

Select Standing Committee on Children and Youth

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# ANNUAL REPORT 2022-23

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May 2023



LEGISLATIVE ASSEMBLY  
of BRITISH COLUMBIA

Second Report  
Fourth Session, 42nd Parliament



May 9, 2023

To the Honourable  
Legislative Assembly of the  
Province of British Columbia

Honourable Members:

I have the honour to present herewith the Second Report of the Select Standing Committee on Children and Youth for the Fourth Session of the 42nd Parliament. This report covers the work of the Committee from April 1, 2022 to March 31, 2023.

Respectfully submitted on behalf of the Committee,

Jinny Sims, MLA  
Chair

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# COMPOSITION OF THE COMMITTEE

## Members

### Fourth Session, 42nd Parliament

Jinny Sims, MLA, Chair  
Surrey-Panorama

Mike Bernier, MLA, Deputy Chair  
Peace River South

Michele Babchuk, MLA  
North Island (*from March 1, 2023*)

Bob D’Eith, K.C., MLA  
Maple Ridge-Mission

Kelly Greene, MLA  
Richmond-Steveston

Karin Kirkpatrick, MLA  
West Vancouver-Capilano

Norm Letnick, MLA  
Kelowna-Lake Country

Kelli Paddon, MLA  
Chilliwack-Kent (*to March 1, 2023*)

Doug Routley, MLA  
Nanaimo-North Cowichan

Aman Singh, MLA  
Richmond-Queensborough

### Committee Staff

Karan Riarh, Committee Clerk

Lisa Hill, Committee Research Analyst

Mary Heeg, Committee Researcher

Mary Newell, Administrative Coordinator

Jianding Bai, Committees Assistant

### Third Session, 42nd Parliament

Kelli Paddon, MLA, Chair  
Chilliwack-Kent (*Chair from June 29, 2022*)

Mike Bernier, MLA, Deputy Chair  
Peace River South

Susie Chant, MLA  
North Vancouver-Seymour

Fin Donnelly, MLA  
Coquitlam-Burke Mountain

Karin Kirkpatrick, MLA  
West Vancouver-Capilano

Norm Letnick, MLA  
Kelowna-Lake Country

Hon. Andrew Mercier, MLA  
Langley (*from June 27, 2022*)

Jennifer Rice, MLA  
North Coast

Jinny Sims, MLA, Chair  
Surrey-Panorama (*to June 27, 2022*)

Henry Yao, MLA  
Richmond South Centre

# TERMS OF REFERENCE

On February 13, 2023, 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. Complete, 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 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, including consideration of

any information or evidence received by the Committee during the 3rd Session of the 42nd Parliament.

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.

This report covers the activities of the Committee from April 1, 2022 to March 31, 2023, during which time the Committee reviewed four reports from the Representative, including her annual report and service plan, as well as started its review of the *Representative for Children and Youth Act*.

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, 2022 to March 31, 2023, the list includes consideration and adoption of this report.

### Third Session, 42nd Parliament

April 22, 2022

- Review of the *Representative for Children and Youth Act*: Briefings
- Review and adoption of the *Committee’s Annual Report 2021-22*

April 28, 2022

- Review of the Representative for Children and Youth report *At a Crossroads: The roadmap from fiscal discrimination to equity in Indigenous child welfare*

June 29, 2022

- Election of Chair

October 6, 2022

- Review of the *Representative for Children and Youth Act*: Planning

November 2, 2022

- Review of the Representative for Children and Youth’s *Annual Report 2021/22 and Service Plan 2022/23 to 2024/25*
- Consideration of the tracking of the Representative’s recommendations
- Consideration of the Representative’s work on knowledge mobilization

November 4, 2022

- Review of the *Representative for Children and Youth Act*: Presentations

December 5, 2022

- Review of the Representative for Children and Youth reports:
  - *A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care* and
  - *Beyond Compliance: Ensuring quality in care planning*

#### Fourth Session, 42nd Parliament

February 23, 2023

- Election of Chair and Deputy Chair

March 6, 2023

- Review of the *Representative for Children and Youth Act*:  
Deliberations

March 8, 2023

- Review of the *Representative for Children and Youth Act*:  
Deliberations

March 29, 2023

- Review of the *Representative for Children and Youth Act*:  
Deliberations

April 17, 2023

- Review and adoption of the Committee's *Annual Report 2022-23*

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

On November 2, 2022, Representative for Children and Youth Dr. Jennifer Charlesworth presented her office's *Annual Report 2021/22 and Service Plan 2022/23 to 2024/25*. She was joined by Pippa Rowcliffe, Deputy Representative, and Jennifer Dreyer, Executive Director, Systemic Advocacy and First Nations, Métis and Inuit Research. The Representative also discussed her office's work on tracking progress on recommendations as well as knowledge mobilization.

