Shift

WORKFORCE.
SERVICE MODELS.
KNOWING WHEN TO PIVOT.

Why Stable Care Takes More Than Funding

What 25 years in care has taught me about building services that last



Andrew Middleton

Founder & CEO, Shift

WHERE IT BEGAN

I started working as a child and youth practitioner in care in the 1990s. I was young, working directly with kids involved in the justice system. I wasn't thinking about workforce planning or service capacity. I was focused on building trusting relationships.

Many conversations in care understandably focused on behaviour, risk and what had gone wrong. I was more interested in what helped things go right. I learned to pay attention to the environment around a young person, the people they trusted and the experiences that gave them some sense of safety, belonging and possibility.

That thinking eventually shaped Shift, the human services agency I founded in 2011. Today, we design and operate residential care services for adults and youth and build specialized workforces across Canada, including in rural, remote and northern settings. More than 75 per cent of our programs have been built from the ground up to meet a new or emerging need.

As my role changed from practitioner to operator, the question widened. I was still thinking about the person's experience, but I also had to understand what structures and systems needed to be in place for care to last.

One thing I learned quickly is that capacity on paper and care in practice are not always the same thing.



Andrew Middleton

Founder & CEO, Shift

More than 25 years across direct practice, service design, operations and workforce delivery, beginning as a child and youth practitioner in the justice system.



A bed may exist. Funding may exist. But the care is only real when someone can actually receive it.

HOW ONTARIO MEASURES IT

Ontario's developmental services reporting makes that distinction in a very practical way. It separates physical beds from "bed days available," meaning a space is not counted as available unless it is also staffed.[1]

Funding and infrastructure do not create care capacity on their own. Operational capacity is what makes care real.

And even well-designed services rarely stay exactly as designed. Labour markets change, support needs become more complex, and the assumptions a service was built around can shift over time.

A role that was once easy to fill may stay vacant longer. Overtime becomes routine. Relief capacity thins out. Sometimes the workforce model no longer fits the environment. Other times, the person's needs have moved beyond the service model originally built around them.

THE CENTRAL QUESTION

Vacancy
A problem to solve within the existing model

or

Signal?
A sign that the model itself needs to adapt

The question is whether you are looking at a problem to solve within the existing model, or a signal that the model itself needs to adapt.

KNOW WHAT THE SIGNAL IS TELLING YOU

Workforce

- Roles that once filled easily stay vacant longer
- Overtime becomes routine
- Relief capacity thins
- Required skills change

Service model

- Support needs become more complex
- A placement needs more structure or a different environment

Operating environment

- Labour market conditions change
- Geography or operating assumptions shift

A cue is not automatically a sign that the original model was poorly designed. It may be evidence that conditions have changed.

WHAT THE RESEARCH FOUND

A seven-year collaboration across Sweden, Norway, Canada, Iceland and Scotland found that stable rural and remote workforces require more than recruitment alone. The framework emphasizes planning, recruitment and retention, beginning with the right service model for the population being served and continuing through ongoing monitoring and adaptation.[2]

Remote workforce stability is not a recruitment problem to solve once. It requires an operating system that is planned, supported and continually adapted.

A WORKFORCE MODEL WORKS AS A SYSTEM

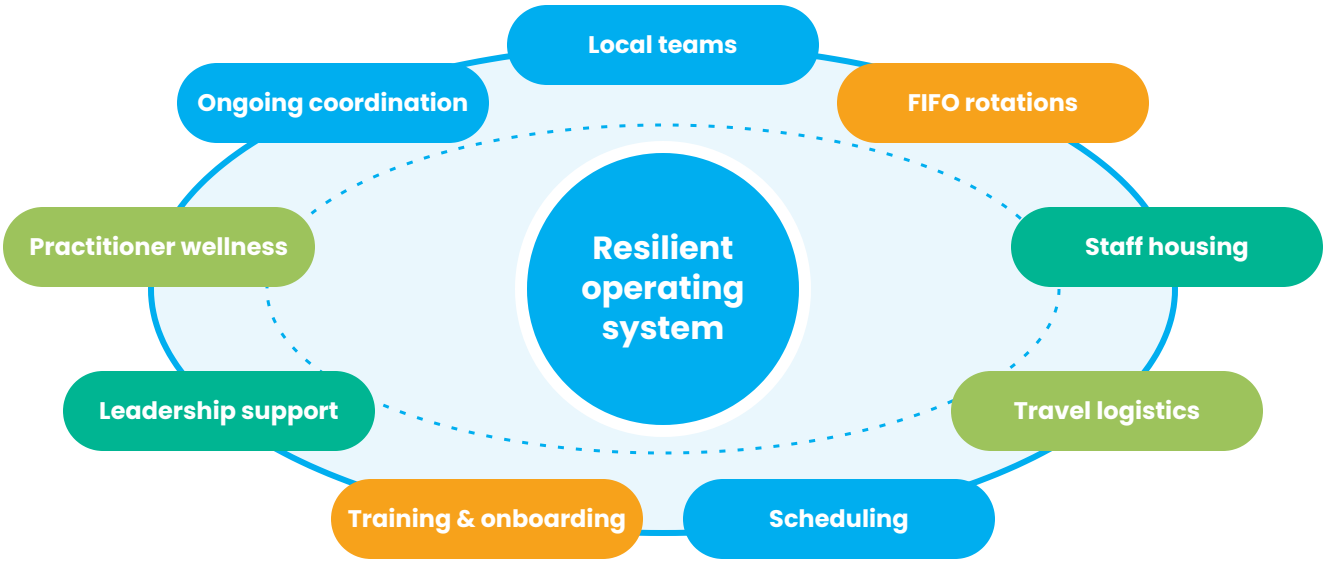
Our work in Nunavik has reinforced that for me. Continuity there is not built around a single workforce solution. It comes from a hybrid model: strong local teams, supported by a responsive fly in, fly out (FIFO) rotational workforce and staff housing that allows the system to flex as local availability changes. Around that are the less visible pieces that make the model reliable: consistent training and onboarding, scheduling, travel coordination, leadership support, practitioner wellness and ongoing workforce management.



