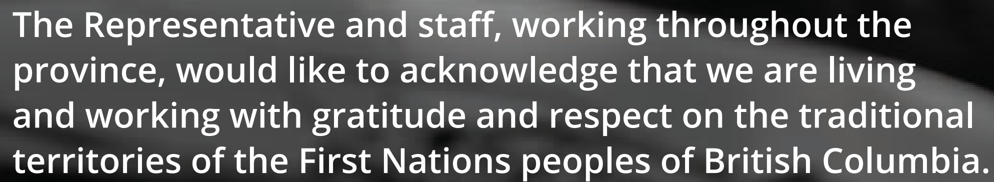
Don’t Look Away

How one boy’s story has the power to shift a system of care for children and youth

REPRESENTATIVE FOR
CHILDREN AND YOUTH

July 2024



The Representative and staff, working throughout the province, would like to acknowledge that we are living and working with gratitude and respect on the traditional territories of the First Nations peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands on the traditional territories of the Lheidli T'enneh peoples (Prince George) and the Lekwungen (place to smoke herring) people of the Songhees and Esquimalt Nations (Victoria) where our offices are located. We also acknowledge our Métis and Inuit partners and friends living in these beautiful territories.

July 16, 2024

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

Dear Mr. Speaker,

I have the honour of submitting, *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth,* to the Legislative Assembly of British Columbia.

The investigation report is prepared in accordance with Section 16 of the *Representative for Children and Youth Act*, which makes the Representative responsible for reporting on reviews and investigations of critical injuries and deaths of children receiving reviewable services. The systemic review report is prepared in accordance with Section 6(b) of the *Representative for Children and Youth Act* which gives the Representative authority to monitor, review, audit and conduct research on the provision of a designated service by a public body or director for the purpose of making recommendations to improve the effectiveness and responsiveness of that service, and comment publicly on any of these functions.

Sincerely,

Dr. Jennifer Charlesworth
Representative for Children and Youth

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

Jinny Sims, MLA
Chair, Select Standing Committee on Children and Youth

Mike Bernier, MLA
Deputy Chair, Select Standing Committee on Children and Youth

Emotional Trigger Warning

This report discusses topics that are very challenging and may trigger strong feelings of loss or grief, or memories of personal or familial experiences related to child and family services. If you require emotional support the following resources are available:

Kid's Help Phone (1-800-668-6868, or text CONNECT to 686868) is available 24 hours a day, seven days a week to Canadians ages five to 29 who want confidential and anonymous care from a counsellor.

KUU-US Crisis Line (1-800-588-8717) is available to support Indigenous people in B.C., 24 hours a day, seven days a week.

The Métis Crisis Line (1-833-638-4722) is available 24 hours a day, seven days a week.

Youth in BC (https://youthinbc.com) Online Chat is available from noon to 1 a.m. in B.C.

Mental Health Support Line (310-6789 – no area code) will connect you to your local B.C. crisis line without a wait or busy signal, 24 hours a day. Crisis line workers are there to listen and support you as well as refer you to community resources.

Missing and Murdered Indigenous Women and Girls Crisis Line (1-844-413-6649) is available to individuals impacted by missing and murdered Indigenous women, girls and 2SLGBTQQIA+ people, 24 hours a day, seven days a week.

The National Indian Residential School Crisis Line (1-866-925-4419) provides 24-hour crisis support to former Indian Residential School students and their families.

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- Tracy Porteous
- Cheryl Thomas
- Dr. Nico Trocmé

Reviewer/Research Contributors

- Janet Bate, Janet Bate Consulting
- Doug Hughes, Doug Hughes Consulting
- Lisah Hansen-Moore
- Bart Knudsgaard, Two Bears Consulting
- Elaine Knudsgaard, Two Bears Consulting
- Riley Knudsgaard, Two Bears Consulting
- Todd Koverchuk, Ceanndamh Consulting
- Adele Lambert
- Allyssa Lobbezoo
- Amy Woodruffe
- Dr. Karen Bopp
- Dr. Sarah Yercich, Associate Director, The FREDA Centre for Research on Violence Against Women and Children
- Dr. Margaret Jackson, Director, The FREDA Centre for Research on Violence Against Women and Children
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I express my heartfelt appreciation to all RCY Staff who supported this work.

- to the Sacred Story Investigation team who gave their "hearts and minds" to this work and who, through through telling Colby's history, honoured his memory and illuminated opportunities to change a system for the well-being of all children; and
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I would also like to thank Amanda Fenton, a master of virtual meetings, who supported the engagement process so ably and with wit and energy.

Representative's Message

This is a report unlike any other that the Office of the Representative for Children and Youth (RCY) has completed since its creation in 2006. It braids together three pieces of work with the ultimate aim of improving and transforming the systems that serve children, youth and families in B.C.

The report tells the story of Colby, an 11-year-old boy who was abused and tortured by extended family caregivers. His story came to widespread attention after details were made public regarding the sentencing of the two caregivers who ultimately killed him. Both Colby and his middle sister were horrifically abused for at least three months before his death.

There was outrage and despair. Members of his family and community and the public sought to understand how the abuse had gone undetected for so long. This is understandable and it is our hope that we have brought forward information in this report that will both honour this child's beautiful spirit and provide greater insight.

However, Colby's legacy is a bigger call to action. His story – and that of his family – have much to teach all of us about how our current systems work, where they are strong, where they are weak, what could be done to prevent such tragedies in the future and how we might collectively ensure that children[1] throughout B.C. – in all types of communities and families – are safe and thriving while connected to family and loved ones.

Colby was a First Nations[2] child who was connected to and lived in several Nation communities. While there are aspects of his experience that are deeply tied to the Indigenous experience of child welfare, this is not an Indigenous-focused report. What this little boy's story revealed to us pertains not only to the child protection and child welfare policies and programs as they are currently operating, but also to the broader social, health and economic policies and programs that directly affect the lives of thousands of children.

There are both unique challenges and momentous opportunities for First Nations and Métis peoples at this time in history and we speak to both in this report. The unanimous approval in the B.C. Legislative Assembly for the *Declaration on the Rights of Indigenous People's Act,* the passage of the federal *An Act respecting First Nations, Inuit and Metis children and families*, the amendments to the *Child, Family and Community Service Act* to align with the federal Act, and the ongoing reclamation of Indigenous laws and ways of being and resumption of jurisdiction will continue to change the landscape of child welfare in B.C. and in Canada.

[1] Throughout this report, we use the word "children" to include all young people under the age of 19.

[2] We use distinctions-based language, using First Nations, Métis and Inuit where our observations or findings relate specifically to one or the other group. Otherwise, we use the term Indigenous.

As we prepared ourselves to undertake the *Sacred Story Investigation and Systemic Review* connected with Colby's story, we took a close look at both the history of colonialism and colonization, and the history of the child protection and child welfare systems.

My own history is intertwined with both. I am a second-generation white settler whose family comes from Scotland, England and Wales. My immigrant paternal grandparents benefited from the lands stolen from the Sylix peoples after the First World War and I currently live on the traditional and un-surrendered lands of the W̱SÁNEĆ peoples.

I have either been involved in – or been aware of – many of the reports and calls to action regarding child welfare over my career. Questions I ask myself as I guide our work at RCY include: Am I complicit in sustaining the status quo? Has our Office helped or hindered? What role have we played in either bringing about positive change or maintaining the current state?

The first section in Jody Wilson-Raybould's book, *True Reconciliation – How to be a Force for Change*, is entitled *This Moment in Time*. I paused and reflected on one of my favourite questions: "What time is it in the world and what am I being called in to offer and do?"

This is a significant moment in time – as Wilson-Raybould's book so astutely shows. As someone who has had the privilege and sacred honour of working with and for children, youth, families and communities for 46 years,[3] I have contributed to colonization and colonial harms through my own child welfare practice and in upholding the very institutions that were designed to "protect" children through separation from their families, communities and culture.

I have also witnessed and been involved in a tremendous amount of social change. For example, when I started my practice, there were three large institutions in which people with developmental and other disabilities were institutionalized in body, mind and spirit.

Thanks to the extraordinary kitchen-table advocacy of parents and family members, who believed that so much more was possible for their children and loved ones, these institutions are long gone, and community inclusion – although still far from reaching the North Star – is evident in child care, schools, post-secondary education, recreation, housing and employment.

When I was being trained in child and youth care, and when I started my practice in social work, I had *no* knowledge of the history of settler colonialism, the *Indian Act,* or Indian residential schools (which were still going strong). I was a participant in what has subsequently become known as the Sixties Scoop. And I wouldn't even begin to acquire such knowledge until 1996[4] when the Royal Commission on Aboriginal Peoples, released its report and 440 recommendations[5] about 20 years into my practice. It was another

[3] I have been extremely fortunate to have been on the learning journey in this field since 1976 and am deeply grateful to the many people who have invited me into curiosity, discomfort, intention and – most importantly – into love and compassion for young people.

[4] The Royal Commission's research suggested that, between 1965 and 1996, over 900 reports on Indigenous policy were created, with an estimated 100 considered 'major' reports. Despite this, the undergraduate and graduate curricula in my fields of child and youth care and educational psychology made scant reference to Indigenous and colonial history and experience.

[5] The Royal Commission on Aboriginal Peoples was established in 1991 and released its final report in 1996. The Commission identified the challenges facing Aboriginal peoples and proposed specific and compelling solutions in terms of Indigenous rights and relationship-building. The Commission's vision of a renewed relationship was grounded in four principles intended to guide Aboriginal and non-Aboriginal relations: mutual recognition, mutual respect, sharing and mutual responsibility. Few of the recommendations have been implemented by successive governments.

several years before I really began to understand the interconnections between colonial violence and contemporary challenges. Now children are learning about Indigenous Peoples throughout their school years.

And change has not just occurred within me as a practitioner and within the social care system. Societal attitudes, beliefs and assumptions have begun to shift. Witness the extraordinary heartfelt response when Canadians first learned about the Le Estcwicwéý (the Missing) children on the grounds of the former Kamloops Indian Residential School at Tk'emlúps te Secwépemc. For many, this was a time of humble awakening to the truth of residential schools. Tens of thousands of people gathered in love and solidarity, created honouring memorials, committed to learning, supporting and acting, and advocated for change. This was a 'no turning back' moment of reckoning and it changed hearts and minds throughout our society.

Given these experiences, I am confident that significant change is possible and that it will come as we lift the veil and shine a light on what is fundamentally wrong with systems that have been in place for decades. It will come when people care enough to make the invisible visible, and when they take whatever action they can within their spheres of influence – be that as a neighbour, an auntie, a Chief or Premier – to turn the ship toward child well-being so that children can thrive, not just try to survive.

My hope is that the following sacred story investigation and systemic review will serve as a catalyst for change in this direction – that through Colby's story, readers and decision-makers will see how the systems of care failed this young boy and his family and, through the systemic review, what changes could help ensure that children are able to grow up feeling safe, nurtured and 'belonged' to family, community, culture and a positive sense of their own identity and future.

> "My grandmother, whose English name was Ethel Pearson and whose Kwakwaka'wakw name was Pugdalee, had to struggle for change in the shadows, out of sight and invisible, to ensure our culture and ways survived… My grandmother's experience was not unique. First Nations, Inuit and Métis Peoples, and our communities across the country, have had far more experience with having to hide our cultures, traditions and ways of life than in feeling safe to share them."
>
> **– Jody Wilson-Raybould,** *True Reconciliation*

This report is organized in four parts. Part One encompasses this introduction and a section outlining the complexity of the work in the systems that serve children and youth. While this is not an Indigenous-specific report, the Context section outlines some of the issues specific to Indigenous child well-being including the already underway resumption of jurisdiction by several Nations across B.C. It also outlines how we approached our work – its depth and breadth, including significant engagement with those who work in the system and who are affected by it – as well as our adherence to a relational approach and to six Sacred Teachings that guided our overall approach. Those include relationship, respect, relevance, repair, reciprocity and responsibility.

Part Two is the investigation into the death of 11-year-old Colby. It has not been an easy story to tell, and it's not a comfortable one to read. Please take care of your spirit and well-being as you do so.

In Part Three, we zoom out from this one child and family's experience to consider a number of other children's stories and the patterns that they collectively reveal. This enables us to look at the broader system and some of the most significant areas of learning and opportunity. We address intimate partner and family violence, family supports, kinship care, interagency collaboration, and accountability and quality improvement each in their own sections. Each of these sections includes aspects of what we learned from Colby and other children's stories, research, engagements and strong practices in B.C. and other jurisdictions. The final section of the review addresses the "enabling mechanisms" and "mental models" that will facilitate the transformative change that is so deeply needed. This includes vision and direction, workforce capacity, addressing loss and grief and fostering connection and belonging, among other things.

In Part Four, we endeavour to chart a path forward grounded in principles and mental models that centre child well-being in the context of the children's families and communities. Because we are dealing with complexity, we need many organizations, leaders, and practitioners in the circle.

I do not have a prescription for the child well-being system. I would be a hypocrite to say that I had the answer when I've made it clear throughout this report that we all need to step in and figure this out. However, I offer recommendations in five key areas to set the North Star. A wide range of short- and medium-term actions aligned with the North Star are also offered for further discussion.

The recommendations proposed are interdependent and must be considered together. Our experience with our own and many other reports is that some recommendations – typically, the easier ones to implement – are cherry-picked and the opportunity to achieve transformational change is subsequently lost. In addition to recognizing the interdependencies, it's important to recognize that this will take time, and to nonetheless persist. The depth of change that is recommended in this report will take a decade or more to achieve.

One week after the release of this report, RCY will table a special report on workforce capacity in the Ministry of Children and Family Development (MCFD) entitled *No Time to Wait – A review of MCFD's child welfare workforce*. This is the first part of a two-part commitment to bring forward the extensive information that we have gathered through surveys, focus groups, interviews and data analyses concerning this important aspect of the ministry. We recognize that workforce capacity is a concern for all ministries, public bodies, Nations, Indigenous Child and Family Service Agencies and community agencies supporting children and families. The challenges that systems are facing and their capacity to embrace new mental models and approaches are tied to the capacity of the workforce. The evidence suggests that MCFD is in – or is close to – a state of crisis and this needs to be named, more deeply understood and acted upon quickly. RCY is committed to further exploration of the broader workforce capacity issues and opportunities in the months to come.

In addition to this full report and a report summary, RCY will continue to release and share learnings related to child well-being. Within the coming months, we will be posting resource "bundles," including key research and learnings, and developing issue briefs on

key areas identified in the systemic review. RCY also commits to convening and hosting hard conversations about change, surfacing community-based solutions and monitoring and reporting out on progress.

We know that what's needed to address the complex and intractable challenges of these times is to bring more people around the table with a shared vision and commitment. We need passionate accomplices who recognize that it's not somebody else's challenge, or an issue that someone else has to address, but one where we all need to lean in and not only get behind our children, but get behind each other.

One of the reasons I've stayed in this field for 46 years is because of the incredible people who are drawn to this kind of work; who were drawn to uphold the well-being of children and youth and of their families. Never has our commitment to this work been more needed than it is now. This is the time for sustained collective action to show that B.C. truly cares about all kids.

Every child is sacred. I call upon the provincial government, Nation governments and leaders, public authorities and the social serving sector to move towards this North Star together.

Dr. Jennifer Charlesworth
Representative for Children and Youth

We have been here before

Setting the Stage – Context

RCY heard many, many times during consultation and interviews for this project that the child- and family-serving system in B.C. is “broken”. But is it really? Or is it simply doing what it was designed to do?

When you centre a system on the belief that children need to be protected from abusive parents, you look for and react to abuse and neglect. Of course, none of us want any child to suffer from any kind of harm. We want every child to feel and be nurtured, loved, belonged – to receive the care that they need to thrive, regardless of their circumstances.

But we haven’t built a system to do this.

We have built a reactive, deficit- and risk-focused system. We have created and nurtured a system that is designed to jump to attention and scrutinize acts or events.

It is a cause-and-effect oriented system that is uncomfortable or unfamiliar with complexity, context, nuance. It is driven by legislation, policies, standards and guidelines – all of which are vitally important – but without the flexibility baked in to consistently apply professional judgment, assess and respond to contributing factors.

For example, in one of the sacred stories that we reviewed for this report, children were returned to their parents after many years of being in government care. This move was celebrated in the broader context of Nations and communities wanting to bring their children back home and get them out of the child welfare system.

That made sense, given the tremendous harms that children removed from family and community often experience while in care. However, this parent knew she wasn’t ready, having not had the opportunity to address her own mental health and substance use concerns, heal her own trauma from being in care herself, or address the violence that was ever-present in her relationships. She knew she wouldn’t be able to manage caring for her children without supports. But she was fearful of the consequences if she shared this with family, community or the social workers.

This mother didn’t trust the system – and for many good reasons – to help her, rather than punish her by taking her children away. The end result, tragically, was that one of those children was killed by his mother and stepfather while in their care.

It is that sort of complexity – that inability of the system to recognize and address context – that must be taken into account both in writing a report such as this and in reading it. The child welfare landscape in B.C. is incredibly complex and therefore a system that is transactional and reactive isn’t sufficient to deal with that complexity.

At RCY, we are aware of the most challenging situations that children, youth, young adults and families – and the people who serve them – find themselves in. We certainly see alarming examples of poor practice, incomplete or misguided decision-making and punitive approaches to families. But we also regularly see examples of good practice; people in a wide range of roles trying hard to meet the needs of the children in their care, sometimes with one hand tied behind their back due to complex circumstances outside of their control.

As stated earlier, this is not an Indigenous-specific report. Most of the issues explored in these pages apply across all families. However, we can’t ignore the fact that B.C.’s child welfare system is disproportionately over-

involved in the lives of Indigenous children and families, which brings us to one of our most significant areas of complexity – the ongoing effects of colonialism on Indigenous children and families and the current, still-early stages of Nations in B.C. resuming jurisdiction over their own child welfare.

A foot in the past

The origins of colonialism can be traced back several centuries to the Papal Bull of 1493, through which Pope Alexander VI authorized Spain and Portugal to conquer the Americas *and "colonize, convert and enslave"* the inhabitants, and which led to the infamous *Doctrine of Discovery.* At the core of the *Doctrine* was the belief that any lands where there were no Christians living were considered uninhabited and could therefore be "discovered." Any non-Christians who happened to be on those lands were viewed as not inhabiting them as human beings.[6]

This is where Colby's story – and the stories of many other Indigenous children and families harmed by the current 'system' – actually begins. It has continued since then with a plethora of racist government policies and practices, including the criminalizing of Indigenous culture, the deliberate breakdown of Indigenous families, the horrors of residential and day schools, and of Indian hospitals, and the systemic disconnection of families caused by the Sixties Scoop.

The result of this shameful history is obvious in today's B.C. child welfare system, where nearly 70 per cent of the children in government care are Indigenous despite the fact that Indigenous children account for less than 10 per cent of the province's entire child and youth population. Even that staggering statistic doesn't tell the whole story of how many Indigenous children are living outside their homes because of government's push in recent years to move children out of care and into living arrangements with extended family who are not their parents. This push is not what we are questioning; it is the reality that this push has made more invisible the fact that every child living away from their parental home is technically "in care" just not always legally. This type of care needs to be made more visible, so that effective supports and services are considered for children.

Some have described the current B.C. child welfare system as the modern-day residential school. When you examine Colby's story – and those of other Indigenous children who have been harmed by the system – it's difficult to argue with that description.

Such **truth-telling** – telling the story of child welfare as it has affected Indigenous children, youth and families – is the first step in reconciliation of the child welfare system, according to the authors of *Reconciliation in Child Welfare, Touchstones of Hope for Indigenous Children, Youth, and Families:*

[6] See The Doctrine of Discovery | CMHR (humanrights.ca)

For thousands of years, Indigenous communities successfully used traditional systems of care to ensure the safety and well-being of their children. Instead of affirming these Indigenous systems of care, the child welfare systems disregarded them and imposed a new way of ensuring child safety for Indigenous children and youth, which has not been successful. Indigenous children and youth continue to be removed from their families and communities at disproportionate rates, and alternate care provided by child welfare systems has not had positive results.[7]

The other steps in reconciliation of the child welfare system as laid out in *Touchstones of Hope* are:

Restoring: Doing what we can to redress the harm and making changes to ensure it does not happen again;

Acknowledging: Learning from the past, seeing one another with new understanding, and recognizing the need to move forward on a new path; and

Relating: Working respectfully together to design, implement, and monitor the new child welfare system.

7 Cindy Blackstock, Terry Cross, John George, Ivan Brown, and Jocelyn Formsma, *Reconciliation in Child Welfare Touchstones of Hope for Indigenous Children, Youth, and Families* (2006), 6

The work that we're doing is sacred. And it's not just us here.... One of the first things we learn in our long house is the fire represents truth. And if you're going to be in the long house or speak, that you speak the truth. We cannot change what we don't acknowledge. And I know that some have said it brings harm to have to hear this over and over again. Oh, we need to hear this over and over and over again until change is achieved.

– Member of Circle of Advisors

Resumption of jurisdiction

Our best hope for Indigenous children and youth and their families is to end the enduring harms of colonization once and for all. That is the aim of several Nations in B.C. – including Colby's Nation – who have resumed jurisdiction over their own child welfare or are in the process of doing so.

This move by Nations, while necessary and positive, is also complex. The journey toward resuming jurisdiction over children and family services has been life-long for Nations but, for the systems that will be transferring that authority back, the journey has been much shorter. The collective journey has been riddled with conflict over time and, as a result of colonial harms, there has been a desire to "cut ties" and get the provincial systems "out of the way" so Nations can resume what they inherently never gave up and get away from the oppressive and punitive grasp of government.

This makes sense given the history, but what is also true is that those colonial harms in some ways have become adopted behaviours within Nations and there has been a normalization of oppressive, violent and discriminatory behaviours and attitudes that has caused and continues to cause harm in community. RCY is an ally of Nations resuming jurisdiction and, in fact, wants to be of service in ensuring that the veils are lifted on a variety of subjects so that Nations have what they need to heal and to thrive. However, to be a good ally doesn't just mean to stand in or walk beside with blinders on; it also means to show love, respect and the courage to be honest and step in to share truths that help healing and growth. In that space, and out of tremendous respect for Nations, our truth is that we are concerned. We are concerned about the potential off-loading of services to Nations despite their readiness, concerned about the resourcing for healing, and about the readiness of Nations through this process.

In 2022, B.C.'s *Indigenous Self-Government in Child and Family Services Amendment Act* became law and made B.C. the first jurisdiction in Canada to recognize an inherent right of self-government specifically in provincial legislation. The Province noted in its news release about the act that its intent is to *"help keep Indigenous children and youth safely connected to their families, cultures and communities."*

The amendments removed barriers and gaps within provincial legislation that hindered collaboration and ensured the right of Indigenous people to govern and provide services based on their own child and family laws. This is one step toward aligning with the federal legislation and recognizing the *Declaration on the Rights of Indigenous Peoples Act,* but it does not speak to the resourcing that is needed.

As you will see in this story, the Nations involved were rich in culture and strength and beauty, but they too had a shadow side – shadows that normalized, minimized and concealed violence in families. To some, the shadows were ones that aimed to disconnect families from community through power-over and judgment.

Therefore, supports to Nations must also include significant resources to help not just children – but entire communities – to heal from the ongoing harms that have been caused by colonization. While conducting this investigation, it has become obvious to RCY that government is responsible for providing help for these communities to recover from the deep intergenerational trauma they have experienced at the hands of government for decades.

Where can we go from here?

If the issues discussed in this section were simple, they would have been solved long ago. But the lack of capacity of a system to deal with complexity is a complex problem in and of itself.

After conducting a three-year review of the United Kingdom's child welfare system, Eileen Munro[8] observed that, when children die tragically while in the child protection system, there is an understandably strong reaction and efforts are made to make sure nothing like this happens again. However, systems then typically try to eradicate "risk" through first focusing on professional error (blame the workers) and controlling as much as they can with respect to the work (more policies, procedures and scrutiny) without looking at what caused the worker to be unable to meet the policies or address the needs of the children.

Munro came to a conclusion that is also appropriate for B.C. – in reacting and attempting to control, we have consequently built a system that is designed around safety, risk-management and procedures, rather than one that is focused on relational practice to understand what a child and/or family's issues and needs are and then being helpful to them.

Uncertainty in child welfare cannot be overcome simply with more policies and scrutiny on compliance. B.C. has good policies now. A review may find, as it did in the sacred story investigation that we have conducted into what happened to Colby, that policy was not followed and practice was suboptimal. But the more important question is *why*.

[8] Elieen Munro, *The Munro Review of Child Protection – Final Report: A Child Centred-System* (Department of Education, UK, 2011) See Munro-Review.pdf (publishing.service.gov.uk).

What were the conditions that gave rise to a situation in which the workers were unable to fully perform their duties of care?

In the Munro review, the direct service practitioners who contributed said that *"the demands of bureaucracy have reduced their capacity to work directly with children, young people and families. Services have become so standardized that they do not provide the required range of responses to the variety of need that is presented."* The same could be said for many situations in B.C. that RCY encounters in its day-to-day work.

Munro came to the conclusion that instead of "'doing things right" by focusing on procedures and compliance, the system needed to focus on "doing the right thing." That includes focusing on relational practice and determining, with children and families, whether the help they are receiving is the help that is needed, and whether it is making a difference.

As is evident in Colby's story that follows, the enhanced relational practice that Munro describes was too often not available to a family and a child who desperately needed it.

The child welfare system was designed as a child safety system, fundamentally intended to protect children from abusive or neglectful parents or families, and provide children and youth unable to live with their families with the basics of shelter, food, guidance and some – hopefully – nurturance and love. Many families and practitioners refer to this as the "family policing" or "family surveillance" system.

Despite the waxing and waning efforts made over the years to enhance family supports, introduce kinship care, develop voluntary support and care options, reduce the number of children in care, work more collaboratively with families and develop community-based supports, and – more recently – support

Nations who are re-assuming jurisdiction over the well-being of their children and families outside of a provincial system, the system we currently have is still grounded in old beliefs or mental models.

These keep us stuck. If we want better outcomes for children and youth in B.C. – and most would wholeheartedly agree that we do – we can't get there by tinkering on an old and outdated system based on colonial mental models from the 1950s and 1960s (and earlier) that are so deeply ingrained that we can't even see their insidious ways. We need to think differently.

Reports in the past have focused on identifying weaknesses within the current system and trying to improve what is – not envision what could be.

What if we tried something different? What if we based the system on new mental models that reflect what we now know about:

- social determinants of health
- Indigenous ways of knowing, being and doing
- trauma and violence
- loss and grief
- brain development
- child development
- family development
- child thriving
- belonging
- quality of care
- innovation
- learning cultures
- social capital
- movements that successfully evoke positive social change.

What if we actively lifted the veil on and got better at addressing:

- violence
- pervasive racist beliefs, stigma and discrimination
- the rise of hate, disconnection, othering
- implicit or unconscious bias
- loneliness
- impacts of social media.

What if we had a system that allowed enough flexibility to act outside of policy or the regulations of a single ministry or agency? What if we could, in relatively quick fashion, simultaneously offer a family in need things such as guaranteed income supports, counselling for past trauma, dental care for their children, help with after-school care, transportation to and from medical appointments, and periodic respite and/or home care with the intention of stabilizing and supporting them through a difficult time while building capacity and strengths? What if all those things and more were available to a family without them having to interact with several different ministries or agencies where they had to tell their story over and over again?

There is a lot of exceptional work being done for children and families in B.C. And there is a tremendous amount to be proud of. However, despite how hard people try, the issues that are being faced in this field at this time are bigger than any of us. Our families are hurting, workers are hurting, leaders are hurting. We are too often working in isolation from one another when what's called for in this space of complexity is to start connecting the dots and making the circle bigger.

In light of this, we keep in mind three of the Sacred Teachings from our Cultural Advisors: working in *respectful relationship,* to be *responsive* to children and families and together design, implement, monitor and continually improve systems for the well-being of children.

It's up to every one of us. And to all of us.

How we approached this report

To complete both an investigation and review of this scope, sensitivity and significance has been a huge undertaking. The Representative and team made a commitment to decolonize our approaches to the greatest extent possible, while still fulfilling the mandate laid out in the *Representative for Children and Youth Act (RCY Act)*.

Three Cultural Advisors – Matriarchs Deb Foxcroft and Judy Wilson and Hereditary Chief Wedlidi Speck – were engaged to provide wise guidance and ongoing counsel to the team. They drew upon their cultural teachings and languages to develop seven Sacred Teachings to guide all aspects of RCY's work. Indigenous research methodologies have also been centred.

The team's aim is to honour Colby, the child who is the focus of this investigation, through gathering the lessons that he would want us to learn from his experience. To further support decolonizing practice, we ensured strong Indigenous representation and experience on the investigation and systemic research teams and Circle of Advisors, interviews were conducted in environments and in ways that invited conversation and sharing in a non-threatening and supportive way, and cultural support was available for family members. In addition, a robust understanding of the history and contemporary impact of colonization underpins the work, and ceremonial and cultural work were woven into the team's approaches.

On reviewing the history of child welfare reform efforts over the past 50 years, it became clear that many significant reports, with many important recommendations, have come before various governments. And yet, the core characteristics of the child welfare system remain the same. Tragedies happen, reviews and investigations are undertaken (e.g., Gove Inquiry, Hughes Review and dozens of RCY reports in B.C.), reports are released, commitments are made and some changes to policy, practice or structure happen, but then the system quickly snaps back to more familiar territory – until the next tragedy.

Key questions for RCY have been, *"What will be different this time? How can we ensure that meaningful and positive systemic change happens for children and youth now, and for the children yet to be born?"*

To increase the likelihood of meaningful and positive systemic change, RCY braided together three strands of work:

Sacred Story Investigation: The team undertook dozens of interviews and reviewed thousands of pieces of documentary evidence to piece together the complex interplay of circumstances that led to Colby's death. The Representative, with the guidance of cultural advisors and community leaders, has also aimed to understand the unique characteristics and needs of the affected communities to mitigate any harm caused by an investigation.

Systemic Review: Nine key areas for change were identified through Colby's story and each of these has been considered through literature and inter-jurisdictional reviews, review of government documents, identification of promising practices, and interviews with thought leaders in Canada and beyond. These research reports and annotated bibliographies will be offered as supplementary resources to the final report.

Engagement: RCY staff have engaged with families, caregivers, service providers, MCFD staff, rights and title holders, and First Nations and Métis leadership through diverse means including online and in-person working sessions, interviews, focus groups and presentations, as well as surveys and written submissions. The engagement work reached more than 2,000 people. The focus of all this work was on learning for the benefit of all children and youth – not fault-finding, shaming or blaming.

The power of story

> When I think of truth, I think of storytelling. It is through stories that various truths are revealed.
>
> – **Puglaas Jody Wilson-Raybould,** *True Reconciliation – How to be a Force for Change*

It is clear that different people carry different stories – each their own truth. As we embarked on this work, we knew that many different perspectives would be shared with us, and that one of our tasks would be to discern which perspectives gave us the most complete understanding of what happened and why.

We also knew that some stories – very important ones – could never be shared with us. Colby is no longer here to tell his story, his mother is no longer here to tell her story. Despite our efforts, some people were unable or unwilling to share their stories. Many of the stories that we heard were in conflict with each other. But despite this challenge, we have confidence in the themes of these stories.

As painful as it is to learn of the harms experienced by a child and his family ...do not turn away from Colby's story. It is important for British Columbians from all walks of life to learn how and why unimaginable tragedy can happen when the system cannot handle complexity.

