

It also should be noted that a spring 2011 report card from the National Youth in Care Network will likely identify staff training as a key area of concern.

The RTRR working group recommends that the funding model be amended to more accurately reflect the costs of training in the residential treatment system.

4. SUMMARY

This section presents a summary of the main elements of the report.

Context

Many of the children and youth placed into residential treatment arrangements are also served by the justice and mental health systems. Information gathered on 122 youth currently residing in a residential treatment facility found that:

- 65 per cent (n=79) had either a current, suspected or previous mental health diagnosis
- 57 per cent (n=69) had either a current, suspected or previous other mental health issue (such as FASD or exhibiting suicidal behavior), and
- 48 per cent (n=58) are currently or had previously been prescribed psychotropic medications

Furthermore:

- 51 per cent (n=62) are currently or have previously been on probation
- 42 per cent (n=51) had current or previous bail conditions
- 32 per cent (n=39) had current or previous undertakings with the court
- 29 per cent (n=35) are currently or have previously completed community service hours, and
- 17 per cent (n=21) had current or previous other dealings with the justice system (such as charges pending)

Recruitment and Retention Issues

Three main issues are identified in the report:

- **The challenging nature of the work** – this is both a positive and negative. There is much to be said about the satisfaction that's achieved making a difference in the lives of children and youth struggling with myriad issues, however, the work is physically and emotionally exhausting (and sometimes dangerous). Two organizations reported 38 Worker's Compensation Board claims in 2010. Those claims included YCPs who had been bitten, punched, kicked, head-butted, stabbed and threatened with knives.
- **Shift work/Hours** – The nature of the work requires 24 hour supervision of children and youth living in residential treatment facilities. Youth care practitioners must be available to work at all hours. Other occupations that require this flexibility provide shift

Key Issue and Proposed Solutions

The key issue identified by the report is the wage disparity of youth care practitioners.

The proposed solutions involve indexing youth care practitioner wages with those of juvenile counsellors and updating the residential treatment funding model to provide for benefits (such as health and dental) and other costs (relief time and training).

premiums and additional benefits to offset the challenges that such a schedule poses to staff.

- **Salary and Benefits** – Current salary and benefits do not begin to approach sufficient compensation for youth care practitioners. In the early 1980s funding for youth care worker positions was based on their equivalent position within Justice, juvenile counsellors. However, those rates have diverged to the point that the difference in compensation has resulted in critical difficulties recruiting and retaining youth care practitioners in the system.

As a result, Practitioners often work a second job and/or seek alternative education (and a career path outside the residential treatment field) to improve their earning potential. The result is that the residential treatment system struggles with high turnover and, unfortunately, children and youth are impacted as important relationships with their Practitioners are fractured.

Wage and Benefit Analysis

Analysis of the wage gap between the YCP wage and other positions within the sector showed significant differences. The RTRR working group focussed particularly on the gap between the YCP and JC hourly wage.

- At the YCP1 level the gap is 45.9 per cent (just over half of the JC1 wage)
- At the YCP2 level the gap is 45.5 per cent
- At the YCP3 level the gap is 35.9 per cent
- At the YCP4 level the gap is 28.8 per cent (just over three quarters of a JC4 wage).

Moreover, there are shortfalls in the current residential treatment funding model that chronically underfund the provision of benefits, relief time and training to agencies providing residential treatment services:

- **Benefits** - 12.75 per cent in the funding model compared to an actual range of 14.23 to 27.62 per cent (with the majority of agencies ranging between 16 and 20 per cent)
- **Relief Time** – 12.00 per cent in the funding model compared to an actual range of 15.00 to 25.77 per cent (with the majority of agencies ranging between 15 and 20 per cent)
- **Training** – the funding model does not provide a training budget. The majority of agencies provide up to 3.85 per cent for training.

The RTRR Working Group believe that better salaries, benefits and training opportunities for YCPs will result in decreased turnover and therefore a substantial benefit for employers, children and youth in residential treatment facilities and the province.

