



CARF Accreditation Report for Encompass Support Services Society

Three-Year Accreditation



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About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Encompass Support Services Society
20230 64th Avenue, Suite 103
Langley BC V2Y 1N3
CANADA

Organizational Leadership

Christine McCracken, BA, Executive Director of Programs
Loren Roberts, Director of Operations

Survey Number

149776

Survey Date(s)

April 11, 2022–April 13, 2022

Surveyor(s)

Sylvia A. R. Tremblay, Administrative
Lakisha M. Taylor, MS, NCC, Program
Shane Barr, MA, Program

Program(s)/Service(s) Surveyed

Child/Youth Day Care (Children and Adolescents)
Community Transition (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Group Home (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Governance Standards Applied

Previous Survey

June 17, 2019–June 19, 2019
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: December 31, 2024

Executive Summary

This report contains the findings of CARF’s site survey of Encompass Support Services Society conducted April 11, 2022–April 13, 2022. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF’s consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization’s strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Encompass Support Services Society demonstrated substantial conformance to the standards. Encompass Support Services Society (ESSS) is a highly respected provider of programs and services for children, youth, and families in Langley, British Columbia (BC). Its programs and services include child/youth daycare, community transition, community youth development, counselling/outpatient services, intensive family-based services, promotion/prevention services, group homes, and juvenile justice. Among the organization’s many strengths are its dedicated leadership and board members and compassionate staff members, many of whom have been employed with the organization for a long time. The business functions and service delivery methodologies form a solid and stable foundation for the provision of quality person-centred and outcomes-based programs and services. The organization demonstrates impressive corporate citizenship and proactively engages in collaborative partnerships with many other community-based entities. Participants expressed a high level of satisfaction with and appreciation for the organization, its services, and staff members. ESSS incorporates the CARF standards in its day-to-day service delivery practices and business functions, and its practices exemplify continuous quality improvement. From direct service workers to leadership, the staff members embraced the accreditation process. They were eager to learn, receive consultation, and continue committing themselves to ongoing performance improvement. Opportunities for improvement include the board approval and implementation of an executive leadership succession plan, the provision of documented competency-based personnel training in several health and safety practices, and implementation of an ongoing process for identification of barriers in the area of attitudes. Other opportunities for improvement include the application or comprehensiveness of several processes, policies, written procedures, plans, records, and other documentation in the areas of program/service structure, screening and access to services, individualized planning, records of the participants, quality records review, child/youth daycare, community transition, and group home services. The receptivity of the leadership and staff members to the consultation and other feedback provided throughout the survey process instils confidence that ESSS possesses the willingness and capacity to bring it into full conformance to the standards.

Encompass Support Services Society appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Encompass Support Services Society is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Encompass Support Services Society has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Encompass Support Services Society was conducted by the following CARF surveyor(s):

- Sylvia A. R. Tremblay, Administrative
- Lakisha M. Taylor, MS, NCC, Program
- Shane Barr, MA, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Encompass Support Services Society and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Child/Youth Day Care (Children and Adolescents)
- Community Transition (Children and Adolescents)
- Community Youth Development (Juvenile Justice)
- Counselling/Outpatient (Children and Adolescents)
- Group Home (Children and Adolescents)
- Intensive Family-Based Services (Children and Adolescents)
- Promotion/Prevention (Children and Adolescents)
- *Governance Standards Applied*

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Encompass Support Services Society demonstrated the following strengths:

- ESSS operates in full alignment to its mission, vision, and values. No matter age or circumstance, each participant in the organization's care is treated as a person. Choice, individuality, respect, and safety are key factors considered in any decision-making process for participants.
- The organization is recognized for the positive and productive relationships it maintains with many other community organizations in the social service and business sectors. These external organizations are proud to partner with ESSS, and many go beyond the call of duty to provide support as well as a variety of opportunities to participants.
- As in many other organizations, ESSS was challenged to modify the manner in which it provides services throughout the COVID-19 pandemic. Rather than address the pandemic as a barrier, the organization treated it as a challenge and rose to the occasion to continue providing services. The program personnel creatively maintained connections with participants and kept some services running throughout the early stages of the pandemic. Activity kits were created for and delivered to youth participants based on their individual interests. When outreach services became available, participants continued to be welcomed into the organization under the observance of strict safety protocols.
- The organization places an extraordinarily high priority on the mental health of the participants, particularly in times of increased anxiety and depression. The organization is held in high regard by stakeholders for the effort it invests in ensuring that its programs and services successfully adapt to the increased needs of the participants and personnel.
- The organization is commended for its service delivery and workplace cultures. Internal and external stakeholders enthusiastically describe the organization as an example of best practice and as a role model of exemplary leadership in the social service sector. External stakeholders described the organization's leadership and board as "value based," "inclusive," "culturally sensitive," "transparent," "accommodating," "outcomes focused," and "fantastic."
- The executive director of programs and the executive director of operations work together as a tightly-knit team. They draw on their multiple areas of combined expertise and knowledge to make informed and often innovative decisions. The executive directors are well respected in the community at large and by the many community organizations with which they successfully collaborate. Key representatives of community-based organizations referred to the executive leadership as being "always available," "helpful and supportive," "accommodating," "flexible," and "transparent."
- ESSS has a diverse, rapidly growing, and ever-changing service area. The leadership's response to the dynamic nature of its services is impressive. The stakeholders recognize the organization for the inclusive, culturally respectful, and sensitive manner in which it reaches out to the Indigenous populations in the area served. A representative of the local Indigenous society enthusiastically praised the organization and referred to it as the most valued partner and as an organization that really cares.
- The diverse staff members at ESSS are representative of the organization's participants. The input from each staff member is valued and used in the leadership's decision making processes. The staff members indicated that they feel heard and appreciated, and they commented that they take pride in the many ways in which they serve and support participants. They are also proud of the opportunities they have to collaborate in order to enhance services and supports.

- The leadership team values its employees. This is evident in the care and concern leadership expresses for the employees as well as the level of professional and personal support it provides to them. The employees commented that ESSS fosters a warm work culture and that leadership is always available and approachable. The longevity of the organization's many employees is a testament to its positive work culture. The workplace culture is one of mutual support and encouragement. The staff members display genuine camaraderie and appreciation for one another.
- The consideration and care that ESSS invests in ensuring that its environments are warm, welcoming, and inclusive for participants and employees is remarkable. Its sites, including the administrative building and the Langley Youth Resource Centre (LYRC), have taken great steps to create comforting and safe spaces for participants. The artwork of staff members and participants displayed on the walls of the organization's administration offices demonstrates the talents and interests of both groups. Family Place appears to be a very safe recreation room, a place where any youth participant might enjoy spending time.
- ESSS has demonstrated extraordinary creativity and initiative in creating LYRC, at which its Youth Hub-Drop-In is located. Through LYRC, the organization has created a warm, welcoming, and inclusive space where youth from all backgrounds can feel comfortable. In a successful effort to provide wraparound services and supports at no cost, the organization has invited a number of service providers into the space. These providers include a medical doctor, dentist, and a variety of cultural groups. For example, Friends of Dorothy provides needed supports to members of the LBGTQ youth community.
- Cultural diversity is recognized and celebrated by the organization. It conducts field trips and cultural cooking days and makes educational resources available to all at ESSS. Family Place has a dedicated space to highlight Indigenous resources available in the community. LYRC features a House Post, a beautiful carving created by an Indigenous artist, made specifically for the organization. Its commitment to recognize and celebrate cultural diversity is remarkable.
- Inclusiveness is infused throughout the program and work culture of ESSS. The attitudes of the employees and members of leadership are such that participants and staff members feel welcome and comfortable. The organization and its employees reach out to diverse community groups to encourage collaboration. Importantly, visual messaging, including LBGTQ flags, make it possible for participants to know and understand that ESSS will provide members of the LBGTQ community with a safe space.
- The organization masterfully provides person-centred service delivery. The organization focuses on understanding the needs of each participant and crafts individualized services to meet those needs. The organization has a very comprehensive process for gathering information to ensure that its services reflect the needs and desires of the participants. This process remains strengths focused while it respects their previous challenges and areas of growth. The overarching person-centred philosophy reflects a genuine respect for the participant's journey and a commitment to understanding how their growth can be supported.
- A strong internal communication processes ensures that the status of each participant is well communicated and that the staff members quickly modify services according to the changing needs of the participants. To ensure ongoing communication between locations, the organization has a regular practice in which the staff members at each group home check in with one another.
- ESSS has many offerings that serve to support, educate, and promote the meaningful presence of each participant in the community. For example, it works with external partners to offer general practitioner care to transgender youth to ensure that services are safe for and sensitive to their needs. The Child and Youth Day Care program hosts a weekly support group for parents who primarily speak Spanish. The organization's facilitators also provide education on many other topics.

