



Select Standing Committee on Children and Youth

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# ANNUAL REPORT

## 2021-22

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May 2022



LEGISLATIVE ASSEMBLY  
of BRITISH COLUMBIA

Third Session, 42nd Parliament



May 12, 2022

To the Honourable  
Legislative Assembly of the  
Province of British Columbia

Honourable Members:

I have the honour to present herewith the *Annual Report 2021-22* of the Select Standing Committee on Children and Youth.

This report covers the work of the Committee from April 1, 2021 to March 31, 2022.

Respectfully submitted on behalf of the Committee,

Jinny Sims, MLA  
Chair

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# COMPOSITION OF THE COMMITTEE

## Members

### 42nd Parliament, 3rd Session

Jinny Sims, MLA, Chair  
Surrey-Panorama

Mike Bernier, MLA, Deputy Chair  
Peace River South

Susie Chant, MLA  
North Vancouver-Seymour

Karin Kirkpatrick, MLA  
West Vancouver-Capilano

Fin Donnelly, MLA  
Coquitlam-Burke Mountain

Norm Letnick, MLA  
Kelowna-Lake Country

Kelli Paddon, MLA  
Chilliwack-Kent

Jennifer Rice, MLA  
North Coast

Henry Yao, MLA  
Richmond South Centre

### 42nd Parliament, 2nd Session

Jinny Sims, MLA, Chair  
Surrey-Panorama

Coralee Oakes, MLA, Deputy Chair  
Cariboo North

Susie Chant, MLA  
North Vancouver-Seymour

Karin Kirkpatrick, MLA  
West Vancouver-Capilano

Fin Donnelly, MLA  
Coquitlam-Burke Mountain

Mike Morris, MLA  
Prince George-Mackenzie

Kelli Paddon, MLA  
Chilliwack-Kent

Jennifer Rice, MLA  
North Coast

Henry Yao, MLA  
Richmond South Centre

## Committee Staff

Karan Riarh, Committee Clerk

Lisa Hill, Committee Research Analyst

Natalie Beaton and Jenny Byford, Committee Researchers

Mary Newell, Administrative Coordinator

Christina Lech, Committees Assistant

# TERMS OF REFERENCE

On April 15, 2021 and February 17, 2022, the Legislative Assembly agreed that the Select Standing Committee on Children and Youth be empowered to foster greater awareness and understanding among legislators and the public of the BC child welfare system, including the specific needs of Indigenous children, youth, families and communities, and in particular to:

1. Receive and review the annual service plan from the Representative for Children and Youth (the "Representative") that includes a statement of goals and identifies specific objectives and performance measures that will be required to exercise the powers and perform the functions and duties of the Representative during the fiscal year;
2. Be the Committee to which the Representative reports, at least annually;
3. Refer to the Representative for investigation the critical injury or death of a child;
4. Receive and consider all reports and plans transmitted by the Representative to the Speaker of the Legislative Assembly; and
5. Undertake, pursuant to section 30(1) of the *Representative for Children and Youth Act*, (S.B.C. 2006, c. 29), a comprehensive review of the Act or portions of the Act before April 1, 2022 to determine whether the functions of the Representative described in section 6 are still required to ensure that the needs of children and young adults as defined in that section are met.

That, in addition to the powers previously conferred upon Select Standing Committees of the House, the Select Standing Committee on Children and Youth be empowered to:

- a. appoint of its number one or more subcommittees and to refer to such subcommittees any of the matters referred to the Committee and to delegate to the subcommittees all or any of its powers except the power to report directly to the House;
- b. sit during a period in which the House is adjourned, during the recess after prorogation until the next following Session and during any sitting of the House;
- c. conduct consultations by any means the Committee considers appropriate;
- d. adjourn from place to place as may be convenient; and
- e. retain personnel as required to assist the Committee.

That the Committee report to the House as soon as possible; and that during a period of adjournment, the Committee deposit its reports with the Clerk of the Legislative Assembly, and upon resumption of the sittings of the House, or in the next following Session, as the case may be, the Chair present all reports to the House.

# THE WORK OF THE COMMITTEE

The Select Standing Committee on Children and Youth (the “Committee”) is appointed by the Legislative Assembly to foster greater awareness and understanding of BC’s child welfare system, including the specific needs of Indigenous children, youth, families and communities.

This mandate includes acting as a public forum for the review of reports by the Representative for Children and Youth (the “Representative”). The Representative is an officer of the Legislature responsible for providing advocacy services to children, young adults and families; monitoring, reviewing and auditing the effectiveness of designated services; and reviewing, investigating and reporting on the critical injuries and deaths of children.

The Committee is also required to undertake a review of the *Representative for Children and Youth Act* at least once every five years; the last review of the Act was completed in 2018. The Committee undertook preliminary planning for its next review of the Act in March 2022.

This report covers the activities of the Committee from April 1, 2021 to March 31, 2022, during which the Committee reviewed three reports from the Representative, including her annual report and service plan.

Meeting documents, transcripts and minutes are available on the Committee’s website: [www.leg.bc.ca/cmt/cay](http://www.leg.bc.ca/cmt/cay)

## Meeting Schedule

The Committee met on the following dates for the purposes described below. In addition to activity from April 1, 2021 to March 31, 2022, the list includes consideration and adoption of this annual report.

### 42nd Parliament, 2nd Session

April 23, 2021

- Election of Chair and Deputy Chair
- Review of the Representative for Children and Youth report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* - Presentation from the Representative for Children and Youth

June 9, 2021

- Review of the Committee’s *Annual Report 2019-2020*
- Planning for continued consideration of the Office of the Representative for Children and Youth report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families*

June 29, 2021

- Review of the Representative for Children and Youth report *Sky’s Legacy: A Focus on Belonging* – Presentation from the Representative for Children and Youth
- Continued review and adoption of the Committee’s *Annual Report 2019-2020*
- Planning for continued consideration of the Office of the Representative for Children and Youth report *Excluded:*

*Increasing Understanding, Support and Inclusion for  
Children with FASD and their Families*

October 14, 2021

- Continued review of the Representative for Children and Youth report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families*  
- Presentation from Delegated Aboriginal Agencies, Friendship Centres and First Nations

January 28, 2022

- Review of the Representative for Children and Youth's *Annual Report 2021/22 and Service Plan 2021/22 to 2023/24*
- Planning for 2022-23

### **42nd Parliament, 3rd Session**

February 28, 2022

- Election of Chair and Deputy Chair

March 30, 2022

- Continued review of the Representative for Children and Youth report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* - Joint Presentation from Ministries
- Planning for Statutory Review

April 22, 2022

- Review and adoption of the Committee's *Annual Report 2021-22*

# REVIEW OF THE REPRESENTATIVE FOR CHILDREN AND YOUTH'S ANNUAL REPORT AND SERVICE PLAN

On January 28, 2022, Representative for Children and Youth Dr. Jennifer Charlesworth presented her office's *Annual Report 2020/21 and Service Plan 2021/22 to 2023/24* which was released on October 4, 2021. She was joined by: Pippa Rowcliffe, Deputy Representative, Investigations, Monitoring and Corporate Services; Alan Markwart, Executive Lead, Legislation and Special Initiatives; Samantha Cocker, Deputy Representative, Advocacy and First Nations, Métis and Inuit Relations; and Jeff Rud, Executive Director, Strategy and Communications.