Recommendations

The report proposes the following recommendations:

1. That the new Youth Care Practitioner Classification Specifications (outlined in Appendix 2) be approved
2. That the wage scale of the new YCP classification is indexed to the existing JC scale and
 - a. That the current disparity is eliminated over a five year period.
3. That the residential treatment funding model be amended to more accurately reflect the costs associated with the provision of:
 - a. Benefits
 - b. Relief Time, and
 - c. Training

5. IMPLEMENTATION PLAN

This section of the report proposes a five-year implementation plan to address the recruitment and retention issues identified by the RTRR working group.

In Year One, the new YCP classification specifications would be approved and the disparity between the old YCP and JC wage scales would begin to be addressed.

Also in Year One, the funding model would be revised to adequately address the costs of providing benefits, relief time and training for Manitoba YCPs.

Years Two through Four would continue to decrease the disparity between the old YCP and the JC wage scales.

Year Five would effectively eliminate the current disparity between the old YCP and JC wage scales and would index the new YCP and JC scales, insuring equity on a go forward basis.

Other Considerations

While increases to YCP salary allocations are an important first step in addressing the challenges faced by this sector, ultimately a revised funding model is necessary. Revisions are needed to address many other considerations required to ensure YCP salary increases are sustainable. Some of these considerations include:

- Increases to operational expenses, such as:
 - Shelter costs
 - Repairs and maintenance
 - Transportation costs
 - Taxes
 - Utilities
- Currently unfunded operational expenses, such as:
 - Human Resources
 - Information Technology
- Benefit changes, such as:
 - Establishing a YCP Pension Plan
 - Introducing shift differentials

Five Year Plan

The RTRR working group proposes that the recommendations made in this report be implemented over a five year period to allow for a phased approach to reconciling YCP and JC wage scales.

- Establishing a “working alone” policy (including overnights)

Finally, there will be a need to address the impact of increased YCP wages on other wage scales in the sector. These adjustments have not been included in the cost estimate.

Cost Estimate

Work has begun to estimate the costs proposed in this report. A concurrent process is underway to review the entirety of the existing funding model which will address the other considerations mentioned above.

APPENDIX 1 – TERMS OF REFERENCE

Residential Treatment Recruitment and Retention Working Group

Terms of Reference

January 21, 2011

BACKGROUND

Children and Youth are placed into residential treatment arrangements due to their behaviour. These behaviours are often the result of unmet needs arising from past trauma that exceed the capacity of a caring family setting. Such behaviours may include a lack of trust towards adults, abusing animals, themselves or others, substance abuse and/or involvement in criminal activity. In addition, they may be experiencing significant mental health challenges. This results in the need for ongoing client-centered, culturally sensitive personal care and individually customized treatment to ensure the safety of the child or youth, their family and the broader community.

Many of the children and youth placed into residential treatment arrangements are also served through the justice and mental health system. In the early 1980s, when the Youth Care Practitioners position was originally created, wage scales and benefits were based on their equivalent position within Justice, Juvenile Counsellors. However, those rates have diverged to the point where it is believed that the difference in compensation has resulted in difficulties recruiting and retaining Youth Care Practitioners in the system.

Informed by current research, youth care practice has evolved successful intervention methods to assist children and youth in coping and recovering from the trauma they have experienced in their lives. However, successful intervention can only be achieved through the dedication and effort of youth care professionals. It's intrinsic that those professionals are afforded commensurate compensation and training opportunities so that children and youth receive the care they deserve to promote healing.