## Representative's Report and Presentation

### Annual Report and Service Plan

The Representative for Children and Youth began by describing how a number of issues and challenges are affecting children and youth and therefore the work of her office. This includes the continued over-involvement of government in the care of Indigenous children, as well as the COVID-19 pandemic and the emotional, financial, mental, and physical challenges that public health measures presented for children, youth, and families. The Representative also emphasized the impacts of the toxic drug supply and overdose crisis on children and youth, both directly through their own substance use and indirectly through the loss of peers and family members, and noted that emotional harm injuries related to losing a loved one from substance use are increasingly common. The Representative spoke positively of legislative changes to enable the reassumption of Indigenous jurisdiction over child welfare through the federal *Act Respecting First Nations, Inuit and Métis Children, Youth and Families*, and changes to the provincial *Child, Family and Community Service Act*.

The office's 2023-24 to 2024-25 service plan identifies eight priorities. The first is services and supports for First Nations, Métis, Inuit, and urban Indigenous children and families; the Representative noted that this work will change as Indigenous governing bodies reassume jurisdiction over child welfare. The office is also prioritizing work related to the toxic drug supply by advocating for harm reduction, early intervention, prevention, and treatment. Another area of focus is child and youth mental health, particularly given the impacts of the pandemic. The office also intends to advocate for equity within the child and youth with support needs (CYSN) system and to monitor government's implementation of a CYSN framework. The Representative shared that early intervention and supports for families is another key area, and that the office is working on a report on this topic. Residential services is also a priority, specifically supporting connection and belonging as highlighted in the Representative's report *Skye's Legacy: A Focus on Belonging*. The final two priorities for the upcoming fiscal years are advocating for services and supports for young people transitioning to adulthood, and promoting child rights, voice, and participation.

The Committee heard that the office has made changes to its structure to facilitate work on these priorities. The office's advocacy work now includes outreach and engagement and is led by the Individual Advocacy, First Nations, Métis and Inuit Engagement team. The Representative noted that her mandate with respect to advocacy was expanded in early 2022 to include individuals up to age 27 who are eligible to receive services from Community Living BC, and who are eligible for agreements with young adults, or the tuition waiver program. The Systemic Advocacy, First Nations, Métis



and Inuit Research team will work to improve child- and youth-serving systems from a systemic perspective, monitor implementation of recommendations, and conduct research using Indigenous methodologies and perspectives.

In terms of reviews and investigations, the office's workload has increased: staff received 5,081 reportable incidents of critical injuries and deaths, a 31 percent increase from 2020-21 and a 191 percent increase from 2016-17. These increases are due in part to better reporting by The Ministry of Children and Family Development (MCFD), the toxic drug supply, mental health crises, increased sexual exploitation, and increased violence and gang involvement.

## Recommendations Tracking

The Representative described how her office's process of issuing and tracking recommendations has changed over time. She noted that the office has shifted from primarily examining MCFD's policies to a broader focus on systems that perpetuate exclusion, neglect, and racism and that in 2019, staff introduced a new monitoring process that involves regular engagement with public bodies. Since 2007, the office has issued 216 recommendations to over 11 public bodies, including eight government ministries; 73 of the recommendations are still being actively monitored by staff.

Prior to issuing recommendations, the office meets with public bodies to ensure they understand the intent of the recommendations and then meet again with the public body after issuing the report to share any relevant findings that may not have been included in the report. The public body then has six months to provide the office with an action plan, after which the office provides feedback on whether the listed actions meet the intent of a recommendation. A year after a report's release, the public body provides the office with an annual progress report that includes the actions they have taken to meet each recommendation. The office assesses the work done towards each recommendation and posts this evaluation on the Representative's website each year for at least three years.

The Executive Director, Systemic Advocacy and First Nations, Métis and Inuit Research, provided an update on the progress made by public bodies on the recommendations currently being monitored. As of September 2022, 31 percent of these recommendations were complete or showing substantial progress and 69 percent were showing some or no progress. She noted that the proportion of completed recommendations also varies based on the report in which they were issued and the ministry responsible. The office also found that recommendations that made direct calls for changes to policy or practice were more likely to be completed within three years rather than more complex recommendations or those that called for systemic change due to challenges around implementation. The office's next step will be to examine these implementation challenges, noting that community and Indigenous partners have expressed that the impact of recommendations—including those where ministries have reported progress—are not having a direct impact in communities.