We tell Colby's story in the section that follows because there are lessons in it for us all. Only through examining how we all failed this boy and his family can we truly understand the fundamental changes that are necessary in this province.

We have strived to tell the story in a respectful way, to minimize any further harm that it may cause his family and others who loved and supported him. But we have not shied away from truth-telling where it is necessary to point out where change is required.

We have also shared the stories of other children and families who have been harmed through their interactions with the system. Their stories can also teach us valuable lessons.

> Patience and trust are essential for preparing to listen to stories. Listening involves more than just using the auditory sense. Listening encompasses visualizing the characters and their actions and letting the emotions surface. Some say we should listen with three ears: two on our head and one in our heart.
>
> – **Jo-Ann Archibald,** *Coyote Learns to Make a Storybasket: The place of First Nations Stories in Education*[9]

Please prepare yourself for the material that follows. This story is difficult to read. Please reach out to the supports listed at the beginning of this report if you require them.

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[9] Jo-ann Archibald, *"Coyote Learns to Make a Storybasket Place of First Nations Stories in Education"* (Doctor of Education Dissertation, Simon Fraser University, 1997) 10. See https://firstnationspedagogy.ca/storytelling.html

A Boy’s Sacred Story

Beginning in a Good Way – The Spirit of Colby's Family

This report braids together learnings arising from an investigation into the sacred life and tragic death of a child we have named Colby, a review of key aspects of current child- and family-serving systems, and ideas drawn from the engagement of close to 2,000 people in B.C. who care about child, youth and family well-being. Throughout all this work, we have been guided by the Sacred Teachings from our Cultural Advisors.

As we begin the telling of Colby's story, we wish to start in a good way by reflecting these Sacred Teachings and demonstrating our respect for his family, honouring the relationships they tried so hard to sustain, and lifting up the ways this family was bound together by love, laughter and hope.

One of the threads that ran through his story – and the stories of most children and families involved in the system of care – was that of diminished dignity for the family. Dignity was stripped away, bit by bit, through the use of stigmatizing language, judgmental attitudes, and harmful actions. Yet, we will also speak about the fact that every family, community, Nation, organization and system is not only shadow – things that bring darkness to their world – but also light – good things that are happening.

This is true for Colby and his family. Their story will reveal much shadow and darkness, so it is important that we enter into it with dignity for the family by remembering that they also had light.

Colby's mother was described as a beautiful spirit and one that so many looked up to. His father is a creative and talented artist and entrepreneur.

Colby was loved by his parents; and was considered by his mother as her miracle baby. They aspired to hold their family together, even when violence and adversity tore them apart.

Despite the barriers that severed the family, they would continue to seek and seize opportunities to reconnect – whether through a word, an earnest request for a visit, an exchange of looks, or a pair of socks being passed between fences of separation.

Family members relive the laughter and love through home video footage of Colby and his younger sister giggling over popcorn carefully eaten with chopsticks on the family couch. These memories are artifacts of the family's love and joy.

A photo of five siblings, reflections of their parents' smiles, shows the children with matching shirts and braided hair, squeezed together on a picnic blanket at the park, holding one another. The sparkle in their eyes reminds us of their spirit, promise, connection and belonging.

Sacred Story Investigation

Preface

When we first learned the facts regarding the death of the young boy – Colby – who is at the centre of this story, they quite literally brought us to our knees. The details about the torture that this beautiful, innocent boy endured were excruciating to hear and demanded an urgent effort from our Office to learn more about how and why this boy's life was taken from his family, the many people who cared about him and his community.

It's important to know that this boy grew up in a small community that has experienced, and is still experiencing deep and lasting harms. The ongoing legacy and trauma of settler colonialism spans generations. The memories of colonial harms, including residential schools, are still fresh. The stories of agents coming to take children and the desperate efforts to try to hide them, to keep them safe and bonded with their families, were told to us as a reminder of where so much of the hurt and trauma began.

The community Colby was part of is on a healing journey that is unique to them but, in many ways, similar histories and experiences are also seen in the journeys of other Indigenous communities across Canada. In learning Colby's story, we were vividly reminded of the strength and resilience of this child's community. We learned that this community highly values its traditional roots and believes that culture is central to who they are.

Yet despite this light, there was also shadow. Cultural values varied among families in the community and, although deeply rooted, sometimes became a source of disconnection. As we continued our work learning about this child's story, we saw the light and shadow not only that this family experienced, but that all families and communities have. This family was known for the love that they had for each other, for the laughter and the joy that they shared together. They also experienced complexities and, while their experience may be different from our own, the themes of imperfection, unpredictability and struggle are the common ground we collectively share.

In telling Colby's story, we know that the pain of losing a precious little boy is deep, and healing for his family and for the communities connected with his story is by no means over. Our intent in this work is that, in compassionate truth-telling, we do not add to the intense harms this boy's death and the tragedies before have caused. As a result, we have made an intentional decision not to share some of the details that we have gathered. However, we know that in the honest telling of the story, there will be discomfort and pain. Our goal is to share enough of this beautiful boy's story that readers feel the love and compassion that inspired us when telling it. We encourage you to open your heart, mind and spirit to experience the discomfort, pain and compassion in whatever way you need to, not to cause you harm or fuel anger, but rather to see that the truth is meant to be the wind beneath your wings to lift you up and out of old, harmful, colonial, or oppressive ways of thinking and toward a place of healing and change. It is our hope that this love will spark a collective desire by all who read this to want to be part of the change that is needed to ensure that the devastating and unspeakable torture and resulting tragic death that Colby experienced will not be another young person's story.

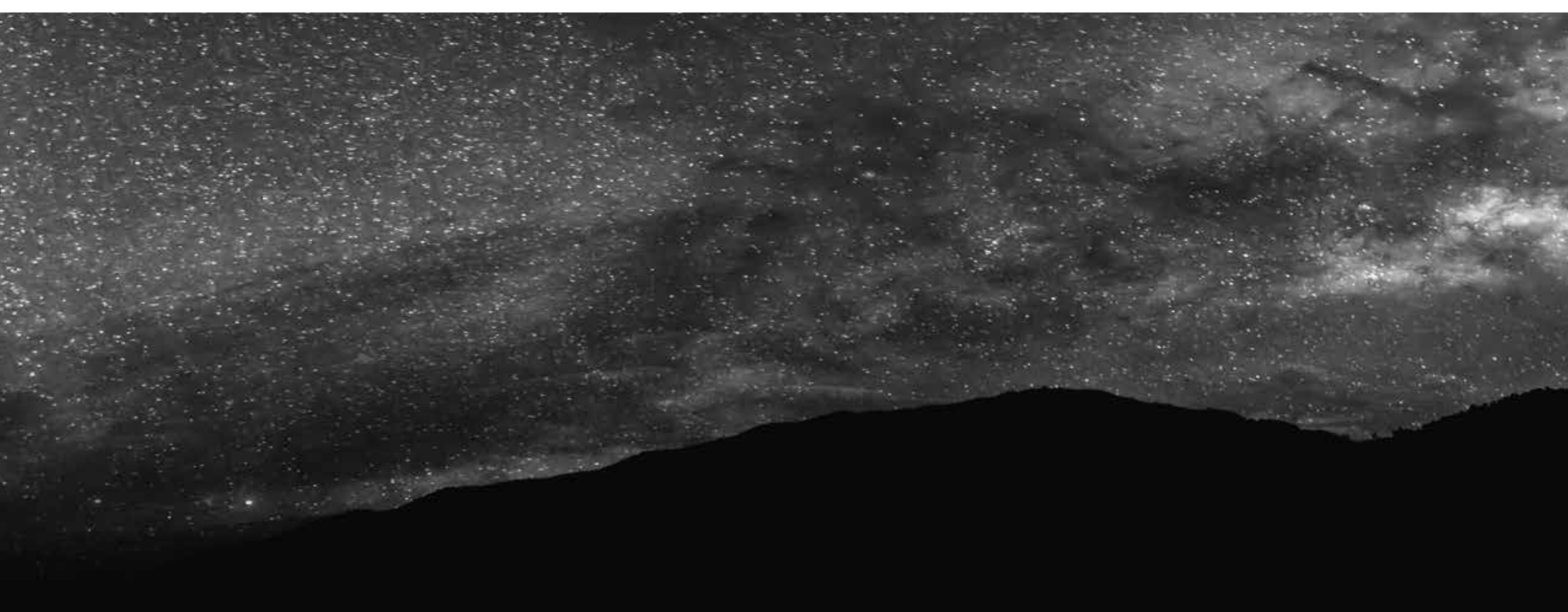
Our investigation into what happened to Colby and his family was broad and deep. It included dozens of interviews with family members, leaders, community members, staff from the Child and Family Support Department (the Department) operated by Colby's Nation, Ministry of Children and Family Development (MCFD) staff, RCMP, and health and education professionals. It included a review of thousands of pages of documents and hundreds of files – records of the interactions that he and his family had with various agencies and professionals. While we went to great lengths to piece together where the system let this boy down, there were some records that could not be accessed and some people who would not participate in interviews. However, the information we did receive provides a comprehensive and thorough account of why and how a young boy died.

Importantly, RCY's investigation relied on the continuous support and advice of the three Cultural Advisors – each with extensive experience in child welfare issues – who guided our staff through learning sessions, ceremony, and sense-making exercises as we prepared to tell his story.

In our telling of this story, we are guided by Sacred Teachings gifted to us by our Cultural Advisors who have first-hand lived experience with intergenerational trauma. These teachings focus on the need for reciprocal relationships, for respect and for repair and have translated into an approach by our Office that aims to do no further harm. We recognize the inevitability that reading this story will be difficult for many but sitting with the discomfort is part of the learning and change process. It is our hope that in the telling of this story, what happened to this boy and his family will lead to a strong collective commitment and action to achieve a transformational shift in supports for and services to children and families. This will require a clear and strong vision and strategic direction, aligned legislation and policies, adequate financial and human resources, and a willingness to learn and continually improve on the basis of evidence.

To all who shared their thoughts and perspectives with us, we are so grateful. Colby has taught us so much. He has reminded us of the strength and resilience of a child and of the enduring power of love. We know his spirit and his story will teach many others.

Note to readers: To protect privacy, all references to the location of where this tragedy happened have been removed. Names have also been changed to protect the privacy of all of those involved.



A beautiful boy with so much promise

He was a boy like so many other 11-year-olds. His tousled dark hair grazed sparkling brown eyes that were always looking for fun. Whether on the soccer field, immersed in Minecraft, reading Archie comics or marvelling at the power of monster trucks, he was a boy who loved to play. His smile was wide and contagious, and he had a gentle way about him that touched others deeply. Documents describe how when Colby saw his sister in the hallway at school, he would give her a hug. She said she remembered feeling safe whenever he laced his fingers through hers

If you walked into the classroom where he went to school, you would have seen him keenly taking part in class discussions and projects. During math and science classes, he was particularly engaged and worked hard – his favorite subjects brimming with problems he loved to try to solve. “He was eager to learn,” said one teacher. “He was curious and was always asking questions.” When he came into class, he was bubbly, another teacher remembered. “Kids loved him, everyone loved to be around him.” He was so caring and considerate of others, another school staff member recalled. She shared that he liked to hug each of his classmates good morning when he arrived at school.

Colby’s love of learning extended to teachings about his culture. As a First Nations boy growing up in a small community steeped in rich history, he showed a curiosity and desire to learn about his culture. When he was nine, he was particularly excited to take part in an honouring ceremony held by his Nation. He was also curious to learn about God. He believed in the power of prayer. Born with complex health needs, including a heart condition, Colby prayed for a new heart.

Colby’s curiosity, joy and gentleness were shared with his large family. He was the second oldest of five siblings. He had one older sister (three years older), two younger sisters (three and eight years younger), and a baby brother born nine years after him. He also shared his father with three other siblings born to a different mother.

His maternal grandmother was a fixture in the family. She remembers holding him close and recalls how he would run his fingers over a butterfly-adorned T-shirt she used to wear to feel the sequins. She remembers how enthralled Colby was when he first saw monster trucks rumbling past and how she bought him a monster truck video that they were never able to watch together. She remembers how important his family, his community and his culture were to him. She remembers, too, how important he was to her, and how deeply she misses a beautiful boy with so much promise.

The resilience of a child

Colby was born in the Spring of 2009 by emergency caesarian section. The surviving sibling of a twin pregnancy, he was born with complex health problems that easily could have crushed his spirit. But many people RCY spoke with described this boy as someone who approached his challenges with courage and a remarkable, positive spirit.

He was born with a genetic disorder that was thought to be either VACTERL Syndrome[10] or Oculoauricular Syndrome.[11] As a result, he had skeletal abnormalities, respiratory challenges, a cardiac condition, and renal disease. He was born with no right thumb, just one kidney, bilateral hip dysplasia and a 13th rib on one side. Just four days after his birth, he required a vesicostomy – a life-saving procedure that allows bodily waste to pass through a surgically created stoma, or opening, on the abdomen.

His chronic kidney disease required surgical reconstruction of his urinary tract and there were constant concerns over the health of his heart. His kidney disease was at Stage 3 at the time of his death and would have eventually required a transplant. He was also diagnosed with left pulmonary artery sling – a cardiac condition that can impact energy levels and cause shortness of breath. He required heart surgery in both 2018 and 2019. Because of the extensiveness of his health needs, family members feared that Colby might not live long. Instead, he would die at the hands of extended family caregivers who were supposed to love, care for and protect him.

"He was a sweet, sweet baby, but he made me really nervous," a relative recalled. "*You really had to watch his breathing, had to pay attention to it when he was small. He was also a quiet baby. When you were changing his diaper, you had to use two diapers … one regular and then one wrapped around [the ostomy stoma]."*

Colby's various conditions required ongoing medical care from pediatricians, urologists, and cardiologists in addition to careful attention from caregivers who needed to make sure they were keeping track of the medications and providing the supplies Colby needed. For example, he needed daily medication to control his blood pressure and kidney function, the use of an inhaler twice daily for asthma, daily iron and vitamin D supplements. He and his caregivers needed regular transportation to and from more than 70 medical appointments that were scheduled throughout his life – almost a quarter of which he would miss.

Dehydration and infections were a constant concern for Colby. His health was so fragile that he was taken to the hospital repeatedly over his life for a variety of reasons including surgeries, MRIs and other testing, appointments at renal and cardiology clinics, and treatment for urinary and upper-respiratory tract infections, fever and cough, difficulty breathing, pneumonia, infections and high potassium levels. Despite having significant involvement with MCFD through his life, the level of understanding, resources and supports to address those needs would vary between his many different caregivers.

Because of the intense complexity of his physical needs, it was hard, family members said, to not see Colby as fragile. One family member remembers how terrified they were when they signed him up for soccer that he would get hurt. He was so small compared with the other players. Family members

[10] VACTERL association is a disorder that affects many body systems. VACTERL stands for vertebral defects, anal atresia, cardiac defects, tracheo-esophageal fistula, renal anomalies, and limb abnormalities. People diagnosed with VACTERL association typically have at least three of these characteristic features. Affected individuals may have additional abnormalities that are not among the characteristic features of VACTERL association. VACTERL association: MedlinePlus Genetics

[11] Oculoauricular Syndrome is characterized by a series of complex ocular anomalies.

worried, too, about how the other kids at school would tease him but they were amazed at how he was able to smile, and push through his many challenges.

> He was always just really happy. He wanted to be like every other kid, no matter what he was going through in his life.
>
> – Community member

Colby's health needs would have been incredibly challenging for any parent, but family poverty and lack of support, and communication issues between caregivers and health care providers made things even more difficult. The cost alone of the lengthy list of required medical supplies was daunting, not to mention basic supplies like food, diapers and clothes. For example, Colby's specialized formula cost $200 a month and, because supports were not offered in a timely manner, his parents felt that their only choice was to dilute it with water until financial help was arranged. To make things even more challenging, it was hard for Colby to swallow even the limited nutrition he was receiving.

Documentation from a visit to the BC Children's Hospital (BCCH) renal clinic – when Colby was just two months old – noted he was below the third percentile for height and weight. His mother, Violet, told a BCCH social worker about the difficulties she was having affording formula and, as a result, the worker wrote a letter to the band, explaining that Colby was a medically fragile child whose family required additional financial support. Both the band and MCFD responded, and the ministry arranged support via MCFD's At Home program, a government-funded program that provides young people who have complex care needs with money for things like medically necessary supplies.

> It was like taking care of a doll. He was so small, [it was] hard to feed him. You would have to take your finger and massage down the front of his throat to help him get it down.
>
> – Relative remembering Colby as a baby

Growing up in a complex environment

Long before she had Colby, Violet was determined to provide a more stable life for her children than what she had experienced herself growing up. She was raised as the middle child between two brothers by her mother in a home environment that, alongside laughter and love, was at times chaotic.

According to those who knew her, Violet's mom worked hard to support her and her brothers, but her struggles with problematic alcohol use and its impacts in the home made for a hard life. Violet was often left to look after her younger brother and keep him safe, but her own safety was in question in at least one instance shared with RCY.

When Violet was in Grade 10, she returned home from a school trip and told her family she had been raped. She had bruises on her neck and a swollen face, but she was told by a close family member not to disclose the rape.

And so, Violet kept her trauma from the rape to herself and went on with her life. "She would talk to my parents about wanting to have a different life for herself and her children," a relative remembered. She worked hard to be a good older sister. She volunteered with homeless people and stayed connected with her culture. She was smart and graduated from her community's high school. "She was a leader in that [dance] group. She braided, French-braided, the girls' hair, she got them ready and put their regalia on. She was always active with the [dance] group growing up," another community member told RCY.

But she had another side. She was a fighter, quite literally. She would participate in street fights and would return home with money she earned through fighting. Fighting was a skill she learned in her youth and it would become an ongoing fixture in her life.

But even with the harsher sides that were a part of who she was, at root Violet was described as "a beautiful spirit" who was loving and wanted to be loved.

Complicated Decisions

Although it is not clear to investigators what led to the decision not to report Violet's rape, it is common for RCY to receive reports in which a young person has been sexually assaulted and either they or those around them decide not to report it to police for a number of understandable reasons. This seeming lack of response by Violet's family when she was a youth, and the multiple instances in Colby's family's story where subsequent acts of violence were concealed, must be considered in the context of the Indigenous experience in Canada. A mistrust of the intervention of authorities has created an environment in which silence and concealment are often used to prevent intrusive measures by government agencies like MCFD and police. How could you trust government systems that had harmed your people? Why would you report violence when your children could get taken away? Why would you want to disclose secrets that might lead to conflict in your family or community relationships?

A community of contradictions

Violet grew up in a community, like so many, that is full of both light, and shadow. There is breathtaking beauty – mountains and rivers carve through the lands and there is profound beauty in the spirit and traditions of the people who have lived there for millenia. This is a place where, for the most part, neighbours and friends look out for each other and there is a sense of deep strength. But there is also pain and complex dynamics between and within families.

As in so many small communities, family hierarchy and perceived favoritism was something that many people talked about. In interviews, community members shared their perceptions that families dealing with similar issues and risks were treated differently depending upon their familial and political connections. RCY was told that Colby's family was one of the families that was more likely to be perceived negatively and that this might have translated to inconsistent, and in some cases non-existent support for the family throughout the years.

However, this community has worked to build its strength and its capacity, and to be independent. It's important to note that Colby's community is a Nation that is proceeding to resume responsibility for the welfare of its own children – a responsibility that rested with the provincial government for decades prior to new federal legislation and provincial legislative amendments.[12] It has worked hard to develop a child and family services program (Department) to deliver services to its children and families and is looking forward to cutting ties with colonial systems. This significant work, which began in 2020, continues to be a work in progress however. At the time that the tragedy of Colby's abuse and subsequent death was unfolding, the Nation was in a period of a new and confusing transition where roles and responsibilities were not clearly understood despite there being clear legal lines. The resulting confusion, inaction and concealment would contribute to the loss of this young boy's life.

[12] *An Act respecting First Nations, Inuit and Métis children and families* was passed by Parliament in 2019 and proclaimed in January 2020. The *Indigenous Self-Government in Child and Family Services Amendment Act* was passed by the Legislative Assembly in B.C. in 2022 and proclaimed in 2022.

Young parents try to find their way

As her community grew and prepared itself for change, so too did Violet. At 19, a young man walked into her life. Colton was six years older than Violet. He had been born into an Indigenous family in southwestern B.C. before being adopted at birth, just as his birth mother had been before him. A DJ involved in the rave scene, he was smitten with Violet. "I fell in love with her," he told us. "I saw her walking around the community every day on my way home from work. I tried to call her and she'd be all shy, like playing games."

But after a little while, Violet agreed to go out with him. "It took months, I was persistent. I waited, and I waited for a long time, like six months, seven months ..."

On their first date to see the fireworks in Vancouver, Colton took extra care to make her feel comfortable. He said it was just fine if she brought her friends and one of their mothers along. "She was like being real cautious. And her friends were all questioning me, and I answered the right questions. Yeah, I passed."

The relationship intensified quickly and, by the time Violet was 20, the couple had their first child, a girl. As their relationship grew in love for one another, it also developed a dark side, marked by poverty, instances of violence by both partners, housing insecurity and substance abuse as well as involvement with both police and the child protection system. This was when Violet's long and difficult relationship with MCFD began. An incident between the couple in September 2007 would bring Violet to the attention of the ministry for the first time.

It was a violent fight that left them both injured, with Colton requiring hospitalization. Police called MCFD's After Hours[13] line, which transferred this incident to an Indigenous Child and Family Service Agency (ICFSA). As a result of this report, RCMP arranged for Violet and her daughter to go to her mother's for the night until a social worker could further assess their safety. The ICFSA made some initial inquiries and, once it realized that Violet was living on-reserve, in a community for which it had no responsibility, it transferred the incident to the MCFD social worker who was assigned to the Nation. The assigned social worker, however, was on leave with no coverage provided and the first in-person contact with Violet and her child did not occur until seven months later. This left the family unclear about what was expected of them and fearful of what actions MCFD might take next.

A Family Services Case was opened for the **"monitoring and development of [a] positive support system for [the parents]"** however, due to poor ministry documentation, it is unclear what supports, if any, were offered to the young couple after this incident. What was clear was that Colton and Violet were struggling and were in need of supports that could help them address not only the recurring intimate partner violence (IPV) but also the underlying issues of substance use, intergenerational violence and poverty. Such supports could have helped to ensure that their children were safe and secure.

[13] After Hours refers to responses by MCFD between 4 p.m. and 8:30 a.m. on weekdays and 24 hours a day on weekends and holidays. Provincial Centralized Screening (PCS) was established in 2015 and is now the central number for all child safety reports as well as general inquiries for support services. When a staff member needs to go out to see a child or family after hours, there is often a call-out list for larger offices but smaller offices rely on staff voluntarily answering calls. Staff on call-out lists receive some compensation for being available to go out after hours.

Colby was born less than three years later, at BC Women's Hospital in Vancouver. Violet referred to him as her "miracle baby" given the complicated conditions of the pregnancy and birth. Because he was born with multiple medical complexities, he was admitted to the neonatal intensive care unit at BCCH. Both Violet and Colton helped to care for the tiny boy while he was in hospital growing strong enough to be able to go home.

As Colton and Violet's relationship was precarious, documentation shows that Violet planned to return to living with her mother on-reserve on Colby's discharge from hospital. This might have seemed like a practical solution but, within nine months, that living arrangement broke down. Violet and her mother had a late-night fight, resulting in her mother telling her they had to leave her home immediately.

With nowhere to go, Violet took the children to Colton's home, even though there had been a no-contact order served for the couple because of ongoing violence between them. It was cold and raining, Violet was crying, and Colton felt like he had no other choice but to let her and the children stay with him despite the no-contact order. Without MCFD assessing the circumstances to further understand why the no contact order was initially in place, or exploring other interim options for the family, RCMP arrested Colton for the breach. Fortunately, with the help of the social worker at the Department, Violet was able to move into her own apartment. It seemed like it could be a fresh start for Violet and her children

A new father figure – Violence and struggles to keep Colby healthy continue

However, things would change yet again for Violet. When Colby was about a year old, she started a relationship with a new partner, Matt, and the couple lived together intermittently with Violet's children. According to records, Matt physically assaulted Violet on at least five occasions during a relationship that would span seven years. A relative recalled that he was probably the most prominent father figure for the children, although he was far from stable. "There was a lot of turmoil and lots of violence," the relative said. "They would reconcile, struggle, slip with substances and separate again." During one of their periods apart, Violet entered into another relationship, and she became pregnant.

Colby became a big brother with the birth of Violet's third child when he was 2½-years-old. Now a mother of three little ones, she continued to experience the same struggles, and her ability to care for a child with extremely complex medical needs was being tested even more. With little help provided for transportation to appointments and child care for the other children, Violet was unable to consistently get Colby to his medical appointments. She reconciled with Matt and new questions were raised about whether he was a safe parent. MCFD was contacted with information that he had criminal charges and/or convictions and he was not permitted to be around children. RCY could find no evidence that these concerns were followed up by the ministry with either Matt or Violet.

What was documented, however, was that Violet continued to face violence at the hands of Matt. Documents show that concerns about his violence were being raised by Colby's older sister to staff at her school. According to an

email exchange between staff at the school, the young girl disclosed her growing concerns about violence toward her and her mom in the home and the fact that Matt was *"drinking drugs again."*

This information was provided to the ministry, but there is no record of Violet or her children being interviewed by MCFD about this disclosure or the ministry offering any interventions or services to mitigate the violence or protect Violet and her children.

Escalating pressures, and the impact on parents

As a young child, Colby was living through the chaos that his mom was experiencing. While his health care needs remained a constant challenge, he was curious and loved to play like young ones do. Just as Violet found joy in watching her son grow up, she also experienced the weight of caring for a child with complex health needs, two other children, inconsistent housing, multiple moves, and an on-again, off-again relationship characterized by violence – all with no notable services to support her and her family.

Violet's mental health challenges were intensifying and became so severe that, on several occasions over the course of Colby's life, she would require hospitalization. According to MCFD case notes regarding one of her hospitalizations, Violet *"said she is better now and has talked to [the doctor] about anti-depressants, her depression, struggles as a single mom and her break up [with Matt]. Violet was worried her children would be taken away when she heard [a social worker] had been to see [her brother]."* To help manage her mental health challenges, Violet was able to make an arrangement with MCFD to temporarily place her eldest daughter with her aunt under an Extended Family Program (EFP) agreement[14] for five months between Nov. 1, 2014, and March 31, 2015, while she continued to care for the younger children.

Violet's mental health and substance abuse challenges continued and her relationship with Matt continued to be off and on. In January 2017, when she was pregnant with her fourth child, there were worries about her physical and mental well-being and a decision was made jointly by the Department and MCFD to place the three children with Violet's mother in an EFP agreement. Documents show that both organizations were aware of the grandmother's own problematic issues with alcohol, but it is not clear what measures were taken to mitigate these concerns or provide support to the maternal grandmother as she cared for both the children and a relative with significant mental health concerns.

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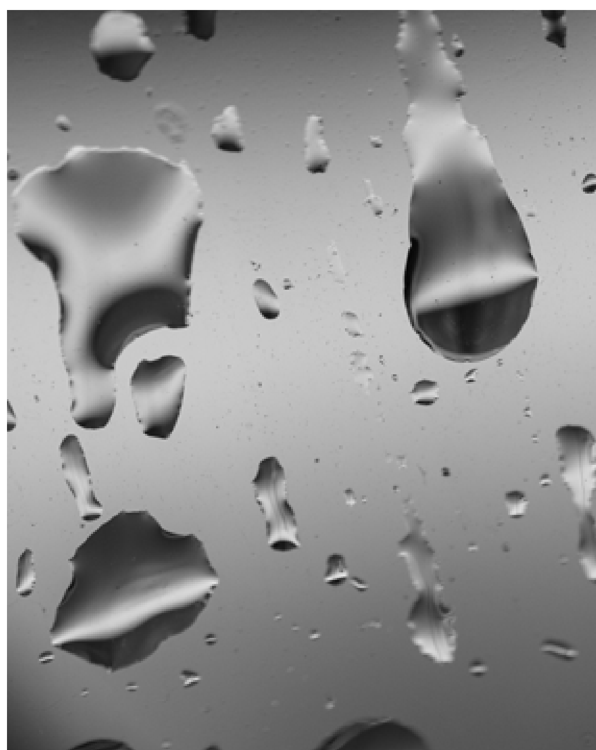
[14] Ministry of Children and Family Development, Section 4 – Out of Care Policy. Extended Family Program (EFP) is an agreement under s.8 of the *CFCS Act* to support a child who is being temporarily cared for by a person other than the child's parent. The parent remains the legal guardian and chooses the care provider, who agrees to exercise the parental responsibilities on behalf of the child/youth's parent. MCFD provides financial payments to the care provider but does not have parental decision-making authority and is not able to limit access to a parent.

When Violet gave birth to her fourth child four months later, medical records show this baby girl was born showing signs of exposure to substances in utero. MCFD issued a birth alert[15] for the newborn, citing concerns about Violet's transience, increasing mental health issues and self-reported daily use of fentanyl, crystal methamphetamines, cocaine and alcohol. Two days after the birth, MCFD entered into safety plan[16] with Violet.

Under this plan, she was able to continue caring for the baby while in hospital, but it also stipulated that Matt, the baby's father, was not permitted to come to the hospital until he met with an MCFD social worker and made plans to address his substance use and his violence against Violet. RCY identified a key issue with this plan: Matt was not part of the planning process or the agreement, and the onus was placed on Violet, not MCFD, to apprise Matt of the expectations and to ensure he stayed away from the baby until the issues were addressed to MCFD's satisfaction.



[15] Birth alerts were a practice used in B.C. for many years allowing child welfare or hospital staff to alert one another that a newborn might be at risk for harm, without informing expectant parents. Evidence suggests that this practice led to many traumatic child apprehensions soon after delivery and disproportionately impacted Indigenous women. The use of birth alerts was discontinued in 2019 with the government moving to a voluntary model with expectant and new parents to ensure plans and supports are in place.

[16] Policy in place at the time (Dec 2015 – Feb 2018) under Chapter 3 Child Protection Response Policies, December 2015, Policy 3.2) "Developing a Safety plan: If safety factors have been identified, develop the Safety plan collaboratively with the child/youth's family. With the parent(s)' agreement, and in a manner that does not compromise the child/youth's safety, also (when possible) involve the following in identifying effective approaches to protecting the child/youth: Extended family members; Community members (including cultural community and, where needed, involving a translator); and If the child/youth is Aboriginal, members of his/her Aboriginal Band or Community. Obtain the parent(s)' agreement for putting in place any intervention in the Safety plan and have the parents sign the plan. This does not apply if the decision is to remove the child/youth from the home or to seek a court order. The policy for Safety plans was changed in 2018 and 2021.

Efforts to heal

Violet knew that, to get the children back into her care, she needed to get better. She knew healing would not be easy, but she was determined and took the time to apply to attend the Nation's healing house, a resource that would allow her to address her substance use issues while safely caring for her newborn. The baby was placed in a temporary Voluntary Care Agreement[17] with relatives while Violet waited for space to open up. Violet texted these relatives as she was waiting, saying she was *"falling apart"* and was going to seek help, although it is not clear, beyond the healing house application, whether she approached MCFD or the Department for any additional support or if anything more was offered.

Violet desperately needed everything that the healing house was described as offering. Nevertheless, she changed her mind about attending – possibly because she learned that people in her community had stated that she would not be successful.[18] She also missed her children and wanted to care for all four of them in her own home. But that was not to be. While her mom continued to care for her older three children, the relatives temporarily caring for her baby couldn't continue and, with concerns about Violet's capacity to safely care for the infant, MCFD subsequently decided to remove the baby from her care and place her in foster care.