PURPOSE

The purpose of the RTRR Working Group is to produce a report which recommends Youth Care Practitioner:

- Qualifications
- Standards
- Classification specifications
- Compensation
- Recruitment strategies, and
- Updates to funding models

MEMBERSHIP

The RTRR Working Group includes membership from the following stakeholders:

- Child and Family Services Division
 - Child Protection Branch
 - Brian Ridd
 - Strategic Initiatives and Program Support
 - Lissa Donner (to December 2010)
 - Kris Piche
 - Lorraine Weir
 - Chris Nash
- Residential Treatment
 - Micheal Ateah (Project Neecheewam/MARTR)
 - Ian Hughes (Marymount/CCCTC)
 - Jessica Lusk (CYCWAM)
 - Erma Chapman (MYS/CCCTC)
 - Bruce Bertrand-Meadows (B & L Resources for Children, Youth and Families/MARTR)

EXPECTED RESULTS

The RTRR Working Group has the following expected results:

1. To improve the recruitment and retention of Youth Care Practitioners through:
 - a. New qualifications, standards and classification specifications
 - b. Commensurate compensation
 - c. Training opportunities

OBJECTIVES

In order to achieve the expected results, the review will produce a report with recommendations on the above.

TASKS

The following is a preliminary list of tasks associated with the review:

1. Literature review (e.g. YCP competencies, historical divergence with Juvenile Counsellor wages, quantitative information to complete YCP profile (training, injuries, # of staff, etc.))
2. Youth Care Practitioner wage/benefit analysis
3. Develop classification specification
4. Collect other pertinent data (e.g. turnover rates, child/youth profile)
5. Analyze data

6. Draft final report with recommendations
7. Finalize Report

TIMELINE

A final report will be completed by February 28th, 2011.

APPENDIX 2 – PROPOSED YOUTH CARE PRACTITIONER CLASSIFICATION SPECIFICATIONS

Youth Care Practitioner 1 Scale

GENERAL

The Youth Care Practitioner 1 position (YCP 1) is considered the front line entry level program staff under direction of a YCP 3 or 4, or designate. An employee at the YCP 1 level is expected to provide ongoing personal care to youth. The employee is expected to provide client-centred, culturally sensitive safety, security and supervision while assisting in and learning the treatment process, and while adhering to organization policies and philosophy.

TYPICAL DUTIES

Assists other professionals in making informed decisions regarding suggested therapeutic methods for treatment team use. These suggestions are based on observation and interactions with the client;

Implements activities with clients in accordance with treatment plans, with direction and/or supervision;

Observes, evaluates and records daily events to ensure proper documentation for treatment and record keeping;

Ensures that legal and human rights of clients are respected;

Models socially acceptable behaviour and develops safe, healthy relationships with clients;

Provides personal care including distribution of medication with supervision, preservation of adequate levels of sanitation, assistance with meals and any other related duties;

Supports the client's education and/or day programming, as directed by the supervisor;

Provides the client with opportunities for healthy, active recreation while maintaining a secure and supportive environment;

Provides the client with opportunities to observe his/her spiritual and/or cultural beliefs on a daily basis;

Builds on current YCP knowledge by attending YCP Core Competency Modules and/or other applicable training opportunities;

Attends staff meetings and other training pertinent to the position;

Would not work alone until basic skills have been demonstrated;
Other duties as assigned.

QUALIFICATIONS

Driver's license preferred;
Valid First Aid/CPR certificate;
Acceptable Criminal Record and Child Abuse Registry Checks;
Demonstrated respectful and trustworthy behaviour;
Demonstrated ability to document daily client activities and relevant incidents;
Ability to facilitate effective client communication;
Completion of a NVCI training program with a valid certificate;
Demonstrated capability of practicing enhanced supervision.

EDUCATION, TRAINING & EXPERIENCE

Grade 12 education or combination of education and relevant life experience;
Preference for Child and Youth Care Diploma or Degree;
Expectation of attendance at 10 days of training (in addition to organization required training) per year for 3 years, with a focus on core competencies for child and youth care;
Would not work alone until supervisor endorses such privilege; each organization would accommodate a minimal number of YCP 1 employees as defined by the organization's Service Purchase Agreement with the Province of Manitoba.

