

Beyond Compliance:

Ensuring quality in care planning

APRIL 2022



REPRESENTATIVE FOR
CHILDREN AND YOUTH

April 26, 2022

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

Dear Mr. Speaker,

I have the honour of submitting the report *Beyond Compliance: Ensuring quality in care planning* to the Legislative Assembly of British Columbia.

This report is prepared in accordance with Section 20 of the *Representative for Children and Youth Act* which gives the Representative authority to make special reports to the Legislative Assembly if the Representative considers it necessary.

Sincerely,



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Representative for Children and Youth

pc: Ms. Kate Ryan-Lloyd
Clerk of the Legislative Assembly
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Committee Clerk, Legislative Assembly

Contributors

The Representative would like to acknowledge with gratitude all those who shared their perspectives and made this report possible, including the young people, foster caregivers, social workers and team leaders from the Ministry of Children and Family Development, and the RCY project team:

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Territorial Acknowledgment

The Representative and staff, who do their work throughout the province, would like to acknowledge that we are living and working with gratitude and respect on the traditional territories of the First Nations peoples of British Columbia. We specifically acknowledge and express our gratitude to the keepers of the lands on the traditional territories of the Lheidli T'enneh peoples (Prince George) and the Songhees and Esquimalt Nations (Victoria), where our offices are located.

We would also like to acknowledge our Métis and Inuit partners and friends living in these beautiful territories.

Introduction

This report offers a synthesis and analysis of the data generated by the Care Planning Review project undertaken by the Office of the Representative for Children and Youth (RCY) between 2017 and 2021. It brings together leading practices in care planning identified through a jurisdictional scan process with select findings from the input provided by youth, social workers, team leaders and foster parents in surveys and interviews.

The jurisdictional scan revealed six enduring dimensions of quality care planning. When these dimensions are implemented concurrently, the planning process can better centre the child or youth and support their physical, cultural, legal and relational belonging. In applying these dimensions to the analysis of findings from audits, interviews, surveys and focus groups, the care plan review team was able to identify strong practices within the Ministry of Children and Family Development's (MCFD) services as well as the organizational and systemic barriers and challenges that impede quality care planning.

The initial goal of the Care Planning Review project, initiated by former Representative for Children and Youth Bernard Richard, was to review care plans and the process of care planning for children and youth in government care from the perspective of assessing quality and to develop audit instruments that could be adopted by MCFD. The Review was initiated following the release of *Indigenous Resilience, Connectedness and Reunification – from Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia* in 2016, which proposed that the Representative conduct annual reviews of care plans for Indigenous children in the care of government.¹

This recommendation aligned well with RCY's longstanding interest in and concerns about how care planning was done in the ministry and the desire to look beyond compliance auditing towards the quality of care plans and the care planning process. In other words, the intention was to shift from assessing whether or not a care plan has been completed for a child or youth, is current and is on file (i.e., compliance), and move towards consideration of how a child or youth's care plan is developed, who is involved, its relevance and meaning to the child or youth and those who care for and about them, its attention to both current and long-term interests and goals and its evolution and assessment over time.

RCY's decision to focus on assessing the quality of care plans and care planning was consistent with MCFD's interest in measuring the quality and outcomes of care plans and planning and moving beyond the compliance-based approach that had prevailed for many years.

More recently, RCY's report *Skye's Legacy: A Focus on Belonging* raised many of the same significant and ongoing issues related to care plans and care planning.² The need to re-commit to a focus on quality care plans and planning is imperative. This report also developed an understanding of the underpinnings of quality in a much more robust way and specifically focused on the critical importance of belonging. Though this language and concept were not employed through the Care Planning Review, they directly speak to the core areas of quality chosen as the focus, and particularly relate to permanency and cultural planning.

¹ Ed John (Grand Chief), *Indigenous Resilience, Connectedness and Reunification – from Root Causes to Root Solutions* (Victoria, B.C.: Ministry of Children and Family Development), 2016. <https://fns.bc.ca/wp-content/uploads/2017/01/Final-Report-of-Grand-Chief-Ed-John-re-Indig-Child-Welfare-in-BC-November-2016.pdf>

² Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021.

The Review was based on a mixed methods research approach. The work began with an audit. It was quickly realized that the audit alone was unlikely to provide sufficient insight into quality. Expanded data collection was completed using a series of qualitative data collection instruments including surveys, interviews and focus groups. Though none of these research instruments can be adopted in their entirety by MCFD audit approaches, the innovations that were used in developing them to explicitly gather data on quality could have real value for MCFD as it continues to build its care planning approach to reflect the importance of quality.

The primary data collection process with youth, social workers, team leaders and foster parents highlighted a number of considerable and persistent barriers to quality care planning at the organizational and systems levels which continue to be of concern. They were flagged clearly and urgently by all individuals who gave their time to participate in this research; often their existence was a source of tension when discussing quality care planning. A summary of these persistent challenges is provided at the beginning of the “Findings” section of this report. Thereafter, the report takes a strengths-based approach to the data collected and highlights the nuggets or “bright spots” of effective practice illuminated in the primary data against each of the six dimensions of quality.

It is important to note that these bright spots are isolated examples of quality practice taken from multiple sources of data. They represent disconnected moments in time and, in the absence of the full stories of the children and youth involved, they cannot be taken as indicators of positive outcomes. In fact, in some instances, MCFD social worker and foster parent accounts of quality practice with respect to a particular child or youth also included descriptions of challenges that were not adequately addressed or needs that were not met, with adverse impacts and ultimately poor outcomes.

This report also provides one discrete and complete example that illustrates a quality, comprehensive care planning process for a young person in government care. This example is drawn from one youth’s individual care planning process and emerged from data generated by an audit of MCFD care plan documents. In this example, all of the quality dimensions are seen to be working together to support the young person and their transition to adulthood.

By highlighting examples of good practice in B.C. alongside effective practices in other jurisdictions, the Representative hopes that this report will inspire and inform efforts to improve the quality of care planning at both the individual practitioner and system levels.

The report is structured as follows:

- Methodology and timelines of the care planning review process
- A synthesis of key findings, including ongoing challenges to quality care planning
- An introduction to the six dimensions of quality care planning
- A synthesis of key findings relating to learnings from B.C. and other jurisdictions in line with the six dimensions of a quality care planning process
- An example of a quality care planning process
- Final reflections
- Next steps.

A Note on Terminology

Although the RCY uses the term "belonging," the report that follows uses the language of "permanency" aligned with the six dimensions of quality care planning identified during the jurisdictional scan process that was foundational for this Care Planning Review process. RCY's commitment going forward is to continue to use the language of "belonging."

The Representative is grateful to the many young people, social workers, team leaders and foster parents who contributed to the Care Planning Review through surveys, focus groups and individual interviews. It was clear to the team that participants knew about the importance of quality care planning and what it should look and feel like and yet were discouraged by their inability to consistently practise in a way that resulted in quality care planning and plans. It is hoped that this report will inform and support the necessary discussions and actions to enhance quality care planning across all six identified dimensions. We know better and we are called upon to do better.

Methodology and Timelines

The Care Planning Review examined MCFD practice related to cultural planning for Indigenous children and youth, planning for all youth transitioning into adulthood, and permanency planning for all children and youth.³ The research team used a mixed methods approach and developed a series of data collection tools to examine the quality of both the care plan documents and the care planning process for children and youth in the care of MCFD. This work revealed narratives of systemic challenges continually emerging through the data and an absence of any outcome data. In addition to noting these systemic challenges, the research team intentionally examined the data for examples of quality planning and documentation in the care planning process.

What is the MCFD care plan?

According to MCFD's Children in Care Service Standards (2003), a plan of care is *"an action-based planning tool for children in care, used to identify specific developmental objectives based on continuous assessments of the child's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child's worker with the involvement of the child, the family, the extended family and Aboriginal community if the child is Aboriginal, the caregiver, service providers and significant people in the child's life."* Social workers are required by policy to complete a full plan of care within six months of a child coming into care. These care plans are meant to be living documents, to be reviewed every six months or sooner when goals for a child change or there are significant changes within a child's life.

This section describes the process and intention of each component of the research from the pilot study to the full review of the care planning process.

Preliminary Research

In March 2017, RCY undertook preliminary research to better understand the current state of care plans, care planning and oversight within MCFD. While care plan completion was understandably a priority for MCFD, and mechanisms for auditing compliance were in place, RCY decided to move beyond completion audits and focus instead on assessing dimensions of quality in the care planning process to better understand whether care plans and care planning were meeting intended needs and goals based on the perspectives of youth, MCFD social workers, team leaders and foster parents. The Review was also interested in whether there were coherent and appropriate strategies, supports, services and timelines in the care planning process.

³ Care planning within Indigenous Child and Family Service Agencies (ICFSAs, formerly known as Delegated Aboriginal Agencies) was out of scope for the Care Planning Review as the focus was on MCFD care plans. Because ICFSAs, in many cases, approach care planning differently, such as using their own care plan documents or expanding cultural and family planning, a standardized audit methodology approach was deemed not to be a good fit to explore quality care planning in this context.

This included an examination of current literature and scans of other jurisdictions' practices and policies relating to care planning in general, care planning for youth transitioning from government care into adulthood, permanency planning and cultural planning. This was also supported with acquired knowledge from internal and external advisory committees.

During the preliminary work, there was also an analysis of MCFD's care planning policies and care plan document. The preliminary research provided a foundation for primary data collection and analysis. The research also identified the importance of focusing on quality in care planning, identified six key dimensions of quality, and explored these dimensions in the care planning process. RCY's research team was then able to develop a mixed methods approach and key data collection tools (interview guides, surveys and audit tools) to examine the quality of the care planning process for children and youth in the care of MCFD.

Pilot Study and Instrument Development

In September 2018, RCY researchers conducted a pilot study on care planning. During the pilot, RCY created and refined audit, interview and survey instruments designed to capture the dimensions of quality care planning. The purpose of the pilot was to develop and test data collection tools and refine approaches that might be used for a more in-depth Care Planning Review project.

Through the pilot study, the following quantitative and qualitative tools were developed and tested:

- **Audit tools centred on the dimensions of quality in care plans** – three unique audit instruments were developed that were based on a core set of measures specific to their respective domains in the care plan (i.e., cultural, permanency and transition plans). User guides for the audit instruments were developed to ensure consistent coding and assessment across reviewers. The audit process revealed both strong and weak aspects of care plans relative to the six defined dimensions of quality. A specific single case of quality care planning is shared later in the report.
- **Surveys for foster parents and social workers** – surveys included Likert-scale items as well as open-text questions that invited respondents to provide additional information related to care planning.⁴
- **Semi-structured interviews for foster parents, social workers, team leaders and youth in care** – the research team developed and tested interview templates and guides.
- **Semi-structured interviews to engage youth who had been in government care** – interview templates and guides were developed in collaboration with the McCreary Centre Society which subsequently engaged youth participants.

⁴ The title of "social worker" is the umbrella term used for MCFD workers involved who participated in this project. RCY's intention had been to engage only with guardianship social workers; however, due to differences in MCFD offices in relation to specific roles, especially in rural and remote communities, social workers who engaged in the research did not all present with the job title of "guardianship social worker." Participation in the project was voluntary and thus researchers interviewed any MCFD social worker or respondent who wanted to share their experiences. The majority of social workers who participated were responsible for writing care plans or had done so at some point during their employment with MCFD.

Between October 2019 and March 2020, RCY researchers conducted audits of 163 care plans representing 66 individual child services files. These included a sub-sample of MCFD's 2018 Care Plan Audit sample.⁵ This sub-sample consisted of child services files for children with in-care legal status and for whom care plans had been uploaded to the provincial Integrated Case Management (ICM) system according to policy.⁶ From a pool of 228 MCFD child services files, 66 met the Care Planning Review selection criteria and were randomly assigned to be audited from the quality perspective of transition out of care, cultural connections or permanency.

Between April 2020 and January 2021, the research team also collected qualitative and quantitative data using the surveys with social workers, team leaders and foster parents. The foster parent and social worker surveys were deployed using an online survey platform, Hosted in Canada. The foster parent survey was supported by the BC Federation of Foster Parents Associations (BCFFPA), which distributed the survey link by email to foster parents across the province. The link to the social worker survey was emailed by MCFD to 220 offices providing guardianship services across all 13 MCFD service delivery areas. Of note, because the links to both surveys were sent via an external email distribution network, it was not possible to determine the survey response rate. In total, 143 foster parents and 318 MCFD social workers contributed survey responses.

The distribution method for the surveys also included an invitation to respondents to contact the RCY to express an interest in participating in an interview. Interviews were semi-structured, lasted approximately one hour and were conducted online via Skype.⁷ RCY completed nine interviews with foster parents, 53 interviews with MCFD social workers and a further 16 interviews with MCFD team leaders.

Interview Data Collection

The preliminary research, audits and surveys all supported the final stage of the research which saw the research team conduct qualitative interviews with MCFD social workers, team leaders and foster parents between April 2020 and January 2021.

In February 2020, the RCY Care Planning Review researchers worked collaboratively with McCreary Centre Society – a B.C. research organization focusing on children, youth and young adults – to initially conduct a focus group with 16 youths. Between March and December 2020, McCreary Centre Society conducted a series of 20 one-on-one interviews with young people ages 19 to 24 who had transitioned out of government care and were able to reflect on their experiences of being in MCFD's care. The analysis and findings of these retrospective interviews were completed in January 2021.

Supported by connections with a further two community organizations, between April and September 2021, the RCY Care Planning Review team conducted a further eight guided interviews with youth currently in government care.

⁵ MCFD's Care Plan Audit reviewed individual plans that were created between Sept. 1, 2017, and Feb. 28, 2018. Because RCY was interested in assessing the evolution of care plans over time (as this better reflects planning processes), RCY's sub-sample included care plans that were included in MCFD's audit sample, but RCY's audit was extended to include the plans completed for the young person both before and after the plan in the MCFD audit, meaning a maximum of three care plans could be observed for each young person.

⁶ A new care plan must be uploaded to the ICM system every year and updates uploaded every six months.

⁷ Interviews were originally intended to be conducted in-person; however, COVID-19 public health orders necessitated the use of Skype.

Data Analysis

The interview data was transcribed and imported into NVivo software for coding and analysis. An initial thematic analysis of qualitative interview data sets was undertaken to illuminate key themes within cultural, permanency and transition planning and shared themes across the data sets. The themes both within and across all three of the distinct areas of cultural, permanency and transition planning spoke predominantly to systemic challenges and barriers to a quality care planning process.

Following the initial thematic analysis, RCY decided to revisit the data with a strengths-based lens and identified bright spots; that is, moments of quality that existed in spite of the ongoing systemic challenges. The examples documented were then aligned with the six dimensions of quality care planning that had been previously identified through the jurisdictional scan.⁸

⁸ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

Findings

Ongoing Challenges to Quality Care Planning

The majority of youth who participated in interviews reported that the current care planning process did not meet their needs and that care plans were not reflective of their preferences and goals. The specific issues they emphasized were limited opportunities for them to participate in care planning; poor communication from and with social workers; shortcomings in transition planning; inconsistency in the quality of cultural planning; and social worker turnover and lack of capacity.

Social workers, team leaders, foster parents and youth identified and expressed their concern about a number of ongoing organizational and system-level barriers to the delivery of quality care planning. The barriers and challenges (summarized below) tend to be consistent with those that have been addressed in previous RCY reports.⁹ For instance, MCFD staff highlighted organizational challenges as an overarching challenge which included specific areas of concerns related to workload, paperwork, the ICM system, recruitment and retention of staff, and current training and supervision. MCFD staff also raised challenges specific to cultural planning and ongoing challenges associated with the limited availability of community services and supports to enable quality care planning. Foster parents spoke passionately about challenges that they experienced and observed with respect to the quality of care planning and care plans for the children or youth in their care. These challenges were similar to those presented by MCFD social workers with regard to systemic processes; however, the outcomes of the challenges were presented in a different light.