On the day the baby was removed, Violet was admitted to hospital once again where she was diagnosed with post-partum depression, substance use disorder and drug-induced psychosis. Like so many people on their healing and recovery journeys, Violet didn't give up. She tried again to get help, this time entering a treatment centre for women in recovery. She left only a week later.

As Violet's mom continued to care for Colby and two of his siblings, she was supporting another family member who had a significant mental health condition that posed a potential risk to the children. Although this situation was known to MCFD on placement, there is no evidence to suggest that proper procedures were followed to ensure the safety of the children in case there was a mental health crisis that impacted them. There were at least four instances over a four-month period between July and Oct. 2017 that were described as "mental health episodes" while the children lived in the home.

In an apparent attempt to mitigate the concerns about Colby and his sisters living in this arrangement, MCFD and the Department approved Violet and the children to temporarily reside in the Nation's healing house. They remained there for two weeks before the Nation identified a different home on-reserve where the grandmother and the children could live. MCFD found a bed for Violet at a women's residential treatment program in a neighbouring Nation, but she refused to attend. Instead, in an effort to continue parenting her children, she moved

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[17] Voluntary Care Agreements (VCA) are described in MCFD Policy 2.3. VCA's enable parents/guardians to temporarily have their child(ren) reside in an approved resource (may include a restricted foster parent who is kith or kin) while parents and children receive the supports to enable family reunification. VCA's are used when parents are temporarily unable to care for their child and no less disruptive means and services are available. Under a VCA, children are in the temporary care of MCFD and the agreement describes roles and responsibilities. Maximum timelines under Section 6(7) of the CFCSA apply to ensure permanency for children and youth. The initial terms of the agreement must not exceed: 3 months for children under 5 years of age; and 6 months for children/youth 5 years of age and older. Care plans must be written for children under a VCA..

[18] The Representative, while visiting the community and developing relationships with community leaders, had a number of informal conversations (i.e., not under oath and not recorded) and this information was shared with her during a community visit.

herself and her children into the home that had been identified for her mother, while her mother remained in her own home.

This arrangement might have made sense to Violet and her mother. At this point, Violet had been parenting the children in the Nation's healing house for several weeks, she was no longer in a relationship with Matt and she was expressing a desire to continue her healing and become a social worker. However, the move went against the EFP agreement and, as a result of Violet's actions, the ministry decided to end the EFP, remove the children and pursue a Restricted Foster Home[16] placement for Colby and his older siblings with the children's great aunt and uncle.

[19] Restricted foster homes provide kith and kin caring for children and youth in the legal care of MCFD. Section 8 MCFD Resource Policies states: *"a restricted family care home may be considered if the living arrangement best meets the child/youth's needs, all out-of-care options have been exhausted, and the prospective caregiver: has a significant relationship with the child/youth or the child/youth's family or cultural community."* Restricted foster caregivers are screened and approved using the same processes as for regular foster caregivers but there is a 90-day interim period whereby children can be placed in the home under due diligence steps. This enables children to be placed in the home under emergency situations to avoid multiple placements while waiting to be approved as a restricted foster caregiver.

A period of calm

Records indicate that MCFD closely adhered to policy in making the decision to place Colby and two of his siblings with their great aunt and uncle. It was clear that these new caregivers had a deep commitment to caring for their relatives. They painted the children's rooms, gathered toys and books and bought a larger car to enjoy family outings and get the children to where they needed to be.

This period of Colby's life was described by several people RCY spoke with as one of the most stable times in his life. This was a home that was safe and nurturing, with two adults living with love and support for one another, and without all the stressors and lack of support that had been Violet's experience. There was structure and the kids were encouraged to set goals for themselves. Under the great aunt and uncle's love and care, Colby transitioned from having two pads covering his ostomy stoma to having an ostomy bag. In an interview with RCY, his great aunt recalled how proud Colby was that he could stay dry through the night and was now able to go swimming. "Oh my God, it changed his world. He'd never, ever gone swimming in his young life … [now] he could just wear the onesie and go swimming like all regular kids, you know, he was just a regular kid, and he was so happy."

Colby's great aunt and uncle had the ability to make the health and well-being of Colby and his siblings a priority. They would make scrambled eggs every day for breakfast and Colby would do a Hulk Hogan-like muscle pose to show his great uncle that he was getting stronger. He started playing soccer and his older sister was active in canoe pulling. When the family ate together, their great uncle would share cultural teachings as Colby listened enthusiastically and wanted to hear more.

In the meantime, while the children were living with their great aunt and uncle, Violet had been having supervised visits and trying to find ways to get them back. She wanted to get healthy, and she had completed educational upgrading with the goal of working in a daycare. She had also returned to the recovery home she had previously been in and completed the three-month program. Violet continued to try to meet the ministry's requirements, but there were community reports that she experienced some slips in her sobriety and recovery journey. Nonetheless, she wrote to both MCFD and her MLA, pleading to have her children returned to her. During this period, the great aunt and uncle were experiencing difficulties in communication with Violet and how best to support the children given Violet's messaging of wanting to resume caring for them.

Nine months into the placement at their great aunt and uncle's, a very small amount of cannabis was found in the great aunt's vehicle.[20] In an interview with RCY, Violet's MCFD social worker said Violet learned of this and "ran" with the concern, insisting that her children needed to be returned to her care.

The great aunt and uncle let MCFD and the Department know they were finding it too difficult to deal with the stressors following these events and meet the children's needs.

[20] MCFD policy indicates that substance use in itself is not a child protection concern, but rather its impact on children is a concern. Given that that there was no assessment, it is unclear how, or if, this cannabis use was impacting the care of the children. It is also unclear how or if the views of the children regarding this placement and ultimate move were sought or considered as nothing was documented.

Sadly, the placement ended abruptly, and the children were returned to their mother's care. It's important to note that the discovery of the cannabis was made just several months prior to legalization.

According to documentation and interviews, it is clear that the great aunt and uncle were not provided with an opportunity to fully discuss the situation including MCFD's concerns about the use of cannabis, nor does it appear that any efforts were made to mediate the tensions between Violet and her great aunt and uncle about visitation and resumption of care.

Despite the tensions, MCFD did not adequately plan to transition the children and, ultimately, the three children were returned to Violet's care. MCFD did not give the great aunt and uncle the chance to say goodbye and they would not see the children again. "The MCFD social worker came to the door and told us she had picked up the kids [from school] and taken them to their mother's house. She told us to pack up their belongings. It was just like, they're gone," the great aunt recalled.

The decision to return the children to Violet's care was made in collaboration between the Department and MCFD but there were conflicting perspectives on whether it was a good idea. While RCY learned that the Department advocated for reunification, MCFD direct service workers who had worked with the children had concerns about them returning to their mother's home.

"That is something that I didn't want to see," said one social worker. "[Violet] was not in a good space. She was still using."

Another MCFD social worker recalls a Team Leader telling her that "family belongs with family. The Band wants the children back with Mom." This worker also asked if the children were to be returned to Violet, whether the Nation's healing house – which was empty at the time – could accommodate them. She was told by her Team Leader that Violet and her children "didn't fit the criteria."

> "I just kept pushing back that we are setting [Violet] up to fail if we don't put all the supports in place. First, if we don't make sure that she's able to connect with the supports and follow through, we're going to hand her back all these children. She's gonna have the baby and something awful's gonna happen because she's not gonna be able to cope."

Set up to fail

Violet resumed parenting in mid-August 2018 under an "extended visit" arrangement and then resumed full-time care of three of her four – soon to be five – children in September 2018 under a Supervision Order.[21] Just three months after her three eldest kids were returned to her, she gave birth to her last child, a son. Her now second-youngest child, who had been removed from her care shortly after birth, was also returned to her care that same month. This was clearly a tremendous change in her life. A young mom with a history of post-partum depression and other mental health concerns as well as ongoing struggles with substance use was for the first time parenting all five of her children, four of whom were under 10, with two under the age of two – all on her own.

Violet now also had the added pressure of a Supervision Order with a lengthy list of 24 terms she had to meet. Among many other things, she had to:

- not consume alcohol or drugs
- attend a family treatment program in B.C.'s Interior when Colby was able to undergo travel as directed by a medical professional
- ensure the children attended all scheduled medical and dental appointments
- ensure the children attended counselling sessions
- engage weekly and follow the direction of her own trauma/cultural counsellor
- not allow any other persons or children to reside at her home without the prior approval of MCFD
- not allow the children to be cared for by a third party unless approved by MCFD

MCFD and the Department recognized that Violet would need supports to help her manage. They jointly arranged to provide respite, have an Elder provide Violet with guidance, and a homemaker to help keep her house clean and orderly. The MCFD social worker told RCY that Violet clashed with the Elder and didn't want her help. Case notes also indicate that the homemaker arranged through the Department stopped coming and MCFD instead sought out professional cleaners. According to people in the community, it was clear that Violet needed more effective and appropriate supports from MCFD and the Department than she received during this period.

More pressure was put on Violet, as Colby's health remained a constant concern. In the midst of the hectic pace of caring for five children, Violet would also deal with Colby having his first open heart surgery, after returning to her home on the "extended visit". This was a critical and precarious time for Colby. After the surgery, he needed a series of follow-up appointments at BCCH, approximately a two-hour drive from his community.

Early in the year, Colby was admitted to hospital due to shortness of breath caused by influenza. His maternal grandmother stayed with him in hospital, sleeping beside his bed, as Violet was taking care of her infant at

[21] Supervision Orders (SO) are detailed in the *CFCS Act* and granted by a judge to ensure child safety while the child remains in the care of their parent or guardian. Initial length is up to six months and can be renewed to a maximum of 12 months. SOs expire unless an application is filed to renew the order. A child protection worker should not allow an order to expire without the child protection issues being remedied. S.41.1 states *"the court may attach to a supervision order terms and conditions recommended by the director to implement the plan of care"*. If the 12 months expires but safety issues remain, a child must be removed or MCFD must continue to work with the parent but on a voluntary basis via a Family Plan. These plans are collaboratively created to detail what changes need to occur and the services that MCFD will provide.

home. The hospital social worker noted that *"Grandma appears to be an excellent support to [Colby]."* The social worker also described Colby as *"highly anxious"* during this stay, but there were no concerns expressed about his mother's ability to meet his needs and those of her four other children upon discharge.

A mom needs supports – but where are they?

As Colby continued to recover from his surgery, there were concerns about the children's well-being in Violet's home. In a two-month span, MCFD would receive at least four reports from community and professionals expressing those concerns.

For example, relatives and members of the community reported to MCFD that they had concerns about the pressure being placed on Colby's eldest sibling, who was apparently often left to provide care for her younger siblings when her mother was unable to do so. There was concern that she was tired and that the pressure was taking a toll on her well-being.

Callers also reported concerns about problematic alcohol use by relatives in Violet's home, that her house was unclean, and that Violet's new boyfriend and brother had moved in. There is no evidence that MCFD responded to these reports, despite the fact that the Supervision Order clearly required that no other adults or children could live with the family without prior approval by MCFD. A relative told RCY investigators that during this period Violet didn't receive adequate supports from MCFD or the Department. "I would take the kids when I could see the stress on her face," the relative said. "We knew that the best place for them was going to be with their mother, but she needed supports."

Through numerous interviews with community members and MCFD staff, RCY learned there was a perception that services from the Department were not being adequately and equitably delivered to the community, especially when it came to certain families, including Colby's. However, in an interview, the designated band representative who was also the Department's family advocate manager at the time, told RCY investigators that Violet did not accept any services from the Department when they were offered– "like with the Elders, she wouldn't let them in," she said, adding that Violet would go to another nearby Nation to seek out services. Why Violet chose to go to another Nation for services is unclear, as is what else was offered to her by the Department.

An agreement, arranged through and funded by MCFD's Aboriginal Services Initiative, articulated the Department's plan to provide a wide variety of supports to ensure the safety and well-being of children, youth and families in the Nation, including but not limited to areas such as: permanency planning, stability and connection or reconnection to culture and community, strengthening families in their capacity to care for and protect their children, parenting skills, transportation, and addressing family violence issues through safety planning and awareness and education programs.

When asked to describe what services the Department provides to the Nation now, the current executive director of the Department explained to RCY investigators that it generally involves shadowing MCFD employees in their work with families to ensure that work is done in a culturally appropriate way. If services such as counselling or treatment are needed to address safety concerns, these are often

contracted out. It was unclear to the RCY how this met the terms of the ASI agreement.[22]

A number of MCFD staff raised concerns with RCY about the lack of reporting and documentation. "We provided the money, but we always wondered where was the bang for our buck?" a former MCFD staff member said. "We were constantly looking at money and asking for monthly reports … In two years, I didn't see one report on family supports." However, it is not clear to RCY what the understanding was between MCFD and the Nation and Department with respect to reporting, and whether MCFD worked with the Department to support capacity building for documentation and reporting.

RCY also learned during interviews with both MCFD and Department staff and in the records that many assumptions were made about whose responsibility it was to provide support services. This lack of communication and understanding about what supports were available, what was provided, and who was responsible for what is concerning

[22] During the administrative fairness for this report, MCFD advised that if there were services required outside of the Department's available services, then MCFD would work with the Department to identify the services to meet the needs of the family. RCY could not find any documentation to this effect in the file records.

MCFD intervention involves the courts

As his mom struggled to get support for her chaotic home life, Colby would have moments of relaxation and calm. A relative remembers caring for nine-year-old Colby while his mom celebrated her birthday. Lying in a field near her home, with his head in her lap, the relative vividly remembers what Colby said to her: *"I always feel so relaxed here … It's always so comfortable, I don't have to worry about anything … I wish I could live here."*

But Colby didn't get that wish. He and his siblings remained with their mom despite reports continuing to come into MCFD about Violet's capacity to parent. The Nation's community health manager reported that the home was very messy. Additional reported information included that there was animal excrement inside the house and concerns that Violet's boyfriend and brother were living there. Unfortunately, MCFD had very recently let the supervision order pertaining to the eldest three children lapse, without appropriate assessment of how Violet was doing as a parent. RCY could not find evidence that the MCFD social worker or team leader assigned to Violet had completed the necessary steps to ensure Violet had been successful during the term of the supervision order. The supervision order pertaining to her youngest daughter was in place until June 2019 but, again, no assessment appeared to have taken place.

Another new report was made regarding inadequate care and supervision of the children. The MCFD social worker responsible for the family's file initially attended to this report and sought consultation with her acting team leader about removing the children from Violet. However, this social worker told RCY investigators that she was instructed by the acting team leader to stop her assessment. In an interview with RCY investigators, the acting team leader said that it was clear the social worker didn't like Violet and he finished the assessment himself. The assessment completed by the acting team leader did not support removal and, instead, MCFD offered house cleaning and groceries. While the practical assistance was helpful, what Violet needed was much more intensive home and family support.

In October 2019, an incident in Violet's home resulted in the final removal of her children. According to MCFD case notes, Violet invited a man who had recently been released from prison to her home and there was a multi-day party at her place. While Violet arranged for the children to be cared for by relatives for the first night, they were brought back while the party continued. RCMP attended the home after it was reported that the man had assaulted Violet and then allegedly sexually assaulted one of her children as well. Colby would later say that he was scared to be in the home during the party and showed social workers where he and the other children had hidden.

The assailant was arrested, and a physical examination of the child by a forensic nurse at the regional hospital confirmed abuse. MCFD subsequently documented observations by professionals who attended the scene that Violet was uncooperative with RCMP, "not responding protectively" of her children and was instead "protecting her boyfriend." MCFD documented that Violet's family shared similar

sentiments regarding her behaviour towards the incident. However, Violet did ride with her child to hospital in the ambulance and consented to a forensic examination.[23]

Following a consultation between social workers, an MCFD acting team leader, and Department workers, a plan was made for Colby and his four siblings. Notes from the consultation said: "legal removal to take place within two-week safety plan timeline" and that "children will be safety planned… for the children's immediate safety due to Violet and [her mother's substance] issues and a family meeting will be arranged with band rep and [Department] staff to plan for the children's safety."

While policy requires it, there is no documentation of an interview with Violet regarding the incident that prompted this removal of her children. Nor is there any evidence of a documented safety plan being created in accordance with MCFD policy, which would have included written consent being provided by Violet.

Despite MCFD calling this a "two-week safety plan," the children were effectively removed from Violet's care without her being informed. An email from the MCFD social worker to the Department child and family advocate on the day of the removal recommended: "to avoid any unpleasant emotions in front of the kids can you not bring Violet and [the grandmother] here to [the Department office] before 2:30. [Staci] is going to pick up [the children] at 2:30 at [the Department office]."

While there was no documentation indicating that MCFD had followed up on previous community reports regarding the state of Violet's home and the supervision of her children, the information from these reports was included in court documentation as a contributing factor to the children being taken from Violet's home after this incident.

The children were legally removed from their mother's care by MCFD. Violet contested the removal, but an Interim Custody Order was granted to the ministry on Feb. 5, 2020. In court documents, MCFD cited the following reasons for removal: "Due to the concerns of drug and alcohol use, lack of parental and adult supervision of the children, sexual abuse, deplorable conditions of the home and the numerous reports from the community it was determined in collaboration with the Band and Acting Team Leader that the children would need to be removed from their mother's care as there was no less intrusive measures to keep the children safe."

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[23] During the administrative fairness process the ministry suggested that their records indicated that Violet refused to consent to the forensic examination, which was a factor in the decision to remove the children. However, RCY investigators noted that there was conflicting information in the ICM records, with case notes suggesting that Violet had consented, based upon medical notes from the forensic nurse who examined the child. The nurse had indicated that Violet had provide her consent. It appears that, while Violet consented for her daughter, she did not consent to an examination for herself and this decision was conflated with the information about Violet's consent for her daughter's assessment. The hospital records indicate that there were no concerns about how Violet was presenting. Given the incomplete documentation on file, it appears that there was a lack of clarity, assumptions were made and no further conversation or clarification was sought. Decisions were then made on the basis of this incomplete and inaccurate information. A full review of the information that was available at the time, from various sources, may have led to a different decision. The RCY also notes that, in describing the reasons for removal, the ministry worker documented many past issues that callers had raised concerns about (e.g., cleanliness of house, supervision of the children, etc.) even though the ministry had not followed up on these concerns at the time.

Colby and his eldest sister were safety-planned together to the home of Violet's cousin Staci and her partner in a neighbouring First Nation, his middle sister was temporarily placed with a community member, and his two youngest siblings were placed in an MCFD-approved foster home in a nearby community. None of Violet's children would return to her again.

A fateful placement

Violet's cousin Staci lived on another small reserve nearby with her partner Graham. The couple resided in a modest duplex with three children of their own. A month after Colby and his eldest sister were moved to this home, their middle sister was moved there as well.

Staci and Graham had close neighbours and their house was near both the band office and community leaders' homes. In a small community, it was hard to miss the busy lives of these caregivers who were now looking after six children between the ages of four and 13.

The question of whether the MCFD social worker assigned to the family did her job adequately would become central to Colby's story, but it was by no means the only critical question. How the placement of these children happened is also at the core of this story.

According to ministry documentation, the decision to place Colby and his siblings with Staci and Graham was a joint decision. Documentation on the ministry's Integrated Case Management (ICM)[24] system entitled *"Incident Outcome,"* dated Oct. 21, 2019, says the Nation's designated band representative, the Department executive director at the time, and both the social worker and acting team leader from MCFD were all involved in deciding where the children were to be placed.

Ministry records show that all parties involved *"agreed with these placements."*

Through interviews with MCFD staff involved, RCY learned that other options had been considered. For example, the children's maternal grandmother was suggested by MCFD, but the Department rejected that decision, one interviewee said. It is unclear why other close family were not considered, including the great aunt and uncle with whom the children had previously lived and had a close and loving bond. In an interview with RCY, the great aunt and uncle said they had not been approached to take care of the children during this time and that, had they been asked, they would have accepted.

It's important to note that this placement decision was being made against an historical backdrop and a growing awareness that current colonial child welfare practices were disproportionately harming Indigenous children and youth. With the 2019 passing of the federal *An Act respecting First Nations, Inuit and Métis children, youth and families,* many Nations – including Colby's – were looking forward to restoring their traditional laws and practices for child well-being and resuming jurisdiction over the welfare of their children. This was a new and unknown landscape and a time of transition marked by confusion and a blurring of roles and responsibilities as MCFD and the Nation navigated through the transition to jurisdiction. In interviews with MCFD senior staff who were involved with this transition period, one thing became clear: maintaining good relationships with the

[24] ICM (Integrated Case Management) is the data system used by MCFD for documentation and case management of client records such as case notes, court documents, planning documents, and so on. Family Service (FS) files and Child Service (CS) files are two examples of how information is gathered and organized in ICM.

> The MOU between the Nation and MCFD from this period says that social work should be undertaken *"in a manner that supports self-determination; reflects local culture, customs and language; takes a holistic approach to child and family development; is non-discriminatory; and, includes proactive strategies for identifying and addressing the system[atic] and structural barriers that impact the well-being of children, families, and the [Nation] community."*
>
> "I think there was a lot of trust," said one senior MCFD staff person. "Given the work we were doing, there was a lot of leeway provided to staff … they were on a path to jurisdiction and it wasn't for the ministry to stand in the way of that or to challenge that in any way.

Nation was imperative to ensuring a smooth handover. While strong relations are essential to the trust and respect that supports the complex jurisdictional planning, negotiations and transitions, on the ground this translated into confusion around decision points and accountability for direct service MCFD workers.

At this time, the Department and MCFD were working collaboratively on child welfare in the Nation, under a Memorandum of Understanding (MOU) dated November 2011.

The ministry still had legal responsibility,[25] but, RCY investigators were told by several interviewees that direct service MCFD workers were often instructed to take the Department's lead when it came to decision-making as they best knew the children and families in their communities.

Interestingly, in informal conversations, community leaders suggested that MCFD often did not appropriately engage them in decision-making or respect their wishes and suggestions.[26]

This confusing working environment would play a role in the critical placement decision for Colby. According to MCFD records and interviews, when the Department's then-executive director suggested that Staci and her partner could care for the children, MCFD agreed. An MCFD executive director of service noted that Staci and her partner were described as "good people" by the Nation. However, RCY learned that two Department staff were aware, due to familial connections, of Staci's past abuse of her own child but that

[25] During the administrative fairness process, MCFD advised that Bill 26 - the *Child, Family and Community Service Amendment Act* in 2018, passed in 2018, recognized that Indigenous families and communities shared responsibility for the upbringing and well-being of Indigenous children and ensured greater opportunities for Indigenous communities to participate in planning, supporting, and caring for their children. Orientation sessions for MCFD and ICFSA social workers were held throughout the Province within each Service Delivery Area. Additional sessions were held for newly hired social workers in regional communities of practice. The amendments were also incorporated into the training new employees receive. The ministry confirmed that they still had legal responsibility and that this was communicated to staff. Despite this, RCY investigators learned from local MCFD staff that they were not afforded the opportunity to exercise their authority and that they were to follow the lead of the Department. A senior provincial MCFD staff person advised RCY that the *"they were on a path towards jurisdiction and it wasn't for the ministry to stand in the way of that or to challenge that in any way."* This is a clear example of the current confusion experienced by direct service workers.

[26] The Representative, while visiting the community and developing relationships with community leaders, had a number of informal conversations (i.e., not under oath and not recorded) and this information was shared with her during a community visit.

this knowledge was apparently not heard or explored during the decision-making process for the placement.

The placement decision was made without consultation with Colby's family, including his mom, the children's fathers and the grandmothers. Colby's maternal grandmother told investigators that while Staci was technically family, she, Violet and the children didn't know her at all.

When speaking with RCY investigators, the paternal grandmother of Colby and his eldest sister said she reached out to MCFD and offered to care for those two children. An Indigenous woman, she said she was willing to sell her home, relocate to a larger centre closer to a hospital and bring the children back to the Nation for cultural events. The MCFD social worker called the paternal grandmother back two days later to let her know that the Department had rejected the idea. This was despite Colton's support of his mother's plan and the strong cultural and familial connections that they were able to offer.

Ultimately, the legal responsibility to ensure that Graham and Staci were appropriate to care for three of Violet's children belonged to MCFD. There is no question that the ministry neglected to take a number of steps to screen the prospective caregivers prior to the emergency placement or as soon as possible thereafter as policy required.

A simple search[27] would have revealed to MCFD that Staci had several substantiated child protection concerns involving a child from a previous relationship and, as a result, had limited contact with that child. The search would have also revealed that there were allegations of intimate partner violence by Graham against Staci and concerns about Graham regarding alleged sexualized violence against children. All of the concerns about Staci that would have shown up in these checks, which weren't completed, were already known to some extent by Department staff.

Finally, no initial home visit was conducted to ensure that the home was ready for the children despite the fact the MCFD social worker had specifically requested and received from a colleague a detailed summary of what steps had to be taken in order to place a child. Records show that a home visit was not done until a month after the placement. Colby's child service record categorized him as "Living with Relatives" in this new placement, however MCFD did not establish a corresponding resource file, which would have allowed for the proper documentation of correspondence, training, support, contract funding and decision-making. RCY staff could find no clear reason why this important step was not taken. This chain of missteps was in stark contrast to the rigour that had been shown by MCFD when the same three children were placed with their great aunt and uncle in 2018.

Why these checks were not done is unclear as there are multiple perspectives. The MCFD social worker indicated to RCY that an excessive workload led to these missteps. MCFD senior staff have differing opinions. A former leader of MCFD puts the blame squarely on the assigned social worker who, in their view, was a vivid example of bad practice. "If the social worker had done her job at the end of the day, this wouldn't have happened," she said.

[27] MCFD Section 3.1. – Initial Record Review (IRR). An Initial Record Review (IRR) reviews past or current involvement with MCFD or an ICFSA. If a child protection response is required or for a home assessment, a Detailed Record Review (DRR) is completed (formally known as a Prior Contact Check or PCC). A DRR is a review of any electronic and physical files to determine how previous issues or concerns have been addressed; the responsiveness of the family in addressing the issues and concerns; and the effectiveness of the last intervention.

Another perspective shared in retrospect was that, because of the Department's depth of knowledge of the family, there was an assumption that its staff would have known of any "secrets" and concerns about the new caregivers' backgrounds. One senior staffer shared the possibility that MCFD social workers might have had concerns but didn't feel safe to speak up for fear of being labelled racist. Other MCFD staffers indicated there was implicit messaging from senior ministry leadership not to challenge decisions made by the Department "because of the amount of political noise that was impeding and guiding and influencing a lot of those decisions at that time." Not doing basic checks, said one senior MCFD staff member, "smacks of receiving some kind of direction from someone above."

Clearly there are many different and conflicting perspectives on what was going on. In trying to understand the dynamics of the time, RCY believes that many assumptions were made but that poor communication and lack of clarity about roles and responsibilities contributed to these assumptions and beliefs not being checked out.

The new caregivers – Appearance and reality

To some, Staci seemed like the perfect person to take on her new caregiving role. She was active in her community, involved in the canoe program and participated in the smokehouse. She had worked for the Department as a receptionist. "She presented herself really well," the Department's then-Executive Director told RCY. "She had that part in her that she was always doing her job."

In the beginning, feedback about her care was glowing. At an October 2019 renal appointment for Colby, it was noted that Staci *"had good rapport"* with Colby. In an email to the Department's family support worker regarding finding more spacious housing for the caregivers, the Department's executive director wrote: **"We need to support Staci to continue to care for the children. Staci has been doing [an] amazing job caring for children." The MCFD social worker assigned to the family described Staci as an excellent caregiver and recalled that, at the time, she had "zero concerns." "I talked with Staci and she texted me weekly. She would send pictures and she would come into the office..."**

Despite the confidence that many had in the caregiving situation, a team leader who was covering this MCFD region queried in an email whether steps were being taken to establish Staci and Graham as MCFD-approved caregivers: *"Is there work being done to get Staci set up as a restricted home?"* This is important, as it suggests that there was awareness that the due diligence checks, and a corresponding home study, were incomplete.

Other cracks also began to emerge, particularly with the onset of the COVID-19 pandemic, declared by the World Health Organization in March 2020 just four months after the children were placed in the home. On at least seven occasions Staci expressed by email and in conversations with MCFD and medical staff that she felt *"overwhelmed"* caring for the children and was finding homeschooling six children during COVID extremely challenging. *"We are falling behind and it's driving me bonkers,"* she told the social worker in an email. She had also emailed a social worker saying one of Colby's siblings had stolen money from her. When asked how she knew this, she indicated that they had installed video cameras in their duplex. RCY could find no follow-up documents highlighting any concerns about the monitoring of the children by video, which was a violation of their right to privacy.[28]

Staci emailed the MCFD social worker in June asking, "When can we start getting respite again? I'm starting to lose my mind. Kids have been home for months." Just a few months later, Staci emailed the social worker once more asking for a meeting of Colby's care team, stating again that she was feeling overwhelmed. Yet again, the next month, Staci emailed the social worker, asking her thoughts on whether the children should be kept home from school due to high COVID-19 cases in the area: "I kept them home today Urgh idk it's driving me batty. I know I'll get called out for there [sic] attendance." Three weeks later, in another email to the same social worker Staci stated, "I've been asking and asking for a care team meeting for over a month now... We need one." It's important to note that Staci's calls to the social workers or school were often responded to and there are records showing

[28] During the administrative fairness process MCFD suggested that there is no evidence that the care providers were using the cameras to monitor the children, however, RCY notes that the care providers used the cameras to "catch" one of the children "stealing" and yet there was no questioning at the time about the intention of the security cameras and how the care providers were using them. The ministry documented first being aware of the video cameras in 2019.

that Staci would sometimes not attend the meetings she had in fact requested when they were finally set up. This inconsistency – requesting help and then not engaging with help – was apparently not explored with Staci.

MCFD Centralized Screening[29] received a concerning report in October 2020 about the children being around Graham, saying that Colby and his two siblings were placed in a home where the male caregiver allegedly had a history of sexual abuse against children. Documents show that the ministry did not assess this information as a child protection concern, nor did the report prompt the assigned social worker to undertake further due diligence on the caregivers. This report was sent to the local MCFD office and attached to Violet's family service file. There was no evidence of further follow-up on these concerns.[30]

Colby's maternal grandmother also raised concerns within the community and there is no documentation to support where those concerns went or how they were addressed. She told RCY investigators that when the children were first placed with Staci and Graham, they attended a school right beside the daycare in which the grandmother worked. When they were outside, the children would run over to talk with her and, at times, would tell her they were hungry.

The grandmother told investigators that she would give the children food from the daycare. She also recalled that, one day, Colby didn't have any socks on, so she gave him her own socks through the fence that separated the daycare from the school. These kinds of situations happened often enough that the grandmother began proactively bringing clothing to the daycare in case the children needed it.

The grandmother indicated to RCY investigators that she didn't know how to go about expressing her concerns to the Department or MCFD. The grandmother's supervisor at the daycare tried to help her navigate MCFD with her concerns about the children, but RCY investigators could find no documented evidence that this resulted in any reports or complaints received or acted upon by the ministry. It is possible that complaints were received at the local office but not documented.

Simultaneously, family planning meetings for the children, arranged by the ministry, were occurring without Colby's grandmother or any other family attending. Despite the Department employing a child and family advocate, the grandmother felt the need to ask her supervisor at the day care to advocate on her behalf for the children.

The grandmother also recalled that, during one visit with family not long after the children were placed in Staci and Graham's home, Colby would not let go of his great uncle and begged not to be returned to their home.