## Representative's Presentation

The Representative for Children and Youth began her presentation by outlining her office's three primary functions as set out in the *Representative for Children and Youth Act*: to advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services; to monitor, review, audit and publicly report on designated services for children and youth; and to conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services. To undertake this work, her office had an operating budget of \$10.471 million for the 2020-21 fiscal year and employed 77 FTEs, which includes staff who deliver corporate shared services to the Office of the Representative for Children and Youth and the Office of the Human Rights Commissioner.

In terms of areas of focus for her office, the Representative noted the significant influence of the 2019 federal *Act Respecting First Nations, Inuit and Metis children, youth and families* which was co-developed with Indigenous, provincial,

and territorial partners with the goal of keeping Indigenous children and youth connected to their families, communities, and culture. The Act affirms the rights of Indigenous peoples to exercise jurisdiction over child and family services. The Representative spoke positively of the Act and noted that implementation will take time, humility and care as nations establish their own laws and Indigenous governing bodies resume jurisdiction in caring for Indigenous children and youth. The Representative indicated that Indigenous child welfare and well-being remains a top priority, noting that more than two-thirds of children and youth in care in BC are Indigenous and that an Indigenous child is 18 times more likely to be brought into care than a non-Indigenous child.

With respect to advocacy, the Representative shared that this is at the heart of the work that her office undertakes and that advocates in her office provide information, advice and assistance to children and youth, young adults and their families and caregivers to help access and navigate designated services. She reported that the advocacy team experienced a reduced number of calls and cases at the beginning of the COVID-19 pandemic; however, by the end of the 2020-21 fiscal year, the team had received 1,725 advocacy calls, which represents an increase of eight percent over the final quarter of the previous fiscal year. The Representative noted that advocacy cases have become increasingly complex in recent years which can result in an advocate spending more time on a case. She noted that cases requiring over nine months of involvement increased by 13 percent in 2021.

Committee Members also heard that changes to the Representative for Children and Youth Regulation in 2019 expanded the Representative's advocacy jurisdiction to include young adults aged 19 to 23 inclusive. While her office had anticipated an increase in new cases for young adults because of this change, she indicated that the pandemic had suppressed uptake. As a result, her office had 36 young people in that age range that they supported during 2020-21, which was a lower number than anticipated. The Representative also shared that while staff provided alternative avenues of communication, including online engagement, the pandemic highlighted how important having in-person contact and community engagement is to their advocacy work.

Regarding reviews and investigations, the Representative indicated that her team experienced significant caseload pressures in 2020-21 and that these pressures have continued in 2021-22. In 2020-21, her office received 4,524 critical injury and death reports for children and youth who had received services during the preceding 12 months, of which 1,883 were determined to be within the Representative's mandate.

The Representative highlighted a number of factors which had contributed to the increased caseload, including: improved reporting from the Ministry of Children and Family Development; the opioid crisis and toxic drug supply; increased sexual exploitation; and gang-related activities. The Representative expects to see further increases in critical injury and death reports as provincial health authorities begin to report their critical injuries and deaths. While this has always been an existing requirement under the Act, it has taken some time for the provincial health authorities to establish processes and procedures to enable this reporting to take place. Reflective of these increasing pressures on her office, the Representative expressed her gratitude for the increase in her operating budget for 2022-23 to \$10.9 million, representing a three percent increase over the previous fiscal year, which was recommended by the Select Standing Committee on Finance and Government Services.

The Committee heard that the Reviews and Investigations team issued four reports in the past year, completed 13 comprehensive reviews, which are extensive reviews into the

life of a child, and made 126 referrals of highly concerning cases to either her advocacy team or to the Director of Child Protection within the Ministry of Children and Family Development. The Representative also discussed the work of staff who monitor, review, audit and publicly report on designated services and programs for children and youth and their families with the intention of making recommendations for changes to improve the effectiveness and responsiveness of the system. Committee Members heard that this team released one major report in 2020-21 which highlighted the need to address the needs of young people transitioning from care into young adulthood, including the need to provide more sustained supports as they make this transition.

## Committee Inquiry

Committee Members asked the Representative how the funding for First Nations child welfare which was announced by the federal government in January 2022 will be spent. The Representative noted that the funding announcement is an agreement-in-principle and that many details are still to be confirmed. She stated that approximately half of the funding has been earmarked as compensation for First Nations children and families impacted by discrimination through the child welfare system and half is committed to the long-term reform of the First Nations Child and Family Services program.

The Committee had a number of outstanding questions outlined below which were forwarded to the Representative, who provided a written response to Committee Members on February 4, 2022. With respect to the implementation of the Representative's recommendations, the Committee inquired about receiving progress updates on a regular basis. The Representative indicated that her office has recently reviewed their processes for monitoring and reporting on recommendations and has met with a number of public bodies to identify opportunities to improve their processes and enhance accountability. The office is also looking at best practices in other jurisdictions to consider their applicability in BC.

In response to questions about supports for grandparents who care for their grandchildren when the biological

parents are unable to do so, the Representative noted that there is a resource available called Grandparents Raising Grandchildren which is hosted by the Parent Support Services Society. Services include: a support line and the opportunity for grandparents to connect with other grandparents who can provide advocacy on kinship care and other government benefits; family law information including guardianship, child protection, and self-representation; information on health and housing; and community referrals.

Another area of interest for the Committee was stakeholder outreach. Committee Members indicated that they are hearing from constituents looking for information about the new Children and Youth with Support Needs (CYSN) service framework. The Representative agreed that stakeholder outreach and communications are vitally important in relation to the implementation of the new framework. She noted that her office will continue to monitor the development of the framework, including how families and services providers are engaged and consulted, how concerns are being addressed, and what evidence and options for assessment and care are being considered. The Representative will also examine how hubs will be structured and staffed, where they will be located, the adequacy of funding, how quality and effectiveness will be evaluated, and how families in need of services right now will continue to be supported.

