

# *The Placement of Children and Youth in Care in Hotels in British Columbia*

A Joint Special Report

January 2016



REPRESENTATIVE FOR  
CHILDREN AND YOUTH



Ministry of  
Children and Family  
Development



Jan. 13, 2016

The Honourable Linda Reid  
Speaker of the Legislative Assembly  
Suite 207, Parliament Buildings  
Victoria, B.C. V8V 1X4

Dear Ms. Speaker,

We have the honour of submitting to the Legislative Assembly of British Columbia this joint special report *The Placement of Children and Youth in Care in Hotels in British Columbia*. This report is prepared in accordance with Section 20 of the *Representative for Children and Youth Act* and s. 93(2) of the *Child, Family and Community Service Act (CFCS Act)*.

Sincerely,



Stephanie Cadieux  
Minister of Children  
and Family Development



Mary Ellen Turpel-Lafond  
Representative for  
Children and Youth

pc: Mr. Craig James, QC  
Clerk of the Legislative Assembly

Ms. Jane Thornthwaite, MLA  
Chair, Select Standing Committee on Children and Youth

## Acknowledgements

This report is a recognition of the needs of all children and youth to be raised in a family setting. The Minister and Representative would like to thank the many staff members in both organizations who worked diligently in a spirit of collaboration to complete this joint report within a challenging time frame. Thanks are also extended to the Ministry and Delegated Aboriginal Agency staff interviewed for the report. We believe the results will help inform an improved child protection system in British Columbia moving forward.

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## Introduction

This Joint Special Report is a collaborative initiative undertaken by the Ministry of Children and Family Development (MCFD) and the Representative for Children and Youth (RCY). In September 2015, a British Columbia youth in care died while he was placed in a hotel. This special report was initiated after that tragedy in order to examine the practice of placing children and youth in care in hotels, with the common goal of improving child welfare practice across the province. This report is not child- or incident-specific; rather, it is an examination of the circumstances that may result in children and youth being placed in hotel settings. This report is being prepared in accordance with s. 20 of the *Representative for Children and Youth Act (RCY Act)* and s. 93(2) of the *Child, Family and Community Service Act (CFCS Act)*.

This report is consistent with the approach suggested in the 2006 Hughes Review of B.C.'s child welfare system, when former justice Ted Hughes recommended “*the representative take part in the development of policies or practices that reflect a deeper understanding of the needs and interests of children, youth and their families.*”<sup>1</sup>

## Methodology

This report has been informed by a review of relevant literature and comparative information drawn from: Directors of Child Welfare; child and youth advocates across Canada; consultation with subject matter experts; and joint interviews conducted with MCFD and Delegated Aboriginal Agency (DAA) staff, supervisors and contracted service providers. A total of 17 interviews were completed with eight MCFD staff, seven DAA staff and two child care workers who are employed by a contracted agency. Also incorporated in the report is recent data on current rates of hotel usage, along with a snapshot of the characteristics of the children and youth in care who are being placed there.

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<sup>1</sup> Honourable Ted Hughes OC, QC, LL.D. (2006). BC Children and Youth Review: An Independent Review of BC's Child Protection System.

# Terms of Reference

This report aims to address the following questions relating to the practice of placing children and youth in care in hotels in B.C.

- What is the historical and current usage of hotels and what are the characteristics of the children and youth being placed in them?
- Why are hotels being used as placements?
- Who is being tasked with caring for children and youth during their hotel stays and what training and qualifications do they possess?
- What are the potential risks associated with these placements?
- What policy and practice guidelines would be appropriate to minimize the use of hotels as placements, ensure accountability and accurate reporting, and provide for appropriate levels of external oversight?
- What recommendations can be made to ensure that the use of hotels for children and youth in care is reduced or eliminated and what tracking, reporting, and accountability measures can be used to support this?

## The Historic Context

Neither provincial legislation nor MCFD's own internal residential care standards and policies have ever specifically addressed the practice of placing children and youth in care in hotels or other temporary lodgings in B.C. Section 71 of the *CFCS Act* provides that social workers are required to consider the child or youth's best interests in deciding on where they should be placed.

*"The practice has always been that it is the absolute last resort when we have absolutely nothing else to offer."*

– Community services manager,  
regarding hotel placement

Ministry policy covering the placement of children and youth in care before 2012 was contained in the *Child in Care Standards* (Standard 12) and *Child and Family Service Standards* (Standard 20). After 2012, the *Child Protection Response Policies* (3.5(8)) replaced the *Child and Family Service Standards*. For DAAs, these policies were contained in *Aboriginal Operational and Practice Standards and Indicators* (AOPSI). All these policies require that social workers place children and youth, when possible, with or near relatives and friends, with their sibling group, in a location that allows the child or youth to continue in the same school and, in the case of Aboriginal children, with extended family or within their Aboriginal community.