In line with this next step, the Representative shared four priorities for increasing compliance and measuring its impact on children and families. The first is identifying possible areas of improvement, such as the development of accountability structures. This could involve structures that enable greater collaboration between ministries on recommendations, similar to cross-ministerial tables. The office's second priority is altering monitoring activities related to systemic change to reflect the experiences of children and youth more closely. Third, the office is working to measure outcomes for children and youth; for example, focusing on how children are impacted by a service rather than only looking at how many children are served. The final related priority for the office is seeking out data to support an independent assessment of progress on recommendations, rather than relying exclusively on self-reported information from public bodies.

## Knowledge Mobilization

Committee Members heard that the Representative's office's communications team has changed its scope to communications and knowledge mobilization, which refers to expanding the reach of the office's work through communications and engagement. The shift to a knowledge mobilization approach was prompted by the office's desire to maintain long-term attention towards and engagement with their work. Specific knowledge mobilization strategies include use of videos, webinars, social media campaigns, webpages, booklets, speaking engagements, statements or opinion pieces, and information-sharing.

One of the areas in which the office has begun knowledge mobilization is the *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* report, which outlined supports for Fetal Alcohol Spectrum Disorder (FASD). The office created a video with Myles Himmelreich, the external researcher for the report, about Himmelreich's experience living with FASD. The office also released *Hands, Not Hurdles*, a shorter report that visually represents key messages about how to support people with FASD.

The other report where the office has been focusing its knowledge mobilization efforts is *Skye's Legacy*. The Representative shared that her office has developed a 3.5-hour workshop on belonging that will be shared with staff at MCFD and elsewhere in the child welfare system. The office is also creating a guidebook on belonging intended for frontline workers. The Representative indicated that staff have also developed a microsite on the office's website called *Skye's Legacy: A Focus on Belonging* which provides resources and stories about belonging.

## Committee Inquiry

The Committee emphasized the importance of accountability and asked whether a ministry has ever refused to implement a recommendation. The Representative stated that the office has not had a ministry refuse to address a recommendation and indicated that her office is open to ministries fulfilling

recommendations in different ways if they are meeting the spirit of the recommendation or changing timelines if extenuating circumstances arise. The Deputy Representative added that the office's practice of sharing preliminary recommendations with ministries before a report is released contributes to ministries accepting recommendations because they have the opportunity to comment on whether the recommendation is realistic.

Regarding the root causes of the Representative's assertion that the present is one of the most challenging times for youth, the Representative pointed to the lack of preventative action in youth-serving systems, the toxic drug supply, and increased challenges with child and youth mental health. The office also reflected on the stress that families and workers who support children are under, the impact of long-term underfunding of community supports for children, the impact of an aging caregiver population on the residential service system, fragmentation of programs and services, and intergenerational trauma.

Committee Members expressed an interest in the office's workload and asked about the impact of expanded eligibility for advocacy services to include certain young adults up to age 27. The Representative stated that this change increased the size of the eligible young adult population her office could serve by 60 percent; however, the ongoing impacts of the pandemic have limited the effect of this increased population on workload at this time. Committee Members also asked for more details about how reporting changes at MCFD have resulted in the increase in reported critical injuries and deaths. The Representative noted that MCFD began tracking and reporting emotional harm injuries a few years ago, which resulted in an increased number reported at that time. She shared that the biggest development recently is changes in attitudes and training at MCFD which have led to increased understanding and reporting of emotional harm injuries.

In response to a question about public awareness of the office, the Representative indicated that communications and engagement has been challenging during the pandemic and that staff will be working to increase awareness in the coming year. In terms of the office's capacity, the Representative

noted that the office has experienced recruitment challenges but has leveraged its capacity by building partnerships and collaborations with academic institutions.

Committee Members inquired whether any groups other than Indigenous children are disproportionately represented in care. The Representative explained that social workers do not track cultural heritage, so the Representative only becomes aware of this information if the office looks closely into a specific file. Based on her own observations, the Representative indicated that her office has interacted with many young people who are recent immigrants.

In response to questions about changes to the CYSN framework and advice the Representative may provide to MCFD, the Representative clarified that she does not provide advice but rather examines and presents her observations, analysis, and recommendations on issues within service systems. With respect to CYSN specifically, she pointed to previous reports and comments by her office about challenges with funding, accessibility, equity, and capacity.

Regarding the office's upcoming work related to gender diversity, the Representative shared that the office has been working with the Stigma and Resilience Among Vulnerable Youth Centre at the University of British Columbia. The focus of their work with the Centre has been to understand the higher rates of suicide and self-harm among non-binary and gender-diverse children and learn how to support them; however, staffing challenges at the office have meant this work has taken more time.