⁹ Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021; Representative for Children and Youth. *Caught in the Middle*. (Victoria, B.C.: Representative for Children and Youth), 2019; Representative for Children and Youth. *Broken Promises: Alex's Story*. (Victoria, B.C.: Representative for Children and Youth), 2017; Representative for Children and Youth. *Much More than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care*. (Victoria, B.C.: Representative for Children and Youth), 2013; Representative for Children and Youth. *Who Protected Him? How B.C.'s Child Welfare System Failed One of Its Most Vulnerable Children*. (Victoria, B.C.: Representative for Children and Youth), 2013; Representative for Children and Youth. *Fragile Lives, Fragmented Systems: Strengthening Supports for Vulnerable Infants*. (Victoria, B.C.: Representative for Children and Youth), 2011; Representative for Children and Youth. *Isolated and Invisible: When Children with Special Needs are Seen but Not Seen*. (Victoria, B.C.: Representative for Children and Youth), 2011; Representative for Children and Youth. *Housing, Help and Hope: A Better Path for Struggling Families*. (Victoria, B.C.: Representative for Children and Youth), 2009; Representative for Children and Youth. *Amanda, Savannah, Rowen and Serena: From Loss to Learning*. (Victoria, B.C.: Representative for Children and Youth), 2008.

Challenges Identified by Youth

Limited Opportunities for Youth to Participate in Care Planning

The majority of youth interviewed reported that they were not as involved in the care planning process as they would have liked. A number of issues reported back from the youth interviews were seen to contribute to this, including:

- youth did not know that they had the right to participate in planning, as this was seldom explained to them by social workers
- youth felt that they had not been invited to participate or, when they had been, were not supported to participate fully
- youth felt that social workers underestimated their capacity to participate (i.e., that they were too young to be involved or lacked the necessary understanding)
- a lack of continuity in social workers and/or frequent moves between care placements disrupted the care planning process.

As a result of these issues, many youth reported feeling that they had not been meaningfully included in the process and that their care plans did not sufficiently reflect their wants and needs.

“There was a time when the adults would talk about me and my situation and then I realized that other people were planning my life for me, but if I took control instead, then it would be up to me... Make sure that you’re involved and know what’s going on, and don’t be afraid to ask questions.”

With regard to youth participation, a strong theme in the data related to young people not feeling heard by their social workers and other adults. In a few cases, youth reported having to resort to some extreme measures to get the attention of their social workers. For instance, one stated that they had threatened suicide in order to be heard; another described spending “most of [their] life in care screaming to be in a better place.” More broadly among the youth interviewed, there appeared to be a sense that they had “given up” or “accepted” that they would not be heard by their social workers.

“In the few meetings I’ve been in, which is like one or two, I’ve tried to speak but I was spoken over and I had to just sit there and listen and watch. Like in the home and then now, I had no choice. This is the only home [I had known and] I was told a few days before [my move], but they gave me not enough time. They told me on Wednesday. I’m like, ‘OK, you need all your stuff packed for Friday, you’re moving.’ They didn’t give me a choice. I just had to sit there and listen. I was like, ‘what the heck?’”

Poor Communication

Poor communication from and with social workers was a strong theme in the youth data. Young people reported that they did not feel adequately informed about the care planning process, including their right to participate (as noted above), and that decisions made about their care were not always explained to them. Several described challenges with reaching their social worker and/or not being informed that their social worker was on leave. *“The fact that we don’t learn about our rights until we’re in shitty situations is not right.”*

“Personally, it was really bad for me, only because I wasn’t involved and had no input into what was happening and why, and had no ability to change it because I was out of the loop [...] If I could have had input and been informed as to what was happening and what resources existed, I’m sure it could have been really good.”

Youth interview

Shortcomings in the Transition Planning Process¹⁰

Poor quality transition planning was also a notable theme in the conversations with youth. Overall, youth talked about transition planning as being rushed and fragmented, and lacking pre-planning, ongoing support and follow-through from social workers. Youth also reported that transition planning often started too late resulting in the youth not feeling ready or adequately prepared for their transition out of care. Specific challenges with respect to youth readiness to live independently included a lack of life skills, lack of necessary documentation (including knowing what official documentation to apply for and how), limited or tenuous connections to needed health services (including mental health), and concerns about accessing housing.

“But pretty much they put me in the awkward position, right? Where it’s really hard for me to transition back to a normal lifestyle with people and have a family [...] they pretty much made it really hard for me to transition to that.”

Inconsistencies in the Quality of Cultural Planning

Youth interviewed reported experiencing inconsistencies in their care planning, noting particularly that there had been no active attempt to address any of their cultural needs.¹¹ They expressed disappointment at not having been connected to their communities and to cultural events, resources and programming.

“And only recently have we got a Roots worker. Definitely the three things I know about it, but I’ve been told from my mother was I’m Métis, Blackfoot and Cree. And now I finally pushed them enough that they got us a Roots worker and hopefully, soon, hopefully we can hear something because it’s been like months, and [I] still haven’t heard anything.”

Several Indigenous youth warned against what one called “a cookie-cutter” approach to helping them connect with their culture, noting that for cultural planning to be meaningful it should be specific to each young person’s Nation and include efforts to connect them to their birth family. Youth observed that “well-meaning attempts” to connect them to culture were often too broad to be relevant to their lives. Some reported being connected to Indigenous support staff who were not from their Nation, and who had different traditions and practices and did not speak the same Indigenous language.

“It’s like a language. If you don’t learn whatever language you want to learn when you’re young you’re going to have a hard time learning it when you’re an adult. Culture should be treated the exact same as going to a language class.”

The Representative has addressed issues connected with cultural planning in several previous reports, and this area remains a concern.

¹⁰ The Representative has been reporting shortcomings in the transition planning process for some time, as most recently documented in *A Parents Duty. Government’s Obligation to Youth Transitioning into Adulthood*. (Victoria, B.C.: Representative for Children and Youth), 2020. It is, however, also important to acknowledge the February 2022 announcement made by MCFD of \$35 million in funding over three years to directly support youth in care beyond their 19th birthdays. This funding will also support new youth transitions navigators who will assist up to 8,830 youth up to their 27th birthday. The intention is that the navigators will support youth to successfully transition from government care by facilitating access to a better-designed continuum of services: “2022 BC Government Budget Announcements.” AgedOut, last accessed April, 2022 <https://agedout.com/news/2022-bc-government-budget-announcements>

¹¹ MCFD’s focus is centred around cultural information in the care plan document being specific to Indigenous children and youth.

Social Worker Turnover and Lack of Capacity

Youth reported that they frequently got new social workers, which negatively impacted the quality of their care planning. Youth noted a number of challenges associated with transferring to a new social worker, including having to start over by making a connection to the new worker and establishing trust. They noted that information previously shared by the youth appeared to have fallen through the cracks due to lack of documentation or communication between workers, resulting in repetition of much of the care planning process including the re-establishment of goals.

“Because before I got no help at all, especially not from my social worker. The social worker is always on vacation and while I was moving from one home to another, it kept changing to a different social worker, so I never knew who my social worker was.”

A repeated theme in the youth data gathered by the RCY was that of promises being made by social workers but not kept. This was exacerbated by the fact that youth had gone through a series of social workers and therefore the connections were very weak.

“There was supposed to [have been] a lot more supports [put into] place while I’m here, so there was supposed to be a lot more setup [in preparation for my transition out of care] and there was a lot of promise that [this] was going to happen.”

Finally, the youth interviewed suggested that social workers are simply unable to give the time and attention required to each young person’s care planning process due to the impression of social workers’ caseloads being too large. *“And when you try to call, they don’t avoid your – well, not avoid, but like ignore – your calls because they’re busy.”*

Challenges Identified by MCFD Social Workers and Team Leaders

Organizational Challenges

Many of the issues that were illuminated through the youth interviews also showed up in interviews with social workers and team leaders. These issues can largely be grouped under the umbrella term of “organizational challenges.” These challenges effectively interfere with the ability of workers to perform their tasks, taking time away from children, youth, families and community partners and time away from their ability to conduct quality care planning. Below are the key issues identified by MCFD staff for the Care Planning Review project.

Workload

One of the most prominent challenges to quality care planning repeatedly raised in interviews with social workers, team leaders, foster parents and youth was related to the capacity of social workers to support quality care planning. Having limited capacity to implement quality care planning for all children and youth in their care was an overwhelming concern of social workers. Several factors were seen to underlie and compound the lack of capacity, including large or complex caseloads, problematic organizational processes and requirements, and the additional demands associated with providing appropriate support to children and youth experiencing complex needs.

“And it was getting to the point that we were having like over 30 files. There was a time I had 47 files. Lower caseload is kind of the main piece, for me.”

Through the interviews, social workers reported that a significant number of often complex cases typically assigned to them meant that they have limited time to spend with each of the children and youth for whom they are responsible and little capacity for supporting young people's meaningful participation in the care planning process. This has a detrimental impact on the development of trusting relationships between the social worker and the child or youth and is a barrier to relational practice in general. In interviews, youth repeatedly expressed the difficulties they experienced in contacting their social worker.

Limited capacity due to large caseloads was also reported to have a negative impact on the ability of social workers to work collaboratively with other individuals connected to the children and youth in their care. Social workers described not having the time needed to identify and engage with the supportive adults involved in a child or youth's life, nor to bring them into the care planning process. One social worker spoke to this experience by highlighting the delays in engaging Indigenous communities in planning for their children. The social worker said that communities are keen to participate but are left waiting and the work to support children's connection to their cultural roots and extended families regularly gets deferred. Issues with convening the necessary group of social work professionals around a child or youth because of the demands on their time were also flagged.

Paperwork and Integrated Case Management System

A repeated narrative in the data related to social workers' limited capacity to engage in quality care planning due to ongoing organizational barriers. Social workers described challenges keeping up with the sheer volume of paperwork and feeling the pressures of completing documentation in a timely manner to be compliant with care plan deadlines, both within their teams and with respect to MCFD policy. These demands further constrained their ability to consult and collaborate with others around the care planning process and contributed to a rushed and therefore somewhat superficial approach to care planning.

Challenges described by social workers also extended beyond MCFD when the team surrounding the child included professionals from other sectors. The tendency for organizations to work in silos presented persistent barriers to timely and effective information-sharing and in so doing impeded comprehensive and effective care planning. For instance, one social worker highlighted the unduly cumbersome and time-consuming nature of the paperwork required to access information about children from schools while another discussed challenges with accessing support for a youth with FASD.

"FASD [...] has to be assessed based on 2015 and 2018 standards. So, you get some of these documents. You get a kid and you get 50 pages of assessments. And then you have to make sense of what that kid will age out with in terms of support. I worked my butt off to make sure we got an assessment from the School Board [and] everything before this kid turned 19. And in the end, we got denied by CLBC for like three, four months."

The theme of onerous processes was also apparent in social workers' descriptions of the shortcomings of the ICM system in which care plans are supposed to be created and stored. This system is reportedly difficult to navigate and, according to many social workers interviewed, cannot always be relied upon to save care planning work. This has led to a general lack of trust in the ICM system and significant time wasted by having to repeat work. To mitigate these challenges, social workers talked about using a variety of personal strategies for documenting care plans. These included making hand-written notes, translating them into Word documents, and then pasting the document into the system. The need for such strategies undermines one of the purposes of an ICM system, which is to streamline documentation and case management processes.

“I know there were a few years where – once you completed a care plan, it was locked. You couldn’t re-open it. And we actually moved to, right or wrong, instead of redoing a whole care plan at the review stage, we did a really detailed review recording for the child. I do know in the last year and a half or two years, I think we can review and update the actual care plan document. You could unlock it and do the update right on it. That’s more meaningful. But definitely, it is cumbersome and that comes and goes over the years. Whether that’s the actual document or it’s ICM.”

Social workers also raised concerns related to their capacity to support children and youth experiencing complex needs (typically referred to as “high-risk” in the interviews). In broad terms, social workers reported that they had limited time to address the crises that young people experienced in the system or to connect them with resources in their communities. Under these circumstances, according to one social worker, the emphasis is simply on “keeping them alive,” rather than planning with the young person for their future.

Staff Recruitment and Retention

The perceived high turnover of social workers was a strong theme in the conversations with youth and with social workers themselves, although the latter were keen to point out that staff recruitment and retention is a service-wide problem. Social workers flagged, for instance, long-standing vacancies for Roots workers, cultural connection and family finding workers across teams.¹² Challenges with recruiting and retaining these specialist positions were seen to create barriers to developing relationships and collaborative working practices with partner organizations.

“I haven’t actually done a formal, cultural plan yet [...] it’s something that has, in the past, I believe, been done by the Roots workers in our community. But [...] we have rotated through Roots workers like there’s no tomorrow and right now there hasn’t been one for about a year, I think.”

With respect to the perceived high turnover rate among social workers, the most concerning impact is, perhaps, the disruption and distress caused to children and youth. For instance, where, in an interview, a young person was able to provide an example of having had a strong and trusting relationship with their social worker, they nevertheless went on to say that the social worker had left, “again.” The concern of the impact of staff turnover on the young people was a repeated theme through the social worker interviews as indicated by the following social worker’s quote: “They’re losing the social worker because that social worker is leaving and the social worker who is coming in doesn’t even know this person.”

Training and Supervision

Social workers described access to ongoing training to support quality care planning as a challenge. While many reported having received training when they were new in their roles, their training was not updated or renewed over time. Although it appears that social workers are offered some optional training opportunities over the course of their careers, they generally reported that they did not have the time to participate in them. Of note, lack of training on the updated ICM system was also flagged as a problem in a number of social worker interviews.

In the absence of a robust and consistent approach to ongoing care planning training available to them, the social worker interviewees observed that they often have to rely on their individual experience and knowledge to inform their practice. This means that the quality of care planning may be dependent

¹² RCY is currently working on a report that examines the limited number of Roots, cultural connection and family finder workers across the province.

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upon the expertise and experience held by the social workers engaged with each child, and the quality of support and supervision provided within the team.

Furthermore, the interview data also suggest that the approach to care planning varies from office to office according to office culture and leadership priorities. For example, in some offices, social workers reported that the main focus is on targets related to the completion and update of the care plan document, whereas in others, the emphasis is more on the relational aspect of the care planning process. While social workers were able to acknowledge a need for accountability by completing the care plan document, this created a significant tension. Social workers reported that they found themselves questioning the priorities of management and the ministry at large, asking whether the goal was to create healthy and sustained relationships with young people, or whether it was about meeting deadlines and targets with respect to paperwork. The tension was exacerbated by perceptions of the relevance of the care plan document and planning documentation and the time-consuming nature of completing and updating it.

None of the above issues are unfamiliar to the Representative. Previous reports have raised them in a variety of contexts and noted concerning effects on the health and well-being of children, youth, families and communities.¹³ While these previous reports and consequent recommendations are not directly related to care planning, the overarching concerns of these reports mirror those raised in the Care Planning Review project. That these interconnected issues continue to surface indicates the considerable work that remains to be done.

Challenges Specific to Cultural Planning

A lack of ongoing training and professional development opportunities for social workers was a prominent theme in the data on cultural planning. While some team leaders reported that their teams had received “*some training*” in cultural planning, it was also observed that the approach to cultural planning – to what extent and how well it is done – tends to be highly dependent on and specific to the individual social worker. This suggests that the quality of cultural planning is inconsistent across the system.