None of these ministry policies contain any reference to placing children or youth in hotels, nor do they contain any specific prohibition of this practice. Despite this lack of policy to support hotel placements, the ministry and DAAs have, going back to at least the 1990s, placed children and youth in care in hotels.

In November 2014, MCFD directed social workers to obtain the approval of senior ministry officials before placing a child or youth in a hotel and began tracking the practice. This followed public attention on the issue of hotel placements in Manitoba, where the government has been under scrutiny for many years over its regular housing of children and youth in hotels and motels. That province has since issued an official directive forbidding the use of hotels as placement locations, even on a temporary or emergency basis, and created a Hotel Reduction Team to oversee this directive.<sup>2</sup>

On Nov. 30, 2015, Manitoba's Minister of Family Services announced that the province had ended the use of hotels as emergency placements for children and youth with the addition of 55 emergency shelter beds and 114 emergency foster beds.<sup>3</sup>

## Statistics on MCFD Children and Youth in Care Placed in Hotels

MCFD has had the ability to track hotel stays on its electronic databases since 1996. However, in the absence of any policy or procedures on the recording of such stays, data gathered prior to November 2014 is unreliable. With the introduction of the Integrated Case Management (ICM) system in 2012, it was possible for social workers to indicate a hotel placement was being used, but many were unaware of this. While the data indicates that the practice of using hotels is longstanding, there is no way to accurately assess the frequency with which it has occurred.

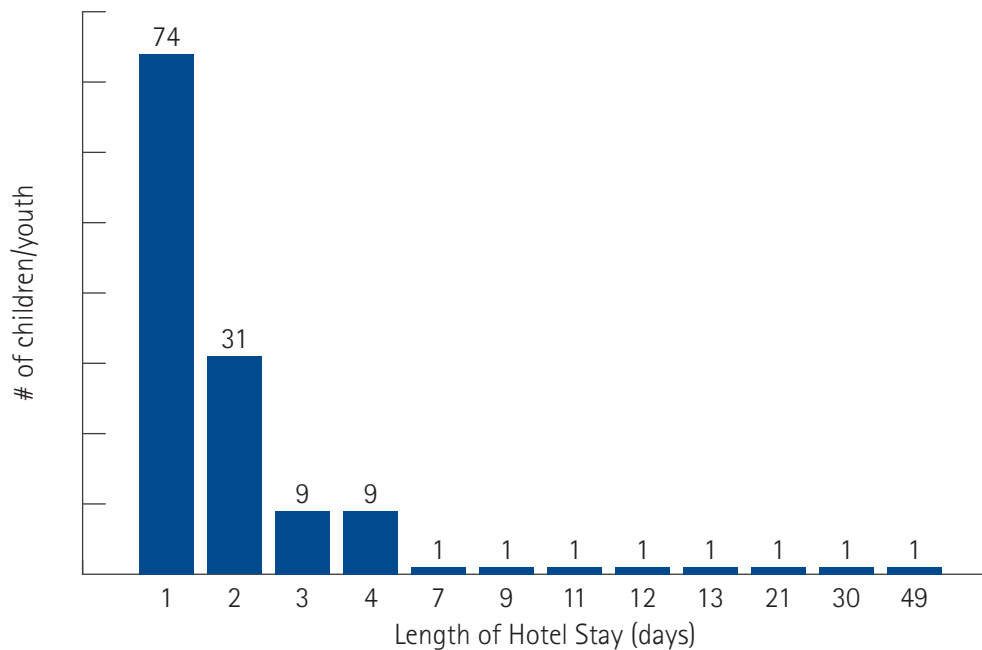
In September 2014, the B.C. Provincial Director of Child Welfare (PDCW) surveyed Executive Directors of Service and Executive Directors of DAAs in an effort to quantify the number of children and youth being placed in hotels. This survey and a search of MCFD's internal data suggested that fewer than 20 children and youth were being placed in hotels per year. In November 2014, based on concerns about the impact of this practice, the PDCW issued a directive to all Executive Directors of Service and DAAs requiring that any further hotel placements occur only with the explicit approval of a designated Director. This directive also included mandatory reporting of the occurrence and duration of the hotel stay to the PDCW. Although it is impossible to verify complete compliance with this directive, it does provide the most accurate information currently available. The manual tracking by the PDCW of each placement from November 2014 to October 2015 recorded the placement of a total of 117 children and youth in care in hotels (Fig. 1).

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<sup>2</sup> Manitoba Family Services. *Child and Family Services Standards Manual 1.4.3. Use of Hotels*. (2015). Retrieved from <http://www.gov.mb.ca/fs/cfsmanual/1.4.3.html>

<sup>3</sup> Government of Manitoba. (2015) Manitoba government meets timeline to end use of hotels for youth in care. [News release]. Retrieved from <http://news.gov.mb.ca/news/index.html?item=36910>

**Figure 1: Number of Children and Youth in Care (CYIC) by Duration of Hotel Stay (days) Over 12 Months (November 1, 2014 to October 31, 2015)**



Note:  
 1. A child may be counted more than once.  
 2. A child may have more than one episode in a hotel placement.