# REVIEW OF REPRESENTATIVE FOR CHILDREN AND YOUTH REPORTS

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## *At a Crossroads: The roadmap from fiscal discrimination to equity in Indigenous child welfare*

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Released in March 2022, *At a Crossroads: The roadmap from fiscal discrimination to equity in Indigenous child welfare* examines Indigenous child welfare funding in British Columbia. The Representative for Children and Youth's main finding was that funding for child welfare services differs based on whether an Indigenous child lives on- or off-reserve and that MCFD does not adequately track funding and outcomes. The Representative made three recommendations related to funding models, fiscal governance, and data stewardship.

The Committee reviewed the report on April 28, 2022. Dr. Jennifer Charlesworth, the Representative for Children and Youth, was accompanied by invited guests:

- Mary Teegee (Maaxswxw Gibuu), Executive Director, Carrier Sekani Family Services;
- William Yoachim, Executive Director, Kw'umut Lelum Child and Family Services;
- Yvonne Hare, Executive Director, Secwépemc Child and Family Services Agency;
- Adam Calvert, Executive Director, Métis Family Services;
- Dr. Helaina Gaspard, Director, Governance and Institutions, Institute of Fiscal Studies and Democracy at uOttawa;

- Donna Mathiasen, Executive Director, Financial Reporting and Advisory Services, Office of the Comptroller General; and,
- Bart Knudsgaard, Director of Operations, Financial Reporting and Advisory Services, Office of the Comptroller General.

The meeting was also attended by staff from the Representative's office:

- Samantha Cocker, Deputy Representative for Children and Youth;
- Blair Mitchell, Executive Director, Individual Advocacy, First Nations, Métis, and Inuit Engagement;
- Gemma Martin, Research Officer, Monitoring and Strategic Initiatives; and,
- Sheri Meding, Research Officer, Systemic Advocacy and First Nations, Métis, and Inuit Research.

## **Representative's Report and Presentation**

The Representative began by stating that while the report is about fiscal discrimination against Indigenous children and families, at its core, the report focuses on ensuring the human rights of these children and families are upheld. The Representative noted that her team was of the view that it

was necessary to examine the federal child welfare funding system in addition to the provincial system in order to identify funding gaps, despite her office's jurisdiction being limited to British Columbia.

The report has two primary findings and three recommendations. The report's first finding is that the child welfare funding—and, accordingly, the level and type of services provided—for Indigenous children varies based on whether a child resides on- or off-reserve and which agency is responsible for providing services.

There are three groups that are allocated child welfare funding through different processes and in different amounts. First, First Nations children who live on-reserve and who are served by an Indigenous Child and Family Services Agency (ICFS Agency) receive funding from the federal government. Federal funding amounts were raised following a 2016 Canadian Human Rights Tribunal (CHRT) ruling which found the funding model to be discriminatory and recommended that funding to be based on a needs assessment and include prevention services. The CHRT ruling has resulted in increased funding including for services intended to support children staying with their families rather than being placed in care ("prevention services") as well as standard child welfare services. The Representative emphasized the importance of prevention services which is a broad category, including language and cultural supports, culturally appropriate counselling, child care, education, and mental health services.

The second group that is allocated child welfare funding through a different model is Indigenous children living on-reserve who are not served by an ICFS Agency, but rather receive services from MCFD. In this case, funding is provided by the federal government to MCFD, not based on an assessment of community needs but rather based on a negotiated Service Agreement. The report found that it is unclear whether the level of funding is equivalent to the funding provided by the federal government to ICFS agencies but suggests it likely is not.

The third model of child welfare funding used in BC covers Indigenous children who do not live on-reserve. This includes

First Nations children with status under the federal *Indian Act* living off-reserve, as well as Métis, Inuit, and non-Status children. For these children, funding is provided by the provincial government and services are provided by either MCFD or an ICFS Agency and is provided at much lower rates than it is on reserve. The Representative stated that this funding generally covers only standard child welfare services, rather than the critical prevention services available to children living on-reserve.

The Representative stated that the funding disparities create fiscal discrimination. She noted that MCFD's present funding model is similar to the previous federal model found to be discriminatory by the CHRT as noted, in that it provides funding based on whether a child is in care or not. The Representative stated that this creates a perverse incentive to put or keep children in care to receive funding.

The report's second finding is that MCFD's child welfare funding model does not clearly connect funding to the provincial government's commitments to reconciliation or to defined outcomes for children and families. The Representative stated that this is particularly concerning as it makes it challenging to understand how Indigenous children are being supported.