- The organization’s intensive family-based services (IFBS) are offered with genuine positive regard for the participants. The programs consist of highly individualized services that evolve in alignment with the changing needs of each participant. The programs also employ tenured staff members who demonstrate exceptional enthusiasm for their work and successfully collaborate with other team members. The staff members carefully transition families into other services offered within the IFBS programs, as needed. Additionally, the programs retain strong collaborative relationships with community-based agencies through which participants are efficiently connected to the resources they need.
- Attention to the needs of each participant is well threaded throughout the organization’s facilities. The environment of the Child and Youth Day Care program is lively, open, inviting, and well stocked with colourful educational toys and materials. The group homes are highly appealing, warm, and inviting. The rooms are painted in warm colours; there is an abundance of comfortable furnishings; and there are multiple spaces, including large outdoor areas, in which participants can spend time and relax. The residential operations use a flexible approach that welcomes and encourages input from the participants on a number of topics, including decoration of the homes, development of menus, and how participants will spend their day.
- Foundry Langley, one of the new initiatives at ESSS, has received many accolades from both the community and government entities. ESSS will operate one of the 18 Foundry-BC locations. These centres play an integral role in significantly improving access to integrated, wraparound health and wellness resources, as well as services and supports for participants aged 12 to 24. Foundry-BC centres provide safe, judgement-free environments where youth and young adults can receive help for a variety of issues. Government representatives stated that they see the program as life changing and often life saving. They also noted that they are very appreciative of ESSS taking on this initiative for the Langley area.
- Child and youth participants and their families are the clear priority of leadership and staff at ESSS. The participants expressed gratitude for the services they receive from the organization and shared that they feel respected and heard by the staff members. The participants spoke of the positive working relationships they developed with the employees and of how they have come to feel empowered and more confident in their personal lives. True person-centred planning is a hallmark of the services provided by ESSS.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

1.B.5.b.(1)

1.B.5.b.(2)

Governance policies should address executive leadership development and evaluation, including an executive leadership succession plan that is reviewed at least annually for relevance and updated as needed. It is suggested that the plan address the planned or unplanned absence or departure of one or both of the executive directors.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures

- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

- 1.H.4.a.(5)**
- 1.H.4.a.(6)**
- 1.H.4.a.(7)**
- 1.H.4.a.(9)**
- 1.H.4.b.(5)**
- 1.H.4.b.(6)**
- 1.H.4.b.(7)**
- 1.H.4.b.(9)**

Although ESSS provides training to personnel on health and safety practices, some training is not competency based. Personnel should receive documented competency-based training at orientation and at least annually in the identification of critical incidents; reporting of critical incidents; medication management, if appropriate; and workplace violence.