[29] Provincial Centralized Screening (PCS) is a division within MCFD that answers calls related to child protection reports and family support requests for the province. It operates 24 hours a day, 365 days a year. Staff at PCS assess the calls to determine what type of response should be provided. PCS also answers the toll-free Helpline for Children and a line dedicated to providing after-hours caregiver support services.

[30] During the administrative fairness process, MCFD advised that they reviewed ICM records and determined that the concerns that were raised at the time about Graham were screened out as third hand information. The ministry also noted that concerns about Graham had been considered in 2012 and he was determined not to be a risk any longer. RCY notes that this information was not searched at the time of the placement decision being made however, nor were records checked when the call came in about Graham's past.

The isolation of Colby – A hidden child

During the last seven months of Colby's life, Staci withdrew him and his younger sister from all contact with family members and professionals outside her home. The pandemic allowed this isolation to go unquestioned leading up to Colby's death. Records obtained by RCY showed that gradually – and possibly intentionally - there would be fewer and fewer eyes on Colby and the other children living in Staci and Graham's home.

"When they first came [to the home], they were involved with youth groups, canoe paddling – they were always playing outside," the designated band representative for the neighbouring Nation where Staci and Graham lived, told RCY investigators. However, as the pandemic continued, the designated band representative said he and other community members didn't question why they weren't seeing Colby anymore. They assumed, he said, that Staci and Graham were keeping him separated due to his health issues. "It was a perfect time that something like this could happen."

Isolation from family

Gradually, Colby's family would see him less and less. Case notes indicate that seven family case planning conferences (FCPC)[31] were held by the ministry during the time the children lived with Staci and Graham, but Violet only took part in one and no other family members participated in any. Family members state that they were not invited and were not aware that they were taking place, and ministry records don't indicate who was invited to participate – only those who were in attendance. According to interviews with RCY investigators, family members who tried to visit the children were often rebuffed by Staci.

Despite assertions by Staci to MCFD social workers that no family members had tried to visit the children, Colby's maternal grandmother and great aunt both told RCY investigators that they attempted to see the boy and his siblings while they were placed in Staci and Graham's home. The great aunt recalled using Facebook to contact Staci, who agreed that she could come for a visit. However, when she arrived at the home after a 45-minute drive, Staci answered the front door and told the great aunt that the children wouldn't be taking part in a visit that day because one of the children "had been bad." Colby's grandmother said she was told by MCFD to connect with Staci if she wanted to see the children, but that Staci would not return her calls and changed her phone number. One of Colby's paternal grandmothers shared a similar experience. Colby's maternal grandmother told RCY investigators that she also visited Staci and Graham's home in person but was not permitted to see the children.

Colby's dad did manage to see him and his older sister. He had two visits with them early on in their placement. His final visit with Colby came in December 2019, just two months into their stay in the home. It would be the last time Colton would see his son alive.

"When I saw him last has been haunting me a bit," an emotional Colton told investigators. "I dropped him off at that house, he just latched onto me, grabbed me and squeezed me. I took it as he's going to miss me, you know – he just has to get out [of the car] now and I'm going home. But he [seemed] like: 'Don't drop me off here', you know, like I just wish he [had actually said something] – 'Dad I don't want to go here anymore.' I would have been like, 'let's get out of here, no problem.' I don't care about the ministry at that point. I would have just drove away…"

Seven months into their placement, MCFD documentation shows that both Colby and his older sister had been referred to counselling as they were *"starting to feel the absence of their family."* Documentation shows that the children were connected to a counsellor through Fraser Health but no further details were available in MCFD records.

Colton emailed the MCFD social worker near the end of October 2020 inquiring about arranging more visits with his two children. The social worker responded by saying she would contact Staci to work out connections with them. However, no visits occurred for Colton as a result.

[31] A family case planning conference is a collaborative meeting with families, MCFD and other supports, and is often hosted by a neutral third party to create plans for children and youth. Section 20 to 24 of the CFCS Act provides a legal basis for these conferences which are referred to as *"mediation or other alternative dispute resolution mechanisms."* The *CFCS Act* and MCFD policies also support traditional decision-making for Indigenous families and may look different for each Nation. MCFD often refers to these processes as Collaborative Practice and Decision Making (CPDM). MCFD Section 3.4 describes CPDM processes in greater detail.

"I asked him [MCFD team leader] about video calls with [Colby] as he wants to talk, and I have video [Facebook] calling if he would like to ever call," Colton wrote in an email to the MCFD social worker. "Mon-Fri his little sister [Daisy] and I are always around after dinner time. Best time to call as she asks about her brother and sister quite often. It would be awesome for them to get to know each other a little more. 🙂 "

Colby's maternal grandmother also told RCY investigators that Violet attempted to contact MCFD to arrange visits with her children or receive updates about them and didn't receive responses. She said that her daughter would sit in the office shared by MCFD and Department staff waiting for the MCFD social worker, but that the social worker would leave out the back door rather than see Violet.

> I dropped him off at that house, he just latched on to me, grabbed me and squeezed me.
>
> – Colby's father Colton

In an interview with RCY investigators, the MCFD social worker offered a much different recollection of this period. She said that Violet did not make the same effort to visit her children as she had when they were placed with the great aunt and uncle. "This time was different," the social worker said. "[Violet] held so much guilt for what happened [the alleged sexual assault of Colby's younger sibling], I don't think she would be able to face the kids." The social worker added that other family members had not asked her for access to the children. "They knew how to get a hold of me," she said, "but [the maternal grandmother] didn't ask – nobody really asked at all."

The community was closed to non-residents for a significant period of time following the onset of the COVID-19 pandemic. This would have restricted on-reserve visitation with children in care from their non-resident family members. However, RCY found no indication through interviews or documentation that the Department staff attempted to connect Colby and his siblings with his family in other ways during this placement, despite one of the Department's stated key priorities being to ensure that *"[Nation] children and youth have permanency, stability, connection/reconnection to their families, culture and community."*

Isolation from professionals

As well as isolating Colby and his siblings from his family, Staci and Graham also steadily withdrew the children from a host of other interactions with professionals that would have ensured they were noticed by other people in the community.

What would appear to be a pattern was noted in the first three weeks that the children were placed with Staci and Graham. In an email, Staci told the MCFD social worker that she didn't want the drug and alcohol counsellor who had previously worked with Violet to speak to the children. The counsellor lived near Staci and Graham and later told RCMP she was concerned that Staci was not allowing family members to visit the children.

Shutting people out would continue and was particularly concerning considering Colby's ongoing complex medical needs. Colby was seen by his family doctor at an on-reserve clinic on May 13, 2020, due to a sudden onset of vomiting and fever. This marked

the last time he was seen in-person by his family physician. Over the next nine months, Colby would miss at least six documented medical appointments, with Staci usually explaining that the boy was sick or citing COVID-19 concerns as reasons for the missed appointments with physicians or for medical testing.

The MCFD social worker accompanied Staci and Colby to the BCCH Cardiology and Renal Clinics on July 27, 2020. Notes from this visit show that he weighed 28.3 kilograms, which was an improvement from 10 months earlier but still placed him in the fifth percentile for boys his age. Despite his fragile health, this would mark the final time Colby was seen in-person by either a member of his medical team or MCFD staff.

Medical professionals attempted many times to reach out to both Staci and MCFD in response to Colby's missed appointments. Between early August and October 2020, there were multiple emails from the boy's medical care team to the MCFD social worker and Staci. The following chain of communications vividly shows the frustration Colby's medical team experienced in trying to see him:

A BCCH staff member emailed in September: *"Hi [Staci], labs have not been done and it is very important to repeat labs given the elevated creatine. I will ask for the social worker's help in getting [Colby] for labs if you are having trouble getting him in."*

Later that month, the same BCCH staff member emailed the social worker, asking for help to get Colby in for bloodwork. And on Oct. 15, she emailed the social worker once again, writing: *"I have emailed you as well as emailed [Staci] many times. Labs have not been done on [Colby] since July. We had wanted full labs in August and despite numerous reminders and emails this had not been done. What is going on?"*

Records show that the social worker responded that same day in an email, explaining that she had been off work for two months and had just returned. On Oct. 21, 2020, the BCCH staff member emailed the social worker yet again: *"[Colby] needs to have labs today and if he is quite sick he may need to be seen in emergency."*

Colby's blood work was finally completed in late October 2020. After receiving the results, a BCCH representative emailed Staci to report that Colby's iron levels were far lower than ideal and asked whether he had been taking his prescribed iron supplements each night. Staci responded that he had been taking them.

On Nov. 2, Colby took part in a Zoom appointment with the BCCH Renal Clinic that included Staci and the MCFD social worker. BCCH had requested Colby's height and weight measurements be provided for this meeting, but Staci did not offer them. The social worker recalled that Colby "looked happy, smiling, talking" during this session. This marked the last time MCFD or medical professionals would see Colby virtually.

On Dec. 9, BCCH's associate chief of surgery personally reached out to the MCFD social worker. In an email, he indicated that, due to Colby's health issues, as well as the complex reconstruction of his kidney, he required post-operative follow-ups: *"Our multiple attempts to book him for an ultrasound [have] failed. The family has not shown up to their last appointment which was booked at BC Children's Hospital for the ultrasound."* The social worker replied the same day, promising to take action and forwarding this email to her team leader, indicating that she was concerned and that she would speak to Staci about it. RCY investigators could find no documentation indicating that this was addressed with Staci.

On Feb. 4, 2021, BCCH BCCH again contacted the social worker with concerns about Colby. The email stated that the boy had not been seen by the hospital's associate chief of surgery since early April, 2020, when Colby's stent was removed. It indicated that his last ultrasound had been done on July 27 and that he had been due for a follow-up ultrasound in October. Both the doctor and his assistant were concerned as they had attempted to reach Staci and the social worker multiple times via email and phone but received no response. The social worker responded the same day, saying she would call as soon as possible. But two weeks later, BCCH sent a follow-up email saying that the doctor's assistant still had not heard back from the social worker.

The BCCH administrative assistant told RCY investigators that communication with the MCFD social worker had been fine for years until just before COVID-19 hit when *"things really went dark." "[We] couldn't get a hold of her,"* she recalled. *"I did email various times, [saying] I'm worried about the patient, [the surgeon] was worried … I remember the very end me emailing her, calling the office… trying to find a manager for her. To say something was going on. The care people, the caregiver kept canceling."*

The BCCH associate chief of surgery expressed his frustration to RCY investigators about a lack of communication by the MCFD social worker and about not being able to see Colby: "[There were] lots of no shows …. sometimes no explanation."

The children were also eventually isolated from the respite care providers who had provided Staci and Graham with hundreds of hours of relief starting in March 2020.

The female respite care providers told RCY investigators that Staci had instructed her not to feed Colby and his middle sister as a form of punishment during one late fall weekend in 2020 while they cared for the children. Neither respite care providers agreed with this and they did not follow Staci's instructions. The female respite care provider said that, when Staci found out the children had been fed, she was upset. This led to the end of their respite arrangement. However, the respite care providers did not report Staci's direction to withhold food from the children to the Department or MCFD.

The male respite care provider recalled to RCY investigators that, after one earlier stay with the couple, Colby had disclosed that he didn't want to go back to Staci and Graham's home. The male respite caregiver said he reported this to the Department's family advocate manager, who said she would look into it and talk to the children.

Not seen by his social worker for seven months

While Colby continued to be isolated from family and medical professionals, the lead social worker on his case did not see him, either. According to MCFD policy, a social worker must visit a child in care in the home at least every 90 days and, when a child has complex medical needs, best practice suggests these visits should occur even more often. Even at the height of COVID-19 pandemic, the requirement for in-person visits continued to apply unless an exemption was approved by a Director. RCY could find no evidence of such an exemption in Colby's case.

While she may not have had contact with the children, the social worker did have extensive contact with Staci, including three in-person meetings, during those seven months. Records show that the social worker was also in contact with Staci at least 50 times through texts, messages and email exchanges.

The social worker also had one in-person interaction with Colby's sibling – a Jan. 22, 2021, meeting at the band office when Crown counsel interviewed her regarding the previous sexual assault allegations There is no record of the social worker having a private conversation with the sibling on this date or the worker noticing anything unusual about the sibling's appearance or presentation despite this meeting occurring at the height of the children's abuse.

MCFD Practice Guidelines In Response to COVID-19

MCFD Interim Practice Guidelines came into effect March 23, 2020, in response to the COVID-19 pandemic. They *"were intended to minimize in-person contact whenever possible, while ensuring the safety of vulnerable children, youth and families, support for youth in conflict with the law and public safety."* These guidelines were applicable to all service lines (Adoptions, Child and Youth Mental Health, Child Protection, Guardianship, Resources, Services for Children and Youth with Special Needs, and Youth Justice). Practice bulletins were regularly updated and guidance was provided to ensure that orders from the Provincial Health Officer (PHO) were followed. When a child protection report was made, staff were to "interview all children and parent/s in person. Exceptions must be approved by a Director of Operations/DAA Manager"…. *"Any exception for a Resource Worker not to complete an in-home visit as a result of COVID-19 needs to be approved by a Director of Operations/DAA Manager. This exception needs to be documented in the RE [Resource] file, along with a plan for when the in-home visit will occur."*[32]

[32] Source – https://intranet.gov.bc.ca/assets/download/579D5A236E7446F7AAC6AE3DAFF83331 retrieved May 23, 2024.

Isolation from school

In September 2020, Colby was back at school. COVID-19 restrictions were relaxing and he started the school year appearing to be happy and healthy, according to his teachers. But his attendance suddenly dropped, with records showing 21 absences in one 26-day period during September and October. In short order, neither he nor his middle sister were attending at all. Meanwhile, Staci was sending her own children to school with much more frequency. A teacher told us *"We were seeing the bio kids and not the foster kids – right away we were thinking what is going on here?"*

A number of teachers told RCY investigators that they and other school staff raised concerns about the children's attendance with the principal, but nothing came of it. *"I don't know why more pushing wasn't done – [we were] definitely concerned about it. I felt like I did communicate my concerns."*

A teacher recalled that the school tried to contact Staci regarding Colby and his younger sister's attendance. *"Between [the principal] and myself and [another teacher], I know we made several phone calls about the attendance – 'Anything we can do?' Quite a few calls went out. Always an excuse as to why they weren't coming."* This teacher recalled asking her principal about Colby after he stopped attending. She also recalled questioning why he and his middle sister weren't attending when other children in the home were. *"I did ask about that a couple of times, but never got a response on it."*

A number of school staff told RCY investigators that Staci came across as "cold" and would only meet with them over Zoom. One recalled asking why Colby and his middle sister couldn't go to school when they were going to respite care and band activities. "[Staci] was very angry," she said. The same staff member said she would ask Staci during Zoom meetings if Colby and his middle sister could come on camera, only to be met with a "they're busy" response from Staci.

The school district's child and youth in care advocate[33] emailed the MCFD Team Leader about Colby's attendance on Oct. 19. The following day, the MCFD social worker attended a meeting with district staff, during which alternative schooling options were discussed for the boy. Notes from a subsequent school-based care team meeting on Oct. 26 indicate that neither he nor his middle sister had attended much school. Staci explained during this meeting that this was due to COVID-19 and because Colby had been ill. The next month, the MCFD social worker emailed BCCH to discuss obtaining a doctor's note recommending home-schooling, although the worker did not attend the home or arrange to meet with Colby to make her own assessment.

During this period, several alternate options for Colby's education were offered to Staci. The school district principal reached out to the head of the district's Hospital Homebound Program as a possible solution. The principal also told RCY investigators an alternate online option was offered, as was the possibility of the boy attending the temporary schooling being offered by the Nation office twice a week in late 2020, but that Staci wasn't interested in these options.

Staci attended a school-based care team meeting for Colby in November, where it was documented that the team would indeed be moving toward involving him in the Hospital Homebound Program. Colby was scheduled to begin this program in January 2021 but, despite multiple attempts, the Hospital Homebound Program worker wasn't able to get the caregivers to engage.

Meanwhile, staff at the school were making efforts to reach out to the family and a computer, box of food and some resources for Indigenous activities for the children were taken to the home. "I showed up there… nobody came to the door.…" His classroom teacher prepared a package of materials for Colby to work on from home. "It never got done," she recalled.

Six days before Colby's death, Staci sent an email to the principal of his elementary school advising that Colby and his younger sister would not be returning to the school and would be transferred to a new school. The principal forwarded this email to the district's advocate for students in care. Records show that both professionals were surprised and confused by this decision. The MCFD social worker had also been unaware of Staci's decision to switch schools for the children again. She subsequently reached out to the new school that Staci had chosen to set up a transitional meeting.

[33] Some school districts have engaged advocates to support students who are also children in care, who serve as key members of a child's school-based team. Further information on supports for children in care within the education system is available at Supporting children and youth in care in the K-12 education system - Province of British Columbia (gov.bc.ca)

Note to readers: The following sections contain information that you may find disturbing. Please read with caution and reach out to supports listed earlier in this report should you need them.

The final days of Colby's life

Colby never would return to school. On Feb. 26, 2021, while the other kids in the house were getting ready to go to a birthday party, video footage would capture Staci repeatedly beating him to the point where he became unresponsive. Evidence would show Colby on the couch with Staci beside him with her cell phone in her hand. It would be 40 minutes before she called 911. As she waited, she did not seek help from anybody in her small, close-knit neighbourhood or from her brother who was in another room in the duplex where she lived.

She would eventually make the call to 911. She told them Colby had fallen down the stairs. She was *"freaking out"* she said. She was telling him to wake up, she told the 911 operator, and he was not.

Five ambulances arrived on the scene. When first responders headed to the house, Colby was unresponsive. One paramedic described being *"flabbergasted"* by what she saw. Colby was so thin, and cold. His situation was so grave, Air Ambulance and Advanced Life Support were called. The RCMP was also called.

According to documents, Staci told first responders and police a variety of conflicting stories. In one version of events, she said Colby had been in the living room playing video games and eating when he collapsed. In another, she said that he had fallen down the stairs and hit his head. In another, she recounted that he had gone to get a bowl of cereal and collapsed. And in yet another, she said that he had fallen off the couch and gone into cardiac arrest.

As Colby was being flown by helicopter to Vancouver, paramedics worked to keep him stable. Even through the months of intense and sustained abuse that would soon become known to the health care practitioners, Colby's resilience would show itself again. His fragile heart that just half an hour before had stopped beating, would start beating well again. *"His heart was good,"* recalled one of the paramedics.

But it was the other injuries that started to concern the first responders – signs of increasing swelling and bruising that just weren't adding up with the story they had been told about Colby falling. Their concerns that something else had happened proved to be right.

Colby was examined by several specialists at BCCH. He was found to have injuries to his head, brain, lungs, abdominal organs and skin. He was chronically malnourished, weighing just 28.8 kilograms when he died, compared to the average weight of a child his age of 48.9 kilograms. The specialists believed his injuries were non-accidental. Radiology revealed that he had multiple fractures and a CT scan showed that he had a traumatic and inoperable brain injury that was incompatible with life.

Colby would keep fighting over the course of the next two days but he succumbed to his injuries and he was declared neurologically dead. Although Violet and Colton were initially prevented from visiting their son following his hospitalization, they were able to see him on this date. His maternal grandmother said her goodbyes via the ministry – she asked that a simple message be passed along – *"Honey boy, grandma loves you really lots and I'm always thinking of you."*

Colby was removed from life support four days after the assault and died.

Representatives from the two Nations where Colby had lived agreed on a cultural ceremony to be performed at the hospital as he was taken off life support. Later that week, Colby's body was returned to his home community where he was buried.

Three months of horror behind closed doors

While Staci was sending texts to the social worker showing the kids with Santa and seemingly enjoying family outings and activities, video footage seized from the house following Colby's death would tell a very different story.

The video cameras installed in the home of Staci and Graham captured nearly 1,600 clips comprising more than 400 hundred hours of horrific abuse experienced by Colby and his younger sister in the last few months of his life.[34] During the sentencing hearing for Staci and Graham in Provincial Court that abuse was summarized by the judge in the following words:

"It is incomprehensible how someone can inflict such pain, suffering and violence on an innocent child. [The children] were put in [the caregivers'] care for protection. The exact opposite occurred. Their actions against these children were evil and inhumane."

They would go on to say that the abuse was *"deliberate and protracted and at times involved the use of weapons, restraints and the infliction of severe physical and mental pain and suffering."*

According to an Agreed Statement of Facts used during sentencing, Staci and Graham abused Colby and his middle sister repeatedly and for prolonged periods of time between Dec. 1, 2020, and Feb. 26, 2021. RCMP's records of their interview with Colby's older sister note that she said the abuse in the home began in 2019, within the first three to five weeks of the children moving into the home.

[34] In the Agreed Statement of Facts presented at the sentencing hearing, Staci and Graham acknowledged that the abuse and torture of the children occurred in all but one room of the house, although the video cameras only captured the abuse occurring in the kitchen and living room. It is therefore clear that the children suffered even more than what has been documented.

It was learned through the courts that the couple abused the two children both separately and together. Colby and his middle sister were subject to extensive physical abuse including being grabbed by the throat, picked up by their ears, pulled by their hair, kicked, stomped on, held down, punched, dragged, pushed, swung around, choked, knocked down, restrained, blindfolded and gagged. They were struck hard with various weapons including a 2x4 (wood), a broom handle, a cellphone, kitchen utensils, a bucket, a belt, keys, a spray can of Lysol, and the butt-end of an axe.

Colby and his middle sister were forced to do repetitive exercises such as squats and jumping jacks for hours at a time, often while naked or wearing diapers and sometimes while blindfolded or with their eyes covered by duct tape. Video evidence showed Staci and Graham at times laughing at and mocking the children as they were being horrifically abused.

Once, Staci shaved Colby's head as a punishment. But the abuse went beyond physical punishment. These two children were excluded from activities such as baking and sitting on the sofa watching television with the other children in the home. Colby and his middle sister would at times be locked in a dark closet under the stairs of the duplex where the hot water tank was housed.

Food deprivation was used as a form of torture. Colby and his middle sister were not provided with the same food as their older sister or Staci and Graham's own children, and instead had to watch the other children eat. When Colby snuck food from the kitchen late at night because he was hungry, he was punished as a result. On more than one occasion, Colby was forced to eat dog food out of a can. What he didn't eat was put outside

for the dog. In some instances, he and his siblings were also forced to eat their own feces or vomit and drink their own urine. At times during the abuse, Colby experienced difficulty breathing. And although he was supposed to use an inhaler daily, no active inhalers were found when police later searched the residence.

Perhaps most shocking was that the evidence revealed that Staci and Graham forced other children in the home to also enact violence on the two young children.[35]

On the day Colby suffered his fatal injury, a nine-minute video clip horrifically shows the real truth of what happened to Colby. He hadn't fallen down the stairs or suddenly collapsed, Colby had been dragged into the kitchen, thrown to the floor and attacked by Staci multiple times as another child was made to look on. He was kicked, slapped in the face, and choked as Staci placed her bodyweight on top of him.

As he tried unsuccessfully to stand up and put on his shirt, Staci picked up Colby again and threw or dropped him toward the floor. Because his arms were trapped inside his shirt as he was trying to pull it on, he couldn't brace for the impact and his head hit the hardwood floor. The location of Colby's fatal head injury appears to line up with how he crashed to the floor in this instance. Within minutes of this incident, he became unresponsive, and Staci picked him up and threw him into a recliner chair.

The horror that the children were experiencing throughout this time went undetected by MCFD and the Nation and, at the same time as the abuse was intensifying, MCFD was considering these caregivers as a permanent option for the children.[36]

Even though there had been no initial checks on Staci and Graham, Colby had not been seen in seven months, and numerous concerns were being raised by health care and education professionals, MCFD had begun planning to do a home study on the couple as a step toward approving them to take permanent custody of the children they had been torturing.

> "We're telling you we have concerns. I don't see this kid [at school]. And you're telling me you're going to put him [in that home] permanently? And he literally died that weekend."
>
> **– School-based worker upon learning that permanency planning had begun for the children with Staci and Graham**

RCY investigators learned through interviews that the MCFD resource social worker assigned to complete the study was scheduled to meet with Staci and Graham in their home on Feb. 26, 2021, the day Colby was taken to hospital. Colby's grandmother told RCY investigators that, following her grandson's death, the MCFD team leader visited her home and advised her and her brother not to tell anybody about what had happened. She recalled that this felt like a threat.

[35] This is a particularly disturbing aspect of the violence that Colby and his sister endured at the hands of their caregivers. The caregivers' actions constituted abuse of children who were forced to inflict violence on another child. The Representative will not be sharing further details out of respect for the surviving children.

[36] A s.54.01 order under the CFCS Act is the permanent transfer of custody to a person other than the child's parent (kith or kin) who are currently under an EFP or Out of Care temporary custody order. A s.54.1 order is the permanent transfer of custody of a child from MCFD under a Continuing Custody Order (CCO) to a person other than a parent (kith or kin). Both orders are considered permanency options. Supports (i.e., health supports and post majority supports) under s.54 orders varies and for some services is less then interim and temporary out of care orders and agreements. The assessment processes for prospective care providers are different between s.54.01 and s.54.1 orders. Indigenous children require specific approval process for both orders.

The criminal proceedings

The Integrated Homicide Investigative Team (IHIT) took over the criminal investigation on Feb. 27, 2021, once it was determined Colby would not survive his injuries. IHIT recommended a number of charges against Staci and Graham in its report to Crown counsel, including that Staci be charged with second-degree murder in the death of Colby, failing to provide the necessaries of life to both Colby and his middle sister, and both assault and aggravated assault on the sister. IHIT recommended that Graham be charged with manslaughter in Colby's death, failing to provide the necessaries of life for Colby and his middle sister, assault and aggravated assault against the sister and discharging an air pistol with intent to wound Colby.

The Crown decided to lay manslaughter charges against each of Staci and Graham for the death of Colby as well as charges of failing to provide the necessaries of life, unlawful confinement, aggravated assault and the use of a weapon in committing assault against both Colby and his middle sister. Graham was charged with an additional count of using a weapon to commit an assault. The couple were arrested on Aug. 6, 2021, and released on conditions five days later.

Trial was avoided when Graham and Staci each pled guilty in August and November, 2022, respectively, to one count of committing manslaughter against Colby and one count of committing aggravated assault against both Colby and his middle sister. Sentencing concluded on June 16, 2023. The process included the presentation of Gladue[37] reports which documented care providers' childhood exposure to and experience of violence, including physical and sexual assault as children and adults, exposure to alcohol use, parental mental health disorders and learning challenges.

The judge agreed with Crown and defence counsels' joint sentence proposal of 10 years each for Staci and Graham for the manslaughter conviction and six years each for the aggravated assault conviction, to be served concurrently.

Victim impact statements spoke to the immense grief and loss that those who knew and loved Colby have suffered as a result of his horrific abuse and death. One described how everyone fell in love with Colby due to his personality, kindness and smile.

A number of family members made victim impact statements, including Violet, who communicated through the probation officer who did the pre-sentence report. Violet told the officer that, as a result of what had happened, she felt *"untrusting of child protection services who were unable to keep her child safe*" and that she felt *"isolate[d] in her community due to the tension [Staci and Graham's] behavior has caused."*

[37] Gladue reports identify relevant systemic and background factors in the individual's life that can be considered by courts when sentencing an Indigenous offender. In accordance with the British Columbia First Nations Justice Strategy, effective April 1, 2021, the program transitioned from Legal Aid British Columbia to the British Columbia First Nations Justice Council (BCFNJC). Anyone who self-identifies as First Nations, Metis or Inuit has Gladue rights and can request a Gladue report. The BCFNJC prepares Gladue reports for bail, sentencing, appeals, long-term offender hearings, dangerous offender hearings and parole hearings. Information available at Gladue Reports | Info on report requests, report writing, and more. (bcfnjc.com).

Violet's mother and her aunt both expressed to the court how much Colby's death had hurt their family. The grandmother said she was suffering *"physically, mentally, emotionally and spiritually"* as a result, and believes Colby *"died under the impression that he was unloved because she was unable to interact with him prior to his death."*

Statements in pre-sentence reports by representatives from both First Nations spoke to the negative effects on the surviving children and on both communities by what happened to Colby. A representative from Violet's community said it has caused *"disruption between families and family relationships and a deep distrust within the community."* They went on to state, "*Overall, this offence has created widespread harm in both Indigenous communities which will take time, effort and resources to manage.*"

A community impact statement was provided by the Chief and Council of Violet's Nation. The statement sets out the makeup of the community. *"It is a small and close-knit community grounded in culture, tradition and teachings. The loss of [Colby] has had a devastating impact upon this community. In particular, the circumstances under which he died have devastated the community … [Colby's] light is now gone … in honour of [Colby], the community is dedicated to ensuring that no other child will ever be taken in this way and will work diligently to keep their children safe from harmful individuals."*

A story with no ending

When Violet first learned that her son had died, she desperately wanted to be with her own mother but couldn't find anybody who would give her a ride. It took her several hours to walk alone, in the winter rain, from Nation lands to find the consolation only her own mother could give her.

In the days and months that followed, Violet's mental health and substance use challenges would continue as she struggled to live with the pain of losing her miracle child and the cumulative grief and loss in her life. Substances were a way to numb the deep pain that she was experiencing. Violet died 20 months after her son had died from what was believed to be a toxic drug poisoning. It may have been the drugs that took her life but, given all that she lived through and the loss of her sweet boy, RCY can't help but think that Violet's heart was broken and this is what led to her death.

The excruciating loss of Colby was – and still is – felt by his family, his community and those who were touched by his gentle and resilient spirit.

Following Colby's death, Violet participated with MCFD in a collaborative practice and decision-making process to discuss planning for her surviving children. They were placed in three different homes after being removed from Staci and Graham's care and each of the children has since been moved to other placements. One child has been moved several times. In December 2023, two of the children were placed together in an off-reserve staffed residential home (group home) and they remain disconnected from their other siblings. RCY has since received a reportable circumstance concerning mistreatment of one of the children by a staff member, witnessed by the other child. It is important to note that in achieving the placement of

two children together, one of the children was removed from a stable placement with an extended family member. Family members have expressed significant concerns about the well-being of the children in their current placements and continued lack of belonging and connection. The RCY shares their concerns. The ministry and Department hope that some of the children will be able to live together in the future. Only one child is currently living with a family member and there remains a lack of family connection for the children despite requests from several family members.[38]

RCY continues to be involved in these children's lives. While we recognize that the ministry has invested considerable resources in these children since the death of Colby, we wonder where these children would be if, at many different points in their lives, resources had been provided to Violet, her mother, the great auntie and uncle, or even the caregivers. The children's connections with extended family and with one another continues to be constrained, with one of the children being moved away from safe and secure family into a staffed resource that has been unable to provide the quality care that the child has a right to receive.

The children's connections with extended family and with one another continues to be constrained, with one of the children being moved away from safe and secure family into a staffed resource that has been unable to provide the quality care that the child has a right to receive.

Staci and Graham's three children were safety-planned into the care of the couple's former respite caregiver following Colby's fatal injury and remained with this caregiver until July 2023. This placement came despite multiple previous reports received by MCFD against the female respite caregiver of physical violence against children. In July 2021, RCMP reported to MCFD that there were video records of violence enacted by this caregiver on the children, but the ministry closed the file with no concerns. Staci and Graham's children were not moved from this home until after another report of physical abuse against the caregivers in July 2023.

In conversations with RCY, community leaders shared that this tragedy had a significant impact on families and communities as they grappled with how this could have happened, what was missed and who might have known something and shared something that would have made a difference to the trajectory of the story. Leaders also expressed concern about the issue of violence within their community and the need for healing to disrupt intergenerational cycles of violence.