Social workers spoke to a clear disparity between what they perceive the expectations are with regard to cultural planning – at the individual practitioner level, the team level and system level (i.e., MCFD policy) – and what they feel can actually be achieved in practice. They expressed concerns about their lack of understanding of what cultural planning entails and their own limited cultural knowledge – deficits that they were aware have a detrimental impact on the quality of cultural planning and outcomes for young people.

One strand in the data indicated that social workers tend to defer to children and foster parents when it comes to the matter of creating a cultural plan, which suggests that social workers may lack confidence in how to engage children and youth – and their foster parents – in a cultural planning process. Further, some social workers observed that there is often a disconnect between what has been documented in a cultural plan and what the young person experiences. In essence, the perception is that social workers can “*check off*” the appropriate cultural planning “*boxes*” in compliance with policy, but what is needed

¹³ Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021; Representative for Children and Youth. *Broken Promises: Alex's Story*. (Victoria, B.C.: Representative for Children and Youth), 2017; Representative for Children and Youth. *Honouring Kaitlynn, Max and Cordon: Make Their Voices Heard*. (Victoria, B.C.: Representative for Children and Youth), 2012.

to ensure meaningful connections for young people, to support their learning about their culture, and to help them develop a sense of cultural belonging is rarely fully explored or understood. Concerns around the focus of care plans and planning being about completion compliance, in accordance with the Child in Care Service Standards, rather than about quality, emerged within the *Skye's Legacy* investigation findings where the care plans reviewed for Skye lacked tangible goals for meaningful connection to Skye's cultural identity.¹⁴

With respect to addressing these issues and deficits, capacity challenges were once again a theme. Social workers stated that they simply do not have the time to develop their personal cultural knowledge or cultural planning skills. Further, with a lack of support from specialist MCFD staff – in large part because of the challenges with recruiting and retaining Roots, cultural connection and family finder workers – social workers reported being reliant on external cultural organizations and community members to assist with cultural planning. The feeling of undue reliance on these external resources, especially given that they are often ineffectively supported by MCFD, was a strong theme in the data.

All the barriers to effective cultural planning and supporting cultural connectedness were reported to be magnified when a child or youth in care is living far away from their cultural community. Social workers expressed that these long distances limited their ability to (re)connect young people with their cultural roots and to support development of a sense of cultural belonging. Even when young people have strong ties to family members living in other parts of the country, it was reported that, because of a lack of systemic resources and time, these connections are often not meaningfully pursued.

As with other issues that this Review illuminates, cultural planning has been addressed in previous RCY reports and recommendations. Given the number of children and youth in government care who are First Nations, Métis, Inuit and Urban Indigenous, strong and consistent cultural care planning requires more intentional focus by MCFD.

Limited Availability of Community Services and Supports

One of the strongest themes to emerge from the interviews with social workers, team leaders and foster parents was the limited availability of community-based services and supports for children and youth and the limitations of the adult-serving health care and housing systems. For social workers engaged in the care planning process with a child, their family and broader community, the lack of services to meet the identified needs of a child or youth thwarts their ability to develop a relevant and actionable plan. The most significant gaps were reported to be in mental health and substance use services, as well as in suitable housing for youth who are transitioning out of care.

“There are many gaps [in mental health supports]. The gap [when transitioning from youth to adult services] is during a critical period for early onset psychosis. This just does not work for so many high-risk youth [who may be] developing major mental health issues.”

Social workers raised their concerns not only about the availability of these programs, but also about the capacity of community organizations and the young adult-serving health care systems to provide them in a timely manner.

¹⁴ Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021.

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Challenges with access to needed services and supports were amplified in smaller communities. Social workers from rural areas spoke about inadequate mental health and assessment services, and the negative consequences for children and youth whose needs are not being met.

“I’m working with youth who are in need of more services than provided. [I am] working hard with the older individuals at going backwards [to see what supports they needed] and aging them out to make sure they’re connected to the right supports and services.”

Further, social workers reported that even when services are available, capacity constraints within those organizations limit opportunities for staff to participate in collaborative planning. This was described as particularly concerning when planning for children and youth with complex needs and during transition planning for older youth. RCY’s recent report *Skye’s Legacy: A Focus on Belonging* illustrates issues connected to collaboration with families and communities.¹⁵

Challenges Identified by Foster Parents

Challenges highlighted by youth and social workers were often echoed by foster parents, yet the impact of these challenges was often presented differently. As a clear example of this, foster parents spoke of high social worker workloads; however, the outcomes of this were centred around a lack of access to – and communication from – social workers for the foster parents. They also pointed to limited opportunities to participate in the planning process for the foster children or youth currently in their care. Foster parents identified that MCFD staff are overwhelmed with work, often responding to crises and continually struggling against limited resources to sufficiently address the care planning needs of children and youth who are in care. Throughout the interviews, foster parents acknowledged the systemic challenges faced by social workers that have an impact on quality approaches to care planning, including restricted processes due to workload, and difficulties that social workers face in creating meaningful relationships with children and youth, as well as with the foster parent. Foster parents suggested that MCFD prioritizes care plan completion rates and documentation compliance over creating a quality care planning process.

“So it kind of just looks good for audit purposes. And then, in my opinion, it just kind of puts it aside and then a year later it’s like, oh – this hasn’t been done and that hasn’t been done.”

During the interviews, foster parents also identified challenges unique to their role. Foster parents consistently noted that they felt undervalued in terms of their input to the care planning process, as well as being underutilized in their roles. One foster parent spoke to this experience highlighting how they felt their involvement in care planning was limited only to providing administrative details such as being asked to provide the social worker with particulars of appointments, such as medical or dental appointments, rather than being asked to provide more substantive support to the social workers, and also to the children and youth in their care.

“As a caregiver – it doesn’t really feel like a process. It’s just more usually a series of questions which are, ‘When was your last doctor’s appointment? When was your last dentist appointment?’ And they’re just asking you when the last few appointments were. And I would say that’s generally what I’ve been experiencing for the last few years in terms of any involvement in the care plan. So, it’s not a meeting where you sit down and, okay, let’s talk about where we’re going with this child.”

¹⁵ Representative for Children and Youth. *Skye’s Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021.

A further challenge that was highlighted by foster parents was the sense that cultural planning and training are often not specific or relevant enough to appropriately support the children or youth in their care. Foster parents noted that there is a critical difference between cultural plans that are set out in care plans to satisfy a checkbox requirement and more meaningful cultural planning and training (e.g., to enable foster parents to support a child or youth's cultural belonging) that is more centred around the individual child or youth. To elaborate, foster parents described cultural training as being far more profound when it has surfaced through personal connections across cultures and face-to-face time with families and communities as opposed to specific workshops or formal training modules provided by MCFD, designed to support the cultural planning of children or youth in their care. A potential difficulty here, however, is that this type of cultural training may be harder to standardize or centralize. One foster parent aptly described cultural planning as being measured by activities like drum-making rather than the primary family, community and land connections.

Throughout the interviews, foster parents also spoke to challenges surrounding children or youth with complex needs in relation to a quality care planning process. A shared experience across the interviews was that children and youth with complex needs had, at times, been placed in homes that did not have the necessary skills or experience to appropriately support those needs, in turn limiting the foster parents' capacity to support a quality care planning process for the child or youth.

An Awareness of Quality and a Desire to Achieve It

In spite of all of the challenges and barriers to quality care planning presented above, a key and overarching finding of the Care Planning Review is that, amongst those who participated in this research, there is a keen and palpable desire to attain quality care planning in practice. However, ongoing systemic challenges continue to act as a barrier to achieving this practice. Examples of quality care planning, in line with the six dimensions of quality identified in the next section of this report, are often celebrated as bright spots or shining examples of promising or strong practice, but they are not yet identifiable as standard practice. This is a theme that is evident across all the primary data, in the input from social workers, team leaders, foster parents and youth. It is also present in the voices of young people, who articulated their need for quality care plans and a quality planning process, and in the comments of MCFD staff and foster parents, who expressed their wish to deliver quality care planning, not just because this is what policy dictates but because it is what they want for the children and youth in their care.

In reflecting on their experiences in government care, the young people who shared retrospective thoughts on their care planning experience described how they would have liked to have been supported through and by the care planning process. Their reflections on what constitutes quality care planning and their suggestions for improving practice in B.C. are summarized below. Notably, they mirror the six dimensions of quality care.

"Children and youth deserve to be heard. They should be the first person heard. We may not be able to vote, but we at least deserve to be able to vote on what matters to us."

Youth interview

- Care planning should be centred around the wants and needs identified by the child or youth. The process should also ensure that the young person is aware of the options available to them that are appropriate to their own individual support needs. *"I wish I could have taken more charge about what I would have done about my own care plan."*

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- In addition to their social worker, young people felt that there should be opportunities for people of their choosing – who know them and are important to them – to be included in the care planning process. This could include family members, close friends, youth workers, counsellors, health professionals, school personnel, advocates and other important adults in their life. All adults involved in the process must understand how to work with young people in a trauma-informed way and at least one adult should be present whose role is to support and advocate for the child or youth. Young people should have the option to exclude individuals from the process if they do not want them involved. *“I never heard of being able to choose who attends the [care planning] meetings. Someone should tell youth that they DO have a say; social workers don’t have to do it.”*
- Greater continuity in social workers and more consistency in care placements would support the development of trusting relationships and familiarity and enable young people to feel more meaningfully included in the care planning process and more comfortable stating their wants and needs. *“If youth are to age out and have skills to be autonomous and thrive, we need to be trusted to make the decisions for ourselves while we still have support.”*
- Care planning needs to be an individualized process that addresses each child or youth’s unique wants, needs, potential and abilities, and that is tailored to their maturity level. Indigenous youth noted that cultural planning should be individualized and personalized to connect youth to their specific culture and not just to any Indigenous culture.

“It shouldn’t be a blanket care plan that works for everyone. It should really be about what each individual child needs.”

Youth interview

“It should depend on the kid. If the kid is flying through things really fast, then three months, but if they’re slow, six months. In the care plan they’re talking about planning for school, having a boyfriend, living on their own, and your thoughts on what things are going to look like, and sometimes people make a plan for a year and they get through it all in six months.”

- A care plan should be holistic, trauma-informed, encompass all aspects of health and well-being, and include long- as well as short-term goals. *“Right when I’m starting to recover from past experiences, like when I’m in a safe place or environment, then I could start moving forward and think about planning for the future.”* The plan should make provision for the involvement of the young person’s birth family, in accordance with the young person’s wishes, safety and the family’s capacity, which may require additional supports and creativity.
- Care planning should start as soon as a child or youth enters government care. The plan should be a working document that is reviewed and updated regularly. Young people should have access to their care plan. *“Probably as soon as they start to be in care. I know that if they had done that when I was 16, I would have been like ‘whatever,’ but maybe at least start with some of the basics.”*
- The care plan should be based on the young person’s current wishes and be reflective of their changing situation and increasing maturity. There should be accommodation in the plan to support the child or youth to explore new interests and activities.

“Youth in care aren’t often given the time and stability to explore interests and passions. As youth get older, the care plan can change to reflect their interests, as well as starting to prep them for going to post-secondary if that’s what they want to do.”

- A quality care planning process goes beyond identifying needs and setting goals, to include a plan for how to address these and the steps required.

“I had a plan to get on a Youth Agreement; I was already in foster care. I had tried to get onto one when I was 15 and was denied, but then I was finally allowed. But the conditions were unrealistic – things like not seeing [certain people] and I was expected to go to school every day.”

Some youth also suggested that planning should extend beyond a young person’s time in care to support the transition to adulthood.

- Care planning meetings should be scheduled on a date and at a time that works for everyone that the young person wants to be involved – including evenings and weekends – and in a space that is welcoming. Youth should be given an opportunity and support to inform or help set the agenda, and advance notice of the meeting, so they have time to prepare.

“A lot of youth should have a heads up before care plan meetings so they can write down their own notes. They should also have a heads up to when the meeting is going to be and what it’s about... You could even have the foster parents sit down with the youth before to plan out what the youth wants to talk about, like help them plan out some sort of agenda [for the meeting].”

- An up-to-date and comprehensive step-by-step guide covering care-planning rights and other care-related rights and including useful resources and practical information should be available in child/youth-friendly language.

“I think it’s important for youth to know that they have rights up front. The ministry lets you know that you have rights and where the information is, but they don’t make it easy to find. They give you your rights, but they don’t make it very clear that you are making decisions that will have a big impact on your life.”

Finally, of note, the barriers and challenges raised by MCFD staff were framed not as excuses for inadequate practice but as frustrations about a system that does not currently support professionals to fully meet the needs of children and youth, as the following quote from a team leader illustrates:

“I just want them to be able to know at the end of the day that somebody tried, or a team tried. These are all the things we did. These might be the barriers that we had and how we tried to overcome them so that they didn’t feel like ‘I was a number, I was just another ministry government kid.’”

In the remainder of this report, strands in the data that offer examples of social workers, team leaders and foster parents striving to achieve effective care planning practice, despite systemic challenges, are presented. They provide glimpses of quality care planning in action and signal opportunities to build on existing – albeit isolated – strengths within the system.

The Six Dimensions of Quality Care Planning

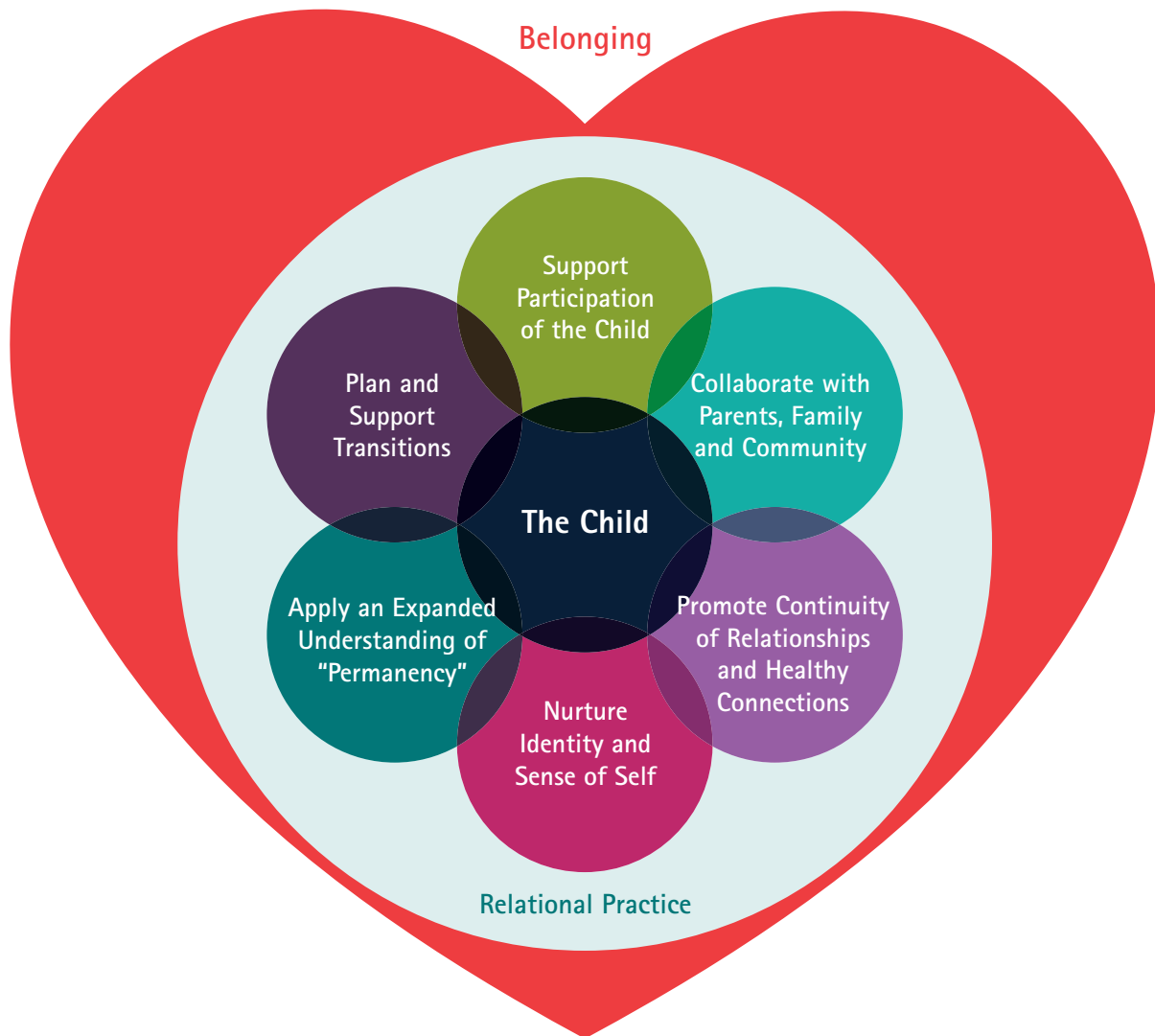
In 2017, following a collection of literature reviews conducted by RCY researchers, RCY worked in collaboration with InsideOut Policy Research to undertake a jurisdictional scan process to examine leading and effective practices in care planning for children and youth in care. The objective of the research was to identify how select Canadian and international jurisdictions were defining quality with respect to care planning and how they were supporting the implementation of quality care planning through policy, standards, guidelines and practitioner support tools. The findings that emerged from this interjurisdictional scan and the literature reviews were used by RCY to inform the Care Planning Review project.