Consultation

- ESSS uses car kits to store all items to accompany participants being transported. These kits include written emergency procedures, first aid kits, safety equipment, and other items. To ensure ongoing consistency of the contents of all car kits, the organization might consider developing a list of safety equipment items for its group homes.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization’s ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

Consultation

- Some elements of the organization's comprehensive policies and written procedures on formal complaints are included in its participant handbook and in postings related to the complaint process in its group homes. It is suggested that information from the policy and procedure regarding the levels of review of formal complaints and the availability of advocates or other assistance be added to the handbook and postings to ensure that the participants have access to them.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

1.L.1.b.(3)

The organization's leadership is urged to implement an ongoing process for identification of barriers in the area of attitudes.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Consultation

- ESSS appears to possess a culture of performance improvement through its ongoing reviews, analyses, and integration of the information generated from analyses in its planning documents. Its efforts could be enhanced by implementing performance improvement action plans in the areas of service delivery and business function that includes more detailed objectives and performance targets. It is also suggested that information relating to whether the actions taken in performance improvement plans accomplished the intended results be communicated to stakeholder groups as part of the communication of organizational performance information.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the philosophical foundation of child- and family-centred care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care.

The guiding principles include:

- Services that are child/youth and family driven.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent(s) and/or legal representative.

Child- and family-centred care includes the following:

- Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.
- Facilitation of family-professional collaboration at all levels of care.
- Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.
- Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youth and families.
- Recognition of child/youth and family strengths and individuality and respect for different methods of coping.
- Understanding and incorporating the developmental needs of children/youth and families into service systems.
- Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

- Written plan that guides service delivery
- Team composition
- Team member responsibilities
- Developmentally appropriate surroundings and equipment
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Qualifications and competency of direct service staff
- Family participation
- Relevant education
- Collaborative partnerships
- Child/youth/family role in decision making
- Clinical supervision
- Assistance with advocacy and support groups
- Effective information sharing
- Arrangement or provision of appropriate services
- Gathering customer satisfaction information

Recommendations

2.A.9.a.(4)(b)

It is recommended that each core program for which the organization is seeking accreditation have a written program description that guides the delivery of services, including service/treatment modalities to be provided to achieve the program objectives, including the credentials of personnel qualified to provide the service/treatment modalities.

- 2.A.22.a.(1)**
- 2.A.22.a.(2)**
- 2.A.22.b.(1)(a)**
- 2.A.22.b.(1)(b)**
- 2.A.22.b.(1)(c)**
- 2.A.22.b.(2)(a)**
- 2.A.22.b.(2)(b)**
- 2.A.22.b.(3)(a)**
- 2.A.22.b.(3)(b)**
- 2.A.22.b.(4)**

Although ESSS has a comprehensive policy on rights, the section on rights restriction solely specifies that any restrictions of rights will be reviewed. When applicable, the program should consistently implement written procedures governing the use of special treatment interventions and restriction of rights. The written procedures should include methods to ensure that intrusive procedures are administered in a safe manner, with consideration given to the physical history of the participants, the developmental history of the participants, and abuse history of the participants; a process of regularly evaluating any restrictions placed on the rights of the participants and privileges of the participants; methods to reinstate restricted or lost rights of the participants and privileges of the participants; and the purpose or benefit of any type of restriction on rights or privileges.

- 2.A.27.a.(1)**
- 2.A.27.a.(2)**
- 2.A.27.b.**
- 2.A.27.c.(1)**
- 2.A.27.c.(2)**
- 2.A.27.c.(3)**
- 2.A.27.c.(4)**
- 2.A.27.c.(5)**
- 2.A.27.c.(6)**
- 2.A.27.c.(7)(a)**
- 2.A.27.c.(7)(b)**
- 2.A.27.c.(7)(c)**

The program provides documented training to personnel; however, it is not competency based. It is recommended that the program provide or arrange for documented, competency-based training at orientation and regular intervals. The program should provide or arrange for documented, competency-based training to direct service personnel on suicide prevention and to direct service personnel on areas that reflect the specific needs of the participants; clinical skills that are appropriate to the position; individualized plan development/implementation; interviewing/communication skills; program-related research-based approaches; trauma-informed practices; and clinical risk factors, including suicide, violence, and other risky behaviour.

2.A.29.i.

Documented ongoing supervision of direct service personnel should include the provision of feedback that enhances knowledge and/or skills in the area of model fidelity, when implementing evidence-based practices.