The Committee also asked about training from the Representative's office for their constituency assistants with respect to supporting children and families. The Representative informed Committee Members that her office is working to provide an in-service session for constituency assistants and has disseminated information packages to Members' constituency offices.

# REVIEW OF REPRESENTATIVE OF CHILDREN AND YOUTH REPORTS

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## *Skye's Legacy: A Focus on Belonging*

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*Skye's Legacy: A Focus on Belonging*, released on June 10, 2021, describes the life of Skye, a young girl of Dené heritage and member of the Teetlit Gwith'in Band who spent twelve years in government care before dying from a tragic drug overdose at the age of 17. The report discusses the importance of connection to family, culture and community for children in care, and urges government to support First Nations, Métis, Inuit and urban Indigenous children to develop valuable connections that are often damaged by the historic and ongoing effects of colonialism.

On June 29, 2021, the Committee reviewed the report. In attendance were: Dr. Jennifer Charlesworth, Representative for Children and Youth; Samantha Cocker, Deputy Representative, Advocacy and First Nations, Métis and Inuit Relations; Alan Markwart, Acting Deputy Representative, Operations; April Fox, Acting Executive Director for Reviews and Investigations; and Caitlin Adler, Investigator; and Jeff Rud, Executive Director, Strategy and Communications.

### **Representative's Presentation**

The Representative acknowledged that the report was released following the discovery of unmarked graves on the site of the former Kamloops Indian Residential School. She stated that Skye's story demonstrates the negative impacts that settler colonialism, assimilation and elimination practices, such as the residential schools, continue to have

on the well-being of Indigenous children, youth and families. The Representative highlighted that the impact of colonialism is reflected in the child welfare system today as more than two-thirds of children currently in provincial government care are Indigenous, despite the fact that Indigenous people comprise less than 10 percent of the provincial child and youth population.

For this report, the office had an Indigenous-led investigation team as part of its approach for researching and presenting Skye's story. The research methodology used by the team was significantly influenced by an Indigenous world view, in which it is understood that multiple stories, perspectives and truths are relevant to any situation being considered. The Representative noted that diverse stories and perspectives contribute to a more fulsome and holistic understanding of the child, and while Skye's story is uniquely hers, the Representative's office investigated this case because it is representative of the experiences of too many Indigenous children and youth.

Skye was removed from her mother's care when she was five and rather than support a potential return or nurture some form of mother-daughter relationship, the Ministry of Children and Family Development focused on finding adoptive parents for Skye while preventing contact with her birth mother. This resulted in three failed adoption plans before Skye was 12

years old and subsequent turmoil and emotional harm for Skye, who lived in eight different foster homes, attended eight schools and had 18 social workers during her time in care. The Representative noted that Skye was not provided any consistent opportunity to connect to her Dené culture and did not have the opportunity to visit her home territory. As with Skye's story, the Representative stated that the office continues to see situations in which children are disconnected from their families and communities of origin. She shared that this is due to what is often perceived, or presented as, a problem with parents and family members, rather than an understanding of the context of historical and contemporary trauma, racism, stigma, shame, and poverty, as well as a lack of timely, accessible and culturally attuned opportunities to heal.

Through Skye's story, the report explores five dimensions of belonging which are important to all children: relational belonging through meaningful connection to people; cultural belonging through connection to traditions, language, and a cultural community; physical belonging through connection to a place, school or the land; identity through belonging; and legal belonging which is often focused on adoption. The main finding of the report was that the Ministry's focus on legal belonging or adoption came at the expense of all the other forms of belonging and permanency for Skye. The Representative explained that this loss took a heavy emotional toll which resulted in the severing of relationships for Skye and left her searching for identity and meaningful connections.

The Representative made three recommendations for the Ministry. One is to conduct a systemic needs analysis of cultural and family support resources to ensure that workers are better supported to promote a sense of belonging and identity for First Nations, Métis, Inuit and urban Indigenous children and youth in care. Two, she recommended the Ministry conduct a review of and revise all relevant care planning and case management standards, policies, practice guidelines and training materials to align with the five dimensions of belonging. Finally, the Representative recommended that the Ministry distribute this report to

all staff who work with and plan for children and youth in care or who may come into care and meaningfully engage in discussions with those staff about belonging for children and youth in the context of case planning, decision-making and the development and implementation of care plans. The Representative also indicated that her office is working with practice leads from Delegated Aboriginal Agencies on this issue and that the agencies are embracing her recommendations.

### Committee Inquiry

In response to Committee questions regarding Skye's removal from a functional fostering home, the Representative explained that while Skye was in a stable home with a First Nations family, the placement could not be seen as permanent as the family was a contracted caregiver of the Ministry. The Representative noted that with the orientation towards adoption, the Ministry did not consider allowing Skye to remain in the foster home despite it being a stable and positive environment.

When Committee Members asked about Indigenous foster homes and outdated ideas regarding colonial standards of safety and what makes a home safe, the Representative shared her hope that Skye's story will prompt the Ministry to examine its policies, practices, guidelines, and staff training on this subject, including any aspects that could dissuade Indigenous families from becoming foster parents. She noted that the way the Ministry recruits and supports Indigenous foster parents will be a key part of addressing the challenges discussed in Skye's story. The Representative also noted that the report is being shared with schools of social work, children and youth care, and counselling programs, and that her office plans to develop a knowledge mobilization strategy to use the report and Skye's story as a teaching opportunity to improve practices.

When asked about the current assessment tools used by the Ministry, the Representative stated that many of the assessment tools, such as the parental capacity assessment, and decision-making tools, are very colonial and are defined by what a family should look like, rather than embracing the diversity of families. She noted that her office flagged

this issue with the Ministry and that the Ministry expressed interest in examining their assessment tools.

The Committee inquired whether one individual or a team of individuals is responsible for decisions regarding a child or youth in care. The Representative stated that social workers consult with a team and that often there is a large team supporting a child. She further noted that it is the availability of resources and continuity of relationships that have a

significant impact on a child's experience and outcome in care. The Investigation Analyst also noted that the *Aboriginal Policy and Practice Framework in British Columbia* (an overarching framework intended to improve the outcomes for Indigenous children, youth, families and communities) includes a more collaborative planning process where there is meaningful engagement with the child's nation, family, and the child themselves.