In 2021, RCY updated its previous jurisdictional scan and synthesized the elements of quality care planning. While none of the jurisdictions had an explicit definition of quality with respect to care planning, key elements of quality were implicit in or inferred by the policies and practices recommended by or being implemented within each jurisdiction's child welfare system. Six key elements – or dimensions – of quality care planning were collaboratively identified (see Figure 1).¹⁶ These dimensions are common to all or most of the jurisdictions studied and are understood, or have been shown, to contribute to better outcomes for children and youth in care. The dimensions are (in brief):

- supporting the **participation of the child** in their care planning process, in a developmentally appropriate way, and ensuring that their views and interests are considered in decision-making about the care and support they will receive
- **collaborating with parents, family and community** in the development and regular review of the care plan and in decision-making about the child's care
- ensuring that care planning supports **continuity of relationships** and healthy connections for the child
- ensuring that planning for the child will help to **nurture identity and sense of self**
- applying an **expanded understanding of permanency** that recognizes multiple aspects of stability and belonging, including relational, physical and cultural as well as legal
- **planning early for supported transitions** from care into adulthood and independent living.

¹⁶ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

Figure 1. *The Dimensions of Quality Care Planning*



Although they are examined separately and sequentially in this report, in practice the quality dimensions intersect and overlap, and are mutually reinforcing. When all of the dimensions of quality care planning are in place, there is a greater likelihood that the child or youth in care will experience positive outcomes.

Between 2017, when the original jurisdictional scan research was conducted, and 2021, when the scan was updated, the authors noted that there was an increased (and growing) recognition in most jurisdictions of the fundamental importance of sustaining family connections and other healthy relationships for children and youth in care, and with this, a stronger focus on the importance of belonging and on the value of relational permanency. This emphasis on relationships and belonging complements and permeates all of the elements of quality described below.

It is important to acknowledge that the kind of quality care planning described in the jurisdictional scan that translates to this Care Planning Review report can only happen when the appropriate organizational and system-level supports for practitioners are in place. A key finding in both the 2017 and 2021 scans was that constrained resources and heavy caseloads frequently present as barriers to effective care planning and positive permanency outcomes.

The Primacy of Relationships and Child-Centred Practice

Taken together, the six dimensions of quality care planning, identified through the jurisdictional scan, reflect the fundamental principle that the child or youth should be at the centre of the care planning process and inform decisions that are made about their care and their lives. Every jurisdiction examined emphasizes the fundamental importance of actively engaging the child in planning and decision-making activities, in a developmentally appropriate way. Most demonstrate the use of creative, sensitive and child-centred strategies to promote and sustain the engagement of children and youth in the development of their plan. In some instances, centring the child or youth is promoted through the careful and thoughtful use of language and terminology. An example is seen in the ChildStory case planning system developed by New South Wales, Australia, and Aotearoa, New Zealand's 'All About Me' Plan.

ChildStory

New South Wales' **ChildStory** is an IT system for case planning. The system is based on a narrative framework that places the child or young person at the centre of their own story, surrounded by a network of family, carers, caseworkers other service providers and specialists. The child's needs, wishes and experiences are central to each stage of the case planning process, and there is an emphasis on relationship-building and collaborative team support.

A key component of **ChildStory** is the **ChildStory YOU** website, which gives a young person in care access to their own information and helps them to communicate with their caseworker, stay connected to their birth parents, carers and culture, and contribute to the documentation of their life story.

The All About Me Plan

Aotearoa, New Zealand's **All About Me Plan** is a living tool for developing, sharing and reviewing a support plan to meet the needs identified for the child. The plan reflects the goals and objectives agreed upon in the family group conference and sets out in detail how those goals and objectives will be achieved. It is also used to document and ensure responsiveness to the changing needs of the child.

The process of creating and implementing the plan explicitly requires practitioners to develop quality relationships and maintain contact with the significant people in the lives of the child or youth, and consult with everyone who is important to the child or youth as each section of the plan is completed over time.

There is a fillable PDF **child-friendly version** of the **All About Me Plan**, which is written from the perspective of the child. Sections include, for example, "My people," "Where I come from," "Things that are important to me," and "Staying connected with whānau, family, and people I care about."

In addition to placing the child at the centre of the care planning process, the dimensions also work to ensure that care planning nests the child within a network of supportive, healthy and loving relationships. All the jurisdictions studied stress the critical importance of maintaining a child’s existing relationships and supporting them to build new ones. Even if the child’s care plan does not pursue reunification with their birth parent(s), they have a right – and a basic need – to maintain contact, where appropriate, with their parents, siblings, grandparents and extended family members, as well as with other significant people who are able to be a safe and supportive presence in their life. Practices that promote the continuity of relationships, support engagement with community and culture and cultivate new connections with peers and caring adults all contribute to a child’s sense of identity and belonging.

There is another aspect of relationships at play in quality care planning – that of relational practice, in which social workers and team leaders build and sustain respectful, open and caring relationships with children and families, as well as with their colleagues and other service providers. Aligned with the jurisdictional scan, relational practice is inherently person-focused and holistic; it sets a goal of partnership with the child and their family, prioritizing the child and family’s personal views, wishes and needs, and working collaboratively towards shared goals. Those involved with the development of ChildStory in New South Wales, for example, observed that, *“We saw firsthand that case work is best done with social interactions and relationships, not time-consuming paperwork or IT processes.”*¹⁷

Learnings in Relation to Quality Care Planning from B.C. and Other Jurisdictions

In this section of the report, examples of quality care planning practices that emerged through analysis of the Care Planning Review data sets are presented against the six dimensions of quality care planning. While the challenges to quality care planning are not the primary focus of this section, the key barriers to sustained and consistent effective practice are also referenced as appropriate. These serve as a reminder of the work that needs to be done to move from a system characterized by intermittent examples of quality to one that supports consistent quality care planning for all children and youth in care.

Each presented example of quality care planning is bookended with a concise summary of effective practice as identified in the jurisdictional scans on quality care planning.¹⁸ For quality care planning to be achieved, the dimensions work in unison and therefore overlap and intersect, as do the following examples of good practice in B.C.

Dimension of Quality 1: Participation of the Child

The jurisdictional scan highlighted the importance of actively engaging the child or youth in the creation and regular review of their care plan. This helps to ensure that they are at the centre of the planning process and that their needs and preferences are attended to and respected. Active involvement in decision-making about their lives also supports emotional development and self-esteem and contributes to successful outcomes.

¹⁷ “Child Story: The Co-design Process.” New South Wales. Communities and Justice, last accessed April, 2022. <https://www.facs.nsw.gov.au/about/reforms/children-families/childstory/chapters/co-design-process>

¹⁸ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

Children and youth in care have the right to clear and accurate information and advice about their situation. It is important that they are provided with opportunities to express their views freely on matters pertaining to their safety and well-being, and that these views are listened to carefully and given due weight in the decision-making and planning process.

The level of active involvement should be appropriate to the young person and their developmental stage. Where possible, children and youth should be able to choose the level of their participation in decision-making and how they would like to be engaged or represented in these processes.

Evidence of Participation of the Child in Care Planning Review

The social workers, team leaders and foster parents interviewed recognized the importance of ensuring that children and youth are active participants in their own care planning process. However, concrete examples of practitioners intentionally inviting children and youth to participate in planning were not often apparent in the input provided from the interview data and did not emerge as a primary theme. The degree to which children and youth participated (or were invited to participate) appeared to be dependent on the individual social worker's capacity and practice. Through the youth interviews, youth would sometimes identify a specific social worker who did engage them in the process, and the youth described feeling listened to by this worker. Most youth were able to recall at least one social worker who they felt did listen to them. In interviews, foster parents stated that there were few opportunities for children and youth to be involved in their care plan development. They observed that when a child is not part of the care planning process, they are less well prepared for the changes and transitions related to their care, which can create unnecessary trauma.

Some limited examples were described by social workers whereby they met with children and youth regularly and involved them in the development of their care plans, including working with them to generate personal goals. Regular, scheduled meetings were valued for allowing social workers to stay up to date on what was happening with the children and youth under their care, as well as to build closer relationships with the young people. However, some social workers observed that the high caseloads, complexity and/or volume of paperwork associated with their caseloads made it difficult to meet with children and youth as often as they wished. The need to complete documentation to deadline often impeded their ability to give the necessary time to collaborative care planning. This illustrates a disconnect between the awareness of what quality care planning looks like and the capacity to deliver on it.

In several conversations with social workers, it was clear that their perception of a child or youth's capacity to engage in the care planning process determined, at least in part, whether that child or youth would be invited into the conversations about their care. Issues that informed this perception included the age of the child, and whether the child or youth had a developmental disability and/or was experiencing mental health or substance use issues. With regard to age, social workers reported that they were more likely to engage youth in the planning process than younger children. *"It depends on the age of the children. So sometimes [the responsibility] is on the caregivers. But for the older children, I would prefer to do it with them and ask them the questions directly."*

However, an account provided by a team leader illustrated how taking a flexible and sensitive approach to engaging a young person can support their participation at a developmentally appropriate level. In this instance, the team leader described how they frame the care plan document as a story book of the young person's life in care. This not only makes the care planning process accessible to the young

person, it also promotes their ownership of the care plan and, arguably, helps to nurture their sense of identity.

“I always want to get youth to engage in [completing their care plan document]. I talk about it being the baby book in care [...], it tells their story while they’re in care. It talks about [...] what happened in their life, what were their thoughts and feelings. So when they ask, ‘Why do I have to talk about this?’ I say, ‘Well, you need to talk about this so I can document what you said. Because you might tell me something and then, because of everything that’s going on in your life, not remember why you did or didn’t do something.’ [...] So for me, the care plan is so important because it documents their time in care. And when it’s done right, it should document it from their perspective, with their wants and needs.”

This quality approach to engaging a young person with care planning helps to ensure that the plan, as a living and evolving document, chronicles the young person’s story, providing a record of what they said and felt at various stages of their life in care, and allowing them to see the journey they have taken.

“When I quote them [i.e., their words in their care plan], then they would go back and go, ‘Oh, I didn’t realize I said that or that’s how I felt at the time, because I don’t feel like that now.’”

The same team leader also described encouraging their staff to personalize a child’s care plan through the simple practice of updating the document with current photographs of the child at key moments and stages. This provides the child with a visual archive of their growth and development.

Another example of taking a flexible and sensitive approach to engaging the child or youth in the care planning process – this time a young person with special needs – was provided by a foster parent, who explained that they deliberately choose not to focus on the care plan document but instead use an informal, child-centred questioning style to elicit the young person’s wishes and preferences.

“So, it’s not as simple as ‘Let’s sit down [with a youth who has special needs] and go over this plan together.’ It’s more like, ‘What would you like to see happen in terms of building relationships with your family? What types of cultural stuff would you like to be involved in?’ So [...] informally going over that and then developing and passing on what those goals and actions look like to the guardianship social worker.”

These examples illustrate how quality practice works to centre the child in the care planning process and, in so doing, contributes to their sense of connection to their own life story. However, there were very few examples presented in the interview data of social workers taking such an approach to engaging children and youth in care planning, with time constraints and lack of capacity being the biggest barrier to working in this way.

A notable theme in the interviews with social workers was the difficulty in engaging youth who appear not to be interested in participating in their own care plan development. While it is good practice to respect a young person’s right to decide how involved they wish to be in the creation of their care plan, it is also crucial that social workers take the time to explore their reluctance and enhance their motivation to participate. In the following excerpt from an interview with a social worker, youth are identified as having autonomy and choice in the care planning process, as well as the ability to speak for themselves regarding their needs and preferences. The social worker also recognizes that some youth feel better supported when their caregiver is part of the collaborative planning process. This speaks to the importance of creating a safe space for discussion and decision-making as well as ensuring those who are important to the youth are at the table.

“Youth are able to voice [for] themselves what’s going on for them. They don’t need the caregiver to do that for them. So, it’s easier just to ask them directly how they’re doing. But I do find that some youth prefer to have their caregiver there because they have a really positive relationship with their caregiver and they see them as a support.”

Another notable strand in the data on supporting children and youth to participate in the creation of their care plan concerns the importance of training and supervision for practitioners and the role that experience plays in good practice. Social workers drew attention to the lack of training on and gaps in their knowledge to be able to support quality care planning, including how to engage a child or youth in the process despite the ongoing challenges. For example, one social worker described how, as they gained experience and more knowledge and confidence, they became more comfortable with and adept at ensuring that youth were active participants. *“I would say my care plans got way better over time. As I learned more and I was encouraged more to bring the youth into the care plan, ask the youth questions, more meetings were happening about care plans.”*

Arguably, however, these are core competencies that a new social worker should bring to their practice from the outset, and that should be strengthened and deepened throughout the course of a social worker’s career through access to ongoing training and mentoring.

Practices from Other Jurisdictions

Practices that support the participation of the child in the care planning process as identified across other jurisdictions include:

- Provide comprehensive information to the child. Explain their rights and explain the care planning process and purpose clearly, fully and sensitively.
- Provide information in a manner the child can understand and in formats with which they can engage. Accommodate their communication preferences (e.g., talk while walking or driving, use photographs or videos), accommodate their communication needs, and use language that is inclusive, engaging and meaningful for the child.
- Invite advocates or support people to help the child in the care-planning process. Consider inviting the child to select two adults to be part of their care planning team.
- Ask the child about their views and wishes and engage them in goal-setting during care planning. Invite the older child or youth to visualize their life in one, five, and 10-plus years and to identify the dreams to which they aspire.
- Collaborate on genograms, timelines and placement maps and talk about the people who are important to the child.
- Pursue creative approaches to engage a reluctant child and to ensure that their voice is heard (e.g., arrange for a teleconference so the child can listen to the meeting from a distant location and say something if they want to, make a recording of the child to be played at the planning meeting, read something the child has written or share something they have drawn, communicate via a text or messaging app).