In September 2015, following the death of a youth in care in a hotel in the Lower Mainland, the PDCW sent further direction to ministry and DAA staff, reinforcing the importance of seeking approval for any hotel placement. Since then, the majority of placements have been approved by the Deputy Director of Child Welfare, with the remainder being approved by other designated directors in the regions. To date, every request made by a social worker for a hotel placement has been approved. The PDCW continues to manually track each placement until such time as clear policies and procedures can be implemented to allow this to be done electronically.

Between November 2014 and October 2015, 117 children and youth were placed in hotels. Some were placed in hotels more than once during this time period, resulting in a total of 131 hotel placements. Nine children and youth stayed in a hotel twice, one was placed in a hotel three times and one was placed four times. Among the 131 placements, the average stay was 2.7 days, although about half (55 per cent) only lasted a single night.

*"Our goal is always to get them out of a hotel as quickly as possible. I think our goal is always to get them in a family care home..."*

– Contract manager with MCFD

*"Currently in Surrey – and Surrey is a good indicator for Langley, Delta and Surrey – [foster homes] are running at 103 per cent occupancy, meaning that we have more children in those homes than we have available beds, technically."*

– Resource Team Leader in the Lower Mainland

## Hotel Stays by Service Delivery Area/Delegated Aboriginal Agency

The use of hotels has varied widely across the province. Two Service Delivery Areas (SDAs) and 14 DAAs (with guardianship responsibility) placed no children in hotels during the 12-month period. Four SDAs and two DAAs used a hotel placement for only one child in care during that time. Two SDAs – North and South Fraser – placed children and youth in care in a hotel 27 and 32 times, respectively, in the same period. Fraser Valley Aboriginal Child and Family Services Society and Vancouver Aboriginal Child and Family Services Society have placed children and youth in hotels 12 and nine times, respectively. The frequency with which hotels are used is linked to the availability of more conventional placements such as foster homes and group homes.

**Table 1: Hotel Placements by SDA/DAA**

Service Delivery Area/Delegated Aboriginal Agency	Average # of CYIC*	# of hotel placements
<b>Province**</b>	5,738	131
SDA Kootenays	170	1
SDA East Fraser	410	8
SDA North Fraser	421	27
SDA South Fraser	773	32
SDA Vancouver/Richmond	338	14
SDA Coast/North Shore	211	1
SDA South Vancouver Island	675	1
SDA North Vancouver Island	719	6
SDA Northwest	207	9
SDA North Central	390	2
SDA Northeast	103	1
Fraser Valley Aboriginal Children and Family Services Society	453	12
Vancouver Aboriginal Child and Family Services Society	403	9
Secwepemc Child & Family Services	188	2
Métis Family Services	120	2
Northwest Inter-nation Family Services Society	30	2
Ktunaxa-Kinbasket Family & Child Services	59	1
Ayas Men Men Child & Family Services	69	1

Note:

1. Figures only include a SDA or DAA who placed a child/youth in a hotel between Nov. 1, 2014 to October 2015.
2. Figures include children/youth who have been placed more than once.

\* Average number of CYIC between November 2014 to October 2015 (12 month average).

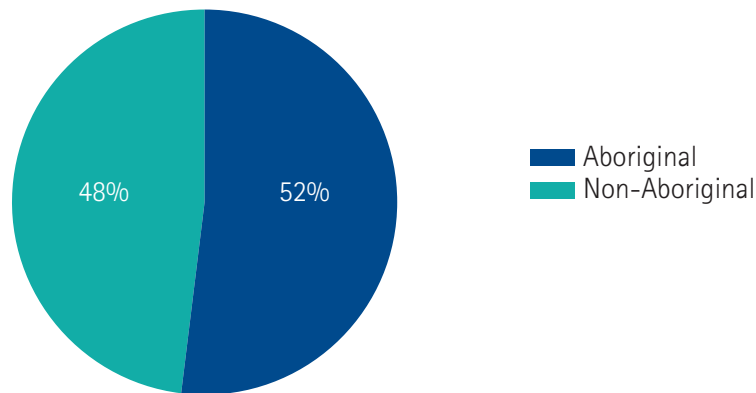
\*\* 5,738 is the average monthly caseload for SDA or DAA that had a hotel placement. The total provincial average monthly caseload was 7,542.

Some of the MCFD staff interviewed stated that they had never used hotels for placements, in some cases because they had no access to hotels or no child care workers to staff them, or because there was no tradition of using hotels in the SDA and so they simply never considered it an option.