PHYSICAL STANDARDS

Physically capable of performing the duties required;
Ability to work scheduled shifts as required.

Youth Care Practitioner 2 Scale

GENERAL

The Youth Care Practitioner 2 position (YCP 2) is considered the front line working level program staff under the supervision of a YCP 3 or 4. An employee at the YCP 2 level is expected to provide ongoing client-centred, culturally sensitive personal care and individually customized treatment independently while adhering to organization policies and philosophy. Ensuring emotional well-being by using appropriate best practice approaches is a primary expectation.

TYPICAL DUTIES

Assists the treatment team in making informed, culturally appropriate decisions regarding therapeutic methods based on observation and interaction with the client;

Implements daily activities in accordance with the client's treatment plan;

Provides individual counseling to clients and may participate in group counseling sessions with other professionals;

Ensures that families are included in the client's life and healing process to the extent that is safe and/or legally allowable;

Observes, evaluates and records daily events to ensure proper documentation for treatment and record keeping;

Ensures that legal and human rights of clients are respected;

Models socially acceptable behaviour and develops safe, healthy, therapeutic relationships with clients and their families;

Provides personal care including assistance with meeting health, medical and dental needs, distribution of medication, preservation of adequate levels of sanitation, assistance with meals and any other related duties;

Supports the client's educational and/or day program activities;

Provides the client with opportunities for healthy, active recreation while maintaining a secure and supportive environment;

Provides the client with opportunities to observe his/her spiritual and/or cultural beliefs on a daily basis;

Attends staff meetings and other pertinent training for the position;

Other duties as assigned.

QUALIFICATIONS

All those expected of a YCP 1 plus:

Current driver's license;

Working Knowledge of organization policies;

Completion of a suicide prevention and intervention course, such as the Applied Suicide Intervention Skills Training (ASIST) program, with a valid certificate;

Understands and can use a variety of appropriate therapeutic techniques;

Can identify symptoms for relevant exceptionalities such as FASD, depression, suicide, addictions, attachment disorder, ODD & CD, ADD/ADHD & PDD;

Demonstrated ability to function independently as a Youth Care Practitioner by making meaningful observations and maintaining effective working relationships.

EDUCATION, TRAINING & EXPERIENCE

A Youth Care Practitioner Diploma or Degree, or a post-secondary degree in a human service field is preferred; Or

All Youth Care Practitioner Core Competency Modules completed, and

A minimum of 3 years experience in the youth care field.

PHYSICAL STANDARDS

Physically capable of performing the duties required;

Ability to work scheduled shifts as required.

Youth Care Practitioner 3 Scale

GENERAL

The Youth Care Practitioner 3 position (YCP 3) is considered a Team Leader or Senior YCP level program staff under direction of a YCP 4. An employee at the YCP 3 level is expected to provide supervision to the activities of a unit or house in an organization. A YCP 3 is expected to participate fully in the work of the unit or house. They are to oversee the provision of client-centred, culturally sensitive personal care and counseling by YCP 1s and 2s.

TYPICAL DUTIES

Performs all YCP 2 position duties;

Ensures effective operation of a unit or house for the benefit of clients;

Performs staff orientations/training, provides consultation to support staff, ensures adherence to organization policies and acts on behalf of unit or house;

Performs various administrative duties including scheduling staff, scheduling meetings, allocating staff duties and carrying out financial purchasing responsibilities;

Participates in ongoing professional development;

Assists the YCP 4 in assessing Performance Development needs;

Other duties as assigned.

QUALIFICATIONS

All of the qualifications of a YCP 2 plus:

Working knowledge of organization programs;

Working knowledge of relevant legislation, regulations and standards;

Ability to supervise simultaneously staff and clients in various learning, recreational, spiritual and cultural activities;

Ability to make recommendations regarding staff performance and development, unit or house operations, and client therapeutic plans;

Ability to foster teamwork and cooperation among subordinates.