- 2.A.35.a.**
- 2.A.35.b.**
- 2.A.35.c.**
- 2.A.35.d.**

The program is urged to implement written procedures that address visitation, mail, telephone use, and use of personal electronics.

Consultation

- For the sake of clarity in its medication policy, the organization is encouraged to state that medication control and medication administering services are provided in its group home program.
- It is suggested that the organization's policies and procedures addressing the handling of items brought into its the programs by participants, personnel, and visitors (including illegal and legal drugs, prescription medication, weapons, and tobacco products) be added to the participant handbook to allow for immediate reference at all times.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centred assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, the person's family or significant others, and external sources.

Key Areas Addressed

- Policies and procedures defining access
- Primary assessment
- Waiting list criteria
- Interpretive summary
- Orientation to services

Recommendations

2.B.11.a.(25)(b)

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive individualized plan for each participant, including information about the individual's medication use profile, including efficacy of medications used.

2.C. Individualized Plan

Description

Each person served is actively involved in and has a significant role in the individual planning process and determining the direction of the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and potential solutions. Individualized plans consider the significance of traumatic events. The individualized plan may also be referred to as a person-centred plan, service plan, treatment plan, case plan, or plan of care. In programs that serve young children, or families as a unit, the plan is often family focused rather than focused on a specific child.

Key Areas Addressed

- Participation of child/youth in preparation of individual plan
- Components of individual plan
- Co-occurring disabilities/disorders
- Content of program notes

Recommendations

2.C.2.b.(7)

The individualized plan should consistently include specific service objectives that are time specific.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, reunification, re-entry in a juvenile justice system, or transition to adulthood.

The transition plan is a document that is developed in collaboration with and for the person served, family, and other interested persons who have participated with the individual in services. It is meant to be a plan that the person served uses when leaving the program to identify important supports and actions to prevent the need to return to the program or other higher level of care.

A discharge summary is a document written by the program when the person leaves the program (planned or unplanned) and includes information about the person's progress while in the program, including the completion of goals. It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, transition services are critical for the safety and support of the individual's ongoing well-being. The program takes a proactive approach to follow-up with persons served after discharge to gather information related to their post discharge status and to assist in determining the effectiveness of services and whether additional services were or are currently needed.

Key Areas Addressed

- Transition/discharge planning
- Components of transition plan
- Follow-up after program participation

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviours, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and non-prescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

2.G. Records of the Person Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Authorization for release of information
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

2.G.1.c.

It is recommended that the individual record consistently communicate information in a manner that is complete.

2.G.3.e.

The individual record should include the location of any other records.

2.H. Quality Records Review

Description

The program has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the program in improving the quality of services provided to each person served.

Key Areas Addressed

- Focus of quarterly review
- Use of information from quarterly review

Recommendations

2.H.1.b.(4)

It is recommended that the program conduct a documented review of the services provided that consistently addresses, as evidenced by the record of the participant, model fidelity, when an evidence-based practice is identified.

2.H.4.c.(5)(a)(i)

The program is urged to implement a systematic review of records that considers whether the goals and service/treatment objectives of the participants consistently were based on the results of the assessments. The organization is encouraged to expand its current systematic review of records to reflect this.

Consultation

- Although each program uses information from its records reviews to enhance and improve services, it is suggested that the information be more broadly shared with other programs; doing so could facilitate the ability of ESSS to identify organizational patterns and trends.

Section 3. Core Program Standards

3.F. Child/Youth Day Care

Description

A child/youth day care program provides care, development, and supervision for an identified portion of the day. Services are provided to children/youth temporarily entrusted to the program during the parent's/guardian's/caregiver's involvement at work, school, or other short-term activity. Day care programs may be located in a freestanding facility or in a designated area within a school, home, or other community setting.