The Representative discussed the report's three recommendations: that BC adopt the funding principles outlined by the CHRT, that MCFD update its funding system and track outcomes, and that the Ministry collect disaggregated race-based data to track and eliminate fiscal discrimination. In terms of funding models, the report recommends that MCFD seek funding to adopt the CHRT funding principles and to provide services that are culturally and needs based, including prevention services, to ensure equality for Indigenous children and youth. The Representative also recommended that MCFD and the 84 First Nations who do not partner with an ICFS Agency work together to determine a transparent flow of money from the federal government through MCFD to individual First Nations. With respect to the funding system and outcomes, the report recommends that MCFD revise its

fiscal management and reporting practices to align funding for Indigenous child welfare with publicly-stated spending objectives and commitments related to reconciliation. Lastly, on disaggregated data collection, the report recommends that MCFD incorporate the approach outlined in the Human Rights Commissioner report, *Disaggregated demographic data collection in British Columbia: The grandmother perspective* while collecting data in a way that is respectful for the communities impacted.

The Committee also heard from Mary Teegee, Executive Director of Child and Family Services for Carrier-Sekani Family Services. Through her work for the First Nations Child and Family Caring Society, Teegee experienced firsthand how the federal government's former practice of providing funding based on population rather than community needs meant that ICFS agencies could not pay their social workers as much as MCFD social workers and that the agencies also did not have appropriate funding for prevention services. Teegee shared that, after her involvement with the court cases that resulted in the 2016 CHRT ruling, she asked the provincial government at the time to implement the CHRT principles but this did not happen. Teegee also noted that, while BC was the first province to endorse Jordan's Principle, the legal requirement to provide prompt delivery of medical services to First Nations children without delay or denial, it has not been fully implemented by the provincial government.

Teegee described the discrimination faced by children living off-reserve or in urban areas and provided an example of a family where the parents were struggling to care for their children, the father had lost his job and had struggled with alcohol abuse, and the children were not attending school. If this situation was happening on-reserve, child welfare workers would be able to take the children to school, pay for groceries and utilities the family cannot afford, and provide treatment for the father, if needed. If this example took place off-reserve, child welfare workers would not be able to provide the services available on reserve and the children would most likely be placed in care. Teegee indicated that this example illustrates why providing funding for prevention services off-reserve is critical.

## Committee Inquiry

The Committee was interested in whether the federal government's funding changes since 2016 provide a roadmap for the provincial government to ensure equitable funding in relation to Indigenous child welfare. The Representative stated that the report's recommendations, as well as the Institute for Fiscal Studies in Democracy appended report, provide a way forward and noted that the intention with her report was to prompt the provincial government to develop such a roadmap. In addition, Teegee suggested that the roadmap be based on the CHRT's orders.

When asked about partnering with Indigenous communities, the Representative spoke about the challenges of addressing systemic issues and noted how the federal *An Act respecting First Nations, Inuit and Métis children, youth and families* has enabled rights holders to assert jurisdiction over child welfare. Teegee noted that fiscal inequity exists despite government revenues coming from resources located on Indigenous land. In addition, Adam Calvert, Executive Director, Métis Family Services, spoke to the need to follow up promises of reconciliation with concrete actions, including funding. In response to a question about funding for people who live on- or off-reserve sporadically, the Representative said funding levels would depend on whether services are provided by an ICFS Agency or MCFD.

The Committee asked whether the sections of the provincial *Declaration on the Rights of Indigenous Peoples Act* Action Plan regarding Indigenous jurisdiction over child and family services and supporting current and former children and youth in care will provide a resolution for the issues outlined in the report. The Representative said her office had yet to analyze the Action Plan and emphasized the importance of connecting high-level goals to practices that will benefit children and youth.

Committee Members indicated that they have heard from Indigenous people that Jordan's Principle has not been implemented in BC, while MCFD officials have indicated that it has been implemented, and sought further clarification on this. The Deputy Representative responded that Jordan's

Principle is not applied to non-Status Indigenous children or children from Nations outside BC and also noted that the application of Jordan's Principle varies across the province. Calvert added that Jordan's Principle does not apply to Métis people and stated that rectifying the use of Jordan's Principle would not fully address the inequity experienced by Indigenous people in BC. He indicated that funding should be provided directly to Indigenous organizations, instead of to MCFD, and be provided in alignment with the CHRT principles.

In response to a question regarding how it was possible to track funding despite the issues with MCFD's funding system, Dr. Helaina Gaspard, Director, Governance and Institutions at the Institute of Fiscal Studies and Democracy, indicated that the Representative's team used a combination of manually tracking MCFD's funding allocations and also asked agencies whether they felt their funding was adequate or not.