Dimension of Quality 2: Collaborating with Parents, Family and Community

The jurisdictional scan emphasizes the importance of including the child or youth's family and other members of their circle of support in the care planning process where appropriate and safe for the child or youth.¹⁹ Input into decision-making from parents, extended family members, community members and other significant adults in the child or youth's life is considered to be crucial to achieving positive outcomes for the child or youth. This dimension is consistent with “relational belonging” and “cultural belonging.”

When practitioners engage and work collaboratively with family, community and other natural supports, connections may be made that can enhance the likelihood that a child or youth will experience more nurturing and stable relationships and continuity in their living arrangements. Meaningful engagement and collaboration with Indigenous communities, families, children and youth is essential prior to and during the development of a cultural plan.

Effective family participation involves looking at the family's strengths, interests, needs, culture, language and belief system as well as their capacity to be involved in supporting the child or youth, including assuming tasks and activities. It is important to respectfully engage the family as experts in their own experience with knowledge about what interventions will be most supportive to them as they in turn support their child.

Evidence of Collaboration with Parents, Family and Community in Care Planning Review

The importance and value of collaboration in care planning with parents, extended family, foster parents, child and youth workers, counsellors, school and health care personnel, community members and other adults who are significant to the child or youth was widely recognized by social workers and team leaders and their input suggested that there is a strong desire to implement a collaborative approach. Participants also recognized that collaborating widely with the individuals who are important and connected to the child is key to centring the child in the care planning process.

There is evidence in the data of a clear, shared vision for collaboration across the sector. Social workers and team leaders spoke to their commitment to support and strengthen collaboration in the care planning process. However, there is a noticeable disconnect between the desire and understanding of its importance and the actual capacity to implement. This was signified, for example, by team leaders' repeated use of the phrase “*we try*” when speaking to the topic of collaborative planning. Further, while foster parents expressed a desire to work more collaboratively with social workers on care planning, some noted that they feel MCFD undervalues their knowledge of and relationships with their foster children.

Persistent systemic challenges to meaningful collaboration with parents, family, foster parents and community members include lack of time because of social workers' workloads, limited availability and ineffective resourcing to support participation of community services and supports, and difficulty making connections with community partners. Nevertheless, the data revealed instances where individuals were able to overcome these challenges and plan collaboratively with parents, family, foster parents, community and other adults significant to the child or youth. In one interview, for example, a social

¹⁹ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>.

worker framed collaboration as an opportunity – or space – to bring together multiple voices and perspectives to ensure that the planning process is informed by a full and clear understanding of the child or youth and their needs and interests.

“I see it as an opportunity for everyone involved with a kiddo to come together to say all the great things that have happened, goals that have been met, goals that are still a bit outstanding, how can we get to reach those goals. And then you know it shows that people do care about these kids and that you know their best interests are what we genuinely care about. [...] And you have a more clear picture of what this kiddo is going through [and] how someone can support them.”

This social worker also noted how important it is for “everyone [to] come together” when a child moves from one community to another so that those involved in their care can develop an understanding of what life was like for them in their previous home, what supports they had access to there, and what additional supports might be needed going forward.

Of note, two of the social workers interviewed described their efforts to involve parents and other family members in the care planning process even though family reunification or a permanent placement with a family member were not the legal permanency goals.

“I worked with an Indigenous youth [...] who was a CCO [Continuing Custody Order] and I still always invited her mom and her dad, and her siblings, [to] our planning meetings. And her grandparents.”

“We’re working on building those family and cultural connections. So there’s a lot of family involved in the planning, even if they can’t provide the long-term legal permanency.”

As the second of these quotes implies, involving family in the collaborative care planning process, regardless of their intended role with respect to a legal permanency outcome, is critical to promote and sustain a young person’s connection to family and culture, which, in turn, supports a sense of identity and belonging.

Family Group Conferencing (FGC) was highlighted by some social workers as an effective model for engaging and collaborating with parents and extended family members that provided a space for collaborative contributions in the care planning process. For instance, one social worker reflected on the benefit of having family members at the table, as supported by an FGC process. “When you can get the family to buy-in and agree to do an FGC, and then actually get extended family members to engage [with] the FGC, I would say they’re a huge asset.”

Another social worker expressed their appreciation of the work done by FGC coordinators, noting the “good job” they do of “engaging with family and community members [...] for permanency planning and cultural [planning].”

Research on leading practices in other jurisdictions emphasizes the dynamic and continuous nature of effective care planning. One of the social workers interviewed spoke to this, articulating the difference between a care plan as a document and the ongoing, fluid process of care planning.

“I feel like every conversation I have with somebody about that child is part of their care plan. So, if I’m talking to the doctor, if I’m talking to the foster parent, if I’m talking to the visit supervisors, that information all belongs in different places of the care plan. And so, there seems to be sort of two domains of care planning: one is the care plan document that is done, you know, six months to a year, and the other is more of a care planning process that’s day-to-day.”

In this analysis, the care plan is identified simply as a tool to support an active approach to care planning. The care planning is where the quality collaboration should be happening; the care plan is where it should be documented.

This kind of approach to care planning requires considerable commitment and investment of time. Another social worker, whose professional practice appeared to be rooted in collaboration, acknowledged the demands inherent in taking a collaborative approach, but emphasized the value of taking the time needed. *“There’s a lot of collaboration and lots of collaboration takes a lot of time. But it’s worthwhile and valuable work when you can [...] see kids still be very connected to their community and culture.”*

The same social worker also observed that collaboration works to break down organizational silos to support the care planning process and, in so doing, helps to bring children and youth to the centre of the care planning process.

“We have collaborative teams [that include] the school, the ministry, the RCMP in our three communities. [...] We talk about integrated planning. We often have connections with the same high-risk kids and families, [and we talk] about how to connect them so that the community [can] respond to these kids and engage them in positive ways.”

Threaded through this social worker’s comments is the understanding that a quality, collaborative approach to care planning helps to promote young peoples’ connection to their communities and culture, which in turn nurtures their sense of self and strengthens feelings of belonging.

Indeed, one of the notable themes in the data as a whole was the association between a collaborative approach to care and cultural planning and healthy identity formation. Engaging with the child or youth’s community is key to supporting a sense of cultural connectedness and belonging. A particularly rich example of this was provided by a newer social worker who described collaborating with members of a specific cultural community to ensure that the care of a group of siblings would be driven by input from their parents and community Elders, and thus meet their cultural needs.

“We’ve been working really closely with [the specific cultural community] to find [the siblings] a permanent placement, and we’ve been having a lot of family group conferences as well. Prior to COVID, we actually had regular ICMs every six weeks with the family and the community members, and everyone, to talk about the care of the kids. [...] Currently the application before court is a CCO but after a family group conference, a community member has stepped up and it makes sense for these kids to be able to remain in the same cultural community. So that’s a plan that we hope to be able to go forward [with].”

What this example illustrates so well is that when family and community are actively engaged in care planning, more suitable placement options may arise and a more meaningful approach to care planning occurs that attends to the context of the child or youth, their culture and their community. In this case, the social worker’s commitment to working closely with the siblings’ cultural community opened the possibility of a placement that will nurture their sense of identity and belonging. This presents another FGC example and although FGCs are undertaken for a separate purpose other than care planning, it shows how they offer support in developing a quality approach to care planning for – and with – children and youth.

Practices from Other Jurisdictions

Practices that support meaningful engagement with families, community members and other significant adults to support quality in the care planning process include:

- Involve parents as active partners early in the planning process where appropriate.
- Continually search for individuals who may commit to participation in planning for and supporting the child.
- Communicate clear and accurate information to parents and involved family and community members; provide definite time frames for decision-making.
- Use active listening and honest communication.
- Ask families what they see as solutions and then respond in practical ways to their needs; work with families on generating solutions.
- Use the Family Group Decision Making or Family Group Conferencing model and hold the family conference where it is most convenient for the family.
- Engage with Indigenous families and communities in healing traditions and talking circles that support participation of family and community members.
- Share relevant information with everyone involved.

Dimension of Quality 3: Continuity of Relationships and Healthy Connections

All of the jurisdictions studied acknowledged and emphasized the critical importance of maintaining and supporting the child or youth's relationships. This is consistent with "relational belonging." Children have inherent attachments and connections with their families of origin that should be protected and preserved whenever safely possible. Even if the care plan does not pursue reunification with the birth parent(s), a child has a fundamental right to maintain contact with family and other significant adults in their life as is consistent with their safety.

Familial and other close relationships are important to the development of a child or young person's identity, as well as to their feelings of belonging. A focus on family connections can also mitigate the effects of trauma that children and youth in foster care may have experienced and reduce further trauma.²⁰

Increasingly, jurisdictions are recognizing that successful legal permanency cannot be achieved without relational permanency. Leading practice involves evaluating the relationships that children and youth already have and providing them with opportunities to develop and sustain their existing attachments and expand relationships with other family and close community members.

²⁰ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

Evidence of Continuity of Relationships and Healthy Connections in Care Planning Review

The need to approach care planning in a way that ensures the maintenance of a young person's current familial and community relationships and helps them to develop new healthy connections was a strong theme in the interviews with social workers, team leaders and foster parents. The importance of this kind of approach was encapsulated in the following reflection from a social worker on the fundamental role of relationships to the whole care planning process.

“Care planning is [...] all relationships. It's relationships with your kid – you know who their friends are, you know who their family is, you know where they go to school, and you know their medical people. It's literally [...] identifying all the relationships, and then figuring out how to make them work the best that they can.”

The reflection exemplifies the understanding and work required to centre the child within their familial and social context in the care planning process – to find the people who are able and ready to be a support for them and to help strengthen connections that may not be perfect but that are still crucial to the child's sense of belonging. Social workers described a range of approaches and activities that they undertake to achieve this, including asking the child to identify the people who are important to them, engaging with people who have stepped forward with an interest to support the child, researching the child's ancestry, and reintroducing and enhancing family and cultural ties. However, social workers noted that their capacity to take a thorough or comprehensive approach to supporting and sustaining a child's relationships is often hampered by a lack of time and resources.

The social workers who spoke to identifying the child's meaningful connections were aware of the potential variety or diversity of such relationships – parents, siblings, extended family, teachers, members of the child's faith community and so on. Quality planning involves being and remaining curious about the child and their existing and possible connections, as illustrated in the following excerpts from the interview data.

“Who are they connected to through blood that could be a good influence for them?”

“Do they have any connection to their communities? Or to family members? [...] I do try to weave that in with my work all the time.”

There is an isolated but notable example in the interview data on the role social workers must play in helping children and youth to understand and to process the reasons why their parents may not be able to be as involved in their lives as they might wish. This is key to ensuring that the child sustains some form of connection with their parents, even if the relationship is less than perfect. The excerpt below shows how the social worker illustrated a quality example in their care planning process with one of the youths with whom they were working. To support the continuity of relationships, the social worker and their team sensitively and adeptly helped a youth to understand their parents' circumstances without casting judgment or assigning blame, presenting a quality example of relational practice in action.

“We've spent a lot of time helping her to understand who her parents are and why they aren't able to care for her – what their unique needs are, their points of view, their personalities. And instead of [focusing on] blame or [the fact that] they can't look after her [...], we talk about how she will have relationships with them as she goes through her teen years and becomes a young adult. And [we focus on] how we support her to be able to understand that and work with that, so she can still maintain those relationships and recognize they won't be perfect and they won't always support her, but they're her parents and they'll be there.”

Unfortunately, social workers reported that a lack of resources for supervised visits works against sustaining positive connections between the child and their birth parents.

When family members and other important connections to the child are living in other regions or provinces, it can be especially challenging to sustain these crucial relationships. In a few instances, MCFD staff described working to find the resources for children to travel to their home communities and spend time with family.

“The nation outside of Edmonton was very supportive. They worked with me in terms of having the young person travel there to go see her aunts and uncles, [and to] go to smudging ceremonies.”

“A worker took the kids up to their community [...] on the north coast and stayed up there for a couple of days. It was a wonderful experience. [The children] came back and talked about it [...] they loved it. We’re fortunate to have management that are supportive of spending the money [...] because it often boils down to the budget. Because if that’s where the family is from, then that’s what we’re going to do.”

These examples illustrate the benefits to children and youth of social workers being persistent in accessing the needed resources to nurture and maintain familial and cultural relationships.

A notable theme that emerged from the interview data was the role of foster parents in ensuring that the children and youth in their care have enduring attachments with their families of origin. Input from foster parents spoke to their efforts to help children sustain and strengthen relationships with nuclear and extended family members. They explained that they are often in a position to recognize and to support relationships in ways that are beyond the scope of a social worker’s practice. However, they also reported that this capacity is often overlooked, and their efforts to sustain their foster children’s relationships with others is undervalued by the system. This shows up, for example, in the difficulties foster parents stated they have in accessing funding to pursue and support family connections.

The following excerpt illustrates how one foster parent’s understanding of the importance of familial relationships underpins their commitment to nurturing family connections for that child, with (in this instance) life-changing impacts.

“The more relationships you have, the stronger you’re going to be. When [the child] came to my home, he had never met any of his Aboriginal family or any of his brothers and sisters, [even though] his brother was actually going to the school right across the street from our house. [...] A couple months later he got to meet all [of his family]. Now we [the youth and foster parent] do presentations to new foster parents in training [...] Now he identifies more with his First Nations identity and culture [...]. He’s drawn a lot of strength from that and all of the relationships with his siblings, and aunts and uncles. He went from [having] four sets of aunts and uncles and four cousins to ten aunts and uncles and 30 first cousins. His world changed huge.”

This example speaks compellingly to the power of family connections to transform a child’s world, or, in the reported words of the child himself, “to save a life.” Through increased awareness of and contact with a large extended family, this young person became more resilient, more connected to his cultural heritage and empowered to share his story.

In a number of examples, foster parents described their efforts to actively seek out and forge connections with the family and Indigenous community of the children and youth in their care. These efforts included searching Facebook to identify band representatives, being persistent with MCFD staff

regarding finding family members, hosting dinners at their home with the young person's relatives, and spending time with the child or youth on the land to help them connect with their Indigenous roots. In these cases, foster parents' efforts were motivated by a strong belief in the importance of building solid connections to enhance young peoples' well-being and to support their transition to adulthood.

There was broad recognition among social workers and foster parents of the importance of helping children and youth to develop strong relationships and healthy connections in preparation for leaving care. Often social workers expressed the opinion that it is preferable for such connections and relationships to develop organically for youth (e.g., at school with other students and with teachers) rather than "*forcing*" relationships on them (e.g., with relatives who had not previously been involved in their lives). Nevertheless, many did speak to the need to encourage and actively support young people in care to develop relationships with family members and other individuals who might be a positive influence in their lives. A small number of the youth who reflected on their care planning process during the interviews, talked about specific social workers who helped them have visits with their family by ensuring they had transportation and a place to stay for the visit. Outside of family, however, there were no recollections from youth that centred around other relationships that social workers helped to foster.

However, the richest input on the value of healthy connections and relationships for young people leaving care was provided by foster parents, several of whom spoke eloquently about their enduring relationships with their foster children. One foster parent spoke to the strong connection that they had developed with a "*little girl*" who had been in their home "*for almost nine months*" and their ability to continue to see her after she had been formally adopted. "*She went to a forever home directly from our house, but they have decided that we're staying in her life, so we get to see her regularly.*"

In this example, the openness of the adoptive parents to maintaining the child's positive relationship with the foster parents works to sustain and enhance the child's network of connections.

Other foster parents described the importance of youth having a strong connection with their caregiver as a strategy that supports transition from care and into adulthood. There were numerous examples of foster parents continuing to nurture and support, both practically and emotionally, the young people who had formally transitioned out of their care. It is striking that these foster parents consistently used the language of "*family*" to characterize the nature of these ongoing relationships, sometimes in the context of an Indigenous understanding of family.