Key Areas Addressed

- Training of providers
- Parent/guardian consent
- Program activities
- Information provided to parents/guardians
- Administration of medication

Recommendations

3.F.2.a.(1)

3.F.2.a.(2)

3.F.2.b.(1)

3.F.2.b.(2)

3.F.2.b.(3)

3.F.2.b.(4)

3.F.2.b.(5)

3.F.2.b.(6)

3.F.2.b.(7)

3.F.2.b.(8)

3.F.2.b.(9)

3.F.2.b.(10)

Although ESSS provides training to personnel to meet the identified needs of the participants, it is not competency based. Personnel should receive documented, competency-based training to meet the identified needs of the children/youth served at orientation and regular intervals. The competency-based training should cover attachment theory, child/youth growth and development, behaviour management skills, learning theory, cultural competency and diversity, the effects of placement on children/youth, applicable legal issues, communication skills, required medications and/or medical services, and other specialized training as needed.

3.H. Community Transition

Description

Community transition programs provide services that focus on the identified preferences, goals, and needs of youth transitioning from service systems designed for children and adolescents to adulthood. The program utilizes a collaborative approach to individualized planning and decision making that includes the persons served and, in accordance with the preferences of the persons served, members of their families/support systems.

Recognizing that many of the persons served have experienced traumatic events that have impacted their relationships, the program emphasizes the importance of developing and maintaining healthy relationships of all types for successful transition to adulthood. The development of services and supports for each person is guided by an inventory of skills and interests and identification of the goals and priorities of life skills needed by the person for successful transition to adulthood. Persons served are involved in the assessment of risks and consequences related to various behaviours in which they may choose to engage.

Community transition programs provide the persons served with opportunities to explore and understand how their lives will change as recognized adults in areas including, but not limited to, access to service systems and funding; living options; and educational, social, and vocational opportunities.

Community transition programs may be facility- or community-based and offered in outpatient or residential types of settings. The programs may be comprehensive in scope and provide a wide range of services or specialize in a single or multiple areas of services such as independent living and/or vocational skills.

Key Areas Addressed

- Modelling healthy relationships
- Opportunities to develop life, advocacy, and leadership skills
- Progress toward self-sufficiency and self-help

Recommendations

3.H.4.a.(1)

3.H.4.a.(2)

3.H.4.b.(1)

3.H.4.b.(2)

3.H.4.b.(3)

3.H.4.b.(4)

3.H.4.b.(5)

3.H.4.b.(6)

3.H.4.b.(7)

3.H.4.b.(8)

3.H.4.b.(9)

Personnel should receive documented, competency-based training to meet the identified needs of the children/youth served at orientation and regular intervals. The competency-based training should cover attachment theory, adolescent/young adult growth and development, behaviour management skills, learning theory, cultural competency and diversity, applicable legal issues, communication skills, required medications and/or medical services, and other specialized training as needed. Although the training provided to personnel at this time is documented, it is not competency based.

3.I. Community Youth Development

Description

Community youth development programs are designed to help persons served optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. The setting may be informal to reduce barriers between personnel and program participants and may include a drop-in centre, an activity centre, a day program, or a leisure or recreational setting such as a camp program.

Community youth development programs provide opportunities for persons served to participate in the community. The program defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences, including:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Sports.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Socialization.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Financial assistance and planning.

Key Areas Addressed

- Modelling healthy relationships
- Increasing participation in the community
- Optimal use of natural supports and self-help
- Progress toward greater control of own life

Recommendations

There are no recommendations in this area.

3.J. Counselling/Outpatient

Description

Counselling/outpatient programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counselling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity.

Counselling/outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, behaviour management, mental health issues, life span issues, psychiatric illnesses, substance use disorders and other addictive behaviours, and the needs of victims of abuse, neglect, domestic violence, or other traumas.

Key Areas Addressed

- Service modalities
- Evidence-based practice

Recommendations

There are no recommendations in this area.

3.R. Intensive Family-Based Services

Description

Intensive family-based services are provided in a supportive and interactive manner and directed toward maintaining or restoring a healthy family relationship and building and strengthening the capacity of families to care for their children. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach and have a goal of keeping families together or supporting reunification when a child has been in an out-of-home placement. The services may include wraparound and family preservation type programs.

Key Areas Addressed

- Services provided
- Access to professionals
- Clinical supervision

Recommendations

There are no recommendations in this area.