Cultural support and ceremony were offered in the hospital when Colby was removed from life support. And in the weeks after the sentencing hearing, when new information came to light about what had happened, the community held a healing ceremony for all who were connected with the family. This ceremony was the very important beginning of a long healing journey ahead for these communities.

[38] RCY notes that the onus to create and sustain familial connection should not be on the family members alone. The Department and MCFD staff have important roles to play to create opportunities for familial connection.

MCFD has made some changes following Colby's death. In summer 2020, the Provincial Director of Child Welfare had started a yearly "real time" check to ensure all children and youth in care had been seen in the last 90 days as per policy.[39] RCY notes this did not occur for Colby. In summer 2023, this expanded to a "real time" check conducted every quarter. Additionally, as of Sept. 1, 2023, children and youth in EFP agreements and those in Interim or Temporary Out of Care orders must be seen in the home every 90 days. Previously, this only applied to children in the care of MCFD (i.e., placed in foster homes and group homes). It is noted that the ICFSA's AOPSI standards[40] have a 30-day policy requirement for children and youth in care to be seen, compared with the 90 days set out in MCFD policy. ICM upgrades in Oct. 2023 also include an applet to better track and record when children and youth are seen by their social workers.[41]

Questions continue to be on the minds of family, friends, community members and staff as well as the many professionals who were involved in Colby's life. Many shared with RCY that they wonder what more they could have and should have done. Hospital staff have asked themselves, "What more could I have done to get Colby to his appointments?"

Colby's school-based worker wonders what might have happened if, when she was dropping off Colby's schoolwork and Staci and Graham didn't answer the door, she had waited just a little longer before leaving.

We will never know for sure if one small action could have changed the trajectory of this boy's life – but there's no question that collective action could have done so.

Colby's story broke our hearts, but it built our conviction that caring for a child takes so much more than one person – one doctor, one social worker, one parent, one teacher. It takes a system to come together to truly "see" a child, to understand them, to love them and to ensure they thrive. Colby has taught us so much – but the learning is far from over.

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[39] During the administrative fairness process, the ministry indicated that they had been tracking CIC visits prior to 2020, however, RCY notes that had the tracking been effective in ensuring that children were regularly seen by social workers, the abuse that Colby and his sister were experiencing may have come to light.

[40] The Aboriginal Operational and Practice Standards and Indicators (AOPSI) are the polices and standards by which Indigenous Child and Family Service Agencies (ICFSA's - formerly known as Delegated Aboriginal Agencies or DAA's) provide services. Though the emphasis of some of these standards differ from those of MCFD, the safety and protection of children are always paramount. The AOPSI standards either meet or exceed those established by MCFD.

[41] During the administrative fairness the ministry advised that as of December, 2023, a Child Visit Report is now available in government's corporate data warehouse, allowing for real time, accurate and efficient data collection regarding child visits.

What we learned through Colby's story

When a tragic incident occurs that takes the life of a child, it is tempting to point a finger – to identify one thing or one person responsible for the death. But in Colby's case, there was no one thing or one person wholly responsible for his death.

Instead, we see a litany of actions, inactions and missed opportunities. We ask ourselves a series of what-ifs:

- What if a more comprehensive approach to violence within the family had been taken?
- What if there had been sustained wraparound supports for the family's many struggles?
- What if there had been stronger and more responsive substance use services?
- What if the family had received enhanced income supports that would have allowed them to better care for a child with complex health needs?
- What if their housing precarity could have been alleviated?
- What if basic social work policy and practice had been adhered to and strongly overseen?
- What if there had been a clearer understanding of roles and responsibilities between a Nation and a government?

And there are so many more. To support reflection and learning, the RCY has identified over 40 missed opportunities and child rights concerns, which will be shared and discussed with MCFD to support learning and change.

The Representative has concluded that this child's death was entirely preventable. There is no question that collectively we all failed this boy in so many aspects of his family's life. Across systems – on the school grounds, in the health care system, in the housing and income sectors, in child welfare and in the Nations – it is clear that this family needed so much more. These systems needed to deeply understand the impacts of intergenerational trauma and the cycle of acceptance and indifference to violence and substance abuse that impacted this family and so many others.

We needed to come together to provide early help and interventions, to offer proper wrap around supports to both his family and extended family care providers. We needed to do a much better job ensuring that due diligence, strong practice, clear roles and responsibilities and accountability existed among MCFD and staff of the Nation's Department tasked with providing family support services. We needed a better way for organizations to communicate with each other to make sure the needs of a family were met in a timely way. There is no room for hesitation or "squeamishness" when speaking about a child's safety and well-being. We heard the regrets of those who did not speak up when they had that "gut feeling". And finally, and importantly, we all needed to recognize and address the biases and assumptions we as a society had about this family and continue to have about so many families who are vulnerable.

As we have stated previously, the purpose of this report is not to blame, shame or point fingers. However, it is about identifying missed opportunities that might have prevented Colby's death and that could help prevent future abuse and deaths of children in B.C. As can be seen from the pages that follow, Colby's death is not an outlier. The patterns and themes that we will discuss in our systemic analysis are prevalent in too many cases that come to RCY and cut across race, age, income and family status. As we take a closer look at what we learned through Colby's story and the themes that emerged, it is clear: the time to act is now.

Missed Opportunities

RCY identified dozens of missed opportunities from Colby's story that highlight lack of adherence to policy, inadequate responses or missed opportunities to provide support, safety and clarity. In some situations, policy at the time would have supported action, and in other situations there may not have been explicit policy, programs or services available. These missed opportunities are offered to inspire reflection and learning about what might have been done to change Colby's and his family's story – and therefore what could be done for children like Colby in the future.

Responding to Violence

Summer 2007:
The first documented incidence of intimate partner violence (IPV) came 15 months after the birth of the couple's first child, when police were called to their residence due to an altercation that resulted in both parents sustaining injuries. Violet and her daughter were "safety planned" by RCMP to the maternal grandmother's home as a temporary measure. MCFD relied on the RCMP's plan and did not conduct an assessment to understand the IPV and substance use risks to the child and did not reach out to the family, despite RCMP's concerns about the violence. MCFD finally met with Violet seven months after the report was made. A family service file was opened for the "monitoring and development of a positive support system for Violet and Colton."

Missed opportunity to provide early help:
MCFD could have met with the young family at the time of the incident to not only assess risks to the child from the violence and reported substance use, but also begin to engage the family in determining what help they might need to ensure that they could safely parent their daughter. The family service file recordings the issue of violence in the home.

Note: the use of the term "monitoring" in the case file suggests surveillance and is no longer supported in policy.

Family Supports

Spring 2009:
Colby is born with complex medical and nutritional needs that would continue throughout his childhood necessitating specialized formula, supplies, supplements, frequent medical appointments, visits to hospital emergency rooms and clinics. Violet is taught appropriate formula preparation at the hospital, but inadequate funding was provided for Colby's specialized diet and his parents tried to extend the formula by watering it down during the first few months of his life. Family members reported they often helped to pay for the formula and supplies.

Missed opportunity to provide early help:
As will be seen in the systemic review, information sharing, coordination and collaboration between systems is challenged by silos and barriers to information sharing. Had the health system, MCFD, social development and the Department come together following Colby's birth, they could have helped Colby get off to the strongest start possible by meeting his specialized nutritional and medical needs. Although medical professionals apprised the Nation's community health nurse and the MCFD social worker of their concerns, it's not clear whether supports were offered to the parents to help them ensure that their son received the care he required.

> She was supposed to receive supports for cleaning, for parenting. But she didn't get the supports," the relative said. "… I would take the kids when I could see the stress on her face. We knew that the best place for them was going to be with their mother, but she needed supports …
>
> – Family member

Gathering and Assessing Information

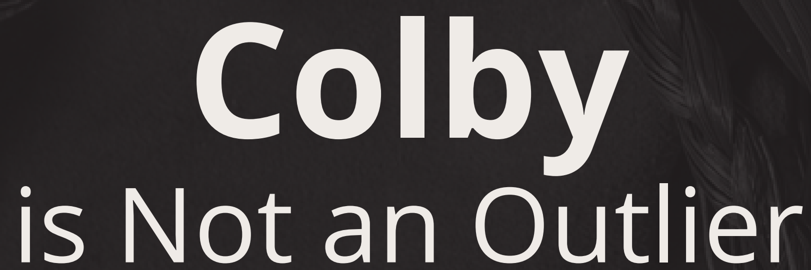
Winter 2010:
A child protection report was made to MCFD concerning Violet's partner Matt's history, alleging that he poses a risk to children. The MCFD social worker did not assess the report and a subsequent review of Matt's criminal charges and interactions with the criminal justice system included: assault, sexualized violence, property damage, and drug possession. It was further learned and documented that Matt had experienced time as a child in care, had a child where there was a no-contact order, and had experienced sexualized violence and used sexualized violence historically.

Missed opportunity to gather and assess information to determine risks to the children and support planning:
MCFD's policies at the time would have enabled the social worker to gather more information through the records and to meet with Violet and Matt to mitigate potential risks, learn more about the family's challenges, and offer supports and services that might have kept Colby and his family safer. Lack of engagement and providing supports to men who use violence is a consistent theme in Colby's and other children's stories.

Opportunities for Interconnection

Spring to Summer 2019:
Local MCFD social workers received four reports from community service providers over a five-month that raised concerns about Violet's care of the children, reliance upon her older daughter for child care, familial substance use and the cleanliness of the home, among other things. Instead of documenting and assessing each concern, they were rolled together in a single memo and follow up action was not taken until four months after the first report.

Missed opportunity for interconnection and engagement with other community supports:
Given that concerns were raised by colleagues in community and health services, MCFD's lack of responsiveness conveyed a lack of professional respect and was a missed opportunity to engage those close to the family within community to offer relevant and timely supports. This lack of early intervention allowed for problems within the home to reach a crisis point, which is emblematic of a reactive system..



Colby is Not an Outlier

Colby's story is heart-breaking and horrendous but sadly, he is not alone. RCY receives thousands of reports of young people who are harmed while receiving government services. In this report we will tell you the stories of eight more.

Not an Outlier

Colby's story is tragic and heartbreaking. As we sit with the details of his death and try to make sense of it, it would be all too easy to construct a narrative that his story is an outlier – these kinds of things don't happen in the everyday lives of children. However, the reality is, they do, and to far too many. Colby's story is not an outlier.

In 2023/24, RCY staff received **6,437** reports of injuries and deaths of children in government care or receiving reviewable services, of which 2,908 were determined to be in RCY's mandate for further review as a *critical* injury or death.

Each of these reports is met with compassion and care and receives a careful initial review by a member of RCY's Reviews and Investigations team to determine which reports are 'in-mandate'.[42] Each month's 230-plus in-mandate reviews are then brought forward to the Representative and Senior Executive team members for further discussion. From these initial reviews, some referrals will be made to RCY's Advocacy team to reach out to children and families. RCY also flags cases of concern to bring to the immediate attention of the MCFD or an Indigenous Family and Service Agency (ICFSA) when we are concerned about a young person's current well-being, risks or the adequacy of response. The team also spends time carefully analyzing patterns and trends that point to systemic issues across the web of child well-being supports and services in B.C.

IIn addition, RCY selects a limited number of cases (approximately 20 per year) to undergo a comprehensive review (CR) which is a detailed examination of the child's files to learn as much as possible about what happened that led to a child's critical injury or death, and whether a story should proceed to full investigation.[43] Depending upon the volume of material coming from public bodies, a CR may take between three and 12 months to complete. The findings from every CR are shared with the public bodies that were involved in the child's care to support learning and quality of care improvement. The CR's provide valuable information about children in B.C. and how services and supports for them and their families could be improved. The findings inform RCY's systemic reports and aggregate reviews.

Colby's story helped us discern the systemic issues that so profoundly impacted his life. To extend our understanding of these systemic issues, RCY review the stories of 14 other children from eight families, all of whom experienced harm while in care or receiving services. For six of these families a full CR was completed, focusing on eight children who either died or suffered critical injuries. For two families, a thorough review of Integrated Case Management (ICM) system records and RCY records was completed. These children's stories have been selected to reflect diversity across ages, Indigeneity, legal status and

[42] When RCY receives a 'reportable circumstance' concerning an injury or death of a child in care or young person receiving 'reviewable services' from government, staff assess as to whether the injury meets the threshold of 'critical' or life-altering injuries. These are 'in-mandate'. Injuries not meeting this threshold are coded as 'out of mandate'. While all are documented, the former receive a more thorough review. Reviewable services are defined in the *RCY Act* and including services under the *CFCS Act,* child and youth with support needs services, mental health and addiction services and youth justice services.

[43] RCY is only able to undertake one or two full investigations at a time as each one typically takes between one and two years to complete and involves a number of staff.

family characteristics as well as across regions and responsible entities (MCFD and/or ICFSA). They have also been selected because they provide clear examples of systemic issues that will be highlighted in this report including: impacts of intergenerational family and intimate partner violence, importance of family support, importance of kin-carer assessment and support for those children unable to live with their parent(s), confusion about roles and responsibilities, importance of intersectoral and interagency communication and coordination, workload challenges, and parental mental health and substance use issues.

Some of the children whose stories are being shared have died, while the others experienced catastrophic injuries that will result in life-long harms. Each of these children's siblings and family members have also been greatly impacted by their experiences. When we discuss these stories in the RCY we intentionally take time with each one to remember and honour the beautiful spirits of these young people, and we encourage readers to do the same.

The Representative acknowledges that there are some limitations to what can be learned from these stories. They are drawn from reports that come from MCFD and ICFSAs. RCY has done a thorough analysis of the written records of these children's stories, but the Office has not conducted a full investigation and therefore the voices of the child, care providers and caregivers, family members, service providers and others are not reflected except through those written records.

These stories are anonymized and, while the story may sound familiar, the Representative urges readers not to attempt to identify the individual children, their families and communities.

Furthermore, the reports and case records are primarily MCFD/ICFSA-focused and the interconnections and interdependencies with education, health, mental health, policing, justice and substance use services, among others, are not well articulated.[44] This is despite the fact that these areas may have had a significant role in the child's story, or might have played a significant role had they been engaged.

In this section we briefly introduce the children and some of their beautiful qualities and strengths, as well as what happened to them that brought them to RCY's awareness. These children's stories and further details are braided into the Systemic Review sections.

> "Every one of us has to do what I did and that is to kick yourself over that line where life leads into darkness and realize that you have to be a hero for kids."
>
> – Cindy Blackstock

[44] RCY does review medical, educational, police and other relevant records, however, the primary records are from MCFD/ICFSA.

Readers will note that a number of these children's stories describe critical injuries or injuries leading to death while a child was in a kinship care arrangement (e.g., Extended Family Program Agreement, Restricted Foster Home with kin, Temporary Transfer of Custody). However, this does not suggest that these types of placements are somehow riskier or more problematic. There are thousands of voluntary, out of care and in care kinship placements across B.C. in which children and their families are thriving. What it does speak to is that a relational approach to these types of placements, including offering the services necessary to support them, is critical to the children's and the kinship carers' well-being.

While in full support of the expansion of kinship care practice and options, the Representative has concerns about the ways in which some family placements are being made and the considerable pressures being placed on family/kin care providers and the children in their care. We know that belonging and connection to family, place/land, community and culture are all valuable protective factors for children who are in the child welfare system. However, if a child experiences violence, neglect and catastrophic injuries from the very people with whom they should be able to place trust and feel loved, there is an opportunity to learn from any common patterns discovered. Through these stories, RCY is identifying weak links and the pain points in the system.

Note to readers : All names have been anonymized to protect privacy. The details of these stories will be difficult to learn about as you read this report. A reminder that supports are listed at the beginning of the report if you need to access them.

In 2023/2024 RCY received

6437

reports of young people who were harmed

Too many children…

Colby's story tells us so much about potential, and of unspeakable tragedy, for a child, a family, a community and society. As we sit with the details of his death and try to make sense of it, it would be all too easy to construct a narrative that his story is an outlier – these kinds of things don't happen in the every day lives of children. However, the reality is, they do, and to far too many.

RCY receives hundreds of reports each month regarding the critical injuries and deaths of children and youth who are in the care of the provincial government or receiving service our office is legally mandate to review.[45]

Each of those reports receives an initial review by a member of the Office's Reviews & Investigations team. From those initial reviews, RCY flags cases of concern to bring to the immediate attention of the Ministry of Children and Family Development and Indigenous Family and Service Agencies in B.C. The Office also analyzes patterns and trends that point to systemic issues across the web of child well-being supports and services in B.C.

In addition, RCY selects a limited number of cases (approximately 20 per year) to undergo a Comprehensive Review – a detailed examination of the child's files to learn as much as possible about what happened that lead to a child's critical injury or death, and whether or not a story should proceed to full investigation…[46] The findings from every comprehensive review are shared with the public bodies that were involved in the child's care for learning purposes. The Comprehensive Reviews provide valuable information about children in B.C. and how services and supports be improved. The findings inform RCY's systemic reports and aggregate reviews.

Throughout this report RCY is sharing the stories of 14 other children who have experienced harm while in care or receiving services and for whom a Comprehensive Review has been completed. These stories have been selected to reflect diversity across ages, Indigeneity, legal status and family characteristics as well as across regions and responsible entities (MCFD and/or ICFSA). They have also been selected because they provide examples of the key systemic issues that will be highlighted in this report including impacts of intergenerational family and intimate partner violence, importance of family support, importance of kin-carer assessment and support for those children unable to live with their parent(s), confusion about roles and responsibilities, importance of intersectoral and interagency communication and coordination, workload challenges, and parental mental health and substance use issues.

Some of the children whose stories are shared here have died, others have experienced catastrophic injuries that will result in life-long harms. Each of these children's siblings and family members have also been greatly impacted by their experiences. When we discuss these stories internally we intentionally take time with eacy one to remember and honour the beautiful spirts of these young people, and we encourage readers to do the same.

[45] s11 Representative for Children and Youth Act https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_06029_01#section7

[46] RCY is only able to undertake one or two full investigations at a time as each one typically takes 1-2 years to complete and involves a number of staff.

TOO MANY CHILDREN...

Madelyn

Age 7

Madelyn is now a delightful seven-year-old who smiles with all her teeth showing and loves to wear bows in her hair. She is the youngest of a large sibling group and has Métis heritage through the maternal side of her family.

Madelyn has an avid imagination and enjoys making up stories and characters. She is happy to play on her own, but also really enjoys the company of others. Madelyn is inquisitive, curious, and has reading skills that are above her current grade level. She often chooses books about animals. Madelyn is connected to her Métis heritage and has been sharing her cultural learning with her classmates. She taught her class how to tie a voyageur sash and how to dance a jig, and she made bannock to share with them.

Madelyn experienced physical violence and neglect by a caregiver, resulting in life-altering injuries.

Presley

Age 5

Chantele

Age 3

Presley and Chantele are siblings living in the B.C. Interior.

Chantele is playful and loves to laugh. She enjoys watching cartoons, playing with her brother, cuddles, hugs and snacks. Chantele has a love for animals, including her dog and other pets in the home.

Presley is a vibrant, strong child with lots of energy. He adores his little sister and loves to draw pictures with her. Presley is interested in cars, trucks, and space. He recently started at a new daycare and is looking forward to beginning Kindergarten in the fall.

Early in their kinship care, a lack of financial supports for these siblings caused them hardship.

Tyson

Deceased at age 6

Aliah

Age 13

Jesssica

Age 7

Tyson is the middle brother to sisters Aliah and Jessica. All three children are Indigenous on both their maternal and paternal side.

Tyson was the second-born to his parents who are both from neighboring Indigenous communities. He was a younger sibling to Aliah and older brother to his sister Jessica. Tyson was described as a loving child who enjoyed being helpful and dancing. He was smart and was at the top of his class for reading. Tyson wanted to be a fireman one day.

Aliah has many interests and hobbies. She is very active in sports, competing in several at a high level. She enjoys being outdoors and specifically likes camping and water sports. She is a talented musician as well and was recently gifted a drum with artwork from her Nation as well as a drum bag and she cherishes these gifts.

Jessica is the youngest sibling to Aliah and Tyson. Jessica is described as a social butterfly who makes friends easily with young and old alike. She seeks out social situations and can often be found helping her classmates with tasks that she has already mastered. Jessica has a beautiful smile that lights up her face and a room. She is very active and very busy; loving to be involved and included. Jessica has recently started to play her first instrument and loves horseback riding.

Tyson was tortured and killed by his mother and stepfather shortly after being reunited with family.

Dereck

Deceased at five-months-old

After learning she was pregnant, Dereck's mother returned to the small B.C. town where she grew up. Dereck was her first-born child. His father was residing in another country at the time of his birth. Dereck's extended family lived in the area and were able to step in for safety planning and to later provide full-time care for him.

Dereck was a brown-haired baby boy who was often cheerful and smiley, which his family believed would be indicative of his future personality. At just over five-months-old, he had already established close relationships with his cousins.

Prior to his sleep-related death, he suffered abuse and was put in unsafe situations by a caregiver.

Julia

Age 14

Annabella

Age 8

Hillary

Deceased at age 2

Julia, Annabella and Hillary were born to parents, families and communities with deep connections to Pacific Northwest Indigenous Peoples and communities.

Julia is the oldest sister in her sibling group. She is a protective big sister, often advocating for her younger sisters' safety and well-being.

Annabella is the middle sister. She is an engaged, caring and affectionate child. She is very active and loves to learn about her culture through language and dance. Annabella collects stuffed animals and enjoys riding her bike and swimming.

Hillary is the youngest sister. She was described as a chubby-cheeked toddler with a delightful smile.

All three suffered non-accidental injuries in a kinship care arrangement. Hillary died as a result.

Riley

Age 7

Riley is an Indigenous boy with a large extended maternal family and enjoys playing with his cousins. He is described as a very happy, empathetic and social child. He is keen to meet new people and build connections.

Riley is now in Grade 2 and is known to have good social skills and interacts well with his peers and the other children. He is energetic and enjoys physical activities such as swimming and hip-hop dancing, as well as participating in gym class at school. Riley takes great pride in his learning accomplishments and is eager to share new things he has learned, especially through his art projects and math. He loves superheroes including Spiderman, Batman and Sonic the Hedgehog.

He experienced physical, sexualized and psychological torture by his kinship caregivers.

Dahlia

Age 19

Dahlia is an animal lover. She is very artistic and loves poetry, art and photography. Although she has been told that she is talented and compassionate, she sometimes has a hard time believing it. People close to her say that she is skilled at making them feel welcomed and accepted through her own unique mix of humour and empathy. Dahlia has no biological siblings, although she has a sibling-like relationship with her cousins and she cares for them a great deal.

Dahlia sustained physical and emotional harm by her kinship care providers that continues to impact her.

Freddy

Age 14

Tanya

Age 9

Freddy and Tanya live in a river valley on the lands where their maternal Indigenous ancestors hunted deer, mountain goat and mountain sheep, and fished for salmon. They have deep roots and strong connections to the lands, their family and their culture.

Freddy is a 14-year-old who is described as kind and gentle. He loves being outdoors and has expressed an interest in learning how to fish and hunt. He is a proud older brother, and he loves and cares deeply for his younger sister. Freddy enjoys all sports, being outside, reading books, arts and figuring things out. His dream job is to be a conservation officer or game warden.

Tanya is a nine-year-old who is noted to be a strong writer with a great imagination. She strives to do well at school and is disappointed when she makes mistakes. She is described as an “enthusiastic student” who completes her work with ease. During her younger years, it was noted that, while fearful of dogs, she did like cats and unicorns.

The children were unseen for years, enduring violence and torture by a kinship caregiver.

“I need more support to care for my family - where is it?”

The case for services that wrap around families

Family Violence/Intimate Partner Violence

Introduction

Intimate partner and intergenerational family violence was a significant factor in Colby and his family's lives, as it is in the lives of many children, youth and families whom we support or learn about through RCY's day-to-day work.

Colby's story teaches us a great deal about the underlying dynamics at play in the ways in which violence is responded to by the victims as well as the professionals, communities and systems. For example, in February 2017, Colby's mother was physically assaulted by a long-term partner for the second time in three months. Violet, who was 21 weeks pregnant at the time, was taken to hospital and treated for a concussion.

Violet described her partner's violence to hospital staff. She said that he had forcefully pushed her into a wall, resulting in her hitting her head and falling on her stomach, and that she had pain in her left shoulder, hand, arm and ribs, and she was experiencing contractions. Initially, she informed hospital staff that her children had been present when the assault occurred. However, after she learned that MCFD would be called, Violet said the children had actually been with her mother. A hospital worker reported the assault to MCFD, which later reported it to the RCMP.

MCFD has developed a practice guide (*Practice Guide: Using the Structured Decision Making Tools*) to help workers determine what response is called for in different circumstances that include "serious or escalating" domestic violence. Given the history of violence and Violet's initial statement that the children were in the home when it happened, this should have been treated as a child protection matter that required full assessment under the *Child Protection Response Policies* (Section 3) and application of the accompanying guideline *Best Practice Approaches – Child Protection and Violence Against Women.*

Instead, the report was coded as a non-protection report requiring No Further Action (NFA). This meant no further interviews of Violet, her partner and the children were done to inform an assessment, and determine the need for safety, levels of lethality and whether the children were in need of protection from the partner's use of violence.

What is particularly significant about the decision to take NFA is that this was just the latest in a series of violent episodes in the home – including an assault enacted by Violet's partner two months earlier for which MCFD had also received a report from the RCMP. RCY investigators could find no evidence that the ministry completed interviews at that time either, contacted collateral sources, or sought to understand the context of violence (e.g., substance use) to understand the psychological and physical risks to the children and Violet. In deciding on the assessment required, episode by episode, the pattern of violence was apparently not seen or addressed, and opportunities for appropriate intervention with all the parties were missed.

A key observation is that Violet changed her story on hearing that MCFD would need to be contacted, likely out of fear of protective services' involvement and the possible removal of her children. As will be seen below, this is a very common concern of parents with the consequence that violence is often

concealed and under-reported. This secrecy, concealment, acceptance and normalization of violence results in workers having gaps in their understanding of what is going on within the families they serve.

A second observation is that this serious incident was not assessed – despite clear direction in policy and guidelines. This, too, is a frequent observation and may be due to a lack of knowledge and understanding about intimate partner and family violence, a lack of confidence or capacity in assessing and inquiring into violence with family members, assumptions about the role of police or health care professionals in assessing the risks, fear of bringing up such a difficult issue with family members, assumptions and beliefs about the role of "protective parents," or multiples of the above.

A third observation is that intimate partner and family violence is rarely a one-time event. And to understand patterns and consider possible interventions and stronger practices, we also need to understand intergenerational contexts. An important question to consider is, What are the lived experiences of those who are enacting violence? Many have had violence enacted on them as children and youth, and the cycle continues.

Related to the third observation, our fourth observation is that fathers and father figures – despite being the most frequent perpetrators of violence on their partners, former partners and children – are often invisible in safety and response planning.[47]

Their partners or former partners are often expected to "manage" their behaviour by ensuring that they do not violate the terms of any safety plan or order, and the consequences for any violation are more often felt by the mothers who may be deemed as non-protective and whose children may be removed from their care. For those fathers who want to address the violence, take responsibility and do healing work, there are very few options available.

As we reflected on the many learnings from the Sacred Story Investigation and Systemic Review, we kept coming back to violence: no matter what other changes are made to the child-, youth- and family-serving systems, if we do not address violence in families and communities, the impact of all the other efforts will be minimized. This must be an all-in priority for compassionate action to get at the root causes and perpetuating conditions for intimate partner and family violence.

Children's exposure to and experiences of IPV and family violence and the associated harms are well documented in research yet, in practice, the safety, well-being, and needs of children who are exposed to violence are often overlooked, with the focus remaining on the adults involved. CITE

> "Children who witness violence aren't being seen as kids who experience violence."
>
> – Engagement session participant

[47] During the administrative fairness process MCFD stated that policy and guidelines speak "to including the offending parent in the assessment and planning for the family." RCY interviews, engagement sessions and reviews of reportable circumstances reveal that many offending parents are not included as per policy "Best Practice Approaches: Child Protection and Violence Against Women" nor the guidelines "Domestic Violence: Risk and Reintegration of Offending Parents."

Harms to children who are exposed to or experience violence include:

- short- and long-term developmental and psychological impacts
- extreme traumatic stress
- being used as pawns/ weapons by one partner against another
- experiencing physical and sexual abuse themselves
- loss of parent(s) through domestic homicide
- risk of future IPV/family violence perpetration themselves.

It is also important to note that these effects are not inevitable and that violence and its short- and longer-term consequences can be prevented or mitigated.[47]

This is not a new issue. RCY has addressed intimate partner and family violence in various reports since 2007. The B.C. government over the years has established (and also closed) new entities and approaches to address intimate partner and family violence.

Legislative amendments to the *Family Law Act* and the *CFCS Act* have addressed family violence.[49] We are fortunate in B.C. to have very strong provincial organizations and initiatives that have developed evidence- and community-informed responses to gender-based violence. The National Inquiry into Missing and Murdered Indigenous Women and Girls[50] brought attention to the prevalence and impacts of gender-based violence in the lives of Indigenous women and girls and set out Calls for Justice. And, most recently, the B.C. government released its *Safe and Supported – British Columbia's Gender-Based Violence Action Plan*.[51] But despite all these efforts, intimate partner and family violence continues to define the childhood experiences of thousands of young people, and cycles of violence continue across generations.

To guide RCY's thinking in this area, we commissioned two reviews. The first, prepared by researchers from Simon Fraser University's FREDA Centre, focused upon the academic and grey literature. They looked at child welfare practice in the context of intimate partner and family violence and identified promising practices and potential reforms. The second was undertaken by a practitioner for three decades in the anti-violence and women-serving sector. She looked more closely at the B.C. context and considered definitions and statistics associated with family violence, challenges with assessing child endangerment, systemic factors that contribute to the experience of violence in Indigenous families and barriers to success. Promising practices and possible recommendations that are grounded in the decolonization of the child welfare system were offered. Highlights from each of these reports are included in this section and the full reports will be available within the supplementary 'bundle' of information on intimate partner and family violence.

[48] Sarah Yercich and Margaret Jackson, *"Pathways to safety for children and youth experiencing intimate partner and family violence: An intersectional and contextual approach."* (Research report prepared for Office of the Representative for Children and Youth, 2024): 19.

[49] See *Family Law Act* (gov.bc.ca) and C*hild, Family and Community Service Act* (gov.bc.ca)

[50] See Home Page | MMIWG (mmiwg-ffada.ca)

[51] See safe-and-supported-gender-based-violence-action-plan-december-2023.pdf (gov.bc.ca)

In addition to the research, the subject of family violence was addressed in multiple engagement sessions both in Phase One and Phase Two of our engagement sessions, in focus groups and in conversations with community and Indigenous leaders. The learnings from these sessions validated and amplified the findings from the children's stories and the research. Participants also identified opportunities for reform.

What follows are highlights from what we learned over the past six months. It is by no means exhaustive, and further work will be undertaken over the coming months,[52] but it is a start. We are fortunate in B.C. – there is strong work and practice guidance to build on. But a deeper truth-telling and healing is called for now.

[52] In late 2024, RCY will release a detailed issue brief on IPV and family violence to support further discussions within the proposed child well-being framework.

Understanding violence – Some definitions

Many different terms are used to describe the phenomenon that RCY is interested in: intimate partner violence (IPV), domestic violence, family violence, gender-based violence, spousal violence and coercive control, to name a few. Although there are many definitions in use and some slight differences between them, the following describe the phenomenon.