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## ***Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families***

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Released on April 15, 2021, *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* (the "Excluded" report) examined the experiences of children with fetal alcohol spectrum disorder (FASD) and their families and others who support them. The Committee first considered the report on April 23, 2021 with a presentation from the Representative. Following this presentation, the Committee determined it would like to invite additional stakeholders and ministries to hear more about the report and implementation of the Representative's recommendations. The Committee subsequently held two additional meetings: one on October 14, 2021 with Delegated Aboriginal Agencies, Friendship Centres and First Nations and a second on March 30, 2022 with ministries responsible for implementing the Representative's recommendations.

### **Representative's Presentation (April 23, 2021)**

The Representative for Children and Youth presented the *Excluded* report on April 23, 2021. She was accompanied by: Alan Markwart, Acting Deputy Representative, Operations; Samantha Cocker, Deputy Representative, Advocacy and First Nations, Métis and Inuit Relations; Pippa Rowcliffe, Executive Director, Monitoring and Strategic Initiatives; Jeff Rud, Executive Director, Strategy and Communications; Sarah Levine, Senior Project Lead, Monitoring; and Myles Himmelreich, Co-Lead Researcher.

Three parents involved with the report also addressed the Committee and answered questions: Bonnie McBride, Leona Kampman, and Deanna Jones.

### **Representative's Presentation**

The Representative for Children and Youth shared that the goal of this report was to illuminate the experiences of children and youth with FASD and their families and to offer insight on how they can be better supported through assessment, diagnosis, and in their daily lives. She outlined her team's research methods which included engaging with nine children and youth with FASD and their parents or caregivers over several months, as well as interviews with professionals and service providers. Her office also conducted a review of injuries and deaths of children and youth with suspected or confirmed FASD, engaged in literature reviews and considered input from external subject matter experts.

Among the report's key findings is that structural racism towards First Nations, Métis, Inuit and urban Indigenous people appears to lead to assumptions that can influence referral and assessment processes. The Representative noted that Indigenous children are referred for FASD supports more regularly than non-Indigenous children who present in similar ways, while non-Indigenous children are often referred for other assessments such as autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD). The report also found that the FASD assessment and diagnostic process

is complex and resource intensive; that children and youth with FASD are not sufficiently supported in the public school system, which often leads to their exclusion; and that children in government care who have FASD may not receive a diagnosis or proper supports and can face significant hurdles with limited help as they enter adulthood and transition out of care.

The report makes 11 recommendations, including that the Ministry of Health take steps to examine systemic bias with regard to referral pathways for FASD and other assessments, and to reduce wait times for assessments at complex developmental behavioral conditions (CDBC) diagnostic clinics. Additional recommendations include a review of, and improvements to, FASD awareness training for workers in the education, health, and child welfare sectors, as well as the development of a cross-government plan to routinely collect high-quality demographic and service data that would allow for specific disaggregation.

Myles Himmelreich, who was the co-lead of the project team and has 15 years' experience working in the field, provided additional context as an adult with FASD. Himmelreich noted that access to services and supports is based on a person's IQ score and only those with an IQ score below 70 can access services. He highlighted a recent study that found out of 400 people with FASD, only 26 responded that they had an IQ under 70. In addition, he suggested that the provision of supports for children with FASD at a younger age to encourage a sense of purpose and belonging could improve overall outcomes and save costs related to court and correctional systems later in life. In terms of education, Himmelreich noted that, in retrospect, he was not ready to participate in a structured educational system until his teenage years and that the educational system is not organized to provide flexibility for children and youth with FASD. Himmelreich was of the view that financial supports provided to parents of children with FASD to keep their children home longer if they are not ready for school would be beneficial. He also noted that while prevention of FASD is important, providing appropriate supports for individuals with FASD and their families should be the focus.

Bonnie McBride, whose daughter Sellene has been a self-advocate for FASD since she was seven years old, noted that her daughter was diagnosed with ADHD at four years old and with FASD at five years old. McBride stressed that there are no barriers for her family to continue to care for Sellene; rather, it is the lack of supports that is a diminishing factor to Sellene's quality of life that negatively affects her ability to participate fully in her community and in everyday activities that a child her age would enjoy. McBride noted that while Sellene has a diagnosis of FASD, this does not mean that she can access programming for children and youth with special needs services or customized programming. McBride highlighted that resources, services or opportunities specifically designed for individuals with FASD are insufficient and suggested that a director of research and services for individuals with FASD should be established.

Leona Kampman provided the Committee with information about her experience as someone who, along with her mother, has raised three individuals with FASD. Kampman highlighted the difficulties she experienced, including lack of awareness, support and appropriate policies related to FASD, and how individuals with FASD can be subject to treatment that is ineffective, harmful and damaging. She shared that she has spent a great deal of time advocating for the individuals with FASD in her care and from her perspective, there is little understanding or support for FASD. Kampman was of the view that a better transition path to adulthood is needed for those with FASD based on individual development and preferences. In addition, Kampman would like to see more accessible supports and services available through Community Living BC for individuals with FASD as well as improved policies, education, practices, funding and accountability for individuals with FASD and their families or caregivers.

Deanna Jones, whose son Dawson is featured in the report, shared that her son was diagnosed with FASD at five years old. Upon receiving this diagnosis, Jones was in contact with a clinician who was working with Dawson through Child and Youth Mental Health and was surprised to hear that that service would be discontinued due to Dawson's

FASD diagnosis. This change led her to a sustained course of advocating for her son to receive appropriate supports and services. She stressed that inclusive, needs-based education programs can make a big difference for children and youth with FASD who may fall through the cracks in mainstream public education systems. Jones informed the Committee that Dawson was bullied at school and that he suffered from debilitating anxiety, panic attack seizures, and that he had begun to exhibit self-harm behaviours. Once Dawson was admitted to a specialized school, he began to do better and now looks forward to furthering his education. Jones noted that appropriate funding for services needs to be paramount for individuals with FASD to ensure they are able to participate fully in life.

### Committee Inquiry

Committee Members expressed their gratitude to the parents who shared their personal experiences. They asked for more information about Deanna Jones' experience finding a specialized school for Dawson and whether she received any support to accomplish this. Jones informed the Committee that she found out about the specialized school on her own and that it is connected with the school district where she lives. She shared that she was on a wait list for three and a half years before Dawson was admitted to the specialized school. She noted that she was able to access chronic health designation funding to help pay for Dawson's schooling; however, she had to pay for a portion herself, which is different than families who have a child with ASD where the specialized school is fully funded.