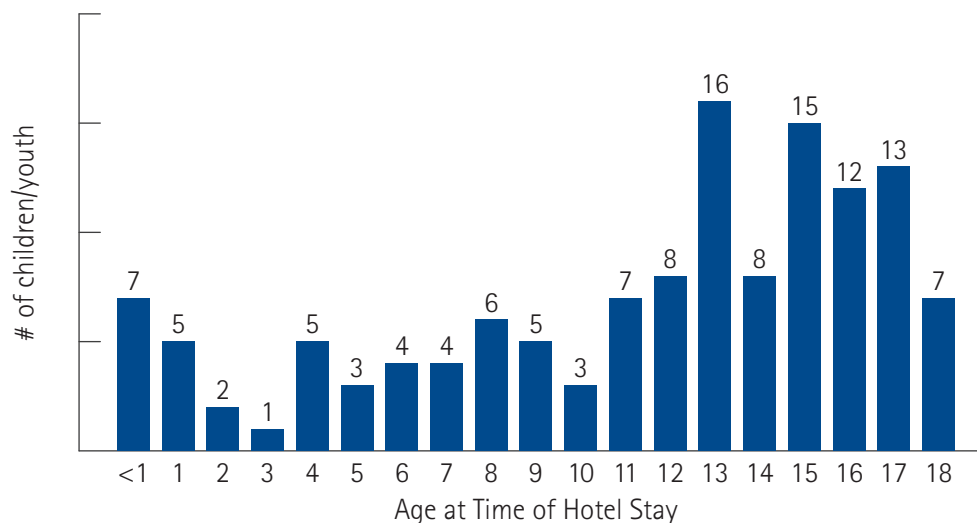
## Demographics of Children and Youth in Care Placed in Hotels

Of the children and youth in care placed in hotels, 52 per cent were Aboriginal and 48 per cent were non-Aboriginal. Currently, Aboriginal children and youth make up approximately 60 per cent of the total number of children in care in B.C. Sixty-one per cent of those placed in hotels were female. Just over half (54 per cent) of the children and youth were teenagers (13 to 18 years). Only 15 per cent were under the age of five years at the time they were placed in a hotel.

**Figure 2: Aboriginal/non-Aboriginal Children in Care Placed in Hotels**



**Figure 3: Number of Hotel Stays of Children and Youth in Care by Age at Time of Placement**



Note:  
 1. A child may be counted more than once.  
 2. A child may have more than one episode in a hotel placement.

MCFD and DAA staff interviewed described the children they were placing in hotels as predominantly being between 10 and 15 years of age, with some instances of infants and youth on the verge of “aging out” of care. They emphasized that these children tended to present with significant special needs and unique circumstances. One interviewee also felt there were particular challenges for 10 to 13 year olds who were too young for group home placement and whose need for a more familial setting meant placement in a hotel until a foster home could be located.

# Reasons for Hotel Placements

The vast majority of children and youth being placed in hotels fall into two distinct categories:

- Those who are being taken into care unexpectedly, often outside regular business hours. These are typically young children who are removed because they are in immediate danger or older children or youth being taken into care by agreement with their parents because they can no longer live at home; and
- Those children and youth already in care whose existing placement has broken down.

In both these categories, most of the hotel placements resulting from placement breakdowns occur during the evenings or weekends. Most SDAs and DAAs contract for emergency foster homes or beds within existing resources that are dedicated to urgent and unexpected short-term placements. Many of those interviewed reported that these emergency beds are often already full because of lack of capacity elsewhere in the system.

*"The profile of the child is less indicative than the capacity of the network to place the child."*

– Resource team leader  
in Lower Mainland

MCFD and DAA staff interviewed for this report provided a variety of reasons why hotel placements are utilized, including:

- no available beds in foster homes or residential service providers in the area or any of the surrounding areas
- the child or youth could not be appropriately placed with other children or youth in a foster setting because of age and gender differences
- the child or youth could not be placed with other children or youth because of behaviours that would put them at risk of harm
- the child or youth's mental health or special needs made it impossible to locate an existing caregiver with appropriately matched skills and capacity, and time was required to create a new specialized resource
- one interviewee working in the North attributed the lack of mental health beds in hospitals for youth in crisis as another reason for a hotel placement.

One MCFD staff member and one DAA staff member interviewed attributed the increase in hotel usage they had observed over the previous two to three years to the increasing complexity of the children and youth coming into care and the inability to locate a suitable placement for them.

One example of this was a 14-year-old boy who came into care due to his parent being unable to manage his behaviours. The boy's behaviours were also beyond the capacity of his foster parents to manage. A search for an alternative home revealed that other available foster homes in the area also lacked the specialized skills this boy required. With no immediately available alternatives, he was placed in a hotel while a specialized resource was developed for him.