Intimate Partner Violence (IPV): Intimate partner violence describes physical, sexual or psychological harm by a current or former intimate partner or spouse. This is also known as domestic abuse or spousal violence and is a major public health concern that destroys lives, devastates families and affects communities around the world. The term domestic violence is sometimes used interchangeably with the term intimate partner violence, but domestic violence can also mean child or elder abuse that may not be gender-based violence.[53]

Family Violence: Family violence describes any conduct, whether or not the conduct constitutes a criminal offence, by a family member towards another family member, that is violent or threatening or that constitutes a pattern of coercive and controlling behaviour or that causes that other family member to fear for their own safety or for that of another person – and in the case of a child, the direct or indirect exposure to such conduct – including:

- physical abuse, including forced confinement but excluding reasonable force to protect themselves or another person
- sexual abuse
- threats to kill or cause bodily harm
- harassment, including stalking
- the failure to provide the necessaries of life
- psychological abuse
- financial abuse
- threats to kill or harm an animal or damage property, and
- the killing or harming of an animal or the damaging of property.[54]

Gender-based violence: Gender-based violence is violence committed against someone based on their gender, gender identity, gender expression or perceived gender, and can be verbal, physical, sexual, emotional, psychological, financial or online.

[53] See definition of Intimate Partner Violence and Domestic Violence in safe-and-supported-gender-based-violence-action-plan-december-2023.pdf (gov.bc.ca) (p. 41)

[54] See definition of Family Violence in Federal Divorce Act RSC 1985, c 3 (2nd Supp) | Divorce Act | CanLII

Gender-based violence manifests in many ways, such as intimate partner violence, sexual harassment, sexual assault, child abuse, sex trafficking, coercion, non-consensual disclosure of intimate images and other forms of technology-facilitated violence, femicide and homicide, among many other forms of gender-based violence. People who face overlapping experiences of sexism, misogyny, racism, colonialism, transphobia, homophobia, poverty, stigma, ableism, ageism and/or criminalization (among other systems of discrimination and inequity) are at greater risk of being targeted with gender-based violence.[55]

Underpinning all these phenomena is power and control and, in many situations, misogyny. For the purposes of this report and for simplicity, we will use the term "violence" unless quoting a file record, article or individual that uses other terminology.

[55] See definition of gender-based violence in safe-and-supported-gender-based-violence-action-plan-december-2023.pdf (gov.bc.ca) (p. 41).

Mistrust, fear, secrecy, concealment and normalization

In both the research literature and RCY's engagement sessions, the most frequently cited barrier to parents acknowledging violence in their family and accessing or accepting support and help was the fear they had of losing their children to the child protection system. Research indicates that a principal factor behind mistrust in child welfare systems is the over-representation of Indigenous, black, and other racialized families and children, as well as Eurocentric and settler colonial policies and practices.

These fears are not unfounded. Children's exposure to and experiences of IPV and family violence is the *primary* concern in approximately one-third of substantiated child maltreatment investigations in Canada,[56] which is a rate similar to neglect, and higher than physical/sexual abuse.[57] Child welfare services and police were about three times more likely to have been made aware of violence experienced by Indigenous children, compared to violence experienced by non-Indigenous children (16 per cent versus 5.2 per cent).[58] This reflects observations made by many of the engagement session participants that Indigenous families are more likely to be reported and monitored when violence has occurred.

However, while violence is very prevalent in substantiated child maltreatment investigations, removal of the children from their family's care is not inevitable. In fact, children remain in the home for the majority of families with child welfare involvement. More often, other options are considered, such as we saw in Colby's situation – safety planning, expectations placed on the protective parent, children's placement

[56] Barbara Fallon, Rachael Lefebvre, Nico Trocmé, Kenn Richard, Sonia Hélie, H. Monty Montgomery, Marlyn Bennett, Nicolette Joh-Carnella, Marie Saint-Girons, Joanne Filippelli, Bruce MacLaurin, Tara Black, Tonino Esposito, Bryn King, Delphine Collin-Vézina*, Rachelle Dallaire, Richard Gray, Judy Levi, Martin Orr, Tara Petti, Shelley Thomas Prokop, & Shannon Soop, "*Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019*" (2019): 43. Retrieved at FNCIS-2019 - Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare - Final_1 (2).pdf (cwrp.ca).

[57] Fallon, *"Denouncing the Continued Overrepresentation"* 41.

[58] Janet Bate, "*Safe Families: Safe Children- Transforming Child Welfare for Children Living with Domestic Violence*", (Research report prepared for Office of the Representative for Children and Youth, 2024): 6.

with family members, stipulation that the perpetrator have no contact or that they seek treatment, and so on.

Nonetheless, the mistrust of the child welfare and policing systems runs so deep, especially among populations that have every reason to mistrust these authorities such as Indigenous peoples and people with mental health or substance use concerns, that the fear of their involvement prevents help-seeking and promotes secrecy, concealment and resignation.

This was revealed in Tyson's story.[59]

Tyson was the second child born to his parents who are from neighbouring First Nation communities. Before his tragic death at six years of age, Tyson was described as a loving child who wanted to be helpful and to dance. He was smart and was at the top of his class for reading. Tyson wanted to be a fireman one day.

Tyson's maternal, paternal, and stepfather's families had experienced intergenerational child welfare involvement as a result of poor social conditions created by colonial harms, including poverty, displacement, inadequate housing, unresolved grief and trauma and loss of culture and connection due to colonial assimilation efforts such as through residential school. Many members of the three families noted that they continue to be deeply impacted by the residential school experiences passed down across generations.

[59] The eight children's stories that we comprehensively analyzed as part of the Systemic Review are woven into the review sections to illustrate different aspects of the current systems of care. The first time each child is introduced, background information will be provided, including who they were and what was important to them, their family circumstances and what happened to them. When their stories are referred to in subsequent sections or sections, this background information will not be repeated.

Concerns leading to child welfare involvement in Tyson's family life included parental substance use, intimate partner violence, physical harm, sexualized violence, and extreme neglect. Tyson was in care for most of his life but was returned to his mother and stepfather's care when he was six. He suffered horrific abuse at their hands and died from his injuries not long after he was returned to their care.

Tyson's mother and stepfather were charged with first-degree murder and eventually pled guilty to manslaughter. At their sentencing, Tyson's mother acknowledged that the return of her children was too much for her, that she was not able to care for them, and that she resorted to violence, but she was afraid to seek help from her family, community and the ICFSA for fear of further stigma, shame and the permanent removal of her children. As in Colby's story, the historical conditioning of fear, mistrust and secrecy contributed to a tragic outcome for Tyson and his entire family and their communities.

Secrecy and concealment – An Indigenous perspective

Secrecy and concealment at the community level was also discussed by many participants. First Nations and Métis leaders spoke wisely and courageously about how violence is often accepted or normalized in their communities and amongst their citizens. They spoke of how colonialism and the tentacles of Indian residential schools, Indian day schools, Indian hospitals, the Sixties Scoop, stigma, discrimination and racism have separated people from the sacred teachings and ways of being, and from their sense of belonging, dignity and purpose.

As silence was one way residential school survivors coped with the violence and abuse that was inflicted on them, this has been passed down through the generations and both the violence and the silence have became ways to cope with the trauma. Stories were also shared with us about the self-silencing that happens within community, where people know things but are unable or unwilling to say things. Sometimes this happens out of fear of consequences. For example, in one story we reviewed, a community member reported hearing a child screaming inside a caregiver's home like he was "screaming for his life," but he was afraid to report this to the community member with responsibility for safety due to the individual being a relative of the caregiver. In another story, no charges could be laid following a child's death as no one with knowledge of the circumstances was willing to share information with the RCMP.

As we learned through Colby's sacred story, there was concealment of, secrecy about and resignation toward the violence that had been occurring through generations. In fact, RCY learned through its interviews that no one offered direct support to Colby's family to address the violence and in some instances professionals or community members suggested that, "that's just what happens in that family". These are the very attitudes or beliefs that need to be shifted through ongoing education of professionals and uncovering of the individual and systemic bias underlying some responses, as well as community based and family healing work.

The paper *Aboriginal Domestic Violence in Canada,* prepared for The Aboriginal Healing Foundation, identified systemic factors that contribute to Indigenous Peoples using and experiencing violence, notably:

- violence is usually not an isolated incidence or pattern, but is most often rooted in intergenerational abuse
- violence is almost always linked to the need for healing from trauma
- the entire syndrome has its roots in Aboriginal historical experience, which must be adequately understood in order to be able to restore wholeness, trust and safety to the Aboriginal family and community life.[60]

Without healing at the individual, family and community levels, the leaders the RCY spoke with said, the intergenerational harms will continue. It is important to note also that this is not an "Indigenous issue" – the pattern of secrecy and normalizing violence are common among many who experience violence, especially intergenerationally.

[60] Cited in Sharon Goulet, Liza Lorenzetti, Christine Walsh, Lana Wells, and Caroline Claussen. "Understanding the Environment: Domestic Violence and Prevention in Urban Aboriginal Communities," *First Peoples Child and Family Review* 11, no1 (May 20,2021): 9-23.

Hard conversations and assessment

As noted above, MCFD has established clear guidelines to assist direct service workers in assessing instances of violence and determining appropriate action. RCMP and municipal police similarly have guidelines and, in some communities, agencies have come together to improve interagency coordination to address violence whether it is described as intimate partner, domestic, family or gender-based violence.

However, while policies might be in place, strong practice can be more elusive. Having a hard conversation with a victim or a perpetrator is incredibly difficult, regardless of the policy and practice tools one might have.

It is also difficult to assess risks when violence occurred in the past. This will be discussed more fully within the kinship care section, but Riley's story reveals the challenges with both hard conversations and risk assessment.

Riley is a seven-year-old Indigenous boy. He has a large extended maternal family and enjoys playing with his cousins. He is described as a very happy, empathetic and social child. He is keen to meet new people and build connections.

Riley is now in Grade 2, is known to have good social skills and interacts well with his peers and the other children. He is energetic and enjoys physical activities such as swimming and hip-hop dancing, as well as participating in gym class at school. Riley takes great pride in his learning accomplishments and is eager to share new things he has learned especially through his art projects and math. He loves superheroes including Spiderman, Batman and Sonic the Hedgehog.

Riley's mother has continuously made efforts to ensure Riley's safety within her limited resources and family. Riley's mother and maternal uncle had an informal agreement that the uncle would care for then four-year-old Riley while his mother worked towards stabilizing her housing and substance use. A more formal arrangement was sought out a number of months later to support Riley's uncle with financial assistance through an EFP agreement. Setting up the EFP necessitated an assessment process.

Similar to Colby's story and several other children's stories that we reviewed, there was noted resistance and conflict during the caregiver assessment process, particularly when it came to addressing identified concerns. As the assessment process began with Riley's uncle and aunt, it became clear that there were concerns that needed to be explored further. A criminal record check flagged the fact that Riley's uncle had 31 criminal records related to assault, domestic disputes and driving while impaired. Riley's aunt had 17 records, primarily related to domestic disputes with her partner, Riley's uncle. Another relative who lived in the home was identified by the ICFSA as someone *"not to be left on his own to care for Riley due to criminal history."*

Additional interviews with Riley's uncle and aunt were requested by the MCFD team due to their previous child protection history which included concerns regarding alcohol use and violence. When the uncle was informed that to complete the assessment for the EFP agreement the social worker would need to speak to his wife, he became very upset and refused to allow his partner – Riley's aunt – to be interviewed. Riley's uncle said they were being made to feel like *"criminals"*,[61] that the home study was taking too long for the ICFSA to complete, and that he would just *"return Riley to his mother"*, who was at that time attending a residential treatment program. It took five months to complete the caregiver assessment due to the care providers' resistance. The Nation's social worker assisted with the completion of the home assessment, the outcome of which was *"no concerns found"*. Significant potential child safety concerns were not assessed or addressed in the documentation.

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[61] RCY heard that the current caregiver assessment tools are not trauma-informed or culturally safe and that many Indigenous caregivers experience them as overly intrusive and triggering. The Representative agrees with these concerns and supports MCFD's plans to modify its assessment process and urges swift action. RCY sees situations in which workers are reluctant to complete some checks or assessments out of concern that it will cause offence to the prospective caregiver.

Riley remained living with his family care providers for just over two years between the ages of four and six. During this placement, Riley told his mother that he was *"frightened"* of his uncle. She informed the ICFSA social worker that she believed that her brother was *"terrorizing"* her son, yet the EFP agreement was extended. About four weeks later, Riley's mother again called After Hours to report her concerns which were then verified during an MCFD interview with Riley. Riley and his mother both disclosed concerns about him living with this aunt and uncle in April, but he remained in the home until late August while those concerns were being assessed.

Once the EFP agreement ended, Riley was placed in a foster home in the care of MCFD. He began to feel safer and subsequently bravely disclosed his experiences of being horrifically and repeatedly assaulted by his aunt and uncle in both physical and sexualized ways.

Riley continues to have memories of the trauma and abuse inflicted on him by his uncle and aunt. He now has a strong team wrapping around him to ensure that his well-being is prioritized and his mother and some of her family remain involved in planning for him.

Riley's story shows the importance of ensuring that safety checks, references and caregiver capacity and readiness assessments are completed thoroughly with concerns assessed and mitigated before children are placed in any home. It also reveals the challenges of undertaking these assessments when informal family arrangements are being formalized to an out of care arrangement, when violence and child protection concerns are historical, and when the caregiver is unwilling to engage in assessment or acknowledge and mitigate risks. This is particularly challenging when the family and/or community has chosen the prospective caregiver, as we saw in Colby's story.

RCY heard from MCFD staff and through community partner engagements that workers often feel ill-prepared to have these difficult conversations about violence with families for a variety of reasons, including:

- lack of training
- fear of causing offence or making people angry
- not having anything to offer to the victims or perpetrators in terms of services or programs
- confusion about roles and responsibilities (e.g., role of police in assessing violence, role of Nation staff)
- within Indigenous communities, concern about causing harm by surfacing violence and straining or alienating the relationships between community leaders and government or police services.

RCY also heard that in some situations various professionals including RCMP dismissed the seriousness of the violence with such comments as, "*That [violence] is typical for that family"* or *"That [violence] is just what that community does."*

We have only scratched the surface in terms of hard conversations and assessment. Imagine being the person who decides that you will no longer be silent or silenced, and you courageously name the violence that is occurring within your extended family or community, perhaps even naming the perpetrators? The consequences may be severe as you surface the often generations-old secrets and shame. A number of participants in RCY's engagements spoke about this, and some reached out directly to the Representative to further share their story.

Patterns of violence

There are two patterns of violence that RCY sees in its day-to-day work and that surfaced through the children's stories, research and engagements. The first is the patterns of violence within families; the second is the patterns of violence across generations. Both were illustrated in Colby's story and in six of the eight families' stories reviewed. Freddy and Tanya's story captures both of these patterns.

Freddy and Tanya live in a river valley in central B.C. on the lands where their maternal Indigenous ancestors hunted deer, mountain goat and mountain sheep, and fished for salmon. They have deep roots and strong connections to the lands, their family and their culture. Both children also have connections with other First Nations through their paternal lineage.

Freddy is a 14-year-old who is described as kind and gentle. He loves being outdoors and has expressed an interest in learning how to fish and hunt. He is a proud older brother, and he loves and cares deeply for his younger sister. Freddy enjoys all sports, arts being outside, reading books and figuring things out. His dream job is to be a conservation officer or game warden.

Tanya is a nine-year-old who is noted to be a strong writer with a great imagination. She strives to do well at school and is disappointed when she makes mistakes. She is described as an "enthusiastic student" who completes her work with ease. During her younger years, it was noted that, while fearful of dogs, she did like cats and unicorns.

Freddy and Tanya's mother is deeply connected with her community where she and her children have resided for most of their lives. She has shown strong leadership and mentorship skills with other women in her community. Freddy and Tanya's mother has experienced significant grief, loss and violence in her life. She had chronic pain, had possible mental health disorders and she used substances. She experienced at least three instances of violence by two different men, including having her home broken into and being attacked with a knife.

While the violence experienced by Freddy and Tanya's mother was documented by MCFD, it did not result in further assessment or exploration of the intersection between her problematic substance use (as a coping mechanism) and her experiences of violence.[62] The focus seemed to be on her substance use and the need for her to attend treatment and remain sober before she would be supported to resume her parenting role.

In response to substantiated child safety concerns for Freddy and Tanya, the children's mother entered into an EFP agreement so that they could reside with a relative on their reserve when they were 10- and five-years-old. Freddy and Tanya's new caregiver had a criminal record which indicated possible concerns about violence and alcohol misuse. These concerns were not discussed with the

[62] During the administrative fairness process, MCFD noted that there is an expectation that violence would be assessed and that there are guidelines in place, but RCY noted that despite this, direct service workers clearly indicated in engagement sessions that they often do not have the capacity (time, knowledge, expertise, support) to meet the expectations.

caregiver, disclosed to the parent, or mitigated as a part of the assessment for the EFP. RCY learned that this caregiver had provided care to Freddy and Tanya's mother when she was a child and had experienced violence at the caregiver's hands, but RCY could find no evidence that this intergenerational history was discussed. These could have included supports for the caregiver and regular check-ins with the children by the social worker. The agreement went ahead with strong support from elected leadership and the Designated Band representative.

For over three years while the children were in the EFP, the caregiver inflicted horrific abuse and torture on them that the caregiver's own mother said was learned from the residential school system. This included:

- hot sauce being poured into the child's mouth, nose and eyes
- holding the child's head under water in the sink until the child couldn't breathe
- dragging the child by the hair
- forcing the child into cold water
- hitting the child with wooden and metal spoons on the hands causing swelling and bruising, then not allowing the child to attend school so the injuries wouldn't be seen
- making the child sleep in a room with an open window in winter without blankets
- making the child sleep on cardboard in underwear
- making the child spend hours kneeling
- forcing the child to kneel before speaking with caregiver (once the child was taller than her)
- not allowing the children to talk to each other at times
- not allowing the children to celebrate birthdays
- telling the children inaccurate and negative things about their mother.

The caregiver's mother spoke of her healing journey and efforts to end her own cycle of violence, through reconnection with her culture. She noted that just because someone lives on their Nation's reserve land does not mean they are connected to their culture.

Freddy and Tanya lived with this caregiver for over three years before concerns were investigated. During this time, MCFD received information twice that should have resulted in a child protection response; this would have included viewing the home and interviewing the children; this did not occur. If those reports had been assessed, a social worker might have heard about the acts of abuse and torture that the children were experiencing, seen the physical changes in the children from food being withheld or viewed the children's rooms being devoid of toys, decorations and furniture. As with Tyson and Colby, the opportunity to see the patterns of abuse and neglect were missed. As it was, an MCFD social worker saw the children only once in over three years, and only for a brief conversation. They were not moved from the home until the middle of 2023.

Even after the maltreatment was substantiated, it was several weeks before the children were finally moved from the caregiver's home because the commitment to include Nation representatives in decision-making for their children. The Nation advised MCFD not to plan for the children without them. This lapse in action left Freddy and Tanya to be abused and tortured for an additional two weeks before the concerns were adequately discussed and addressed.

Freddy and Tanya returned to living with their mother after they disclosed the abuse that they were experiencing. The family received housing supports from a women-serving agency where their mother was acting in a peer support role, and then later moved in with other extended family back at their home Nation.

A criminal record or prior child welfare interaction involving violence should not automatically preclude a family member from caring for their relative, but it is important for the assessment process to dig deeper into the context, timing and severity of this history with the prospective care providers, while also learning about what they have done to address this history and what could be done to mitigate any future risks. Further, understanding the characteristics and needs of the child and the capacity of the caregiver to meet those needs is essential.

Where are the fathers?

In Colby's story and in many of the other stories that RCY reviewed, fathers and father figures are noticeably present and influential in the perpetuation of violence and harm, but noticeably absent in assessment, safety planning, family planning and healing.

While the fathers orfather figures' current acts of violence may be documented, their own history of violence is rarely explored. Given what we know about the cycles of violence, it is a missed opportunity for the broader system to not attend to the fathers or father figures' own history and support healing so that the intergenerational cycles of violence are disrupted. One First Nation leader shared, *"Many men have lost their way because of the colonial harms inflicted on our communities; they have lost their purpose as warriors and protectors, and they have no healthy role or responsibility."*

A beautiful story was shared by an advisor that illustrates the opportunity to bring fathers back into their responsibility and healing through truth-telling and love within families and communities. A young father had been violent with his partner and children. He was called into a family meeting to discuss this violence. Two of his aunties spoke. One shared how much she appreciated the father's kindness, generosity and love for his children. She spoke of how hard he worked and his important role within the community. The other auntie agreed that all the things her sister spoke of were true except, she said, "when you abuse alcohol and drugs." Then, she said directly to him, "you are none of those positive things." Between the two aunties, the advisor suggested, the young father received both love and truth. His harmful actions were not denied or dismissed, but the contrast between his strengths and what he could be, and how he was behaving with his family when he used substances, was illuminated. He asked if he could live with one of his aunties until such time as he could get into treatment, to ensure that his partner and children felt safe.

This story reveals the opportunity when acts of violence are spoken about and addressed, and also demonstrates respect for the father and who he could become.

'Ghost Fathers'

Current theory such as the Safe and Together model[63] highlights the *"perpetrator pattern-based approach"* to family violence and IPV and the importance of focusing on the perpetrators' role as parents, assessing how

[63] See https://safeandtogetherinstitute.com/ accessed April 25, 2024.

their behaviours harm children, and increasing the expectations for men as parents. In essence, this refers to "seeing fathers" and calling into question the gaps in services and silos between sectors that perpetrators can use to their "advantage".

In Colby's case, MCFD failed to meaningfully address or contextualize both fathers' use of violence on the mother and her children or their parenting practices, relationships with their children and patterns of coercive control.

There were no effective responses for perpetrators (or victims) of violence as it related to episodes of violence. Due to inadequate assessment and responses, there were multiple opportunities missed by MCFD and other organizations such as RCMP and the Nations to respond to both fathers' use of violence. In failing to work with fathers, child welfare ignores the potential risks and assets for both mothers and children.

As described in *Manufacturing Ghost Fathers: the paradox of father presence and absence in child welfare*[64] this invisibility exists whether fathers are deemed as risks or as assets to their families, and it is complicated by a lack of referral sources for men, and the additional time needed to include the fathers in case work. Not seeing or ignoring fathers has a significant impact on mothers as well. The family court system often expects mothers to fill the role of both parents, while mediating relationships between children and fathers, and even the relationships between fathers and professionals. Child welfare and police sometimes hold mothers responsible for monitoring the behaviour of the men in the children's lives, as was shown in Colby's story when Violet was left to communicate and

[64] Leslie Brown, Marilyn Callahan, Susan Strega, Chistopher Walmsley, Lena Dominelli, "Manufacturing Ghost Fathers: the paradox of father presence and absence in child welfare," Child and Family Social Work 14, issue 1 (2009): 25-34, Manufacturing Ghost Fathers: The Paradox of Father Presence and Absence in Child Welfare | Canadian Child Welfare Research Portal (cwrp.ca).

enforce a safety plan with her violent partner immediately following the birth of their child. In Presley and Chantele's story reviewed for this report, their mother had been expected to ensure that her partner followed the safety plan, despite his controlling and violent nature, and she was held responsible when he breached it. The children were subsequently removed from their mother's care and placed with their paternal grandmother.

Impact of colonialism: Violence in Indigenous families and communities

While violence is a societal problem and families and communities of all types are impacted, it is important to speak about violence within an Indigenous context. The article "Understanding the Environment: Domestic Violence and Prevention in Urban Aboriginal Communities," points out the elements of colonization that have definitively impacted violence in Indigenous families, including direct attacks by the state on Indigenous family structures such as residential schools, the Sixties Scoop, and the banning of cultural practices, within the context of racism and prejudice that continue to endure. Authors cite the Royal Commission on Aboriginal Peoples that described the systemic nature of domestic violence in 1996:

"The pattern of family violence experienced by Aboriginal people shares many features with violence in mainstream society, [but] it also has a distinctive face that is important to recognize as we search for understanding of causes and identify solutions. First, Aboriginal family violence is distinct in that it has invaded whole communities and cannot be considered a problem of a particular couple or an individual household. Second, the failure in family functioning can be traced in many cases to interventions of the state deliberately introduced to disrupt or displace the Aboriginal family. Third, violence within Aboriginal communities is fostered and sustained by a racist social environment that promulgates demeaning stereotypes of Aboriginal women and men and seeks to diminish their value as human beings and their right to be treated with dignity." [65]

Note that this was written in 1996! This 'through-line' of violence continues in families today. In comparison with their non-Indigenous counterparts, Indigenous Peoples experience disproportionately higher rates of IPV, as well as all other forms of family violence."[66]

The numbers bear this out. Indigenous women have an increased risk of experiencing on-going, high-risk, nearly lethal and lethal forms of family violence and IPV. More than half of Indigenous women (63 per cent) are survivors of physical and sexual violence, have reported at least one experience with violent victimization (66 per cent), and experienced physical and sexual abuse as children (42 per cent).[67]

[65] Royal Commission on Aboriginal Peoples, cited in Sharon Goulet, Liza Lorenzetti, Christine Walsh, Lana Wells, and Caroline Claussen. "Understanding the Environment: Domestic Violence and Prevention in Urban Aboriginal Communities," *First Peoples Child and Family Review* 11, no1 (May 20,2021): 9-23.

[66] Yercich, *"Pathways to safety"* 12-14.

[67] Yercich, *"Pathways to safety"* 19.

Indigenous peoples disproportionately experience poverty, homelessness and housing insecurity, among other factors that increase risk of violence. Indigenous families are also four times more likely to be the subject of child protection investigations than non-Indigenous families. This amplifies existing barriers to safety for Indigenous victims/survivors and families due to distrust of settler colonial systems and fear of removal of their children.[68]

68 Yercich, *"Pathways to safety"* 20.

Barriers to supports and safety

RCY engagements indicated that strained and inadequate services that are colonial in practice are significant barriers to the safety of children and families in B.C. Those experiencing violence may not seek help because of this and other barriers, including:

- lack of knowledge of available services and supports and how to access them
- absence of available services
- inadequacy of existing services
- wait lists for the services that do exist
- ineffective provision of services related to, for example, communication barriers (e.g., use of overly technical terms and jargon), language barriers, insufficient access to translators, limited/inaccessible hours of operation, and long wait times
- shortage of both prevention and intervention services in the province
- lack of acknowledgement of and respect for victim's resistance to violence and efforts to stay safe or protect their children from violence
- cultural discontinuity in services (e.g., not culturally informed)
- distrust of and/or lack of confidence in system responses (e.g., law enforcement, child welfare, legal), services, and service providers, especially among Indigenous Peoples and racialized communities
- limited to no supports that would aid in accessing services, such as transportation and child care
- structural and institutional racism
- impediments to leaving violent homes and relationships, including gender and age limits for children who accompany their mothers to crisis housing
- victim/survivors' perceptions of a lack of confidentiality in services, especially in smaller communities
- fear of the abusive partner finding out, losing their children, and/or deportation
- lack of collaboration among and across sectors, including through referrals to key services (e.g., cultural supports)
- lack of services that support men and those that help families to remain together should that be their goal
- lack of opportunity for meaningful engagement of children and youth in telling their stories
- misperception that a child's exposure to violence is not as serious or harmful as experiencing physical or sexual violence, threats, and intentional or willful neglect.

These barriers to safety and responsiveness can be amplified for women and children who experience intersectional discrimination, such as Indigenous and racialized women,

individuals with disabilities, and immigrants and refugees, among others, and other community and societal factors such as poverty and social and geographic isolation.

As a result of colonization, historical and on-going settler colonialism, and structural and institutional racism, Indigenous Peoples and families experience distrust of colonial systems (e.g., police, child welfare, legal) and non-Indigenous-led or -informed supports/services. According to Vis et al. (n.d.), *"Indigenous women would avoid seeking out formal support when needed because it is believed that they will not receive the support they requested."*

Systemic barriers were also illuminated through our research and engagements. Engagement participants noted that because of the complex nature of IPV and family violence, interagency, cross-sectoral, and multiservice responses are more effective and much needed. However, there are significant barriers to collaboration including the predisposition to siloed services and the fact that responses may be "fragmented" because of prohibitive and conflicting mandates and interests among systems and services, as well as policies and practices related to confidentiality and information-sharing. Participants also cited a lack of training, as well as the absence of trauma-informed and collaborative practices, as reasons for the system's poor responses.

Voices from RCY Engagements

"The colonial system isn't set up to listen to victims or to value victims."

"The judicial system makes accountability punishment."

"The system is too reactive and not preventative."

"Too much pressure is placed on the survivor, without support from services."

"Too much emphasis [is placed] on immediate interventions rather than long-term planning."

"Supports and programs [are needed] for perpetrators both before and after they offend."

"Racism and stigma prevent access to services."

How the system responds to IPV and Family Violence

Police

The literature indicates that law enforcement's responses to violence are often criticized for focusing primarily on physical violence while overlooking less overt and non-physical manifestations of IPV, such as coercive control, especially when assessing the safety of children in the home.

Law enforcement responses are also criticized for the *"inconsistent level of engagement"* between police and children present at the scene of IPV/family violence. This has resulted in calls for more training for police regarding trauma- and violence-informed practice and child-centred responses to reports of IPV and family violence.

Research reflects concerns over inconsistency in law enforcement responses, such as police approaches to interviewing children. Concerns include the absence of a child-centred approach, unease of some police related to comforting and interacting with children, heavy reliance on child welfare/protection services to address children's needs, and unclear and varying procedures for assessing and responding to children's risk and safety.

BRIGHT SPOT

BC Child and Youth Advocacy Centres

This collaborative model of supporting children and youth who are victims of child abuse and crime first emerged in the U.S., and was introduced to Canada in 2012. B.C. now has a network of 11 Child and Youth Advocacy Centres (CYACs) scattered around the province, serving more than 700 children and youth annually.

The centres provide a co-ordinated response to child abuse and other crimes against children and youth. They bring together police, victim support, health services and social work to provide comprehensive services that support child and family at an extremely stressful time, while helping them navigate complex systems and processes around medical care, the justice system, and child protection.

Each centre works with children and families in a number of ways, providing: forensic child interviews; safety planning; trauma therapy; court preparation and accompaniment; victim support; integrated services; advocacy; and health support.

At the administrative level, the networked centres are able to share knowledge, build capacity and enhance service delivery through their shared vision and mandate, as well as their formal connection to each other as members of the British Columbia Network of Child and Youth Advocacy Centres.

More than 100 B.C. professionals are now connected to each other through their participation in the CYAC network.

A 2021-22 analysis of the social return on investment from B.C.'s CYAC network found that the $3.2 million invested in CYACs that year had brought $19.6 million in social and economic value.

"Coming to the CYAC made us both feel so much safer in the situation we were in," noted one caregiver supported in their home community. "This experience at the CYAC has been life-changing for us. Having all the help in one place was absolutely amazing."[69]

[69] See Home - BC CYAC Network.

Notably, however, there has been a recent shift in law enforcement practice to approach children as victims/survivors in their own right, as opposed to being bystanders, which has aided law enforcement in assessing and addressing concerns related to the hidden nature and silencing of children.

Child welfare

Child welfare services play a key role in ensuring the safety of children and supporting families experiencing violence. Nevertheless, as Vis et al. (n.d.) note, *"many families do not see the child welfare system as a resource or source of support"* despite a general acknowledgement that children in homes with IPV and family violence need protection.

As previously noted, there is a general distrust and hesitancy to engage with child protection/welfare systems among victims/survivors of IPV and their families due to a poor social image of child welfare agencies, parents' fear of losing their children, and the complexities involved in working with child protection/welfare services. The latter includes the complicated nature of child protection involvement in the family, unfamiliarity with how to navigate child welfare systems, barriers to having a child returned to the home, overfocus on the mother, and a lack of accountability for the abuser.