In response to questions about diagnoses of ADHD, ASD and FASD, and how that provides for different services, McBride spoke about her experience with Sellene. She noted that her family pursued an Instrument for the Classification and Assessment of Support Needs (I-CAN) assessment for Sellene with the intention of receiving a FASD diagnosis. At the time, they received multiple diagnoses for Sellene including ADHD. As Sellene's needs evolved, the family sought additional testing which they were able to procure through a private clinic with funding. She noted that it can take a long time for

testing to be obtained through the school system. The private clinic testing confirmed an ASD diagnosis and McBride was of the view that this diagnosis offered many more opportunities for services and supports compared to a FASD diagnosis.

The Committee followed up on Bonnie McBride's recommendation for a director of research and services for FASD and wondered if a similar position exists in relation to other cognitive diagnoses. McBride informed the Committee that she has been advocating for this position to be created within the Ministry of Children and Family Development for some time and that it is her understanding that the Ministry would like to shift from a diagnosis-based model for services to a needs-based model, which she feels would be more beneficial for individuals with FASD and their families or caregivers. She highlighted that three specific diagnoses qualify for child and youth with special needs services and funding, and that FASD is not one of them. McBride was of the view that absent a change to criteria for funding and services or a shift to a needs-based model, creation of the director position could be an alternative solution.

The Committee inquired further about support networks for parents or caregivers of individuals with FASD. Jones and Kampman indicated that there are little or no supports; however, both spoke positively of experiences with the FASD key worker program. The Representative noted that FASD key workers are provided through community-based agencies and that while there are specific guidelines for this program, the services provided can vary by agency to agency.

The Committee asked whether the research for the report included any individuals with FASD who were in the care of their birth families. The Representative shared that, of the families that participated, they did not have a biological mother within the family grouping; however, they did have a biological grandmother who was raising five of the grandchildren included in the people they interviewed. The Representative described how shame and stigma is attached to biological mothers of children with FASD and how this may have prevented the mothers from participating. The Senior Project Lead added that her team did connect with some

biological mothers of children with FASD in their community dialogues which may have represented a safer space for these individuals to share their experiences and offered various ways of providing input, including through written information.

With respect to the recommendations, Committee Members inquired about the lens of proposing changes to existing systems rather than broader, systemic change. The Representative shared that many of her recommendations are meant to encompass changes to existing systems, programs and services, as well as more transformational changes. She indicated that there is benefit in putting forth recommendations that can accomplish incremental change with a view to more significant changes to follow and stressed that this needs to happen in parallel as families need support now.

### **Follow-up with Delegated Aboriginal Agencies, Friendship Centres and First Nations (October 14, 2021)**

On October 14, 2021, the Committee met with the Office of the Representative for Children and Youth and Delegated Aboriginal Agencies, Friendship Centres and First Nations to further consider the *Excluded* report. In attendance from the Office of the Representative for Children and Youth were: Dr. Jennifer Charlesworth, the Representative for Children and Youth; Pippa Rowcliffe, Deputy Representative, Investigations, Monitoring and Corporate Services; Samantha Cocker, Deputy Representative, First Nations, Métis and Inuit Relations; Jeff Rud, Executive Director, Strategy and Communication.

They were joined by: Leslie Varley, Executive Director, BC Association of Aboriginal Friendship Centres; Jackie Brown, Director of Practice, Ktunaxa Kinbasket Child and Family Services; and Gwen Phillips, Ktunaxa Nation, BC First Nations Data Governance Initiative Champion.

### **Presentations**

The Representative reiterated the core findings and key messages of the *Excluded* report, including: FASD is a right-based issue and the fundamental rights of children

and youth with FASD are not being honoured due to long-standing inequities in care; children, youth and their families experience significant stigma, shame, bias and, sometimes racism, particularly in the assessment process which can lead feelings of loss of connection to and exclusion; those living with FASD have gifts, strengths, talents, interests and capabilities that could be realized in the community with structured supports; a focus on prevention can create harmful unintended impacts of blaming mothers; and it is imperative that efforts are refocused on meaningful action to welcome and integrate children and youth with FASD into their communities. The Representative stressed that the findings of the report can be immediately actioned and staff from her office described ways they are working to actively raise understanding and mobilize system changes by ensuring information is accessible, relevant and reaches the right audiences, including the creation of videos to be shared via social media. Her office has also developed workshops intended for the Ministry of Children and Family Development, school counsellors and families.

Leslie Varley, Executive Director, BC Association of Aboriginal Friendship Centres told the Committee that Friendship Centres provide a number of child and family services and supports, including pregnancy outreach, Aboriginal infant development, and culturally relevant early childcare and learning. She stated that stable and adequate funding is a prominent barrier to stabilizing the services they offer and building on existing programming because Friendship Centres primarily receive program funding through contracts with the Ministry of Children and Family Development. Varley added that Friendship Centres do not receive any specific FASD funding, though they provide FASD prevention and intervention services through many of their programs, and that off reserve, Friendship Centres have not traditionally been considered for funding. With funding and contract challenges, centres can struggle to meet the high demand for service support while diagnoses of ASD and FASD are increasing. Varley noted that children with FASD are often not assessed for ASD, yet the conditions can co-exist, and that access to diagnosis is poor, particularly for Indigenous children. Varley emphasized that an FASD diagnosis does not guarantee support for a family

and that the lack of services available for families is an ongoing challenge.

Jackie Brown, Director of Practice, Ktunaxa Kinbasket Child and Family Services noted that individuals with FASD might experience a range of issues, including a short attention span, forgetfulness, and trouble learning new concepts. Brown also indicated that individuals with FASD excel in many ways with unique and creative thinking, and this can translate into meaningful roles in the community if their unique challenges are understood. Brown further highlighted the connection between FASD and intergenerational trauma resulting from colonialism, residential schools, the sixties scoop, poverty and systemic oppression. Brown shared stories of individuals that Ktunaxa Kinbasket Child and Family Services has supported in emphasizing how the right supports can positively impact a person's life. She also specifically highlighted the success of the Community Healing and Initiative Programs (CHIP) which provided health, community development and hope for communities affected by FASD. This program was originally implemented as a five-year pilot project in 1992 by the Ktunaxa Independent School Society. Resulting initiatives helped youth access schooling in ways that met their needs, gain confidence and later succeed with employment. Brown noted that these programs had a measurable and meaningful impact in the East Kootenay region, but without consistent support and funding, the programs were unfortunately dismantled. Brown identified a number of strategies to address current gaps, including improving access to early diagnosis, providing a FASD justice system navigator or advocate, and increasing FASD training, as well as offering more supports to youth prior to and after 19 years old.