"I strongly believe that once they age out of care, they should be part of the foster family. Just like my biological children come back – whether for a meal or a hug."

"My two boys didn't have anywhere to really transition to. So, basically, we've culturally adopted them. We're your family and we love you. You can call me whatever label you want."

"My previous boy aged out into CLBC, but he still resides with us. He aged out in July and he's with us forever now. Going back to our cultural practice, we don't boot kids out at 19. They're with us forever. They're a part of the family is the Indigenous lens."

Some foster parents reported that they provide ongoing informal support to youth who have transitioned out of their care, including financial assistance and help with life skills (such as budgeting). For instance, one foster parent described paying for their former foster child's groceries, physiotherapy, cell phone, Netflix subscription and other ongoing expenses.

While these kinds of examples speak to the strength of the relationships and emotional ties between foster parents and the young people in their care, it is important to recognize that not all foster parents are able to offer long-term practical support or permanent homes to their foster children. This is why care planning must include vigorous efforts to identify and connect children and youth with a broad range of supportive family and community members.

Although the lens that was applied to the current review was a focus on care planning, this section of the report illustrates how RCY was also able to capture conversations centred around relational practice. These conversations emerged naturally when participants were discussing care planning. It is clear here that the interviews were able to discern strong relational practice that would not be expressed or captured in a care plan document but nonetheless reflect the dynamic nature of care planning as a process.

Practices from Other Jurisdictions

This component of quality care planning is reflected in practices that encourage the continuity of the child or youth's relationships, as well as the prioritization of permanency options that place the child or youth with known family members. Recommended practices include:

- When developing the care plan, have the following key question in mind: “How will links to the birth family be nurtured and preserved?”
- Use eco-maps, genograms and approaches such as Family Search and Engagement and Family Finding to identify significant relationships for the child (including adults who can provide emotional support and long-term trusting relationships) and to locate potential alternative placements.
- Prioritize kinship care placements for children and youth.
- Make every effort to keep siblings together.
- Keep children and youth in their communities, including in their schools and connected to classmates and teachers (where remaining in the same school is in their best interests).
- Ensure that the care plan addresses:
 - measures to help parents maintain their relationship and attachment with their child (e.g., visitation plans, family time), in addition to personal meetings and visits. Keep in mind other means for contact including letters, telephone calls, exchange of photographs, and use of electronic media
 - how contact with siblings will be facilitated to support the development of healthy relationships
 - grandparent and other extended family involvement
 - opportunities for the child to establish other life-long relationships.

Dimension of Quality 4: Nurturing Identity and Sense of Self

Jurisdictions are demonstrating a growing awareness of and emphasis on the role that care planning must play in supporting children and young people in care to develop their identity and sense of self.²¹ Maintaining connections to family, friends and community (as discussed above) is key to this. Connections to community and culture are also crucial to strengthening and preserving the cultural identity of Indigenous children and youth. This dimension is consistent with “identity belonging” or a healthy connection to self and identity.

Recognizing that connection to culture, traditional practices and spiritual beliefs is fundamental to well-being, most jurisdictions require the creation of a cultural plan for every Indigenous and culturally and linguistically diverse child or young person in care. This plan, which should be developed with the full and meaningful collaboration of the child or youth and their family and community, sets out how the child or youth in care is to remain connected to their community and culture. New Zealand stands out for taking an approach that seamlessly integrates cultural care planning for Māori children and youth within the overall care planning process for all children and youth in care.

In the context of nurturing a child or youth’s identity and sense of self, jurisdictions are increasingly using the language of “belonging.” There is also an emerging acknowledgement that an important goal of connection to culture and community is for the child or young person to feel proud and strong in their culture.

Evidence of Nurturing Identity and Sense of Self in Care Planning Review

As observed above under Promoting Continuity of Relationships, a child’s connection to their birth family and community is instrumental to their development of a sense of identity, self and belonging. This is particularly true when a child or youth is Indigenous or is from a culturally or linguistically diverse community. In the following excerpt, a team leader offers an example of how quality care planning supported a young person to make a positive and profound connection with her family. The link between family relationships, identity and belonging is clearly made in the narrative.

“[The social worker] did an amazing job with this youth. They went up there [to the young person’s community] and immediately connected to [the] family. The community welcomed them [and the young person] immediately felt like she was where she belonged. [She] was able to see pictures of herself, the Elders in her life. She went and saw her grandma, her cousins, her aunties and uncles.”

This example also underscores how connection to family and community serves as a pathway to cultural connectedness, as illustrated in the team leader’s ongoing account.

“And they immediately were practising their traditions. [The young person] had these tools on how to cut meat and how to process it. She was involved in that right away. She picked up her [first] language again right away. She was early teens when she left the community, now she’s 18. So the language came back to her and she immediately felt like this is where she needed to be. So life is changing for her.”

Notably, the team leader frames the young person’s immersion in her traditional language and cultural practices as the catalyst for her gaining a sense of who she is and where she belongs.

²¹ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

However, this also provides an illustration of the need for the dimensions of quality to work together in order for the young person to experience positive outcomes. In spite of the potential for positive transformation contained within this experience of reconnecting the youth to their community during their time in care, the team leader went on to recount that the long-term foster placement that this young person was in broke down as a result of the young person's struggles with mental health and substance use issues. At the time of the interview, social workers were reportedly, *"trying everything to get [the young person] back [to the foster placement] permanently."* This serves as a reminder that the bright spots highlighted in this report are isolated moments of quality practice that do not necessarily add up to sustained positive experiences and outcomes for children and youth in care. Nonetheless, the planning that was done may serve as a bridge back to connection for the young person.

Most of the interview data from social workers that speak to nurturing a child's identity and sense of self are concerned with the process and details of cultural planning. Again, there is evidence that social workers understand the importance of cultural planning but there are barriers to their capacity to do it in a comprehensive, effective way. In several interviews with social workers, limited cultural training and (therefore) knowledge was highlighted as an impediment to quality care planning for Indigenous and culturally or linguistically diverse children and youth. There were instances where social workers acknowledged their own limitations but also expressed a desire to learn more in order to strengthen their practice. *"It's still an area where I have a lot to learn, and [where] I can really grow my practice."*

Nevertheless, the interviews offer a number of examples of social workers' commitment and efforts to nurture a child's connection to their culture. Efforts ranged from talking to youth about their interest in their culture, to accessing cultural resources (including books) from a young person's geographically distant community, to identifying and supporting opportunities for children and youth to visit their community and participate in ceremony and other traditional activities. Other accounts reveal social workers engaging more deeply with cultural concepts and ways of knowing to strengthen and expand their approach to care planning.

"We've taken the medicine wheel and we've layered it. So we have mental, physical, emotional, spiritual. Then we have mastery, independence, belonging, generosity.²² We've also got the four domains of permanency on there – legal, physical, relational and cultural. And then we also have achievement, autonomy, attachment and altruism. Then in the centre, we have the child's identity, personality and individuality."

"We were involved with the Métis Commission. They actually came up to [our town] and gave presentations, and made sure that the children who were identified as Métis received cultural packages [...] and were invited to local events through the Métis associations."

The last of these excerpts illustrates that collaborative practice is crucial for cultural planning and supporting a child's connection to culture. In this instance, linkages between social workers and a cultural community facilitated access to cultural resources for children. In other examples, social workers described strong and sustained collaboration with birth parents, family members and broader community members to guide cultural planning and to help establish important cultural relationships for children.

²² This quote reflects the Circle of Courage introduced in Brendtro, Brokenleg, & Van Bockern, *Reclaiming youth at risk: Our hope for the future* (Bloomington, IN: Solution Tree, 1990/2002).

For instance, one social worker spoke about collaborating closely with parents and Elders to ensure that connections with the community were maintained for a set of siblings in care, including continued participation in cultural events and regular mosque attendance. In the same case, a key member of the collaborative team for the siblings was the translator that the social worker had engaged to support family meetings and visits. While other workers attached to the siblings changed over time, the translator remained a consistent and trusted presence.

“We’ve been working with this family for a number of years in terms of planning, [and] it’s always been the same translator, because the parents have expressed that they really like this translator. This translator gets them [and] has a very gentle approach when they’re translating. So when I book a translator for this family, I always request this translator. [They are] like a part of the family’s extended support network that we keep in place.”

This is an illustration of culturally sensitive, relationship-based practice in quality care planning. The ongoing involvement of the translator with whom the parents felt comfortable helped to create a safe and supportive space for parental involvement in planning for their children, which, in turn, strengthened the children’s connection to family and culture.

Meaningful engagement with a child or youth’s biological parents in the planning process is crucial to identifying and understanding cultural preferences and needs. One social worker described such engagement as an established part of their practice and offered the example of working with a pair of African Canadian siblings and their mother. Specifically, the social worker spoke about listening to and trying to address the wishes of the children’s birth mother regarding the care of the siblings’ hair.

“You know, the mom [told us] that their hair has to be a certain way. You have to put in this lotion, because it’s their cultural practice. And it has to happen every single day for the girl. And for the boy, specifically, he needs to have a haircut. His hair has to be a certain way.”

In their account the social worker indicated that MCFD staff were “trying to push for” a placement for the siblings that would ensure the mother’s wishes were respected. However, it is unclear whether these efforts were successful.

Other social workers described the support they are given with cultural care planning by Roots workers and by family and cultural connection workers. One social worker observed that they “would be lost” in their care planning without access to these professional resources.

One social worker made an observation about the role of foster parents in a collaborative care planning process that works to nurture a child’s sense of self and identity. They illustrated this with reference to a particular foster parent who has shown a strong commitment to pursuing cultural connections for the young person in her care.

“The foster parent is fantastic. She does Métis Saturdays. She takes the kids to Kokum’s story times. They do all these events at the Friendship Centre. They attended monthly family night dinners when they were still going [i.e., before COVID-19]. The kids have cultural packages. [The foster parent] is connected with the president of the Métis Association locally. She’s really collaborative, and really has culture in her home. And she felt like their cultural plan was super.”

Foster parents were also keen to discuss cultural planning as an essential tool for nurturing young peoples’ identity and helping them to develop a clear sense of who they are. For example, in the following excerpt

from a foster parent interview, the speaker's understanding of the importance of cultural connectedness to a child's well-being is powerfully communicated.

“Culture saves lives. The first thing [I did] was get a hold of [the young person's] band [and] his mom [...] I've been talking with the school and the social worker about creating the cultural plan for him, and trying to get his siblings to come for Christmas dinner and birthdays, and stuff like that to support him. I'm trying to find out who can teach him Cree, and where I can get Cree regalia made. So yeah, that's some of the stuff that I've been working on for my new kid.”

While this particular foster parent was proactive and persistent in pursuing cultural connections for their foster child, the account raises a question about how much support and input was provided by the social worker with respect to planning for and meeting the young person's cultural needs.

For some foster parents, placing an emphasis on cultural connection and identity development emerged from their own lived experience as members of cultural groups. For instance, an Indigenous foster parent described how nurturing their Indigenous foster child's sense of cultural identity, in their opinion, should be at the centre of their care and care planning. Through the relational care and planning they provided as a caregiver, this included spending time on the land, participating in cultural events and supporting Indigenous language learning. This example speaks to the inherent benefits of placing a First Nations child with a foster parent with First Nation, Métis or Inuit ancestry. Further, non-Indigenous foster parents expressed their need for additional training and support to care appropriately for Indigenous children and youth with respect to their cultural connectedness and identity.

From the youth interviews, the nurturing of identity and sense of self was seen to be dependent on the social worker. Youth were able to provide examples of specific social workers who did not support their development in this area. Examples of this included social workers who did not connect them to their community or cultural events, or who did not support them in obtaining specific cultural supplies. One youth shared their experience of having a desire to participate in Tribal Journeys but they received no support from the social worker. They experienced this lack of support as a message that they were not good enough to be in the program. Fortunately, staff from the program invited the youth to participate.

“I mean she didn't really get me any of the cedar brushings that I asked for done and she didn't really get any of like anything I asked her culturally done. I think I got myself into Tribal Journeys. She didn't really even help me with that [...] I asked her for two years before I got into Tribal Journeys [...] I felt like I wasn't good enough for Tribal Journeys because of her not helping me get into it [...] But then they came up to me, like the people from Tribal Journeys came up to me and asked me if I wanted to go and I was like, ‘Oh my God, I definitely want to go.’”

A few youth recalled people who supported and nurtured their sense of identity including social workers who helped them stay connected to their culture by connecting them with culturally based supports. One youth shared details related to different cultural practices that they engaged in. Another youth talked about the social worker attending cultural events with them. However, overall, there was inconsistency in this area with the illuminating moments appearing to be stand-out moments of quality practice as opposed to a standard approach to care planning. For example, the review of Skye's care plans undertaken for RCY's investigative report *Skye's Legacy* illustrated the disconnect between MCFD policy and

practice.²³ One of Skye’s social workers spoke about the quality and authenticity of cultural planning and permanency for Skye by saying:

“I didn’t see that those documents were really very meaningful or useful or something that ... People signed them, but did they follow through ... or did they understand what this really means? I didn’t really think so at the time.”

Practices from Other Jurisdictions

Critical aspects of practice that serve to nurture and protect a child or youth’s identity and sense of self and belonging include:

- When developing the care plan or cultural plan, ask: “How are we honouring this young person’s culture? How are we facilitating connections to their community?”
- Discuss with the child the traditions and culture of their family; encourage them to talk about their family and community and to identify significant people in their life who can help them maintain links with their community.
- Involve community members in the planning process (e.g., First Nations designate, Métis resource, other cultural resource). Seek the views of Elders and other significant community members, particularly with respect to education and the maintenance of culture.
- Ensure that all individuals involved with the child are aware of and understand the child’s cultural background.
- Conduct exhaustive and ongoing kin searches.
- Make placement decisions that carefully consider the child’s existing connections to their community based on preferred placement options for Indigenous children and youth.
- Craft meaningful plans for family time (with siblings and parents) at the onset of placement and throughout the child’s time in care.
- Ensure that the care plan addresses and facilitates shared experiences with family, friends and care families, as well as school, cultural, spiritual and community experiences.
- Monitor and review identified cultural activities and goals to ensure the child remains connected to their culture.
- Record family details and personal histories, including the child’s own life history (milestones and important events and experiences) as they grow up, and make these available to the child.

Dimension of Quality 5: An Expanded Understanding of Permanency

In the materials examined for the original research in 2017, there was a consensus across jurisdictions that achieving timely permanency, whether through reunification with the birth family or alternative placement options, was paramount for the well-being of the child or youth in care. Most jurisdictions demonstrated a shared concern about children and youth who end up “drifting” through the care system without ever achieving permanency. There was a considerable focus within the jurisdictional practice-

²³ Representative for Children and Youth. *Skye’s Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021.

based guidance on what to do to expedite the achievement of legal permanency, with less attention being paid to the other dimensions of permanency.

While jurisdictions still emphasize the importance of identifying a permanency goal and achieving a placement in a timely manner, more current materials (captured in the 2021 research update) indicate that this is increasingly being balanced with or moderated by the primary importance of focusing on a child or youth's attachments and connections. In particular, the Representative's 2021 report, *Skye's Legacy*, noted that the primary focus on legal permanency in Skye's case precluded a more fulsome understanding of and action in support of the other dimensions of permanency and belonging, including relational, identity, cultural and physical.²⁴ In addition, the Children's Bureau (CB) in the United States issued guidance for practitioners in 2020 that stresses that timeliness is but one of many considerations in meeting the needs of children and youth. The CB advises that while it is critical not to cause undue delay in achieving legal permanency, timeliness should not be prioritized over the important work to identify and sustain children and youth's familial and social relationships, which can significantly improve their foster care experience as well as strengthen families.