With the increased attention provided by the PDCW since September 2015, the data suggest that the majority of hotel placements since then have been made by provincial After Hours staff during the weekend and late night hours. The primary reasons provided to the PDCW by ministry and DAA staff are:

- a shortage of emergency beds
- After Hours does not always have access to up-to-date list of available foster homes
- After Hours workers cannot reach a resource social worker to ascertain availability of beds because they have no contact information or the resource social worker does not respond to calls made outside regular business hours
- After Hours can't reach a potential foster home placement because the contract with the foster parent does not require 24-hour availability
- reduced capacity during times when After Hours workers are required to transport children or youth to foster homes, leaving them unavailable to respond to urgent child protection matters
- SDAs and DAAs don't necessarily coordinate or share foster home resources
- insufficient number of "safe baby"-trained foster parents.

#### **After Hours Service –**

Operates the toll-free Provincial Helpline for Children (310-1234), a 24-hour emergency service for all MCFD program areas. In addition, the After Hours program provides call-out social workers for emergencies throughout the province and support for social workers in remote locations.

**Safe Baby Training –** The Safe Babies Program was developed in 1998 and was intended to respond to the need for highly skilled caregivers who could take care of substance-exposed infants. The SB training program consists of four intensive modules addressing topics such as acute withdrawal in the newborn, the effects of substances on the body, understanding the impact of using substances during pregnancy, and health issues that may be relevant to substance-exposed infants.

# Supervision for Children and Youth in Care in Hotels

Ministry policies on placement of children and youth in care require that individuals caring for them be ministry-approved “caregivers.” This includes residential resources developed for special purposes such as foster homes used for emergency, short-term placements.

Social workers, particularly in the Lower Mainland, often use child care workers from a contracted agency to supervise and care for a child or youth during a hotel stay when an approved caregiver is not available. If a child care worker is not available, family support workers or social workers may be used to provide supervision.

Child care workers are subject to a criminal record check but are not subject to the same criteria for approval as caregivers. Child care workers typically possess a one-year human services certificate and basic first aid training. They may have further training in subjects such as non-violent crisis intervention or working with special needs populations, but do not receive the training that is mandatory for foster parents. Although specific training in Aboriginal cultural competency and working with children with significant histories of trauma would be an asset, this is not currently a requirement of employment. Finally, child care workers do not necessarily receive the same level of oversight, supervision and support that caregivers do.

MCFD and DAAs in the Lower Mainland are reliant on one contracted agency to provide child care workers. After Hours workers are the primary users of this service.

Agency staff reported that when they are contacted to assist with supporting a child or youth in a hotel placement, they are provided with a referral document that includes information about the child’s medications, routines, and contact information for the responsible social worker and After Hours in case of an emergency. Child care workers can work long shifts of 12 to 20 hours, in part because these longer hours provide more continuity for the child or youth in their placement.

The expectation is that the child care workers will provide constant supervision to the child or youth as well as providing opportunities for them to participate in recreational activities. If a child is attending school or day programming, the expectation is that the child care worker will support that by ensuring attendance.

Once the child care worker and the child or youth have arrived at a hotel, the focus for the worker is on engaging the child or youth in an activity until they are asleep. Staffing in these situations is normally one worker, although this may increase if there are particular concerns about high-risk behaviour or if more than one child or youth is being cared for.

*“The whole purpose is to make sure that the client is safe and cared for for a short period of time until another plan can be put together.”*

– Executive Director of agency providing child care workers

*“So, a typical shift looks like we will pick up the kids from the district office, After Hours, cells, the police station. Sometimes we pick them up in youth psych at Children’s Hospital – all different types of places where they’d be coming from.”*

– Child care worker

## Impacts on Children and Youth in Care Placed in Hotels

Research on the impact of hotel placements on children and youth in care is sparse, likely because child welfare organizations do not consider hotels to be appropriate placements for the children and youth for whom they serve as guardians. However, hotels are often used as a result of a placement breakdown, represent a move for the child or youth along with a change in caregiver, and are inherently temporary. The literature on the negative effects of placement breakdowns and frequent placement moves on children and youth in care is quite rich.<sup>4, 5</sup>

Placement instability, sometimes referred to as “foster care drift,” may be more likely among children and youth who are placed in hotels because of a breakdown in a regular resource.<sup>6</sup> Children and youth for whom it is more challenging to find regular resources will encounter more frequent placement breakdowns and placements of shorter duration than others due to their complex needs. Aboriginal children and youth also experience more placement instability. A 2012 U.S. study concluded that children with three or more placement changes were significantly more likely to suffer recurrent crises than those with stable placements.<sup>7</sup> The same study also found placement instability was linked to mental health problems and a need for emergency mental health services.