EDUCATION, TRAINING & EXPERIENCE

A YCP diploma or degree or a university degree in the social sciences with completion of all YCP Core Competency Modules is preferred;

A minimum of 5 years experience in the youth care field;

The ability to supervise shifts and appropriately provide direction regarding client occurrences.

PHYSICAL STANDARDS

Physically capable of performing the duties required;

Ability to work scheduled shifts as required.

Youth Care Practitioner 4 Scale

GENERAL

The Youth Care Practitioner 4 position (YCP 4) is considered leadership level. An employee at the YCP 4 level is expected to provide therapeutic and administrative leadership to a program or unit. Administrative duties could include producing protocols and procedures as based on decisions of a multidisciplinary team, conducting monthly reviews, overseeing staff and budget management, reviewing admission documents, conducting regular reviews of program records and other duties as assigned. The YCP 4 must ensure that the program or unit operates in a manner consistent with the mission, vision, philosophy and policies of the organization.

TYPICAL DUTIES

Represents the program or unit by providing input into the selection process concerning potential clients and employees;

Ensures that the therapeutic direction of the program is consistent with current best practice models, as well as with the organization's overall therapeutic vision;

Coordinates intake and admission of new clients;

Ensures that client treatment plans are current, appropriate, implemented and reviewed regularly;

Develops and implements an effective client transition process;

Produces regular employee performance reviews and directs employees under his/her supervision in Performance Development Planning;

Identifies staff training needs and oversees the implementation of appropriate training plans;

Assists in preparation of program budget and oversees budget administration;

Participates in the development and implementation of objectives, policies and procedures to guide program-specific and organization-wide operations and improvements;

Ensures all reports and documentation are clear, accurate, and professional;

Ensures that all Licensing Requirements are met and maintained;

Coordinates appropriate communication with the Placing Agency and other relevant professionals;

Other duties as assigned.

QUALIFICATIONS

All of the qualifications of a YCP 3 plus:

Working knowledge of the Child and Family Services system;

Working knowledge of, and ability to access, information regarding pertinent ancillary systems (e.g., mental health, youth criminal justice system, education system, medical system including psychotropic medications);

Working knowledge of the Child and Family Services Act, the Child and Family Authorities Act, and all applicable regulations and standards;

Ability to represent the organization in a professional manner while focusing on the individual needs of a specific program or unit.

EDUCATION, TRAINING & EXPERIENCE

A university degree in the social sciences and completion of all YCP Core Competency Modules or a diploma or degree in Child and Youth Care;

Completion of supervisory core competency or equivalent training;

Minimum of five (5) years experience in the youth care field;

Minimum of two (2) years supervisory experience;

Managerial training is an asset.

PHYSICAL STANDARDS

Physically capable of performing the duties required;

Ability to work scheduled shifts as required.

Protocol for Transition to Positions

The Working Group on Youth Care Practitioner Recruitment and Retention is aware of the barriers to further education and training that occur within the youth care profession. In order to accommodate prospective employees, the Working Group is recommending that a protocol be approved that would allow individuals with the potential to fulfill responsibilities of a position, but without the necessary academic credentials, to transition into the position.

The formal process to be followed includes the following:

- The individual does not meet the qualifications for the position but is willing to commit in writing to an education plan that will lead to meeting the qualifications within a realistic amount of time;
- The organization must provide additional supervision on a weekly basis, record the amount and frequency of supervision, progress reports on the education and training plans, and results of performance reviews;
- Within one month of hiring, the organization must assign a person in a formal mentoring relationship for at least six months. The mentor must meet all of the formal qualifications and have a minimum of two years direct experience in the relevant position. The mentor should be available to provide support on a daily basis, although daily contact would not necessarily be expected. The mentor maintains a record of time and nature of the contact (e.g., job shadow, coach, case advice, emotional support). At no time is the mentor to assume the role of supervisor.