Evidence of An Expanded Understanding of Permanency in Care Planning Review

The Care Planning Review research revealed a growing recognition by MCFD staff of the need for an expanded understanding of permanency to support a child's sense of belonging. For example, one team leader described a shift in their team's practice to view permanency first and foremost through a relationship lens. They characterized this shift as a refocusing of practice.

"What we want to refocus on is [the fact that] most, if not all, kids who come into our care have family somewhere [...] Let's find them and let's bring them together, and let's let them make some decisions about what they think should be the permanent plan for this child or these kids rather than government dictating that."

This approach places a strong emphasis on family involvement in care planning, actively facilitated by the social worker team. The team leader recounted that every child in their care who is under a CCO has a family conference, which is intended to support a collaborative, child- and family-centred process of care and permanency planning. In cases where a permanent placement with a family member is not an option, the team leader described looking for a permanent home that will support ongoing family contact and connections, and ensure that a child's familial relationships are maintained. Planning for permanency with the active participation of a child or youth's biological family members helps to promote and sustain their ongoing involvement in the life of the child, regardless of whether reunification is the goal.

Other examples cited by social workers demonstrate a commitment to strengthening family and community connections through the application of a broader understanding of permanency. Working with a child's family and community of origin to keep natural ties as strong as possible and to find a permanent placement within the child's community is key to supporting a sense of belonging. The following excerpt from a social worker interview offers a powerful reflection on what permanency means, with the focus less on a forever home and more on "forever people" and relationships. The excerpt also illustrates a particularly child-centred approach to permanency planning.

²⁴ Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021.

“I think permanency comes down to locating your forever people. Something that I do in the care plans – because ‘permanency’ is our word – [is to] ask kids to define [...] permanency and what that means. [...] ‘What does it look like for you? And when you think of permanency, who do you envision that to be with? Who’s supporting you, who’s with you, where are you going for Christmas, who are you calling if you have to go to the hospital? What does that look like for you?’ So [permanency goals] for my kids are all different. It really depends on the kid.”

In this account, the social worker demonstrates a keen, critical awareness of language and its implicit power dynamics. They recognize that “permanency” is a term coined by the system of child welfare services – professional jargon (“*permanency is our word*”), and not the language of the child. By inviting a child or youth to describe what a permanent, supportive, family-like placement means for them, the social worker is empowering them to shape and drive the permanency goal. It becomes more than a physical placement and instead includes the need for both enduring relationships and connections to the place. This strategy facilitates a young person’s engagement with the planning process and helps to ensure that their wishes are vitally important considerations.

Other examples were offered where social workers engaged children and youth on the matter of what permanency means and looks like for them. Social workers observed that this requires being open to exploring all options for permanency goals and considering all possible ties of belonging and connection that children and youth come into the care system with. Several discussed connections for permanency that lay within the child’s extended family or broader community, rather than their immediate family.

One social worker described an approach to permanency planning that involved taking the time to get to know the child and carefully exploring their family and community connections. The social worker suggests that it is through these interactions that a permanency plan begins to organically emerge.

“The first thing I want to do is to get to know the child and spend time with them [...] What’s happening with school? Are they getting to their medical appointments? Are they seeing their mom and their dad? Whatever the case may be. I always quickly try to identify who in the family I can talk to. Do a family tree, a sociogram [...] I want to know mom and dad’s story. I want to know grandma and grandpa’s story [...] So, I’m creating that life book and that birth-family medical and social history right from the get-go. I don’t know how many times those meetings [with the child and family] have presented a permanency plan for me.”

Paying attention to the child’s life story and the network of relationships in which they are situated opens possibilities for permanency that are tailored to the child’s specific and unique circumstances. This approach to permanency planning also helps the child to know their roots and their history, which strengthens their sense of identity and belonging. This way of working was not an isolated example; other social workers also attested to the value of illuminating a child’s story to support meaningful outcomes with respect to relational, physical and cultural permanency and belonging. However, barriers to taking the time to work in this careful and intentional way were repeatedly flagged by interviewees, including large caseloads and insufficient staffing.

One social worker drew attention to the overlap between cultural planning and permanency planning because a child’s connection to their cultural community may be the locus of permanency for them. *“I think that ties into the cultural planning. Because those relationships can really end up being your permanency plan – or that kid’s permanency plan – because they have those relationships now.”*

One of the foster parents interviewed offered reflections on the complexities inherent in applying a broader understanding of permanency as they related to a child in their care. On the one hand, they acknowledged that their foster child did not feel the need to pursue legal adoption with them, noting that, *“One of the things that this youth shared with me was that well we don’t need a piece of paper to say that we’re family.”* On the other hand, they expressed some frustration that the social worker did not spend more time exploring all of the permanency options with the child, including legal adoption by the foster parents.

“The guardianship social worker that was attached to my kid at the time, had suggested we don’t really need permanency planning because the kid doesn’t want to be adopted. And that indeed was true, to some degree. But there was always ongoing conversation that I would have with the youth about permanency and what permanency looked like.”

Although the foster parent recognized that the social worker was, in this instance, *“honouring”* the perspective of the child, they also questioned whether the social worker’s decision not to explore adoption was related to an unreasonably heavy caseload.

“But [the social worker] never explored anything further [...] I’m not blaming that social worker because of course they had, I don’t know how many dozens of youth on their caseload [...]”

This example draws attention to the need for permanency planning to be done very carefully and sensitively. It also speaks to the challenge raised frequently by social workers interviewed regarding their lack of capacity.

Practices from Other Jurisdictions

The following practices are recommended to support an approach to permanency planning that recognizes the multiple domains of permanency as contributing to the child or youth’s well-being:

- Conduct an early and comprehensive assessment of the child’s developmental and relational needs. This can help practitioners to develop a care plan in a timely manner that identifies the permanent placement option that best suits those needs.
- Emphasize the child’s attachments and connections while ensuring their safety, rather than solely focusing on compliance with timelines.
- Work with parents to identify appropriate relatives, kin or other persons who may be permanent resources for the child.
- Discuss with the current foster parent/caregiver regarding their potential interest in being a permanent resource for the child.
- Help the child to identify an adult or adults who may be a permanent source of support.
- Use twin track or parallel planning, including concurrent planning, to help secure options for placement and permanence at an earlier stage.
- Conduct regular care plan and placement reviews to minimize drift in care and reduce delays in permanency planning. A review of the plan with the child and family should occur at least annually (some jurisdictions mandate every three or six months) and when something changes.

Dimension of Quality 6: Planned and Supported Transitions

The jurisdictional scan illustrated greater attention is being paid to effective practice with respect to transition planning for youth in care. There is a consensus that transition planning should be a process that takes place over years, not days or months. Some jurisdictions mandate or strongly advise that young people in care should have a transition-from-care plan commencing at 15-years-old. In addition, several jurisdictions have put legislation in place to extend support for young people over the age of 21 (e.g., *the Family First Prevention Services Act 2018* in the U.S. and the *Children and Social Work Act 2017* in England) to better prepare them for adulthood. Of note, Alberta has recently launched an app to support former and current youth in care ages 14 to 26 to navigate the adult world. The B.C. government also recently announced \$35 million in funding over the next three years that will directly support youth in care beyond their 19th birthdays.²⁵

A notable theme in the materials on transition planning is the recognition that transitions are more successful when youth have healthy connections to family and community, opportunities to develop life skills, and a strong sense of identity and high self-esteem.²⁶ Jurisdictions stress that in addition to dealing with the practical and logistical aspects of transition planning, the process must also attend to the emotional, psychological and developmental aspects associated with this significant life change.

All of the guidance regarding collaboration with young people and their families and communities on care planning applies to the development of the transition plan. Youth-driven transition plans, based on their specific needs, interests and realities, and with the active involvement and support of their family, support greater personal choice and self-determination.

Evidence of Planned and Supported Transitions in Care Planning Review

There was a clear consensus among the participating social workers and team leaders that transition planning needs to start early to help ensure that youth are appropriately supported as they move into adulthood and (increasingly) independent living. However, there was a lack of consensus regarding exactly what “early” means in this context. For instance, among the social workers interviewed, there was a range of opinions about the age at which transition planning should begin. Some indicated that on paper (i.e., according to policy) the process should be initiated at age 14 or 15. However, others stated that starting the process at age 17 or 18 was appropriate, although this does not align with leading practice in other jurisdictions nor, in fact, with MCFD policy.²⁷

The issue of youth readiness to transition out of care at the prescribed age of 19 arose repeatedly across the data collected from MCFD staff, foster parents and youth. All groups highlighted the need to take into consideration each young person’s emotional maturity and life skill mastery as important indicators of readiness to transition into an independent living situation and noted that chronological age is just one marker. None of the youth who were interviewed reported feeling ready for their transitions. Youth were clear in noting that transition planning required significant attention, with one

²⁵ “2022 BC Government Budget Announcements.” AgedOut, last accessed April, 2022. <https://agedout.com/news/2022-bc-government-budget-announcements>

²⁶ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

²⁷ Government of British Columbia. *Operational Child Welfare Policy, Chapter 5: Children and Youth in Care Policies*. (British Columbia: Ministry of Child and Family Development), 2022. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/policies/cf_5_children_youth_in_care.pdf

youth referring to the process as being “*half-assed*.” The overall consensus from the youth interviews was the feeling that transition planning and plans for youth were often a muddled process, with a lack of clarity surrounding them. Some youth were fortunate enough to make stronger connections with a community support worker to help them navigate the system and/or serve as an advocate with MCFD for that youth.

The challenges associated with an abrupt, under-supported transition were a common theme in the input provided by youth. One team leader also spoke to the importance of early identification of a young person’s needs so that there is time to put in place the appropriate supports, resources and connections, particularly when a youth is living with mental health issues and/or has other special needs.

“We try to start as early as we can in identifying needs. If we think there are special needs then we get assessments done, and start working with [the] special needs program [i.e., CYSN] early on [to identify the appropriate services and supports]. [With respect to] child and youth mental health, we make sure that we work closely as a team with the clinicians [...] around how they are able to [support] transitioning to adult mental health.”

The importance of supporting youth to acquire life skills prior to transitioning out of care emerged as a priority for MCFD staff and foster parents. For instance, a team leader described a focus on “*stepping up the life skills*” when youth turn 17 or 18, as part of the transition planning process. However, participants also noted the lack of resources available to help youth develop the skills they will need to live as adults, particularly in rural or remote regions of the province. This is a situation that calls for resourcefulness by members of a youth’s care team, as illustrated in the following account from a team leader working in a rural community.

“We pull from our regular resources, like our youth outreach workers, the counsellors... and we just kind of piecemeal it together to make sure that [youth] are learning the life skills, getting their education, [and] have the different supports that they might need as they move on to independence.”

One social worker described how, as part of their approach to transition planning, they help youth to develop budgeting skills.

“When a youth first moves out on their own, I do weekly cheques so that they won’t run out of food or money [and can] work towards more independence. They’re learning money management [and it’s] a way to assist them in transitioning out-of-care. Because it’s really one of the hardest things. Transition planning is hard.”

There was broad recognition among participants in the interview process that effective transition planning calls for early and ongoing collaboration with a range of other professionals and programs. This is an aspect of the process that was emphasized by one of the team leaders.

“But we definitely don’t do the planning alone. We make sure we are doing it across all program areas, because those different programs have expertise in their fields for transition planning, and we just try to get on it as early as possible.”

While some social workers noted that relationships with other programs and organizations can be difficult to establish, there were, nevertheless, examples of strong relationships that have been developed over time to the benefit of the transition planning process and the well-being of youth. For instance, speaking to their team’s approach to transition planning for a youth, one social worker described an

innovative collaboration with Community Living BC and a community agency to help ensure that youth are connected to services before they reach 19.

“We work with a lot of the vulnerable youth [...] eligible for CLBC services. The CLBC managers met with our manager [...] and created a program through [the community agency] to help [with] transition.”

Through this program, youth are able to connect with services and build relationships with service providers while they are still in care. When they turn 19, the services and service provider relationships continue unbroken, enhancing the continuity of supports for youth as they move out of care.

“It’s been very, very helpful. Before they even turn 19, [youth] get to know [the service providers], then they carry on with CLBC right after. Wherever they’re living [...] they can continue.”

One social worker noted the importance of including family in the collaborative work on transition planning. In particular, they highlighted the necessity of preparing families for the changes that will come with their child’s transition out of care when (many of) the financial and programming supports will end. *“Preparing families for what that may look like is part of that transitioning – transitioning families as well. Transitioning kids and their families to the realities of adulthood.”*

Although this comment speaks to the less than optimal “realities” of transitioning out of care into adulthood, it also illustrates the imperative to take a family-centred approach to the work of care and transition planning. As discussed above under the Promoting Continuity of Relationships dimension, ensuring that children and youth have opportunities to maintain and grow their network of familial and social relationships while they are in care is crucial for a supported, safe and successful transition to adulthood.

Practices from Other Jurisdictions

Jurisdictional guidance on transition planning highlights the following effective practices:

- Start planning for transition early. The process should take place over several years and include a focus on programming that enables the child or youth to develop important life skills, foster self-determination and build resiliency.
- View transition planning as a process that considers the youth’s long-term plans and breaks them down into smaller, short-term goals. Planning must be guided by the youth’s wishes, hopes and dreams, but practitioners may need to work with the youth to make sure the goals are attainable.
- Help the young person to develop lifelong connections as a part of the transition planning process. Encourage them to include the important adults in their lives in their transition planning meetings and work with these adults and community partners to develop a strong support team.
- Help the youth adjust by talking with them about “what was” and “what will be” as an important aspect of preparing them to transition out of care.
- Ensure that the transition plan addresses the essential supports and documentation that the young person leaving care will need (e.g., bank account, Social Insurance Number, birth certificate, driver’s license, etc.). There must be a plan in place to find suitable (safe and sustainable) housing before the young person leaves care.

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- Attend to the emotional, psychological and developmental aspects of transition planning, as well as the logistical. Use the time to partner with the young person on assessing their strengths and needs and to address any current or future challenges associated with preparing them for adulthood.
- Review the transition plan with the youth and their family and other significant supports regularly. Engage the youth in meeting the goals they have identified in their transition plan and celebrate their successes.

Example of Quality Care and Transition Planning

While the preceding analysis brings forward isolated examples of effective practice from interview data collected from youth, MCFD staff and foster parents, here we highlight an individual example of a care planning process where all six dimensions of quality care planning came together. The example is drawn from the Care Planning Review research team's early project audit and presents a summary of three care plan documents that had been completed for the youth's file during their care planning process. It is important to note that this example was the only one of the 66 individual child services files that were audited in which quality care planning is clearly demonstrated for each dimension, illustrating how quality care planning is not standard practice.

Many factors contributed to support the quality care planning seen in this example, such as a long-term foster parent and placement with siblings that created stability for the youth and enabled them to focus on their studies; collaborative and respectful relationships between the biological parent, foster caregiver and social worker; and access to meaningful extra-curricular activities. Such circumstances provided good foundations for quality care planning. In addition, there were fewer organizational and systemic challenges noted for this situation than are documented in most examples. Nonetheless, this case presents an example where all six dimensions of quality care planning worked together in harmony.

Overview

The care plan was developed for and with a young person who entered the care of MCFD at the age of six and who lived with the same foster parent until they transitioned out of care at age 19. Overall, the planning undertaken in this case was robust, holistic and focused on the evolving wishes and needs of the young person. Each iteration of the plan shows that there was an ongoing process of assessing the young person's needs and goals, and that strategies were developed to help ensure that those needs were met and goals achieved. The plan documents the broad range of relevant supports that were offered to the young person and that addressed the various domains of belonging (i.e., identity, relational, physical, cultural and legal). Throughout the plan, the tone of the writing is respectful and strengths-based with respect to both the young person and their family.