Qulliq Centre, Inukjuak Nunavik, QC

RESILIENCE BY DESIGN

The result is resilience by design: a system that can respond to normal fluctuations in workforce availability, including periods shaped by local hunting seasons and other community rhythms, without treating every gap as a crisis.



> **What can look like a band-aid from the outside is often a deliberate pivot.**

The model changes because the conditions around it have changed.

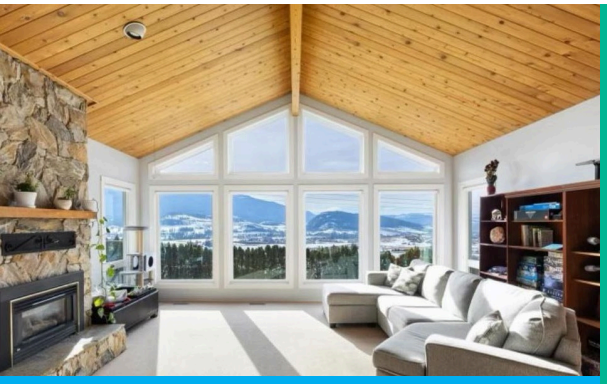
THE SAME APPLIES TO RESIDENTIAL CARE

The same applies to residential care. A group care model may have been right when it was created. Over time, a person's needs may point toward something more individualized, such as an ILA or supported living model, where the environment and staffing can be shaped more closely around them.

BUILDING CAPACITY CLOSER TO HOME

One example I think speaks to this well is our work with the Maples Adolescent Treatment Centre in British Columbia. As part of B.C.'s *A Pathway to Hope* strategy, Maples recognized an opportunity to expand specialized mental health treatment closer to young people living outside the Lower Mainland. Shift was brought in to help turn that emerging need into an operating model, and together we launched two five-bed satellite residential treatment services in Prince George and Vernon.[3,4,5]

The model extends the reach of an established provincial service while allowing young people to remain closer to their communities, local supports and the relationships that will matter when they return home. B.C. now formally describes Maples services as being available in Coquitlam, Prince George and Vernon.[6]



Shift/Maples program in Vernon, BC, near the Okanagan Valley

> **"Sometimes creating more capacity means changing where and how the service is delivered.**

To me, that is a strong example of capacity being created thoughtfully. It was not simply about adding beds. It was about recognizing an emerging need, being willing to rethink where and how the service could be delivered, and then building the operating model around that reality.

THE RIGHT MODEL CAN CHANGE AS NEEDS CHANGE

Group care

Individualized living arrangement (ILA)

Supported living

I think of it a bit like going grocery shopping hungry. Urgency has a way of pushing us toward the fastest choice, not always the best one. The same thing happens when shifts are uncovered or a placement is struggling. The better time to consider alternatives is before the choices narrow.

> **Urgency has a way of pushing us toward the fastest choice, not always the best one.**



WHAT I HAVE SEEN WORK

The government partners I have seen do this best recognize the cues early and have enough flexibility to pivot when conditions change.

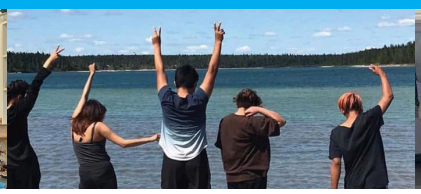
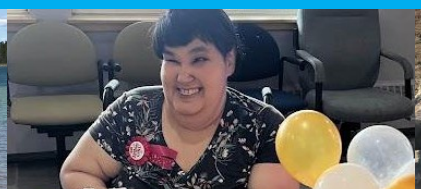
Sometimes that means adding relief capacity or changing how the workforce is structured. Sometimes it means changing the residential model itself.

After more than 25 years in care, I still come back to the same principle: start with the person, not the model. Meet the situation as it is, and stay flexible enough to change when the needs around it change.

People change. Workforces change.
Environments change.

The need for care does not.

Andrew Middleton
Founder & CEO, Shift


ABOUT SHIFT

Shift is a Canadian human services agency founded in 2011. We design and operate residential care services for adults and youth and build specialized workforces across Canada, including in rural, remote and northern settings.

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SUPPORTING PARTNERS ACROSS CANADA

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SOURCES

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3. British Columbia Ministry of Children and Family Development. *2024 Estimates Notes.* Through A Pathway to Hope, the Ministry describes development of Maples Adolescent Treatment Centre live in and outreach satellite services in Prince George and Vernon, with up to five youth served at each location. Government of British Columbia.
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