Interviews with MCFD and DAA staff revealed a range of opinions on the impact of hotel stays on children and youth. Most staff cited the immediate safety benefits provided by placing the child in a controlled setting with close supervision. One manager with a contractor providing child care workers to MCFD felt strongly that children and youth benefited from having the one-on-one attention that could be provided in this setting, particularly when it came in the aftermath of a traumatic event.

But most interviewees also recognized there are significant negative impacts, many related to the short-term and stop-gap nature of the placement. Children and youth placed in hotels because of placement breakdown are more vulnerable and often feel rejected, stressed and depressed – emotions that may be reinforced by placing them in an inherently transient environment with an adult whose relationship with the child or youth is also likely to be brief.

*“All I can think in their little heads is they’re thinking: ‘they can’t find one person who wants me?’”*

– DAA team leader

Children and youth may be stressed by the uncertainty of where they will be placed permanently, including the possibility that they could be placed outside their home community.

<sup>4</sup> General Child and Family Services Authority. (2009). Shelter analysis: April 1, 2008 – March 31, 2009. [Unpublished report].

<sup>5</sup> Burnside, L. Office of the Children’s Advocate, Manitoba. (2012). *Youth in Care with Complex Needs*. Retrieved from <http://www.childrensadvocate.mb.ca/wp-content/uploads/Youth-with-Complex-Needs-Report-final.pdf>

<sup>6</sup> Andersen, S. H. (2014). Complex Patterns: On the Characteristics of Children Who Experience High and Low Degrees of Foster-Care Drift. *British Journal of Social Work*, 44, 1545-1562.

<sup>7</sup> Fawley-King, K. (2012). Relationship between Placement Change during Foster Care and Utilization of Emergency Mental Health Services. *Children and Youth Services Review*, 34, 348-353.



Child care workers also expressed concern that a lack of planning may exacerbate a child's feelings of uncertainty. For example, a child who has been placed in a hotel on a weekend may feel stressed by the uncertainty of being taken to visit his or her social worker on Monday morning only to find that the worker is not present or that no planning had taken place prior to their arrival at the office.

*"...I can't really soothe the child in telling them what's coming next."*

– Child care worker

Other risks identified included the potential jeopardy to child care workers who may have insufficient information about the behaviours of a youth or who are unable to form a relationship quickly enough to prevent a child from running away from the hotel. Interviewees described circumstances of children and youth leaving their hotel placement, “going AWOL,” and requiring police assistance to locate and return them.

## DAA Experiences

Interviews with staff from DAAs were similar to their MCFD counterparts with respect to their reluctance to place children or youth in hotel settings and their perception that the children and youth had more complex needs. They said that hospitals were reluctant to hold children or youth with mental health needs overnight and that premature discharge of those children and youth placed an additional burden on the agency to find a placement. Efforts to reduce the number of youth being held in custody prior to trial also increased pressure on existing residential resources.

DAA staff were clear, however, in their assertion that MCFD and After Hours had access to more resources, including beds assigned to Youth Probation and group home spaces. The inability to support and maintain resources within their own agency meant that they were forced into using hotels as a last ditch measure.

*"We don't have the funding parameters to just have empty beds. We try not to use hotels, but until that changes I don't really know what we can do."*

– DAA team leader

DAAs' inability to directly contract with child care worker agencies was also cited as a hindrance.

The DAAs also had concerns that their foster parents were aging and that younger parents who would have the ability and willingness to engage with more challenging adolescents were not being recruited.

## Reducing Reliance on Hotel Stays

Virtually every interviewee who was asked about the best strategies for reducing reliance on hotel stays related the issue to the shortage or absence of alternative placements during emergency situations, whether in foster homes, group homes or some other resource. There is a clear perception that existing resources are either full or even over-capacity and that there is no residual capacity to cope with emergency placements.

One worker suggested there was a need to recruit foster homes that would be willing and have the ability to provide care, even to youth with complex behaviours, outside normal business hours.

Aligned with these ideas was support for the idea of targeted foster parent recruitment. This would involve recruiting those who have specific cultural competencies, skills in caring for children with special needs and particularly adolescents with high-risk behaviours. Other suggested solutions focused on the creation of additional beds within existing resources, although some expressed concern about the risk of these being quickly filled, once again leaving no capacity to accommodate urgent needs.

Still other suggestions centred on the importance of supporting existing placements so that they would be less likely to break down and force social workers to scramble to find alternatives. For children with complex behaviours, suggestions included providing foster families with robust support from complex care coaches, access to relief caregivers to relieve some of the pressures on the primary family, and the use of a “wraparound” model to ensure families are appropriately supported.

**Wraparound** – Wraparound is a method used to build an individualized plan of care through collaboration between children and youth with complex needs, their families and their support networks. Wraparound is different from traditional service delivery in that it focuses on connecting children and youth with the supports they need in order to address specific problems, and if one intervention does not seem to be working, services can be reconfigured to better suit the child or youth’s needs. The intent of wraparound is to try to maintain children or youth who have serious emotional or behavioural problems within their communities.