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## Beyond Compliance: Ensuring quality in care planning

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*Beyond Compliance: Ensuring quality in care planning* was released in April 2022 and outlines six dimensions of quality care planning and identifies challenges experienced by youth, foster parents, caregivers, social workers, and team leaders. While *Beyond Compliance* does not make any recommendations, the Representative indicated that she plans to share best practices and tools with MCFD.

The Committee reviewed the report on December 5, 2022. Dr. Jennifer Charlesworth, the Representative for Children and Youth, was accompanied by Jennifer Dreyer, Executive Director, and Gemma Martin, Research Officer, both from the Systemic Advocacy and First Nations, Métis and Inuit Research division of the Representative's office.

### Representative's Report and Presentation

The Representative noted that *Beyond Compliance* is the culmination of a care planning review project initiated by the previous Representative, Bernard Richard. She shared that her office has been interested in care planning for a long time and was interested in to going beyond measuring the extent to which a care plan is followed to examine the quality of plans and the process underlying them.

To support this review of care planning, the Representative examined MCFD's practices regarding cultural planning for Indigenous children and youth, planning for youth transitioning into adulthood, and permanency planning (now "belonging planning") for all children and youth. The office gathered information through an audit of care planning documents, surveys, interviews, and focus groups.

The report's main finding is that youth, social workers, and foster caregivers are dissatisfied with the care planning process. Challenges described by youth include care plans not meeting their needs, limited opportunities for them to participate in the process, lack of communication from and

with social workers, social worker turnover and capacity challenges, insufficiency of transition planning, and inconsistent quality in cultural planning. Foster parents and caregivers had similar concerns around communication, opportunities for participation, and cultural planning, and also noted feeling undervalued and under-utilized; there was also a perception of inconsistent quality in planning for children and youth with complex needs. Social workers and team leaders identified challenges such as heavy workloads and administrative burdens, recruitment and retention, limited training and supervision, insufficient or inappropriate cultural planning and training, and limited availability of community-based services and supports.

By examining best practices in other Canadian and international jurisdictions, the Representative's staff identified six dimensions of quality care planning: support for the child's participation, collaboration with family and community, continuity of relationships, nurturing identity and sense of self, application of an expanded understanding of "permanency," and planning and support for transitions. The report includes an example of what a completed care planning process that include these dimensions could look like by drawing on examples from multiple cases.

The Representative explained that the report does not include recommendations because reports such as *Skye's Legacy* have already made the necessary recommendations. Further, the Representative was of the view that MCFD was doing good work in this area and would benefit from being supplied with best practices and tools. The Representative encouraged MCFD to examine the quality of care plans based on her office's guidance, rather than only looking at whether care plans have been completed.



## Committee Inquiry

Committee Members inquired about the training provided and documentation expected regarding care planning. The Representative shared that in certain fields, more attention needs to be paid to the mechanics of care planning during training. The Executive Director, Systemic Advocacy and First Nations, Métis, and Inuit Research Division acknowledged that the documentation and administrative burden involved with care planning makes the relationship-oriented process called for in the report more challenging.

The Committee expressed concern with the level of turnover in child- and youth-serving positions in rural communities. In response, the Representative emphasized the importance of continuous relationships in fostering belonging for young people and acknowledged that the system is currently struggling significantly with recruitment and retention challenges. The Representative shared that she is considering conducting an examination of staffing, recruitment, and retention. In terms of possible solutions, she highlighted the need to expand post-secondary training seats and support people who already live in remote communities to fill needed vacancies.

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## *A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care*

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Released in September 2022, *A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care* examines mental health and wellness of children in care. The report found that young people in government care in jurisdictions that are comparable to British Columbia have dramatically higher rates of mental health disorders than the general population of children. Based on these findings, the Representative made six recommendations to improve the well-being of children in care facing mental health challenges.

The Committee reviewed the report on December 5, 2022. The Representative for Children and Youth, Dr. Jennifer Charlesworth, was accompanied by Alan Markwart, Executive Lead, Legislation and Special Initiatives. Also in attendance were: Dr. Charlotte Waddell, Professor and Director, and Dr. Christine Schwartz, Adjunct Professor, from the Children's Health Policy Centre (CHPC), Faculty of Health Sciences at Simon Fraser University; and Loretta Stewart, Director of Practice, Nisga'a Child and Family Services and Kelley McReynolds, Director, Ayás Mé men Child and Family Services, both from Indigenous Child and Family Services Directors.