Gwen Phillips, Ktunaxa Nation, BC First Nations Data Governance Initiative Champion, recalled Elders describing how alcohol was used widely to dull the pain and feelings of grief, suffering and trauma, and noted how such coping and adaptation patterns, developed in response to trauma, have neurobiological and psychological effects and can be passed from one generation to the next. As an outcome of multiple generations of trauma, Phillips described that FASD represents a label for similar birth defects and learning difficulties the Nation was experiencing. At the time of first

learning of FASD, Phillips stated that schools, employers, healthcare workers, and child welfare workers had negatively labelled those with FASD, when in fact they were people who had significant special needs that had not been recognized. Working with the University of British Columbia, the Nation conducted a research project and found 40 percent of their school-aged population were affected by FASD. With respect to a broader and holistic approach to FASD, Phillips shared the words of Elders that blame, shame and guilt provide no foundation for the Nation and that knowing, understanding, and accepting their history and its impact will empower positive change. With a philosophy that providing for the least-advantaged citizen will enable all citizens to thrive, the Ktunaxa adopted a societal and social determinants of health response to supporting those with FASD and Ktunaxa governments took on full delegated authority of child welfare and created wrap-around interventions. In addition, the Ktunaxa developed strategic community, family, education, and training plans to change learning environments and create an accommodating future for their diverse population. At the present, Phillips noted that the Ktunaxa governments want to collect disaggregated data to be able to measure changes for the better in child welfare, education, health, and human and Indigenous rights to address racism and stigmatization and promote inclusion.

### Committee Inquiry

Committee Members thanked the presenters for sharing their time, community stories, knowledge, and experiences and acknowledged how valuable this is for informing their perspectives and better understanding the issues highlighted by the Representative in her report. Members inquired about available evidence related to changes in rates of FASD, as well as the related observable behaviour, diagnoses, and types of support for FASD, ADHD and ADD. The Committee heard that it is important to shift from the mindset of diagnosis-driven systems of care to needs-assessment and functional support. While diagnosis can be helpful to understand neurological function, it is the interventions or support for how individuals interact with the world that make a meaningful impact. Members heard that FASD can present in many ways and many FASD behaviours can appear to overlap with those of

ADD and ADHD. Phillips noted that the Western model of siloed institutions may be focused on one aspect of a person, rather than looking at the whole human being, which can sometimes do more harm than good.

The Committee clarified that the original funding for the CHIP program came through the Ministry of Health; however, after restructuring it became difficult to sustain funding through any one ministry. Phillips noted that stability and long-term contracts for service providers that can span across changes in government would be beneficial. Members further inquired about the funding model and reliance on government grants for program funding and heard that underfunding has been a chronic issue and that while bands receive core funding, other Indigenous organizations do not have the same financial stability; some minimal funding may also be provided through tribal council funding. Varley informed the Committee that many Friendship Centres are working towards self-reliance with many operating social enterprises to create self-funding models to provide greater stability and surety around funding. She also noted that there are very few people within the government system and funding structures who understand how Indigenous service models work and that provincial contract agreements are restrictive and do not allow for an Indigenous approach, including how success or fulfillment or delivery of services might be defined through an Indigenous lens, which can differ from mainstream or westernized perspectives.

Committee Members asked about ways they could try to ensure better support for Friendship Centres and advocate for programs that are working well. Varley suggested that a culture shift in government to look at better strategic planning, including long-term strategies with firm commitments from all partners would be a step in the right direction. This should include long-term contracts so that Friendship Centres and other organizations can stabilize their operations and plan for the future with some certainty. Varley also noted that due to the lower amount of funding received by Friendship Centres, they are not able to match the wages being offered by non-Indigenous not-for-profit organizations. Equity in the funding distribution model would

enable Friendship Centres to hire and retain the staff they need and compete on a level ground with other non-profits for staffing requirements. When asked for insights on why this discrepancy exists, Varley noted that staff at Friendship Centres are required to have the same credentials as other non-profits and that from her perspective, Indigenous programs and services across the board are funded, on average, a minimum of 10 percent less than similar non-Indigenous programs and services.

The Committee highlighted the importance of wraparound support and the need to focus on cultural revitalization, especially in terms of how Indigenous families view the concept of a “nuclear family” which could be quite different from western perspectives on the same concept. Committee Members were interested in whether there was any work or communications underway with the Ministry of Indigenous Reconciliation regarding a revitalization of culture and community-building as a priority moving forward. Phillips highlighted the need for a whole of government approach and told the Committee about her involvement as co-chair of the Indigenous Community Development National Strategy implementation working group which supports this kind of approach. She noted the importance of recognizing that every province or territory has rights-holders and nation groups and that the working group is trying to move away from program-based relationships and funding towards nation-based relationships to enable direct funding to be applied to comprehensive approaches. Phillips further highlighted the need to recognize Friendship Centres and other Indigenous organizations as part of a network of care which require permanent funding.

### **Joint Presentation from Ministries (March 30, 2022)**

On March 30, 2022, the Committee continued its review of the *Excluded* report with a joint presentation from multiple ministries responding specifically to the Representative’s recommendations. Appearing before the Committee were:

Ministry of Children and Family Development

- Carolyn Kamper, Assistant Deputy Minister, Strategic Integration, Policy and Legislation

- Jan White, Executive Director, Early Years Policy and Program
- Steven Yong, Executive Director, Modelling, Analysis and Information Management

#### Ministry of Mental Health and Addictions

- Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

#### Ministry of Health

- Kristy Anderson, Acting Assistant Deputy Minister, Hospital and Provincial Health Services Division
- Gerrit van der Leer, Executive Director, Mental Health and Substance Use
- Susan Wannamaker, Executive Vice President, Provincial Health Services Authority

#### Ministry of Citizens' Services

- Alex Mendeleev, Director, Data Science Partnerships, BC Stats

#### Ministry of Education

- Jennifer McCrea, Assistant Deputy Minister, Learning Division

The following staff from the Office of the Representative for Children and Youth were also in attendance: Dr. Jennifer Charlesworth, Representative; and Samantha Cocker, Deputy Representative.