Voices from Partner and RCY Staff Engagement

"[There is a need for] systemic change from child removal to supporting, lifting parents, strengthening. How can we remove the fear associated to MCFD/CPW?"

> "Poor responses from workers can cause more harm and risk to the children."

Current Practice – Structured Decision-Making (SDM) and Response-Based Practice (RBP) approaches

For all the reasons described in this section – fear, secrecy, concealment, normalization, barriers to accessing help, and so on – assessing violence with children and their family members is complex and requires workers with the capacity to build relationships with both children and adults and have hard conversations while remaining strengths- and response-based. Direct service workers also need to have knowledge about violence, its broader intergenerational and intersectional context, the risk factors and how to assess them. Victims and perpetrators of violence are unlikely to give answers from a predetermined list and assessing risk requires careful questions that are built over the course of getting to know the child, parent(s) and other family members.

RCY found that most assessment tools and resources are adult-focused. The *Best Practices Approaches* document does address children by recommending that, when using the *B.C. Summary of Domestic Violence Risk Factors* assessment tool:

> *a careful assessment of each child or youth is extremely important as not all children and youth who witness violence against their mothers show immediate consequences. Although not all children and youth who witness the abuse experience extreme stress, there are common emotional and behavioural impacts that children and youth may develop in response to this exposure.*[70]

[70] See BC-Summary-of-Domestic-Violence-Risk-Factors.pdf (bcacc.ca).

However, this guidance is out-dated and reflective of old mental models. As engagement participants repeatedly stated, "children who are exposed to violence are experiencing violence" and the impact should not be diminished in any way. Current assessment approaches often don't explore victim's efforts to mitigate or manage the risks and the efforts they make to be safe, which are strengths that may be built on as action is taken.

In an encouraging development, the use of the Structured Decision Making (SDM) tools currently in place is being informed in some areas by Response-Based Practice (RBP), also known as Restoring Dignity Practice. Research gathered by Dr. Kate Alexander, from the New South Wales Department of Communities and Justice in Australia:

> *confirms the value of the combined SDM (Standard Decision Making) + RBP (Response-based Practice) approach to guide practitioners to a more holistic understanding of domestic violence. It also confirms that assessment approaches are only ever as good as the beliefs and attitudes of the people who apply them.*[71]

RBP facilitates the uncovering of the violence and the nature of the victims' responses to improve assessments of risk. Training to develop interviewing skills based in the RBP techniques would help police and child protection workers to stop victim-blaming, which can obscure judgment. To facilitate seeing violence, and responses to violence, in a new way, changes are needed in the terminology and in people's attitudes.

> *The right questions can pave the way for new understanding and they can honour resistance. And for those of us responsible for making decisions about children, the right questions are only fair. How can we judge a woman's capacity to protect if we are not deeply interested in how she copes? How can we consider severing the bond between mother and child if we are not motivated to know its depth?*[72]

Practitioners at the Centre for Response-Based Practice (in Kamloops and Duncan) are helping states develop a common framework for domestic violence response, and teaching how to effectively work with perpetrators of violence. The RBP theory helps child welfare, policing and community services develop a deeper contextual analysis of violence, how it is experienced, how it is anticipated, and how to assess for risk and lethality so they can make the best decisions for children. Caution is needed, however, because practitioners cannot absolutely predict the actions of others, no matter how good their practice is.

[71] Kate Alexander, "I Wish I'd Asked Better Questions of Children Who Lived with Violence," Sydney Morning Herald (August 18, 2019) , https://www.smh.com.au/national/i-wish-i-d-asked-better-questions-of-children-who-lived-with-violence-20190617-p51yny.html. See also: Bringing Dignity to the Assessment of Safety for Children who Live with Violence | The British Journal of Social Work | Oxford Academic (oup.com)

[72] Kate Alexander, "I Wish I'd Asked Better Questions."

Ideas for systemic improvement

This distrust and fear of law enforcement and child protection/welfare systems *"requires a fundamental re-thinking of where IPV and family violence prevention efforts and interventions can take place."* The research we reviewed suggests that a wide variety of prevention and intervention points exist in both conventional/official (e.g., health care, schools, cultural services) and unconventional/unofficial (e.g., informal community organizations, hair/nail salons) services.

Responses from RCY engagement with the Indigenous organizations cited settler/colonial/non-relational practices by social workers within the child welfare system as an issue. "Newer social workers haven't been to reserves," said one respondent.

> *"A new system needs to be built up from the lived realities and applied across all jurisdictions and in every sector – education, health, child protection. We need to start everywhere!"*

Decolonization in child welfare

"Aboriginal women are the most at risk group in Canada for issues related to violence. The overrepresentation of Aboriginal women in Canada as victims of violence must be understood in the context of a colonial strategy that sought to dehumanize Aboriginal women. While the motivations and intersections may differ, NWAC (Native Women's Association of Canada) has found that colonization remains the constant thread connecting the different forms of violence against Aboriginal women in Canada. The value of Aboriginal women is diminished by the persistence of patriarchal values that, consciously or not, continue to influence and regulate social norms and gender relations." [73]

[73] "What Their Stories Tell Us: Research Findings from the Sisters in Spirit Initiative" (Native Women's Association of Canada, 2010), file:///Users/stanboychuk/Desktop/RCY%202024/Key%20Research%20VAW%20&%20I-S/IPV%20specific%20research/2010_What_Their_Stories_Tell_Us_Research_Findings_SIS_Initiative-1.pdf.

Racism and sexism are at the centre of colonization, and the dominant child welfare system is the result of a colonial state. This state affects all of us, but Indigenous caregivers and parents are the most likely to experience prejudice when they interact with this system. As illustrated in the sacred story at the centre of this review "Indigenous families that experience child protection involvement are subject to multiple forms of humiliations, such as the embedded message, 'You are not a good parent."

By adopting a decolonizing approach to the transformation of B.C.'s child welfare system, we can move as a society toward restoring dignity to Indigenous children, parents and families. By upholding the strength of culture and the values of humility, dignity and respect, we can build trust, get to the truth of violence in relationships, and collaboratively build safe communities focused on well-being in which all children can thrive.

A thematic analysis of the literature reviewed by FREDA recommended common characteristics and promising practices for providing services to – and ensuring the safety of – survivors/victims and families experiencing violence. These include the following:

- **Proactive and community-integrated service models** capable of meeting individual and family needs to prevent violence and formal system involvement. These should feature practical, accessible and available supports, including support

for basic needs such as housing and food. Services should be context-based, holistic and responsive to family needs and realities rather than incident-specific responses to IPV and family violence.

- **Holistic, interagency, and cross-sectoral collaboration and coordination** when working with victims/survivors, families, and children who experience IPV, including sectors such as the legal system, law enforcement, health, violence against women supports, child welfare/protection and education. This is particularly important for children who are exposed to IPV in their homes, as *"the presence of children often increases the number of agencies involved with a family."* (Olszowy et al., 2020, p. 2).

- **Flexible, empathetic, accessible, and culturally safe child welfare service provision** so that victims/survivors and families feel safe seeking help and see child welfare as a compassionate/helpful resource. This includes enhanced, individualized, and child-centred risk assessment and safety planning for children and families, as well as child- and family-informed risk management strategies when working with abusers.

- **Working with victims/survivors, perpetrators, and families** to ensure agency and autonomy for victims/survivors, as well as children and families, so that their voices/perspectives are heard and lived experiences are believed. This includes meaningful engagement with fathers with systems and supports, including parenting and anti-violence based counselling and programs and related psychoeducational supports as well as increased accountability in instances of abuse.

> "Mom said they want violence to stop, not the marriage. [They] worked with extended family, Nations and Elders. They gathered the circle. Not afraid to take a chance."
>
> – Engagement session participant

- **Working with Indigenous families and communities** to ensure culturally informed approaches to the best interests of the child(ren) and, when involving Indigenous children, to include important considerations such as cultural and community connection. This could include Indigenous liaisons to facilitate relationships among families and services (e.g., law enforcement, victim services, child welfare, legal) as an effective strategy for increasing safety and decreasing distrust. Supports and services should be flexible, individualized, culturally informed/safe and, when possible, Indigenous-led. RCY engagement with Our Children Our Way Society stressed the importance of cultural awareness, response-based practices and adopting a de-colonial perspective on violence.

- **Culturally safe and trauma/violence-informed service provision** that is responsive to victim/survivor and family needs, realities, and lived experiences, as opposed to incident-specific responses to IPV and family violence.

- **A child rights-based approach to child welfare and family law matters,** including engaging in practices that validate children's voices (e.g., storytelling approach to interviewing children). This should include rights-based education for victims/survivors and support within systems to ensure that their rights are protected.

- **Training that is trauma- and violence-informed and culturally safe** for service providers working with victims/survivors and families experiencing IPV, including initial employment training, frequent on-going learning, and adequate supervision. Training topics should include methods for improving services and responses, the complex nature of IPV and the related impacts on children, facilitating collaborative relationships with other agencies, and shifts in laws, polices and procedures.

- **Accountability among service providers** to ensure they are engaging in collaborative, culturally safe, and child/survivor-centred approaches. This would include a results-based focus for evaluating services and supports, as opposed to the current models which are dominantly focused on the delivery of services.

- **Meet the needs of victims/survivors and families** to prevent/stop IPV and address systemic inequalities that are catalysts for violence (e.g., poverty, housing insecurity, institutional and structural racism). Of note, as emphasized by participants in Vis et al.'s (2020) study, "if victims of violence do not have their basic needs met, it becomes difficult for them to tend to other needs."

- **Public awareness campaigns and community education** including, but not limited to, dynamics of IPV/family violence and the subsequent impacts on children.

Breaking the silence – Not just child protection

The *CFCS Act* requires that any British Columbian who has reason to believe that a child may be abused, neglected, or is for any other reason in need of protection, must report it to the Director or a delegated social worker. The RCY report *Honouring Christian Lee – No Private Matter: Protecting Children Living with Domestic Violence*, stated that there are many factors involved in the dynamics of domestic violence, and:

> *while it may be difficult to identify specific warning signals, those in the child welfare system must become more aware of the importance of early assessment of the danger signs within domestic violence, of a parent on the brink. But the onus cannot be left on child protection workers. Awareness must be raised amongst not only police and criminal justice workers but the general population – friends, neighbours and family all play a role.*[74]

When it came to Colby's story, how many people suspected that something bad was happening to the boy and his siblings but didn't raise their concerns?

[74] Representative for Children and Youth, *"Honouring Christian Lee – No Private Matter: Protecting Children Living with Domestic Violence,"* (Victoria, B.C.: RCYBC, 2008), 6. Retrieved at honouring_christian_lee.pdf (rcybc.ca).

“I need more support to care for my family - where is it?”

The case for services that wrap around families

Family Supports

Introduction

As we learned from Colby's story, he and his family had many strengths, they loved one another, *and* they faced some very significant challenges. Their circumstances and lives were very complex and fluid. Extended family members stepped in to provide support as best they could, but the dynamics within the extended family were similarly complex. Colby's mother reached out numerous times for help, and his family did receive support from MCFD and their Nation from time to time, but there were limits to what was possible and what was provided. As one relative suggested, the few services that were available, offered or provided were often not what Colby's family needed.

Colby's story starkly illustrates the impact when timely and appropriate child and family support is not provided and sustained. The RCY team identified over 40 points at which a supportive family-based intervention might have been helpful to this family. These included:

- proactively inquiring whether the parents had the means to access the specialized and expensive formula that Colby needed to survive
- accessing a navigator that might have enabled the family to better manage Colby's health care needs
- having a candid conversation with Colby's mom about the violence she was experiencing and what help she needed
- engaging a broad circle of family members to make a plan when protection concerns arose and facilitating their accountability and engagement
- facilitating timely access to substance use treatment
- providing supportive mental health and social care to Violet when she experienced post-partum depression
- enhancing family supports and in-home care when her five young children, including an infant, were quickly returned to her care.

Some of these supports could have been provided within the existing policy and practice of the time; others could not have been. Some could have been provided by MCFD; others would have required the involvement of other sectors. Would a different approach to family support have shifted this family's trajectory? How might this have looked, and what would it have felt like to Colby's parents and family?

It's not clear whether Colby's mom would have been able to safely nurture all her children had she received timely and consistent support; this family was working through poverty, housing precarity, violence, substance use, mental health and medical complexity, and Colby's parents were not always cooperative clients. But they also had strengths, love and ambitions.

The other sacred stories that we are sharing throughout this report also illuminate the complex challenges that some families face and the difficulty that our current systems of care have in trying to meet their needs.

These children's stories highlight the opportunity for a transformed approach to family support across multiple ministries, especially in the context of resumption of

jurisdiction. They also highlight the specific needs of families that are raising children who have disabilities and medical support needs. And finally, they raise the need for a renewed and specific focus on the critical importance of tending to children and families during the early years: these years matter deeply for lifelong health and well-being.

Our first observation is that the families described in the report, and those that the RCY has come to learn about in the course of our daily work, face many challenges that are outside of the scope of the child protection system and child welfare system more generally. Child protection/child welfare does not have a mandate or capacity to address poverty, or housing precarity, or health care, or violence. And yet, these are exactly the conditions that often contribute to the need for child protection involvement in the first place. At best, the current child welfare system refers or points families to other systems that have a role to play but these, too, are constrained and siloed. The lack of wider attention to the broader social determinants of health and how families are affected, and the disconnection between systems limits the opportunities to make fundamental changes and improvements in child well-being.

> *MCFD staff have stated they feel like the "catch-all for social issues but are not funded nor have the mandate for such."*

A second observation – informed by the stories as well as our research and engagement findings – is that our current systems and practices pay limited attention to upstream opportunities to bolster a family's capacity to safely care for and nurture their children. There are two key opportunities: during a child's early years (0-6) and when concerns first arise. Neither early childhood development nor early help are current priorities. All the children would have benefited from greater supports in their early years at a time when the brain is rapidly developing and when family stressors and violence can have a particularly significant outcome on their development. All the families whose stories we share in this report would have benefited tremendously from early help – more intensive wraparound services when the small cracks in their capacity to parent and their own well-being first began to appear.

Drilling down into the actual experience of these families within the child protection system, a third observation is that it was neither strengths-based nor relational. When or if planning with parents or other family members took place, it was crisis-oriented (e.g., a safety plan) or compliance-oriented (e.g., these things must be done to prevent more intrusive measures or to enable reunification). While these plans and expectations have a role, we did not see robust, longer-term, co-created family plans that identified strengths and assets to reinforce and build on, and that mobilized the services and supports that would enable the family to be successful.

> "We ask child protection to step into spaces where society has essentially failed to provide prevention and support services and then we say, oh, you're meant to fix it. But the tools available to fix it in the child intervention system are limited by law... they don't have is a legal mandate to solve the issues that cause children to eventually be in place [of harm] to begin with... We look to the wrong system to solve the problem."
>
> – Member of the Circle of Advisors

We need to ask, 'What are the circumstances for your family? What does mom need? What does the family need to help mom? What does the Nation need to help the family and mom?' Participant in engagement session

Taking a broader view

Many of the people with whom RCY engaged spoke about the interconnections between child, family and community: "a healthy community supports a healthy family, a healthy family supports a healthy child". Participants also noted the reciprocity: healthy children support healthy families, which in turn support healthy communities. This synergy has been known amongst Indigenous peoples since immemorial – one of the reasons why the intentional destruction of these bonds through the forcible removal of children from Indigenous families and communities has had such a profound impact.

This knowledge has been growing within the Western world also, especially since the 1970s, when Urie Bronfenbrenner proposed an ecological systems approach in which a child's development is influenced not only by the environments in which they grow up – those closest to them (e.g., their families) and those further away (e.g., community or society) – but also by the interactions between these different environments. More recently, with the explosion of understanding about brain development in children, we have gained insights into the neurobiology of human development: children who grow up in stressful or vulnerable environments are at increased risk for neurological deficits that can negatively impact their physical, social, cognitive and emotional development.[75]

"Normally there are enough protective factors present in the child's environment to counteract or limit the negative impact of any risk factors that are also present. In children and families living in a context of vulnerability, there is an imbalance between protective factors and risk factors. This creates a living environment in which opportunities for healthy development and the fulfillment of potential are limited."[76]

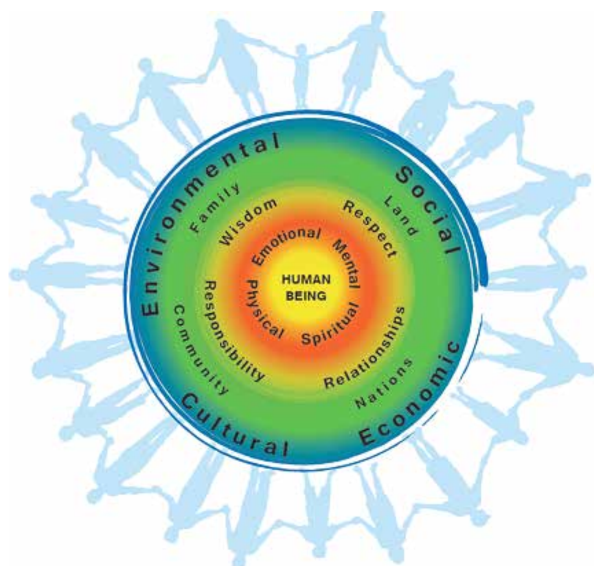
There is an additive effect – the more challenges or risk factors there are within a child's environment, the greater the child's vulnerability and consequent developmental risks through childhood and into adulthood. More recently, research on "toxic stress" is helping to explain the *"influence of certain risk factors on the development and life trajectory of vulnerable children. In essence, toxic stress causes a prolonged and excessive activation of the physiological system to stress, which can have detrimental effects on learning, behaviour, and health."*[77]

In light of this knowledge – both Indigenous and Western – why are many of our systems and programs waiting to intervene once vulnerability is more entrenched and developmental damage has been done? If we know that we can shift a child's trajectory by focusing on the well-being of their family and community, why would we wait to act?

[75] See Center on the Developing Child, www.developingchild.harvard.edu

[76] See Ensuring kids start life with solid foundations | News | Harvard T.H. Chan School of Public Health

[77] See Ensuring kids start life with solid foundations | News | Harvard T.H. Chan School of Public Health



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> MCFD provided one month of rent at just the right time, and it prevented a single dad's life from spiraling, but I also saw the same office refuse a similar request. Two months later the children were in foster care. Sometimes, just a bit of financial support at the right time can prevent a spiral of bad decisions.
>
> – Engagement session participant

"Speq'um: children are like flowers – they need nurture, food and water to grow and they need a garden [their family] to show their beauty and pride"

Speq'um (or sp'a:q'em) means flower in Hul'q'umi'num

Food and shelter: Meet basic needs to prevent child protection responses

The importance of addressing the social determinants of health is clear and, while MCFD cannot do this alone, bringing an awareness of the importance of these supports and some flexibility into service delivery can make a huge difference. Here is an example:

Of the thousands of data points from the RCY engagement sessions and surveys, meeting basic needs was amongst the top themes.[79] Participants spoke of the need for families to receive funding for basic needs as they attempt to navigate the rising cost of living. Housing, daycare, transportation, groceries, toiletries and gift cards to use in emergencies were provided as examples of costs that could be covered to support families in a meaningful way. The relationship between cost of living and the ministry's focus on child protection was highlighted here with some participants identifying that families experiencing poverty are often required by the ministry to address several compounding factors at once (housing, food insecurity, employment) with limited ministry support in these areas and punitive actions if they do not succeed. Participants also highlighted the ministry's lack of support with cost of living for families after a removal has taken place as a barrier to reunification. Some participants described the ability of their agency to support in this area as a success story.

[78] https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness

[79] Representative for Children and Youth, *Community Service Sector Survey, Deductive and Inductive Survey Analysis*, May 2024. A total of 334 survey responses were analyzed.

Research on intimate partner violence continually speaks to mothers and children being forced to go back to an abusive partner because of lack of housing and financial support. Similarly, early childhood development workers told us that children and families cannot thrive when parents are stressed from trying to pay for rent and food.

Engagement sessions revealed the disparity in MCFD as some team leaders regularly supported families and others stated "MCFD is not income assistance," and "if we do it for one we have to do it for all." MCFD providing short-term funding to meet basic needs has been shown to reduce family stress, shame and intrusive child protections measures.

> "It seemed like the team leader was spending their own money, and would not provide even a bit of food money in an emergency."
>
> – RCY engagement participant and grandmother

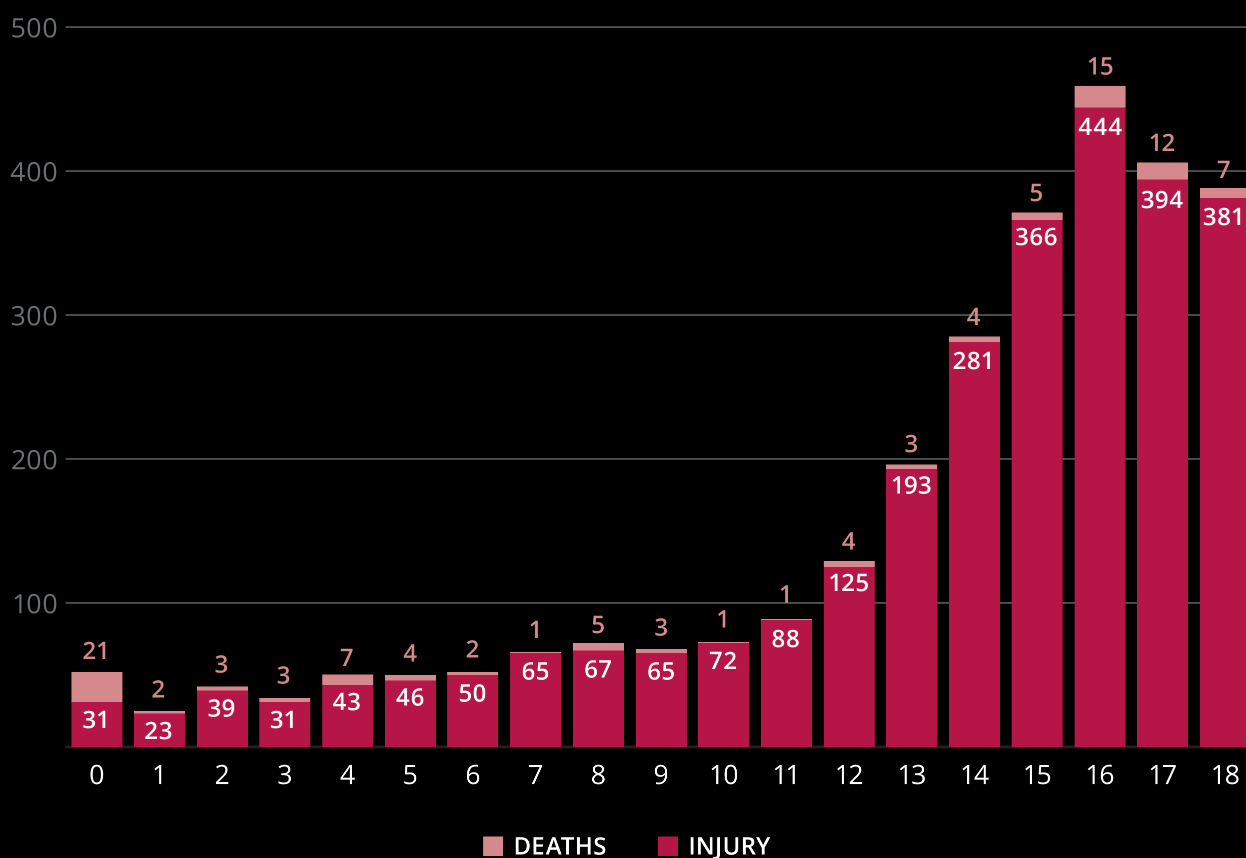
Early help and the early years

We know that children's well-being and development is strongly influenced by the quality of the closest environments in which they spend time: at home and with family and caregivers. We know that maternal, family and community connectedness are critical, as are family and community wellness, care, love and belonging. We know that children are shaped by the relationships with close adults in their lives, and the health and well-being of parents, caregivers, families and communities are essential to providing environments where young children thrive. We know these things and yet, we have mental models and systems within the child welfare space that continue to focus on downstream issues.

It is deeply troubling to note that most youth reported to RCY through the Office's Reviews and Investigations mandate in the form of critical injury or death reports – those experiencing crisis in their middle and adolescent years – have had harmful and traumatic experiences in their early years.[80] Accumulated data from the critical injury and death reports show that crises escalate in youth between ages 14- and 18. This observation reflects the well-established insights into child and youth development across the early life-course, and an understanding of the profound importance of the early years, and that early experiences set the stage for life-long health and well-being.

Figure 1: Age Distribution of In-Mandate Critical Injuries and Deaths – 2023/24 [81]

Note: Deaths in this chart reflect all RCY categories: natural, accidental, homicide, suicide and undetermined.



80 The Representative receives critical injury and death reports for children and youth receiving a reviewable service at the time of or within the year prior to their injury or death. Reviewable services are defined in s.1 of the *RCY Act* as *"services and programs under the Child, Family and Community Service Act or the Youth Justice Act and mental health and addiction services."*

81 The Representative receives critical injury and death reports for children and youth receiving a reviewable service at the time of or within the year prior to their injury or death. Reviewable services are defined in s.1 of the *Representative for Children and Youth Act* as "services and programs under the *Child, Family and Community Service Act* or the *Youth Justice Act* and mental health and addiction services." Deaths in this chart reflect all RCY categories: natural, accidental, homicide, suicide and undetermined.

The stories of children and youth who have become known to RCY illustrate much about the long reach of early experiences. Though each story is unique, consistent threads are seen: often chaotic experience including multiple moves, violence, poverty, parental mental illness and substance use; special needs that were not identified or addressed in a timely way, and children and families being "unbelonged" to community, culture and a sense of place.

> "Every child who experiences life should grow up to know love, and what it means. Every child who experiences life should grow up to know what love means for each of us: security, safety, connection and oneness."
>
> – Chief Robert Joseph, Hereditary Chief of the Gwawaenuk People – Namwayut

Early years advocates and families have demonstrated the significant benefits over the life-course of early years/early support. However, the predominant mental model is oriented toward issues and crises rather than child and family development. And in the absence of an upstream orientation, we then narrow "prevention" and family support to existing within the child protection and child welfare context only. This confusion about "prevention" – what it is, where it happens, when it happens and whose role it is – has made it difficult to develop MCFD and broader government policy about family support and prevention. Once again, we have created silos rather than bridges.

Can we conceptualize prevention more broadly to consider how we create conditions in communities that support all families? Fortunately, there are well established models and approaches that can inform this based in an understanding of social determinants of health and social pediatrics and tiers of service. Public policy can more effectively achieve better overall outcomes across many dimensions if we start from what all families need to thrive: income, housing, food, clean water, education, health care, sense of belonging, and so on. Government can then try to ensure that public policies and investments bolster equitable access to these resources. Related to this, one can consider what all children need to thrive: families that have these basics met so that they can ensure that their children's basic needs are met and that their environment is stable, as well as connection, love, nurturance, belonging, stimulation, and so on.

In situations in which children and their families are experiencing inequities or other challenges, public policy and interventions can be directed towards ameliorating the impact of these challenges. Sometimes this will be a one-time boost; other times, a long-term relationship with, and support for, the family and children is needed.

Some families and children will need more intensive or long-term help. For example, a child with a neurocognitive development disorder such as autism or fetal alcohol spectrum disorder or complex health care needs or significant mental health concerns might need intensive early supports to establish strategies and develop their unique strengths, or specialized equipment, as well as longer-term support. Their families might also need support to care for their children such as respite care, parent education or support, or transportation.

Strong family- and child-centred public policies set a helpful foundation for most families, and some families will need additional or different kinds of help because of the experiences they have had and the many inequities they

experience. This is when a child well-being system that is attentive to early help and early years can really kick in and add value to the lives of these children and families. This is when getting more clarity on "prevention" and early help would be beneficial for our systems.

RCY is curious about how the knowledge of the importance of the early years and early help mental models could shift practice and public policy. Between 2020 and 2023, RCY embarked on a process to better understand how to approach 'backing up the bus' in a way that supports and amplifies the work of so many others. A number of activities were undertaken to allow the Office to develop a broad sense of the landscape of early years services, programs and systems, to understand current research in B.C. and to build relationships and connections within the service system.

A key focus of this work was establishing partnerships and strengthening relationships with early years communities and service providers; First Nations, Métis, Inuit and Urban Indigenous leadership; and universities, colleges and other external research entities. Guided by principles laid out in Touchstones of Hope and the *Aboriginal Policy and Practice Framework* – using Circle as a restorative practice to gather, listen, reflect and lead to solutions[82,83] – RCY hosted learning circles with people who have been deeply engaged and invested in the early years, met with families and commissioned five research briefs. The findings arising from this work will be released as a companion report to further inform government's thinking on a child well being approach, as is recommended from this systemic review.

MCFD has also been considering its role in prevention and family support for some time. The ministry launched work on a Prevention and Family Support Service Framework in 2019. According to feedback from MCFD staff, it appears that they were unable to agree on what prevention and family supports are, how they are to be delivered and if child protection responsibilities should have its own framework. This confusion is experienced every day by families and MCFD staff. One MCFD child protection team leader stated:

> *Management has told us we do not do family support, we do not have funding or capacity for this ... I have never opened a non-protection FS [family service] file nor do many in our team know what a Support Services Agreement is.*

MCFDs internal website "I Connect" has a section dedicated to the framework which states:

MCFD is developing a Prevention and Family Support Service Framework, driven by the Minister's mandate to 'Support families involved with the child welfare system by focusing on family preservation and keeping children and youth connected to their communities and culture...

The ministry conducted extensive engagements with Delegated Aboriginal Agencies (DAAs) and contracted service providers Spring 2020-Summer 2021 reaching over 300 participants. Virtual engagement feedback and DAA survey results demonstrated what prevention and family support services are working well and what barriers families face when they need support.

However, since 2020, no substantial updates have been made and the framework remains in draft.

[82] Blackstock, *Touchstones of Hope*. https://fncaringsociety.com/touchstones-hope

[83] See Aboriginal Policy and Practice Framework, abframework.pdf (gov.bc.ca)

In a May 2024 RCY investigative interview, a senior MCFD executive was asked if there were any updates to the framework; the answer was "no". As part of the systemic review, RCY requested all documents, updates and briefing notes related to the Family Support Service Framework.

An MCFD decision note dated April 28, 2021, titled *"Potential widening of scope for the Prevention and Family Support Service Framework"* discussed adding mandatory child protection services to the framework. The decision note stated:

> *By combining them in a single service framework, the work that aims to keep the family together in the home or to reunite the family is represented together. This would also enable clearer and more transparent explanation that some services are accessed in a voluntary or mandatory capacity. It may also make it easier to track practice change whereby more services are provided through voluntary pathways under Section 5 of the CFCSA compared to those provided to address child safety concerns under Section 13 of the CFCSA.*
>
> *Clearly combining services to address child safety with prevention and family support allows their overlap and interdependency to be more strongly communicated. It increases the likelihood of the child protection areas of the ministry seeing themselves as part of the vision of an increased focus on prevention and early intervention. If these areas are separated, it may limit opportunities for shared purpose and collaboration.*[84]

MCFD vision: "The primary focus of the Ministry of Children and Family Development [the Ministry] is to support the well-being of all children and youth in British Columbia – Indigenous and non-Indigenous – to live in safe, healthy, and nurturing families, and to be strongly connected to their communities and culture."