### **Representative's Report and Presentation**

The Representative shared that the disproportionate prevalence of mental health disorders among children in care is reflected in the advocacy calls and reports of critical injuries and deaths her office receives. To better understand this issue, the Representative commissioned Drs. Waddell and Schwartz from the CHPC to conduct a review of academic literature and produce a research report about the prevalence of mental health disorders among children in care, programs and services proven to be effective in preventing maltreatment of children so bringing them into care can be avoided, and programs and services proven to be effective in preventing

and treating mental health disorders. The Representative was of the view that prevalence rates in BC are not any less than in the United States or the United Kingdom and that rates of mental health disorders amongst children in care in BC may in fact be higher. Looking at the time period of April 1, 2018 to December 31, 2021, the Representative stated that 61 percent of children receiving services under the *Child, Family and Community Service Act* who experienced a critical injury that was reported to her office had a confirmed or suspected mental health and/or substance use disorder diagnosis.

In terms of prevalence, Drs. Schwartz and Waddell searched for meta-analyses that were specifically focused on children in care, clear about the population included and methods used, and conducted in high-income countries with comparable policy and practice to Canada. They found one systematic review which included more than 3,100 children from France, Germany, Norway, the United Kingdom, and the United States. Drs. Schwartz and Waddell were unable to find any high-quality studies that included data from BC or Canada that would have fulfilled the criteria.

Dr. Schwartz highlighted that for every mental health disorder on which the researchers were able to find good-quality data, the prevalence was substantially higher for children in care than for children in the general population. The largest difference was for post-traumatic stress disorder, for which children in care had rates that were 40 times higher than the general population; rates of conduct disorder were 15 times higher; and the rates of depression were nine times higher. In terms of ideas to address the existing data gap regarding children and youth in BC, Dr. Schwartz indicated that there is a useful tool called the "brief child and family phone interview" which was developed by MCFD in 2005 and is used to assess mental health needs that could be expanded to provide robust data on mental health symptoms and impairments; the interview can also be adapted for Indigenous cultures.

Dr. Schwartz highlighted the value of preventing children from coming into care in the first place. The report outlined a number of interventions used in BC and other jurisdictions proven to be effective in preventing maltreatment of children so bringing them into care can be avoided. The Nurse-Family Partnership (NFP) Program implemented by the provincial Ministry of Health and health authorities was one of the proven programs highlighted in the CHPC review. The program has been widely implemented to provide supports to young, at-risk mothers and involves ongoing nurse visits from pregnancy through the first two years of an infant's life. The report noted that the NFP Program has been rigorously evaluated.

For children who do come into care, Dr. Schwartz indicated there is good evidence that it is possible to prevent and treat some mental health disorders, including with programs and services proven effective and designed specifically for children in care. In terms of effective programs, the CHPC review highlighted the Fostering Healthy Futures program for children aged 9 to 11 years old in the United States which features Cognitive Behavioral Therapy and individual mentoring sessions which resulted in children having significantly fewer mental disorder symptoms, including post-traumatic stress, anxiety, depression and behavior problems, after six months in the program.

While this is positive, the report found that there is "an absence of an organized system of targeted, trauma-informed and evidence-based mental health intervention services for children in care [in BC] which, given the high prevalence rates, one would expect to exist." In terms of Indigenous children, the report highlights the lack of literature or research related to specific programs that address the mental health needs of Indigenous children in care specifically (or Indigenous children generally). In light of this, the Representative indicated that she will be addressing the mental health crisis facing Indigenous children and youth in care as part of a series of reports in the coming months.

The Representative made six recommendations, including that MCFD, ICFS Directors, and the Ministry of Mental Health and Addictions (MMHA) conduct comprehensive

research to identify the prevalence of mental health disorders among children in care in BC and use this disaggregated data to inform service planning. The Representative also recommended that MCFD and ICFS Directors, in collaboration with MMHA, develop and implement policies and processes for initial mental health screening by qualified professionals for all children who are at risk of admission into care or for those who are in care, with additional screenings as required. Screenings should be carried out in a trauma-informed and culturally safe and relevant manner and disaggregated data should be collected and used to inform service planning. The Representative also recommended that MCFD and ICFS Directors collaborate with MMHA to develop and implement plans for targeted and voluntary assessment services (where indicated by screening) and evidence-based, voluntary mental health program services for children in care and children at risk of being brought into care with particular attention to culturally appropriate and trauma-informed services for Indigenous children. The Representative suggested that these plans be incorporated into the operational planning for existing government strategies such as MMHA's *Pathway to Hope* and MCFD's *Child and Youth Mental Health Service Framework*.