*“The more resources we have, the less likely we are to use hotels. As I said, there likely will always be those one-offs where we might have to go back to a hotel, but at the end of the day the more available resources we have, the less likely we are to utilize hotels.”*

– MCFD manager

*“I think we should be recruiting for emergency homes for high-risk youth for short-term stays and that it should be funded differently.”*

*“Instead of a time-out in a hotel, could we take a time-out in their community with a child care worker? Could we be rebuilding some kind of cultural grounding for that young person as we navigate forward?”*

*“And we don’t seem to have effective resources in place to address these kids while they’re still in a foster home or while their behaviours are still somewhat manageable. I don’t have a solution, clearly, just frustration.”*

– DAA resource social workers

For older youth transitioning into independence, a supportive housing model with full-time resident staff to support youth was also recommended.

## Analysis

Given the previous absence of any MCFD policy about the use of hotel placements, the ministry has, in consultation with DAAs, developed a practice directive that will provide clear guidance to MCFD and DAA staff in these situations. This directive (Appendix A) includes the identification of those responsible for authorizing such placements, the procedure for ensuring such a placement is correctly recorded on the ministry's ICM system (Appendix B), the necessary qualifications of those tasked with caring for children or youth in these placements and the mandatory ongoing reporting about the status of the child or youth to the PDCW.

To ensure that appropriate external oversight on the use of hotel placements is provided, the directive also includes a mandatory reporting requirement, directing that the PDCW notify the Representative for Children and Youth of any child in a hotel placement of three days duration or longer.

The Minister of Children and Family Development has committed to publicly reporting every six months on the use of hotel placements.

In the longer term, it is clear that the use of hotel placements is an indication of significant shortfalls in other available residential placements, including foster homes, emergency beds, and group homes. Like Manitoba, B.C. must begin an immediate process to close the service gaps and develop a clear plan to address these gaps in a timely fashion, with the ultimate goal of eliminating hotel placements entirely. Key to that will be supporting the necessary resource enhancements and implementing processes for more effective use of existing capacity, particularly after regular business hours.

## Action Plan

As a result of this review, MCFD has committed to the following actions:

1. The ministry has released a Practice Directive (Appendix A) to ministry staff and DAAs regarding the use of hotels, the approval process, tracking, monitoring and oversight of hotel stays, supports provided to the child in the hotel, the qualifications of the individuals caring for the child, and reporting to the RCY.
2. The ministry will increase the number of residential resources to address the gap in emergency placements, with priority to be given to those SDAs most frequently utilizing hotel placements.
3. The ministry will deliver its first public report on hotel placements on June 1, 2016.

# Appendix A – Practice Directive

<b>Program Area: Child Safety, Family Support and Children in Care Services</b>  <b>Ministry of Children and Family Development</b>	<b>Practice Directive</b>
<b>Amendment Date:</b>	<b>Practice Directive # 2016-01</b>

## Hotel Placement for Children in Care

### Directive Statement

Hotels are not appropriate living arrangements for children in care (CICs). Children in care may only be placed in hotels in exceptional circumstances for short durations approved by a designated director when no other appropriate resource is available.

### Key Points

- A designated director must approve the decision to place a child in a hotel prior to the placement. Attempts should be made to obtain approval first from the designated director responsible for the Service Delivery Area (SDA) or Delegated Aboriginal Agency (DAA) in which the child's file is managed. If the responsible designated director cannot be contacted in a timely way, another designated director, including the Provincial Director of Child Welfare, may provide approval.
- The designated director responsible for the SDA or DAA in which the child's file is managed must monitor the CIC placed in a hotel and inform the Provincial Director of Child Welfare of the circumstances.
- When a child is placed in a hotel, the delegated worker must update the child's location on the Child Service file in ICM at the start and end of the hotel placement.

- Every CIC placed in a hotel must be cared for by a delegated social worker or caregiver who is assessed, approved and trained according to the *Caregiver Support Service Standards* or, in the case of a contractor, policies for *Approving Caregivers hired by Contracted Agencies*.
- In this Practice Directive, the term “hotel” is inclusive of motels, bed and breakfasts or any other short term lodging commercially available to the general public.
- This Practice Directive applies to all CICs, including those on an Independent Living Agreement. However, it does not apply to CICs in the following circumstances:
  - a CIC is staying in a hotel while travelling with a caregiver
  - a CIC is staying in a hotel as a part of an experience related to a school field trip or extracurricular sport activity
  - a CIC is staying in a hotel that serves as accommodations related to the CIC’s employment (e.g. work camp)
  - a CIC independently checks into a hotel without the approval or support of a director (e.g. AWOL or runaways).
- This Practice Directive does not apply to youth on a Youth Agreement or other out of care living arrangements under the *Child, Family and Community Service Act (CFCSA)*.