### Joint Presentation from Ministries

The Ministry of Children and Family Development began the presentation by talking about the new CYSN service framework and explained that the framework is intended to have a transformative effect by moving away from a diagnosis-based system to a needs-based system. The Ministry shared that they had received input as a first step in creating the framework and that they had consulted with Indigenous and non-Indigenous children, youth and families, as well as with Delegated Aboriginal Agencies, service providers, advocates, and other key stakeholders. In terms of the input received, Ministry staff noted that the current diagnosis-based system excludes some vulnerable children, including those with FASD and Down Syndrome. They also indicated that

experiential trauma and racism may prevent some families, including Indigenous families, from approaching the Ministry for help and that services and therapies can be very difficult or non-existent in some areas of BC.

Ministry staff acknowledged there are many issues with the current diagnosis-based system, including the patchwork of services provided across the province with multiple access points and differing eligibility requirements. The Committee heard that not all programs and services are culturally safe or trauma-informed and therefore, do not meet the needs of all children, families and caregivers. In addition, the assistance provided by the Ministry in relation to mobility and adaptive equipment had not been updated in 20 years. Due to this complicated and outdated system, parents must often act as "case managers" for their children, which can be time consuming and stressful. Ministry staff noted that the new needs-based approach being proposed by the Ministry would simplify access to programs and services by creating a network of family connection centres throughout the province. The family connection centres are intended to reduce barriers related to racism, sexism, colonization and other forms of systemic marginalization and oppression by providing a single access point for families to obtain services and supports. This new approach will also include easier access to early interventions and supports including trauma-informed practices and cultural safety plans.

As it relates to funding and implementing the CYSN framework and ensuring that it is inclusive of children and youth with FASD and their families, Ministry staff indicated there will be a phased-in approach with two early implementation areas scheduled for early 2023 and a full rollout throughout the province by the fall of 2024. This will include the creation of the family connection centres which will provide access to disability services and other provincial services and supports. Parents and caregivers will not need to provide proof of a diagnosis for their children in order to access services, supports and programs through the family connection centres. Ministry staff noted that as the phased-in implementation of the family connections centres takes place, children and youth with confirmed or suspected FASD will

be able to access services through the centres based on their needs to ensure earlier access to valuable interventions to support their development.

The Ministry of Children and Family Development additionally shared that the functions of the Key Worker Parent Support Program will be included in the goal-focused services to be provided at the family connection centres. As well, the Ministry will continue to work with the Canada FASD Research Network to better understand evidence-based and leading practices to support children and youth with FASD. Ministry officials acknowledged the need to ensure that Designated Aboriginal Agencies, community service agencies and caregivers have the opportunity to review FASD awareness training materials to ensure they are evidence-based, culturally attuned and up to date. To support this, the Ministry is convening an "advisory circle" which will engage with cross-ministry partners to collaborate and identify alignment in training and education related to FASD.

The Ministry of Mental Health and Addictions described its efforts in relation to providing effective and accessible mental health services through the implementation of the "Pathway to Hope" initiative which aims to set the long-term direction for an integrated and comprehensive system of mental health and substance use care. In addition, the Ministry has made significant investments in priority child, youth and young adult initiatives including Integrated Child and Youth Teams, more Foundry centres, increased numbers of youth substance use beds and services, as well as enhancements to Early Years programming. The Committee heard that the Ministry is also undertaking research to identify further opportunities to meet the needs of children and youth with support needs and to actively engage with the Ministry of Children and Family Development, as well as Indigenous stakeholders, to align and integrate ongoing and planned services within the CYSN system transformation.

Staff from the Ministry of Health shared information on the Representative's recommendations related to diagnosis, assessments and referral pathways. The Ministry has implemented enhanced waitlist management and a strategy

to accelerate the waitlist, including a triage system. The Ministry also plans to create partnerships to develop systems of care across the province with a focus on engagement with families. In addition, the Ministry will redesign its care management strategy to look at existing best practices to improve integration of services. The Ministry also plans to establish a comprehensive evaluation framework, create a sustainment strategy around access and wait times, and build a case for support that is aligned with the CYSN framework.

With respect to addressing systemic bias, Ministry of Health officials described interest in incorporating self-identification for Indigenous people at the time of intake and plans to focus on process improvement and intentional design related to the journey of Indigenous patients. In support of this, the Ministry plans to create a new Indigenous Navigator position to help support and enhance culturally safe care. In addition, the Ministry's newly formed Indigenous Health and Reconciliation Division will work on the development of educational content to address Indigenous-specific racism and begin embedding cultural humility when referring, diagnosing and providing services for FASD.

Ministry of Health officials stressed the importance of implementing culturally safe integrated mental health and substance use care for children, youth and young adults through the Pathway to Hope initiative. They outlined other quality improvement initiatives such as Integrated Child and Youth Teams, the Foundry centres, youth substance use beds and service enhancements, and Transition Age Youth Concurrent Disorders clinicians. The Committee heard that any improvements will be informed by and attend to trauma-informed practice principles and appropriate cultural competencies. It was also noted that the Ministry has undertaken an environmental scan of its FASD training which has identified an array of promising culturally attuned evidence-informed materials. The Committee heard that a standardized assessment of the child, youth and young adult workforce training needs specific to FASD will begin in priority programs with a phased-in approach by October 31, 2022. In addition, the Ministry will aim to leverage existing and/or

planned child, youth and young adult workforce training by September 30, 2023 and onwards.

In terms of data, staff from the Ministry of Citizens' Services informed the Committee that the CYSN service transformation will provide supports for children and youth based on their unique needs and will also include children with FASD and other children and youth with support needs. They shared that the Ministry of Children and Family Development is working to develop information system solutions that support the collection of accurate and reliable information about children and families accessing supports and services through Family Connections Centres and Ministry Disability Services. The Ministry of Citizens' Services expects to have the ability to track and monitor the type and volume of supports and services that families and children are accessing, which will allow for more effective program and policy development and service monitoring. In addition, the provincial government is in the process of developing anti-racism legislation and the Ministry of Citizens' Services will be coordinating the collection of new demographic data to help better understand the gaps and inequities that exist in government programs and services.

Officials from the Ministry of Education reported the creation of a new draft *Policy and Guide* in collaboration with its education partners that is grounded in a rights-based imperative and moves away from the medical model of categories and designations in alignment with the new CYSN framework. A needs-based tool has also been incorporated into the guide to better support educators to identify the characteristics of children and youth with FASD and related disorders to better understand their learning needs and provide the right kind of supports and services. The Ministry is currently working with the First Nations Education Steering Committee to ensure alignment of the draft policy with the *Declaration on the Rights of Indigenous Peoples Act* and the Education Funding Model Review and Workforce. In terms of the training and development needs of staff, the Ministry has been working with the Provincial Outreach Program for Fetal Alcohol Spectrum Disorder to develop an on-demand online FASD 101 course, which would include a certification. The

course will provide educators and staff with a foundational understanding of FASD to inform their practice and enhance capacity to better support learners with FASD and related disorders.