The Representative additionally recommended that the implementation of the first three recommendations be informed by and aligned with the *Culture is Healing: An Indigenous Child and Youth Mental Wellness Framework* produced by the ICFS Directors. In order to support ongoing leadership, engagement and consultation for implementation of the Representative's recommendations, the Representative recommended that MCFD provide capacity-building funding to the ICFS Directors. Lastly, the Representative recommended amending the *Child, Family and Community Service Act* to include provisions regarding the statutory rights of children in care so it is clear that they have a right to health care, including mental health care.

In her presentation to the Committee, Loretta Stewart of ICFS Directors reiterated that there is a detrimental gap in mental health services and supports for Indigenous children, youth and families in BC. She also highlighted the ongoing impact

of the toxic drug and overdose crisis on Indigenous families and communities. Stewart noted the information included in the *Culture is Healing* framework and indicated that it highlights the need for better coordination across programs that impact mental wellness. To support this, the framework outlines four principles that need to be integrated into the creation of a culturally responsive mental wellness system for Indigenous children, youth and families: culture-centered; inclusive and accountable; wellness-focused; and child-, youth-, family- and community-centered.

Kelley McReynolds spoke about the inadequacies and gaps that she sees in her work related to Indigenous child and youth mental health. She noted that there is a lack of relevant mental health care and understanding of Indigenous youth, as well as not enough time spent on building relationships and understanding, which she stressed is required for holistic planning and implementation of effective mental health supports. McReynolds recommended that treatment or discharge plans need to include the specific needs and goals of an individual youth, including access to sustainable supports, to improve outcomes upon release from treatment. She also highlighted the *Culture is Healing* framework and noted the importance of adopting more holistic models of care for mental health and substance use, and also spoke favourably about the Representative's recommendations regarding collaboration between MCFD and ICFS Directors on comprehensive research and development, and implementation of mental health screening and assessment.

## Committee Inquiry

The Committee asked how the *Indigenous Self-Government in Child and Family Services Amendment Act* (Bill 38 at the time of the meeting) would affect Indigenous governance agreements around child and youth services. The Representative noted that the Act creates opportunities for First Nations and Indigenous governing bodies to move forward with resumption of jurisdiction over child and family services for their own children and youth and that it complements similar federal legislation passed in 2019. She referred to the data gaps highlighted in the report in terms

of the need to collect and analyze disaggregated data to better understand how to best serve and support Indigenous children, youth and their families. Stewart noted the need to ensure that trauma-informed and culturally appropriate services and supports are being provided to children in care and Indigenous children, youth and their families. She indicated that her organization is working with many Indigenous families to ensure that their children do not go into care in the first place.

The Committee asked Drs. Schwartz and Waddell about the possibility of practitioners misdiagnosing fetal alcohol spectrum disorder and autism in Indigenous children due to westernized diagnosis practices, racist stereotypes and cultural differences, and wondered if improved data collection could address this bias. Dr. Schwartz agreed that diagnoses need to be made carefully so that a practitioner can recognize differences in how symptoms of disorder might present in a child or youth based on culture. She mentioned standards of classification such as the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders that recognize cultural differences to some extent. Dr. Waddell reiterated the Representative's recommendation for BC-based disaggregated data to provide relevant, local information to help answer questions like these.

In response to a question about the value of prevention versus waiting for a mental health crisis to occur, the Representative noted that there needs to be a balance between prevention, early intervention, crisis intervention and treatment, and that it is important to proactively invest in supports and services for prevention. She spoke about her office's work to provide support for families and to help them build capacity to lessen instances of in-care intervention and experience improved mental wellness. Dr. Waddell further noted that supports or services related to prevention need to include considerable evidence of effectiveness, including evidence of cultural safety and evidence from Indigenous communities. She highlighted the Nurse-Family Partnership as a good example of an effective preventative program.

# OTHER ACTIVITY

## ***Review of the Representative for Children and Youth Act***

Section 30 (1) of the Act requires the Committee to review the Act, or sections of it, every five years to “determine whether the functions of the representative described in section 6 are still required to ensure the needs of children and included adults are met.” The Committee’s Terms of Reference required the Committee to begin its next review by April 1, 2022.

The Committee undertook initial planning for the review in March 2022 followed by briefings from the Representative for Children and Youth, the Ministry of Children and Family Development and the Ministry of Attorney General in April 2022. Following this, the Committee held a public consultation that included a call for written submissions in summer of 2022, presentations at a public hearing in November, and an online survey in fall 2022. The Committee undertook deliberations in February and March 2023 with the report anticipated to be released later in the spring.