### **Directive Information**

- A delegated worker obtains approval from a designated director prior to placement of a CIC in a hotel by:
  - submitting a completed Hotel Placement Form via email to the designated director and receiving written approval from the designated director via email response; or
  - if circumstances necessitate only a verbal approval from a designated director, submission of the Hotel Placement Form and receipt of written approval to occur within 24 hours.
- Ensure that each CIC’s placement in a hotel is always documented in ICM (refer to the appendix to this Practice Directive regarding how to document a hotel placement in ICM). Responsibility for ensuring up to date electronic documentation belongs, in the following order, to:
  - The delegated worker who placed the child in the hotel (on the day of placement into a hotel, with the assistance of After Hours/Centralized Screening for ICM entry if necessary)
  - The guardianship worker for the child; and
  - The designated director with responsibility for the respective SDA or DAA in which the child’s file is managed.
- When a CIC is placed in a hotel, the rights of CICs as set out in the CFCSA and the guardianship responsibilities of the director as set out in policy continue to apply.

- For the duration of a CIC's stay in a hotel, a delegated worker must:
  - assess the hotel accommodations and care arrangements to ensure that the quality of care and supervision is appropriate to the child's needs
  - provide the caregiver with all relevant information about the child's needs
  - meet with the child and caregiver every day until the child is moved to an appropriate resource and provide any immediate supports that are needed
  - ensure that the caregiver is caring for no more than one child or, if the children are a sibling group, no more than three children
  - contact the designated director every day to:
    - provide an update on the child's safety and well-being
    - provide an update on the plan to move the child to a resource; and,
    - obtain approval for the child to remain in the hotel.
  - respond to any emergent issues as identified by the child or the caregiver and reporting these to the designated director.
- The designated director informs the Provincial Director of Child Welfare in writing of the child's initial placement in the hotel within 24 hours of the placement and on each subsequent day of the hotel placement. Information provided includes:
  - the completed Hotel Placement Form; and
  - any updates related to:
    - the child's well-being
    - the care arrangements for the child, including any supports provided
    - efforts and plans to move the child to a resource; and,
    - the date the child is moved to a resource.
- The Provincial Director of Child Welfare:
  - tracks and monitors each hotel placement, including the duration
  - notifies the Representative for Children and Youth if a child has been placed in a hotel for 3 days. The following information is provided to the Representative for Children and Youth:
    - the completed Hotel Placement Form, and
    - any updates related to:
      - the date the child was placed in the hotel
      - the care arrangements for the child, including any supports provided
      - the child's well-being
      - the plan to move the child to a resource
      - any other information requested by that office; and,
      - the date the child is moved to a resource.

## Appendix B – Adding a Location/Placement in ICM

- Step 1      Navigate to the Child Service Case
- Step 2      Navigate to the Location/Placement view tab
- Step 3      Highlight the Child in the Involved Family Members applet
- Step 4      Scroll to the Location Placement History applet
- Step 5      Click the Add Location button
- Step 6      Select “Hotel/Motel” as the Location Type from the drop down menu
- Step 7      Type Name of the Hotel in the field
- Step 8      Enter Start Date in the field
- Step 9      Enter Apartment number (or hotel room number) and Address  
                 in the corresponding fields
- Step 10     Scroll down and enter the reason for the hotel placement in the Comment text box
- Step 11     Ctrl+Shift+S to save the location record

# References

## Relevant legislation, policies, standards, literature

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# Contact Information

## Representative for Children and Youth

### *Phone*

In Victoria: 250-356-6710  
Elsewhere in B.C.: 1-800-476-3933

### *E-mail*

[rcy@rcybc.ca](mailto:rcy@rcybc.ca)

### *Fax*

Victoria: 250-356-0837  
Prince George: 250-561-4624  
Burnaby: 604-775-3205

### *Website*

[www.rcybc.ca](http://www.rcybc.ca)

### *Offices*

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#150 4664 Lougheed Highway  
Burnaby, B.C. V5C 5T5



B.C.'s Representative  
for Children and Youth



@rcybc or @rcybcyouth



Rep4Youth

## Ministry of Children and Family Development

### *Phone*

In Victoria: 250-387-7027  
Elsewhere in B.C.: 1-877-387-7027

### *E-mail*

[MCF.CorrespondenceManagement@gov.bc.ca](mailto:MCF.CorrespondenceManagement@gov.bc.ca)

### *Fax*

250-356-5720

### *Website*

[www.mcf.gov.bc.ca](http://www.mcf.gov.bc.ca)

### *Offices*

To locate an office in your area, please visit:  
[www.mcf.gov.bc.ca/sda/contacts.htm#ef](http://www.mcf.gov.bc.ca/sda/contacts.htm#ef)