3.T. Promotion/Prevention

Description

Promotion/prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Promotion/prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse/neglect, exposure to and experience of violence in the home and community, and to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings. Programs that offer training to current or future child/youth personnel are also included.

Organizations may provide one or more of the following types of promotion/prevention programs, categorized according to the population for which they are designed:

- Universal (Promotion) programs target the general population and seek to increase overall well-being and reduce the overall prevalence of unwanted or problem behaviours. These programs include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. They promote positive behaviour and include social marketing and other public information efforts.
- Selected (Prevention) programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in child and youth service programs.

Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

- Personnel qualifications
- Appropriate program activities
- Public awareness
- Program strategies

Recommendations

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.D. Group Home

Description

Group home programs provide trauma-informed treatment and services in a safe, supportive, 24-hour setting to children/youth for whom there are documented reports of abuse, maltreatment, and/or behavioural health needs and who cannot safely live in a family setting within the community.

Group home programs are time limited with goals for reunification with the family of the child/youth or placement within another family setting or other community placement with an emphasis toward permanency.

Key Areas Addressed

- Access to professionals
- Advocacy
- Personnel training
- Supportive program activities
- Community living components

Recommendations

4.D.3.a.(1)

4.D.3.a.(2)

4.D.3.b.(1)

4.D.3.b.(2)

4.D.3.b.(3)

4.D.3.b.(4)

4.D.3.b.(5)

4.D.3.b.(6)

4.D.3.b.(7)

4.D.3.b.(8)

4.D.3.b.(9)

4.D.3.b.(10)

Although personnel receive documented training to meet the needs of the participants at orientation and regular intervals, the training is not competency based. It is recommended that personnel receive documented, competency-based training to meet the identified needs of the children/youth served at orientation and regular intervals. The competency-based training should cover attachment theory, child/youth growth and development, behaviour management skills, learning theory, cultural competency and diversity, the effects of placement on children/youth, applicable legal issues, communication skills, required medications and/or medical services, and other specialized training as needed.

Consultation

- In addition to the many cultural and spiritual considerations, activities, and opportunities available in its group home program, ESSS might consider the use and benefits of music, meditation, and availability of a diverse array of spiritual materials available in its homes.

Section 5. Specific Population Designations

5.A. Juvenile Justice

Description

Juvenile justice programs serve a specific population of adjudicated juveniles referred by the court or from within the juvenile justice system. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centres, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the youth's ability to function effectively in the family, school, and community. The juvenile justice mandates include community safety needs in all judicial decisions and require that child and youth services programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational, training, or employment services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Key Areas Addressed

- Service team
- Services in a correctional setting
- Personnel training
- Assessment of child/youth

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Encompass Support Services Society

20230 64th Avenue, Suite 103
Langley BC V2Y 1N3
CANADA

Community Transition (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Governance Standards Applied

Aldergrove Family Place

27330 28 Avenue
Aldergrove BC V4W 3K1
CANADA

Promotion/Prevention (Children and Adolescents)

Best Babies of the Langleys Office - Pregnant and Parenting Youth Program

20230 64th Avenue, Suite 103
Langley BC V2Y 1N3
CANADA

Promotion/Prevention (Children and Adolescents)

Cardinal House Emergency Receiving Home

5424 207th Street
Langley BC V2A 2G1
CANADA

Group Home (Children and Adolescents)

Clinical Counselling

20230 64th Avenue, Suite 103
Langley BC V2Y 1N3
CANADA

Counselling/Outpatient (Children and Adolescents)

Fox House

6275 203rd Street
Langley BC V2Y 0X8
CANADA

Group Home (Children and Adolescents)

Langley Education Centre - Day Care

21405A 56 Avenue
Langley BC V2Y 2N1
CANADA

Child/Youth Day Care (Children and Adolescents)

Langley Youth Resource Centre

6275 203rd Street
Langley BC V3A 4C4
CANADA

Community Transition (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)

Topham House

19584 63rd Avenue
Surrey BC V3S 3C4
CANADA

Group Home (Children and Adolescents)