### Committee Inquiry

Committee Members acknowledged the importance of cross-ministry collaboration in addressing the Representative's recommendations to ensure that children and youth with FASD and their families receive the support and services they need. In response to Committee Members questions about how the new CYSN framework would be funded and how access is expected to be provided in communities throughout the province, Ministry of Children and Family Development staff confirmed that the provincial government has committed \$172 million over the next three years, which includes \$114 million to begin implementation of the new framework and to modernize medical benefits. It also includes \$53 million over three years to continue to support children and youth with ASD through autism funding programs and further funding to address caseload pressures and medical benefits. The Committee heard that the Ministry plans to implement the new framework in two early implementation areas in the northwest and Central Okanagan areas, including four family connection centres.

The Committee shared concerns from families about losing current services for their children based on the implementation of the new CYSN framework. Ministry staff assured Committee Members that families will be able to access a variety of staff through the family connection centres, including behavioral analysts, consultants, speech language therapists, occupational therapists, and physiotherapists, among other services and supports. They acknowledged concerns about potential changes in the level of supports and services and noted that the Ministry will provide multi-pronged communications and information to help with the transition. They are currently engaging with key stakeholders, advocates and organizations that want more information and have held information sessions throughout the province which included parents and those in the service sector to share information about the new framework in more

detail. Committee Members expressed an interest in learning more about how families of children with FASD are being integrated into the Ministry's transition processes. Officials explained that families with children and youth with FASD can access the early implementation areas where the family connection centres will be established without providing proof of diagnosis. Children and youth with FASD and their families can also provide feedback to the Ministry so that it can be incorporated as the new model is implemented in other areas of the province.

Committee Members asked for more information about the data collection methods outlined in the presentation and how those who are not able to access services are captured in these data sets that are intended to underpin the high-quality demographic plan. Staff from the Ministry of Citizens' Services told the Committee that when they design information systems, they try to design them to be as flexible as possible to accommodate new information. The work that the Ministry is undertaking will include race-based and gender identity data standards to ensure these are incorporated into the new system. Committee Members recognized the complexity of data systems within government and wondered how all this information could be pulled together to ensure that everyone has the information they need, including clinicians, families and other key data users. Ministry of Citizen's Services staff noted that the new information systems being introduced by the Ministry of Children and Family Development will help inform analysis to improve the delivery of programs and services.

Committee Members asked for more details on plans for implementing all the initiatives, tools and practitioner work that had been described in the presentation and wondered who would be responsible for collaborative oversight of the work. Officials from the Ministry of Children and Family Development shared that there is a cross-ministry committee examining the key linkages and impacts of work that is being done. In addition, the request for proposal process for the contracted agencies who will be running the family connection centres includes an expectation that they will

work closely with school districts and health authorities, among other partners.

The Committee asked about resources for education professionals on the new initiatives described in the presentation and how the perspectives of teachers are being captured in the new datasets under development. Ministry of Education staff indicated that they are working with the BC Teachers Federation on professional development and with the BC Council for Administrators for Inclusion Supports in Education on the programming they are creating with the provincial outreach program for FASD, which will inform approaches to support learning and improve outcomes for students.

Committee Members inquired about the use of needs-based tools in schools and whether these would be descriptive and useful for learning more about the child. Staff stated that their goal is to assess an individual child's needs and supports because every child shows up differently and their supports need to develop or may change. They indicated that the Ministry is looking for tools to assess what a child's needs might be according to five domains: cognition, communication, self-determination towards independent learning, social-emotional, and auditory or visual aspects. Committee Members had questions about the availability of resources for teachers who might recognize learning or cognitive disabilities in their students and how these students can then be assessed and able to access services, especially early intervention. Ministry staff agreed that early intervention is crucial and that one of the key pieces is early screening and that there are kindergarten assessment tools available for teachers. Another important aspect to consider is needs assessment regarding how the child is performing or behaving in the classroom and what appropriate services and supports might be provided to the child while families are waiting for a diagnosis.

The Committee asked about the data and information that currently exists in classrooms, as well as with provincial specialist associations for special education teachers and how this information can be quantified and included in data systems to help inform government policies. The Ministry of

Education indicated that they are exploring ways to look at qualitative and quantitative data to inform their policies. Staff from the Ministry of Citizens' Services echoed the importance of looking at a holistic picture regarding children and youth and shared that a government-wide initiative called the data innovation program has been introduced which has data sets from across government for population-level analysis. They noted that multiple ministries contribute data sets around administrative service that provide a well-rounded picture of what is happening with programs and services across government.

Members inquired about how the Ministry of Education is working to ensure that bias does not affect how educators engage with children who have different diagnoses and ensure that individual needs are supported. Ministry officials noted that teacher graduates completing their post-secondary education must complete three credit semester hours of study that is related to supports for students with disabilities and diverse abilities and how to integrate this information throughout their education program; this is required to meet the BC Education and Professional Standards established under the *Teachers Act*.

In response to questions about culturally safe approaches, Ministry of Health officials noted that they are looking at intentional design and working to support cultural safety, humility and programming. They will also have an Indigenous navigator engaged in the programming and focused on these types of concerns. They highlighted the importance of preventing individuals from being referred to the wrong pathway based on inherent biases.

The Committee highlighted the importance of not only developing culturally sensitive service delivery, but also allowing for "cultural cultivation," which allows Indigenous communities to devise their own ways to nurture children and youth who may struggle with mental health challenges. Staff from the Ministry of Mental Health and Addictions shared that they are working with the First Nations Health Authority and the First Nations Health Council to undertake tripartite work to give the First Nations Health Authority and local Indigenous communities the power to make their

own decisions around what mental health and wellness looks like for them. The Committee heard that the provincial government had committed a \$16 million investment to the First Nations Health Authority to design and deliver specific projects related to mental health and wellness.

Committee Members noted the overrepresentation of Indigenous children in the systems that serve children and youth, especially when FASD is a factor, and were interested in encouraging these children and youth to thrive and embrace their culture. Staff from the Ministry of Children and Family Development indicated that they are focused on supporting children and youth in care to retain connections to their culture and that they are working closely with Indigenous communities on their path of self-determination toward jurisdiction for care. Funding announced in the most recent provincial budget will be allocated towards supporting youth in and from care in a more comprehensive way with new programs, supports and services.