The following analysis of the care plan illustrates how the process to develop it aligns with the six dimensions of quality care planning.

Supporting the Participation of the Child

The active participation of the young person is apparent throughout the care plan. There is a clear focus on goals that the young person had identified including, for example, those related to spending time with family and friends, staying on top of schoolwork and participating in leisure and extra-curricular activities related to their interests. The plan documents strategies that helped the young person stay on track with their self-identified goals, including, notably, asking for guidance from their foster parent. These strategies appear to have nurtured the young person's self-efficacy.

The planning process included regular assessments of the young person's physical, emotional and behavioural development, and their educational, social and recreational needs. These assessments were

strengths-based – the care plan documents the young person’s abilities and gifts as well as the supports that were required to enhance their success, resilience and well-being.

Crucially, the care plan demonstrates that the social worker and foster parent sought the wishes of the young person with respect to whether they wanted to be legally adopted by the foster parent. The young person made it known that adoption was not what they wanted, as they had an ongoing relationship with their birth mother and felt loved and cared for within the foster care arrangement. The young person’s wishes were respected.

Mirroring the process, the language in which the care plan is written also centres the child. The way in which the social worker writes about the young person is respectful and strengths-based. In addition, the young person’s own voice is woven through the plan.

Collaborating with Parents, Family and Community

The care plan demonstrates broad involvement of a range of individuals connected to the young person who were able to uphold and support them in various aspects of their lives. They included nuclear and extended family members, non-family carers, community members and service providers.

Although reunification with their mother was not a permanency goal for the young person, the social worker documents the efforts made to include the mother in the planning process and to ensure her ongoing participation in the youth’s life. The foster parent’s involvement in planning for the young person and supporting them to achieve their goals is evident throughout the care plan.

The plan also shows ongoing collaboration between the social worker and other professionals and support people who were engaged with the young person, including a resource social worker and a youth-in-transition worker.

Promoting Continuity of Relationships and Healthy Connections

In the care plan, the young person refers to having had regular contact with their biological mother from birth. This contact was clearly facilitated by the social worker’s efforts to maintain a relationship with the biological mother throughout the young person’s time in care. Appropriate safeguards were put in place to ensure that the time the young person spent with their birth mother was emotionally safe, consistent and meaningful. Importantly, the plan shows that the social worker was sensitive to why the mother was not able to be consistently present in the young person’s life and never used shaming or blaming language related to her absence.

Continuity of familial relationships was strongly supported by placing the young person and their siblings with a foster parent who had, in fact, previously cared for older children from the same family. The placement, therefore, nested the young person in a family setting in which their history was already known and understood. In addition, the strength of the young person’s connections with peers at school and in their extra-curricular and leisure activities is apparent throughout the plan.

As the young person approached their late teens, development of an Agreement with Young Adults (AYA) for post-transition included a focus on sustaining an ongoing relationship between them and their caregivers.

Nurturing Identity and Sense of Self

The care plan includes and supports a number of strategies and activities for nurturing the young person's identity and sense of self. First and foremost, the young person's unbroken connection with their birth mother anchors them in their familial and cultural roots. During visits with their mother, the young person was introduced to their mother's first language as well as traditional cuisine and cultural practices. Such contact was supported by the open, respectful and nurturing way in which the young person's foster parent maintained contact with the birth mother.

Further, the young person's sense of identity and belonging was strengthened through the safety afforded them to identify their foster parent as their mother, in addition to their biological mother. This open and inclusive approach to relationships ensured that the young person had a rich, family environment in which to grow and develop. They knew that they belonged.

The care plan also documents the young person's ongoing involvement in extra-curricular and leisure activities. Their active participation in a sports team appears to have been particularly important to the young person. The care plan illustrates strong engagement and coordination with the youth, suggesting that the youth had a strong connection to this team and describes involvement in international travel and competitions with the team.

Applying an Expanded Understanding of Permanency

The care plan documents what appears to be an intentional placing of the young person with a foster parent who had previously cared for their older siblings and who, therefore, had an existing relationship with their biological mother. The foster parent is identified as a lifelong relationship for the young person, and the connection between them was strengthened through access to counselling arranged by the social worker. In addition, the ongoing connection between the foster parent and young person was facilitated by the social worker securing "caregiver relief" funding for the time that the young person stayed with the foster family during university holidays.

The care plan also records that there were open discussions between the young person, their biological mother and the foster parent about adoption options. These discussions (as described above) helped the young person feel secure and loved in their relationship with the foster parent, appreciative that their birth mother was in their life, and, consequently, they did not feel it was necessary to be legally adopted to feel that they belonged in the foster family. The young person's perspective on what permanency looked like for them was respected by the social worker and foster parent.

Planned and Supported Transitions

It is evident from the regular care plan reviews on file that transition planning was an early and ongoing part of the care plan development and implementation process. For instance, conversations about the young person's goals for their future (e.g., getting their high school diploma, having options for post-secondary education and living independently) are documented in the plan, as are the supports provided to help the young person to achieve these goals. In particular, the plan records the coordinated effort among the various professionals engaged with the young person to ensure that they set and met educational goals, including for post-secondary studies. These goals appear to have been reviewed regularly and in-depth and, as the young person entered secondary school, efforts were made to ensure they understood their options for post-secondary education and related requirements.

As the young person approached the age of 19, they were involved in youth transition conferences and participated in the Supported Independent Living Program. An AYA Agreement was also developed for them, which (as noted above) included a focus on maintaining supportive relationships with their foster parent and biological family members.

Transition planning also addressed the young person's mental and physical well-being. This included ensuring that medical appointments were up to date and treatments completed before they left care. Challenges associated with certain health care supports ending at age 19 (e.g., extended medical and prescription coverage) were explored and a plan was put in place to deal with them.

All of the work described above ensured that the young person experienced a sense of belonging through a loving family environment, ongoing connections with their biological and foster family members, and connection to their culture. Together, these dimensions of quality are hoped to have provided the foundation to support this young person to successfully transition to adulthood.

From Permanency to Belonging

An emphasis on relationships and relational practice is found throughout the case example similar to the bright spots shared by youth, foster parents, social workers and team leaders in the interviews. This shift in practice aligns with notable shifts within child welfare systems over the past few years with respect to how permanency is defined and conceptualized. As explored in more detail below, in addition to legal permanency, there is a growing focus on relational, physical and cultural permanency (belonging), rooted in an understanding of the importance of human relationships within the context of family and community.

Since its inception, RCY has released several reports with recommendations relating to permanency, up to the most recent report on the death of a child in the protection of MCFD, *Skye's Legacy: A Focus on Belonging*.²⁸ In *Skye's Legacy*, RCY made the decision to replace the language of "permanency" with that of "belonging." As the report notes, "*This shift in language is more than semantics. It calls for a different way of thinking about what the system's responsibility to a child is: to create belonging.*"²⁹ It is also a lens through which the decisions made and actions taken in planning and caring for a child can be assessed; it takes into consideration how the interaction with the child, the plan being developed, the decision being made, or the service being offered contribute to the child's sense of belonging to people, place, culture, community and sense of self.

References to a child's sense of belonging also appear in the language used by other jurisdictions. Manitoba's "markers of permanency," for example, speak to "*provid[ing] the child with a distinguishable sense of belonging, culture and identity.*"³⁰ In Ontario, the formal definition of permanency includes the phrase, "*the child or youth has a sense of belonging and affiliation to a family/extended family with significant*

²⁸ Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021; Representative for Children and Youth. *Broken Promises: Alex's Story*. (Victoria, B.C.: Representative for Children and Youth), 2017; Representative for Children and Youth. *Much More than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care*. (Victoria, B.C.: Representative for Children and Youth), 2013.

²⁹ Representative for Children and Youth. *Skye's Legacy: A Focus on Belonging*. (Victoria, B.C.: Representative for Children and Youth), 2021, p. 37.

³⁰ "General Authority Priorities: Manitoba Definition of Permanency." Manitoba. General Child and Family Services Authority, last accessed April, 2022. <https://generalauthority.ca/general-authority-priorities/#manitoba-definition-permanency>

community connections.”³¹ Similarly, definitions and conceptualizations of permanency in use in Australia (at both the national and state levels) and in England also emphasize belonging.

“Permanency” as “belonging” – definitions from Australia and England

*Permanency planning [...] is the process of making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging.*³²

*Permanence is about having a family for life and a sense of belonging and connectedness.*³³

This shift in language and intention is not as clearly reflected in the Care Planning Review report, as this research took place both prior to this shift and while this enhanced understanding was emerging. The language used in the Care Planning Review aligns with the jurisdictional scan of 2017 and draws on language and approaches in the 12 jurisdictions previously studied.³⁴ However, the importance of changing language as a representation of a larger change in thinking about the purpose and practice of care planning is reflected in the two promising practice examples in New Zealand and New South Wales, Australia, as described in the jurisdictional scan report, and aligns with the expressed wishes of youth and their support circles.

When the six dimensions of quality care planning that emerged through the jurisdictional scan and literature reviews are all in place in the context of a relational approach to practice, it is much more likely that the system will fulfil its responsibility to “create belonging” for the children and youth in its care (See Figure 1 on page 23).

³¹ “Permanency.” Ontario Association of Children’s Aid Societies, last accessed April 2022. <https://www.oacas.org/childrens-aid-child-protection/permanency/>

³² Government of Australia, *Permanency Planning in Child Protection: A review of current concepts and available data* (Canberra: Australian Institute of Health and Welfare), 2016. <https://www.aihw.gov.au/getmedia/792f5576eeca-48f5-9e64-0155f537d5f1/20156.pdf.aspx?inline=true>

³³ “Placement Stability and Permanence.” Fostering and Adoption: Research in Practice UK, last accessed April 2022. https://fosteringandadoption.rip.org.uk/wp-content/uploads/2014/10/DfE-14-Placement-stability-and-permanence_SB10514.pdf

³⁴ InsideOut Policy Research. *Quality Care Planning: Leading Practices in Select Canadian and International Jurisdictions*. (Victoria, B.C.: InsideOut Policy Research), 2022. <https://rcybc.ca/reports-and-publications/care-plan-review/>

Final Reflections

MCFD's care planning completion rates have increased considerably since RCY first made recommendations to improve care planning for children in care in 2013 and since the release of *Indigenous Resilience, Connectedness and Reunification – from Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia* in 2016, which specifically called for improved care and cultural planning for Indigenous children and youth in care.³⁵ Provincial care plan completion rates increased from 33 per cent in 2016 to 85 per cent as of Dec. 31, 2020. This is a significant and laudable improvement. However, this Care Planning Review suggests that the quality of these care plans – and the care planning process required for their development – is inconsistent and continues to be challenged by organizational and systemic issues. Overwhelmed, ill-prepared and under-resourced social workers reported completing care plans to ensure compliance with policy but acknowledged that they were unable to facilitate quality care planning that would better support the children and youth whom they were responsible for and accountable to and contribute to positive life outcomes.

The ministry's use of care plan completion rates as a key indicator of successful permanency planning and positive outcomes for children and youth in care reflects the transactional nature of the current policy. *Skye's Legacy: A Focus on Belonging* recommended that MCFD conduct a comprehensive review and revision of all relevant care planning and case management standards, policies, practice guidelines and training materials with the goal of aligning those materials with the dimensions of belonging, as described in this report (i.e., relational, physical, cultural, legal and identity belonging). This care planning review presents a clear argument that such revisions need to be applied through a quality lens. Quality assurance practices must go beyond auditing for compliance and reflect a deeper immersion into the understanding of quality and how quality aligns to practice in the care planning process.

The process of care planning plays an essential role in supporting children and youth in care to develop their sense of belonging, connectedness and self-efficacy, and to emerge into adulthood successfully. The Care Planning Review report provides a foundational understanding of quality in the context of care planning through examination of promising practices in other jurisdictions, an articulation of six key dimensions of quality, the identification of strong – albeit inconsistent – practices within MCFD, and descriptions of the barriers and challenges to quality care planning as described by youth, foster caregivers, social workers and team leaders.

It is important to acknowledge that the kind of quality care planning called for in this report can only happen when the appropriate organizational and system-level supports are in place. A key finding of the Care Planning Review is that organizational challenges, inclusive of heavy and complex workloads, excessive paperwork, flaws in the Integrated Case Management system, inconsistent recruitment and retention of staff who could support cultural planning, lack of up-to-date and ongoing training and supervision and limited availability of community services and supports, frequently present as barriers to effective care planning and positive permanency outcomes. Quality assurance and care planning policy changes alone will not address the fundamental systemic support issues that impede quality care planning.

³⁵ Representative for Children and Youth. *Much More than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care*. (Victoria, B.C.: Representative for Children and Youth), 2013. John, *Indigenous Resilience, Connectedness and Reunification – from Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia*, 2016.

The youth, social workers, team leaders and foster caregivers who shared their experiences with the care planning research team eagerly spoke about their experiences – both good and bad – and the challenges that they faced to achieve quality care plans that were centred on the young people. However, they also spoke knowledgeably about the importance of quality care planning and care plans and what they wished to be able to experience and achieve. The ideas about quality as expressed in interviews and surveys were aligned with the dimensions of quality that were identified through the literature reviews and jurisdictional scans. The Care Planning Review research team was able to identify moments – or illustrations – of quality in the data. These illuminating moments exist despite the ongoing challenges experienced by workers, caregivers and young people; however, they are not illustrative of standard care planning practice. This is where a significant shift is needed.

The Representative hopes that the quality care planning review presented in this report will help to not only inform and update ministry care planning policies and practices, but also catalyze discussion and action about the barriers and challenges to ensuring quality care plans and care planning. The ultimate goal for the Representative is to enhance young people's experience of connection and belonging during and as a result of their in-care experience and to improve outcomes for children and youth in government care.

Next Steps

While this report has shown that there is a need for MCFD to improve its current care planning process, the findings of this research are not new and recommendations to address these issues have previously been made to the ministry. RCY has most recently spoken to the need to improve care planning quality in *Skye's Legacy: A Focus on Belonging*, in which the Representative recommended that MCFD “conduct a comprehensive review and revision of all relevant care planning and case management standards, policies, practice guidelines and training materials with the goal of aligning those materials with the dimensions of belonging.”

Findings and recommendations from *Skye's Legacy* also address the dimensions of quality care planning through an expanded understanding of permanency and the interconnected aspects of belonging and meaningful engagement with young people in care. The report also demonstrated the importance of respectful inclusion of parents and other significant adults in planning for a child or youth, continuity of important relationships and nurturing a young person's positive sense of identity and connection to culture. This Care Planning Review report provides a foundational understanding of quality care planning within which to develop this work and will be used to support the monitoring and assessment of MCFD's action planning and progress going forward.

The Representative recognizes the ministry's improvements in care plan compliance since concerns were first raised by the RCY in 2013, and is encouraged by the work underway to develop a new Outcomes-Based Quality Assurance Program. Alongside monitoring MCFD's response to the recommendations in *Skye's Legacy*, the Representative will also be monitoring the progress of MCFD's strategic work on quality assurance, outcomes measurement and cultural connections, including work underway with Indigenous Child and Family Serving Agencies, the Métis Commission and First Nation communities to enhance the cultural components of care planning.

To support efforts to improve care planning, following the completion of the Care Planning Review project, RCY will provide MCFD with supplementary resources developed through the Care Planning Review including data collection instruments and jurisdictional scan resources. Upon sharing these materials, RCY and research partners who have supported this work will seek to meet with MCFD to ensure an in-depth understanding of the instruments and how they were developed, and an understanding of how they may be used to support improvements in the quality of MCFD care planning in the future.

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