Below are excerpts from the draft "Prevention and Family Support Service Framework, 2022":[85]

> *MCFD aims to provide services that support families so that they can provide safe, nurturing environments for their children, protect them from harm and prevent maltreatment and neglect. PFS services are offered on a continuum from voluntary services that are available to all families, to more targeted services focused on early intervention and supporting families through challenges, to more intensive or protective services.*
>
> *What Does MCFD Strive to Prevent?*
>
> *Maltreatment and neglect are harmful to children and youth over the short and long-term – and can have inter-generational impacts. Children and youth who experience this kind of adversity, have greater risk of developmental issues and poor outcomes later in life. They are more likely to face barriers and challenges as young adults, such as substance use, homelessness, criminal involvement, and underemployment. This can be true of children and youth who have long term involvement with MCFD and those who have short-term or no involvement.*

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[84] Ministry of Children and Family Devlopment. *Decision Note: Potential widening of scope for the Prevention and Family Support Service Framework.* Victoria B.C.: Ministry of Children and Family Development, April 28, 2021.

[85] Ministry of Children and Family Development, *"Prevention and Family Support Service Framework,"* 2022, Draft -Not yet Approved by Executive or Minister. Victoria B.C. n.d.

From the above draft it appears the *"Prevention and Family Support Service Framework"* includes non-voluntary and child protection responsibilities. Possible pros and cons of MCFD delivering family support and child protection simultaneously was discussed in our engagement sessions and the literature review. (This excludes the current B.C. early years service framework.[86])

The documents that RCY has reviewed and the information that has been gathered through engagement sessions and interviews suggest a lack of clarity about three things:

- what prevention and early intervention for children and families experiencing vulnerability entail
- MCFD's role and responsibilities in prevention and early intervention (does it or does it not have a role?)
- the intersection of voluntary family supports and involuntary child protection services and whether the two can be co-located in policy and practice.

[86] Government of British Columbia. *"Early Years Policy and Programs".* n.d. https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/how-parents-can-support-young-children/provincial-office-for-early-years Note: Early years services are separate and distinct from other services offered by the ministry for young families (e.g. child care, child protection, mental health, or supports for children and youth with support needs), but help to broaden the range of supports available to children and families in B.C. The system of early years services in B.C. is large and complex, with numerous government ministries, health authorities, school districts, Indigenous governments, municipalities, and hundreds of community organizations sharing the roles and responsibilities of providing supports to families. Early years services are delivered entirely through contracted organizations. These service organizations are strong advocates for families and children. They aim to respond to families' unique needs. Early years services can help connect families to the services they need, provide them with effective social supports and networks, and ultimately support the wellness of both a child and family.

Early Years Programs need to be prioritized

The most recent statistics from the Human Early Learning Partnership (HELP) highlight increasing vulnerability among B.C. children. The UBC research initiative has been surveying children's risk on a five-point scale of vulnerability for the past 20 years.

HELP's latest report found that fully one-third of children heading into Kindergarten in B.C are struggling in at least one of five areas of vulnerability that impact development and life-long health.

Children's vulnerability is on the rise in virtually every corner of the province. Two decades ago, B.C. had 22 neighbourhoods where childhood vulnerability rates were 15 per cent or lower. Today, it has just two.[87]

Families require a wide variety of community-based supports flexible enough to meet diverse needs, which includes involving fathers in early years programs.

Relational practice and meaningful supports

It became clear to RCY that MCFD has a limited toolkit with respect to provision of family supports and provision of "early help". When we consider all of the stories that are woven into this report, we are compelled to ask, "Where were the supports for the families to help them heal and build capacity to nurture their children?"

The importance of providing supports to families to increase their capacity to nurture the well-being of the children in their care, prevent or mitigate abuse or neglect, or reunify after periods of separation is widely accepted.

[87] See HELP EDI Wave 8 Provincial Synthesis - Human Early Learning Partnership (ubc.ca).

Despite frequent calls for a family-focused service delivery system, with coordinated multidisciplinary care, we continue to default to silos and, within the child welfare system, to a child protection response that focuses on safety. And no wonder:the societal expectation is that no child should ever be seriously harmed, and the consequences of failing to ensure this are considerable. This pressure propels those working within the system to lock into certain ways of being that give the appearance of being in control (e.g., compliance with policy, child removals) when, in fact, there is no way to ensure certainty in the messiness of human relations and behaviour.

Intervention is, of course, critical for children who are not safe and are being abused and neglected, but relying on a child protection/ safety/removal-centric system does not eliminate risks and harm. While it might address lack of safety in the short-term, it does nothing to address or prevent the circumstances that gave rise to the risks in the first place, such as family poverty, housing precarity, food insecurity, parental mental health and substance use, family violence, and so on. In not addressing these social determinants or root causes, protective care interventions may elevate risks and harm in the longer- term. Children who grow up in the protective care system are more likely than their non-care peers to struggle at school, not graduate from high school, be unemployed or under-employed, live in poverty, be in conflict with the law, struggle with mental health or substance use concerns, or be sexually assaulted or trafficked.

In every engagement and consultation that we held for this systemic review, participants spoke about the importance of re-imagining how families are supported, especially because we now have ample evidence that reinforces the importance of early years and early help, of familial connection and cultural belonging.

None of this is new

The 2015 Truth and Reconciliation Commission's (TRC) Calls to Action 1.2 and 5[88] recognized the need for relationally based, culturally safe and trauma-informed supports for parents and caregivers involved in child welfare systems:

> *1.2 We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by... Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.*
>
> *5 We call upon the federal, provincial, territorial and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.*

Participants in the engagement sessions reiterated the importance of family supports and shared examples of the differences that this support makes.

The urgent need for B.C. to shift from a child-protection to child well-being mental model emerged as a key call to action in engagement sessions. Participants spoke of the challenges that MCFD's current "policing" role creates in accessing family supports, due to both families' fear of approaching the ministry and the ministry's reluctance or inability to provide support to families whose needs are not yet at full-blown crisis level.

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[88] Truth and Reconciliation Commission of Canada. *"Truth and Reconciliation Commission of Canada: Calls To Action,"* 2015. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf.

> Need needs-based funding to be able to do prevention and supports to family and save the costs down the road for protection.
>
> – Participant in Engagement session

Many participants, including MCFD staff, expressed frustration and confusion with the current crisis response model, pointing to the revenue that would be saved by providing families with support before a situation escalates. They suggested that comprehensive supports, individualized to meet the unique needs of a family unit, would make a huge difference in outcomes as well as job satisfaction. They suggested that multiple supports could complement one another to provide a holistic response. The increasing complexity in the needs of both families and children and the need for creative, flexible support options, particularly for families supporting a child with a disability, was discussed,. Respite, child care and advocacy and navigation support were frequently identified as an unmet need for families. Some participants discussed this theme in the context of the ministry's focus on child protection, stating that family supports of this nature are under-resourced when a situation is not considered a crisis.

The literature review prepared for this report notes that two overall orientations influence interventions and supports for families and children: child protection approaches, which centre on safeguarding the child against harm, and child welfare approaches, which focus on promoting child well-being.[89] The overall ability of the child welfare system to offer supports to parents and caregivers and fund prevention is heavily influenced by the degree to which the overall system is steeped within a child protection paradigm. The focus on the "protection of children", rather than on prevention, has created barriers to parents asking for support, especially for Indigenous women.[90] [91]

> Hard for anyone to really get the supports they need nowadays to be honest – there is complexity of needs as well – kids need multiple services rather than a single service – hard world out there for our young people – very difficult to get them adequate support.
>
> – Participant in engagement session

89 Silvia Fargion, "Synergies and tensions in child protection and parent support: policy lines and practitioner cultures" *Child & Family Social Work* 19, no. 1 (2014): 24-33.

90 Cyndy Baskin, Carol Strike, and Bela McPherson. "Long time overdue: An examination of the destructive impacts of policy and legislation on pregnant and parenting aboriginal women and their children." *The International Indigenous Policy Journal* 6, no. 1 (2015).

91 Elaine Toombs, Alexandra S. Drawson, Madelyn Bobinski, John Dixon, and Christopher J. Mushquash. "First Nations parenting and child reunification: Identifying strengths, barriers, and community needs within the child welfare system." *Child & Family Social Work* 23, no. 3 (2018): 408-416.

Child protection orientations

Child protection orientations originate from a blend of medical and forensic cultures where "abuse" or "neglect" are clearcut phenomena and can be objectively detected, like disease,[92] and when detected, someone must be at fault, blamed or punished.[93] The child protection orientation directs social services interventions toward "preventing damage to children, and reducing the risk of harm within or outside the family"[94] through removing children from families and communities.[95] Social work tends to focus narrowly on children, prioritizing "protection" while regarding the needs and circumstances of parents as secondary.[96] The relationship between social workers and parents is often portrayed in adversarial terms because children and their families' interests are seen as different or opposed.[97] In a child protection orientation, child protection and family support are seen as different issues: child protection services typically specialize in dealing with cases where there is suspicion of abuse and are separate from services for family support.[98]

Child welfare/well-being orientations

In contrast, a child well-being approach places the child within their family. It provides supports aimed at making the whole family "well," thus protecting the child without the trauma of removing them from their home and community.

Fargion (2014) describes a child welfare orientation as placing child protection within a broader perspective of promoting children's wellbeing without separating the need for protection from all other needs. Protecting children is part of a wide spectrum of interventions intended to improve the lives of children and their families, and is premised on the understanding that actions or circumstances considered damaging to children are part of a context of any psychological or social difficulties experienced by families.[99]

Child welfare orientations (that are not rooted in the ideology of child protection) support a child, family and community-centred model that prioritizes culturally rooted, needs based preventive measures.[100] In a child welfare orientation, "an abusive parent is somebody to be helped, not just stopped."[101] Prevention is seen as a key feature of a child welfare orientation, as it means intervening at the first sign of risk and providing services that address families' needs. An investment of resources is an essential part of a child welfare orientation. Without sufficient resources, social workers are forced to restrict their focus to child protection.[102]

Note: For our purposes we use the term "child well-being" rather than "child welfare" because child welfare and child protection have become conflated, and we are proposing a broader view of child well-being, as described in previous sections.

92 Fargion, "Synergies and Tensions".
93 D'Cruz 2004 cited in Fargion "Synergies and Tensions".
94 Fargion, "Synergies and Tensions", 25.
95 Representative for Children and Youth, *"At a Crossroads: The roadmap from fiscal discrimination to equity in Indigenous Child Welfare,"* 2022. https://rcybc.ca/wp-content/uploads/2022/03/RCY_At-a-Crossroads_Mar2022_FINAL.pdf.
96 Buckley 2000; Spratt 2001; Khoo et al. 2002; Hearn et al. 2004 cited in Fargion "Synergies and Tensions".
97 Munro & Ward 2008; Parton, 2011 cited in Fargion "Synergies and Tensions".
98 Fargion, "Synergies and Tensions".
99 Spratt 2001, 2003; Davies et al. 2007 cited in Fargion "Synergies and Tensions".
100 Representative for Children and Youth, "At a Crossroads".
101 Fargion, "Synergies and Tensions", 26.
102 Berotti 2010 cited in Fargion "Synergies and Tensions".

Easy to say, hard to do

For example, in New Zealand, despite broad legislation that allows a community and family-based approach, the focus often narrows to child safety and parenting capacity, resulting in the prioritization of safety when parenting capacity is deemed inadequate.[103] As a consequence, this narrow focus excludes considerations of other resources that may be available within whānau (extended family or community) to support parents who are struggling.[104] Māori women involved in the child welfare system "found themselves portrayed as neglectful, inadequate mothers with intervention focusing on their parenting without taking account of… their efforts to keep children safe in very difficult circumstances."[105] Similarly, women involved in Ontario's Children's Aid Services who reached out for help due to substance use issues noted that child welfare services "acted like I was an abusive parent. They took my [child] from me."[106]

Despite the tensions and challenges, there are actions that can be taken

We heard stories of trust in MCFD staff, promising practices and staff who put children first. Feedback has emphasized that most MCFD and ICFSA staff want to do good work and entered the field to serve families; however organizational culture and policies can thwart these good intentions.

Wraparound services such as the Family Enhancement Program offered to Surrey families through Options Community Services, is seen as an innovative program. Some, however, will not access the program as families must be referred by MCFD ("gated service" is a term used within MCFD). For families with their own childhood backgrounds of government care and child apprehension, the risks of approaching MCFD for support are simply too high. They fear that signalling they need help could lead to having their own children apprehended.

That's particularly true for Indigenous families.

> "The Ministry of Children and Family Development has a lot of trauma for Indigenous families that we work with, leading them into crisis."
>
> – Participant in engagement session

Research undertaken for the systemic review identified the following supports as most important for helping families involved in the child-welfare system:

- concrete supports for basic needs such as food and housing
- parent education and skills program
- wraparound supports for long periods of time
- kinship caregiver supports
- peer coaching

[103] Atwool, Nicola. "Intensive Intervention with Families Experiencing Multiple and Complex Challenges: An Alternative to Child Removal in a Bi- and Multi-cultural Context?" *Child & Family Social Work* 26, no. 4 (2021): 550–558.
[104] Kaiwai et al. 2020 cited in Atwool, "Intensive Intervention with Families"
[105] Atwool, "Intensive Intervention with Families", 555.
[106] Baskin et al. "Long time overdue", 10.

As part of MCFD's research in drafting the "Prevention and Family Support Service Framework", an internal engagement session was held in May, 2022. MCFD staff had similar responses to those in RCY's engagement sessions. One of the questions MCFD participants were asked to reflect on was how to create a a future, prevention-focused state, and share ways to recognize and address barriers to services through additional resources and systemic changes" Responses were summarized as follows:

- Identify and mitigate internal barriers related to administration and financial controls. There may be creative and less expensive options to support and maintain a family than current policies permit.
- Streamline policies to facilitate service provision: Services need to be defined by family needs rather than service lines.
- Separate prevention and protection staffing streams.
- Staff turnover and movement are barriers to effective services."[107]

An added reflection about the third bullet is that RCY engagements and the Circle of Advisors highlighted the theme of separating prevention from child protection, but with the added question as to whether prevention and family support should be removed from MCFD and provided by community agencies or other ministries. Agencies that demonstrate trust, relational practices, accountability and humility may be better suited to offer prevention and family support services. This is the path some Nations are taking through Jurisdiction and negotiating Coordination Agreements.

What Do Families Need?

The number one support identified: Basic needs such as housing and food

There is agreement from engagement sessions conducted by both RCY and MCFD as well as the literature, that meeting families' basic needs is the top issue regarding family supports and prevention. Basic needs include financial support, transportation support, housing, and food security.

Such supports were seen as basic needs that must be addressed before the family can stabilize and address family dynamics, mental health and substance use challenges, and parenting skills. Transportation was flagged as a major barrier to accessing supports, particularly in rural and remote areas where families need to travel to access support.

[107] Ministry of Children and Family Development, *"Prevention & Family Support Service Framework Development, What We Heard: Divisional Workshop,"* May 2022. The document states "On May 10, 2022, Strategic Initiatives held an internal engagement session to further understand intersections between this framework and ongoing work within the Ministry and cross-government. This engagement session included 18 participants from Child & Youth Mental Health (CYMH), Strategic Policy, Research & Engagement (SPRE), Operational Child Welfare Policy (OCWP), Strategic Child Welfare & Reconciliation Policy, Early Years & Inclusion Policy, Indigenous Early Years Policy, and Legislation & Legal Support."

A promising practice is the Linkages program in California which exemplifies how concrete supports for families can improve outcomes. The program is for parents who are receiving public assistance as well as child welfare service, and is based on an understanding of the connections between poverty and maltreatment.

Linkages helps clients with housing and provides support workers to create new relationships with landlords who are willing to give participating families an opportunity to rent again. The program can offer 100 per cent rent subsidies for several months, and assigns caseworkers to help with housing searches.

"We would not be in the position we are in right now as a family, as members of society, if we did not get the assistance that we got," said one Linkages client.

Looking at B.C. government websites, you will see innovative programs to meet basic needs, but they are siloed, not integrated, and are often too short in duration. First Call, in its annual report card on poverty, offers 25 recommendations to government that help address these siloed approaches.[108] More specifically, the following immediate actions focused on direct income supports were proposed by First Call in response to the findings from the systemic review which will be shared separately with government.

Parent Education and Skills Programs

The parenting education and skills programs that were noted in the literature were predominantly aimed at educating parents on children's development, needs and safety; building skills for appropriate discipline; overall parenting; and coping with stress.

These programs require thoughtful, culturally relevant approaches to avoid coming across as passing judgment on parents. First Nations adults who participated in a Canadian study on child welfare reunification noted that parents' interest in engaging in community parenting programs was negatively influenced by increased anxiety related to the fear of future child welfare intervention, or possible removal of the child from their care again after successful reunification.

[108] See BC Child Poverty Report Card 2023 - First Call Child and Youth Advocacy Society (firstcallbc.org).

Additionally, one participant spoke about how parenting programs were often court-mandated, and that such programs could be intimidating or stigmatizing for parents seeking more preventative care.

In Port Alberni, Usma Nuu-Chah-nulth Family and Child Services offers *Parenting 101*, which the organization reports is leading to "tremendous growth and positive impacts for participating families" after a year in operation.

It's a five-day, 12-session, trauma awareness program that can be taken multiple times, and engages participants in identifying barriers to move toward their greatest potential. Topics include healthy communication, family values, healthy supports, and cultural teachings. Any Indigenous family members involved in the child welfare system are welcome to participate.

Intensive wrap-around supports

Wrap-around supports for families' model collaboration, concrete supports such as housing, and planning across sectors. They exemplify the individualized support that is a hallmark of such services.

But their presence in B.C. is generally the exception rather than the rule.

There was an overall lack of literature on wraparound supports for parents involved in child welfare systems. Literature revealed several programs in Canada, the U.S. and Australia, including the Families First Home Visiting Program (FFHV) in Manitoba.

FFHV provides services to almost 1,700 Indigenous families in Manitoba with children from newborn to age three. It's built on the premise that parents with strong attachments to their children are at lower risk for child abuse and neglect. The program is overseen by public health nurses who support trained, para-professional home visitors with training and in some cases, lived experience with challenging family circumstance.

Program evaluations have found that families enrolled in FFHV were significantly less likely than non-participants to have a child taken into care in the first two years of their life.

Children were significantly less likely to be admitted to hospital for maltreatment-related injuries before the age of three, and FFHV families were less likely to have a child who either witnessed a crime or was a victim of crime.[107]

[109] See Families First | Child and Youth Programs | Province of Manitoba (gov.mb.ca).

Kinship care provider supports

A separate section is dedicated to kinship care providers and the unique supports they need. Many care providers are grandparents who are raising grandchildren with limited resources and are often afraid to ask for help. There are examples, however, of promising practices that provide supports to parents and kinship carers and we urge you to review that section.

The RCY Reviews and Investigation team provided an analysis of internal data and is highlighted in the kinship care section. From that analysis and is an example of many care providers' experiences:

> "Caregiver [grandparent] is desperate for financial support. A neighbour is helping provide food for the family and they have not been able to pay full rent in 2 months. They are not receiving caregiver support and have had the kids for almost 2 months. SW consults with TL, approval to provide caregiver with a grocery voucher."
>
> – Participant in engagement session

Peer coaching

Peer mentors are parents who have former involvement with the child welfare system and are prepared to take on a role somewhere between a friend and professional in helping other parents. Peer mentors can provide guidance when families feel overwhelmed and intimidated, and can connect parents with community resources, encourage peer networks, and teach advocacy skills. They can be an important source of support. Findings from the research undertaken for the systemic review suggest that the informal roles played by peer mentors is ideal for flexibly responding to the changing daily needs of parenting, and providing emotional support.

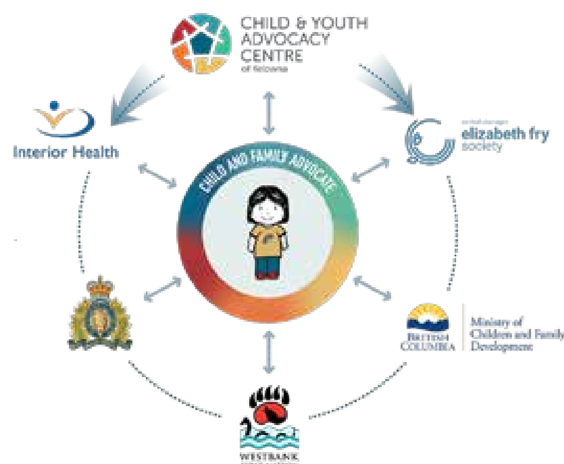
Families can self-refer to the Resource Parent/Peer program integrated into the Family Support Institute of B.C.'s support services, and are helped with referrals to appropriate resources as well as being connected with a Resource Parent/Peer within 72 hours. The Resource Parent/Peer shares experiences and knowledge of resources, and mentors families to advocate for themselves.

BRIGHT SPOTS

RCY's research highlighted an MCFD-funded early childhood development program in one rural B.C. community where Indigenous workers provide a range of supports to families involved in the child-protection system. These include:

- emotional support
- household budgeting
- attending doctors' appointments with families
- transportation
- referrals to counselling
- food, diapers, and formula
- advocating for access to mediation
- supporting families during the court process
- accompanying parents to school meetings
- home visits

One promising model for children and youth who have experienced or witnessed abuse is B.C.'s Child and Youth Advocacy Centres (CYAC's) now operating in 11 communities. "CYACs connect children, youth and their families to services designed to meet their unique needs and assist them to



navigate any system they may encounter such as medical, criminal justice and child protection".[110] Families are connected with advocates who support the family andchild or youth from intake to end of service time. CYAC's are trauma informed, have comprehensive information sharing polices, and use multidisciplinary response models so children do not have to tell their story of abuse repeatedly. CYAC's have received endorsement from Crown counsel and judges across B.C. Some CYAC's such as in Kelowna, have health care providers at the centres.

[110] See British Columbia Network of Child and Youth Advocacy Centres. *"The CYAC Model".* https://www.bccyac.ca/about-us/the-cyac-model/.

The shift away from diagnosis-based services to needs-based services for children with disabilities and their families has been recognized by the B.C. government as foundational for future CYSN services. But under current timelines, that revamp of services is still years away.

The government committed in 2022 to needs-based prevention funding for First Nations living on-reserve. But so far, that commitment does not extend to tens of thousands of other children and families who do not live on reserve, including the majority of Indigenous children. In the family support research paper commissioned by RCY, Amy Woodruffe wrote, "Needs-based prevention funding has and will undoubtedly produce an increase in Indigenous-led practices that support parents and caregivers involved in the child welfare system through the expanded definition of prevention to include tertiary prevention supports."[111]

Supports for children with disabilities is falling behind

The scarcity of family supports is a common theme in virtually all RCY investigations and reports. Even families with extraordinary capacity require expert-level sleuthing and advocacy efforts to be able to access community-based family supports in B.C. More than 80 per cent of families who responded to an RCY survey on children and youth with support and complex care needs said that they struggle to navigate the service system.

Families told RCY that even when a child qualifies for support, they may still not receive the level of support they actually need. Three-quarters of more than 1,000 B.C. families who responded to a survey RCY did for its 2023 report, *Still Left Out*, reported feeling "no confidence" or "minimal confidence" that their child would receive the services they need, whether in or out of school, within the next one to three years.

RCY estimates that as many as 80,000 B.C. children and youth with disabilities are currently not receiving any support. Some of that is about diagnosis barriers, and some is about tapped-out, shut-out families who don't have the capacity for the numerous battles they will have to engage in to meet their child's needs.

Relational practice

In addition to considerations about what programs and services makes a difference, many engagement participants, including family members, spoke about the relational experience with the workers involved in the services and programs.

[111] Amy Woodruffe, *"Parent and Caregiver Supports for Families Involved in Child Welfare Systems: A review of the literature,"* (Report prepared for the Office of the Representative for Children and Youth, March 2024).

When it comes to child-welfare-involved parents voluntarily requesting support or accepting support through the course of a service agreement, the literature notes the barriers for Indigenous parents, stemming from multigenerational apprehension of children that has contributed to overall mistrust of the child welfare system.[112]

> What does it mean for [a mother] to have her children taken away as she was taken away from her mother and her mother was taken away?[110]

The experience of intergenerational trauma and the over-involvement of child welfare systems in Indigenous families' lives makes it risky for Indigenous parents to ask for or accept support, especially for supports for substance use issues, because of the fear that their children will be removed after they ask for help.[113] [114] [115] [116] [117] [118]

Ensuring relational approaches within parent supports

An Indigenous worldview recognizes the interconnection and interdependence of all living things[119] and acknowledges that we exist in relationship with one another.[120] Relationality is a key consideration for supports for all parents and caregivers involved in child welfare systems and was raised as significant in four of the literature sources and two practice examples through informal consultations.[121] [122] [123] [124] [125] [126]

MCFD conducted extensive engagements with over 300 participants from Delegated Aboriginal Agencies and contracted service providers from 2020 to 2021 to explore what was working well for family supports, and what barriers families face when they need support. Engagement feedback indicated that relational approaches were key to family support: families do best when services are based on relationships, where families set their own goals with a trusted service provider.[127]

112 Baskin et al. "Long time overdue", 9.
113 Marlyn Bennett, Leslie Spillett, and Catherine Dunn. "Jumping through hoops: An overview of the experiences and perspectives of Aboriginal mothers involved with child welfare in Manitoba." *First Peoples Child & Family Review* 7, no. 1 (2012): 76-83.
114 Baskin et al. "Long time overdue".
115 Amy D'Andrade, James David Simon, Danna Fabella, Lolita Castillo, Cesar Mejia, and David Shuster. "The California Linkages Program: Doorway to Housing Support for Child Welfare-Involved Parents." *American Journal of Community Psychology* 60, no. 1-2 (2017): 125-133.
116 Klee 1998, Tamlyn 2008 as cited in Andre McLachlan, Michelle Levy, Kahu McClintock, and Roimata Tauroa. "A literature review: addressing indigenous parental substance use and child welfare in Aotearoa: a Whānau Ora framework." *Journal of Ethnicity in Substance Abuse* 14, no. 1 (2015): 96-109.
117 Toombs et al. "First Nations parenting and child reunification".
118 Wilson cited in Atwool, "Intensive Intervention with Families".
119 Fernandez et al., 2020 cited in Levy et al. "Growing Stronger Together".
120 Wilson 2008 cited in Levy et al. "Growing Stronger Together".
121 Atwool, "Intensive Intervention with Families".
122 Hulitan Family & Community Services, Group Consultation, Feb 16, 2024.
123 Kiraly, Meredith, and Cathy Humphreys. "A tangled web: Parental contact with children in kinship care." *Child & Family Social Work* 20, no. 1 (2015): 106-115.
124 Levy et al. "Growing Stronger Together".
125 Ministry for Children and Family Development, *"Prevention and Family Support Services"*, 2021, https://www2.gov.bc.ca/gov/content/family-social-supports/data-monitoring-quality-assurance/reporting-monitoring/mcfd-transformation/prevention-and-family-support-services.
126 Suzanne Patterson, Personal Communication, Feb 13, 2024, cited in Amy Woodruffe, *"Parent and Caregiver Supports for Families Involved in Child Welfare Systems: A review of the literature,"* (Report prepared for the Office of the Representative for Children and Youth, March 2024).
127 MCFD, "Prevention and Family Supports".

B.C. based Hulitan Family and Community Services Society offers a relationship-based Family Preservation Reunification Program (FPRP).[128] FPRP workers limit their caseload to four to five families and spend up to six hours weekly with family members, often seeing them twice a week. FPRP offers a circle of support for families, where support is not prescriptive, but rather, is defined by families in relationship to the FPRP worker and program. The program emphasizes trusting relationships and "walking alongside families". FPRP workers stated:

> *"You can't understand someone's story virtually – this work is relational."*
>
> *"You cannot have it that 'I get to know all your information, but you don't know anything about me.'"*

B.C. based Surrounded by Cedar Child and Family Services (SCCFS), an Indigenous Child and Family Services agency providing C3 and C4 delegated and support services (includes support services for families, voluntary care agreements, special needs agreement, and guardianship services for children in continuing care) is in the fundraising stages for relationship-based personalized wellness resources for parents and families. Personalized healing is customized for parents and integrates traditional teachings, ceremonies, group workshops, and circles for individual journeys of healing, identity, culture and belonging. Culturally based curriculum will integrate traditional teachings, ceremonies and practices relevant to the specific Indigenous culture(s) represented in the community.[129] The program will be subject to continuous evaluation and adaptation based on feedback from the participants and the evolving needs and preferences of the community.

[128] Hulitan.

[129] Patterson.

In a literature review[130] relational approaches were associated with positive outcomes in Australian and New Zealand in all models of intensive family intervention with families where there was risk of a child removal in bi- and multi-cultural environments.[131] Relational approaches were seen as being facilitated through high contact with families, practical support and in-home service delivery, small caseloads, flexible timeframes and inter-agency teams to facilitate access to specialist services and through ensuring a consistent approach. Relational approaches were also highlighted in research on peer coaches for parents with disabilities and involved in the child welfare system.[132] When asked about the most important and valued characteristics of family peer coaches, parents identified coaches' relatability, perceived sameness, and trustworthiness.

In Australian research on kinship care that involved interviews with parents for whom substance abuse was an issue either past or present, and where most had had child protection involvement leading to the placement of their children,[133] researchers noted that respect and empowerment were overwhelming themes related to what parents felt they needed for support: "A good relationship with a worker was a central concern. Parents wanted workers to be understanding, non-judgmental, and to provide continuity."[134] A small number suggested that within supportive therapeutic relationships, parents needed to be challenged in relation to the impact of substance abuse on their parenting.

[130] Atwool, "Intensive Intervention with Families".

[131] Batty & Flint 2012; Churchill & Fawcett 2016; Gockel et al. 2008; Lines 2012; OYWT 2010 cited in Atwool, "Intensive Intervention with Families".

[132] Marina Lalayants. "Peer support services in family reunification process in child welfare: perceptions of parents and family coaches." *Journal of Family Social Work* 23, no. 5 (2020): 449-471.

[133] Kiraly & Humphreys. "A tangled web".

[134] Kiraly & Humphreys. "A tangled web", 111.

Stepping In to Care for Family

The importance of better supporting kinship care

Kinship Care

Introduction

Colby's story illustrates the tremendous strengths, challenges and risks of what is known as kinship care. Colby cared deeply for his family, and many stories were shared describing how his siblings and extended family tried hard to care for and protect one another. Colby's story details the struggles that Violet and her children experienced and how family often stepped in to help both informally and formally.

MCFD has a key role in supporting formal kinship care arrangements and, as will be seen below, this is a growing area of practice. The use of kinship care arrangements and related policies and practices were emerging throughout Colby's life and there was likely some confusion and inconsistency about what options there were and how such arrangements could be supported. Nonetheless, Colby's story reveals that MCFD's involvement in the formal arrangements was inconsistent both in adherence to MCFD policy, and when and how kinship care options were used to support Violet, the children and their family members. Family members who stepped in to help Colby and his family said that they were often not supported, valued or prepared for the challenge.

There are several illustrations of these inconsistencies. MCFD did adhere to policy on one occasion when approving a great aunt and uncle as restricted foster parents[135] who were able to provide high quality care to three of the children for 10 months. MCFD social workers completed the required checks and thorough assessments, ensured that the caregivers received financial support and appeared to stay connected with the caregivers.

When MCFD assesses that the immediate safety of a child is at risk, a safety plan[136] is an option families may use to enable children to stay with family or friends while ensuring safety. A safety plan is to be created collaboratively by the family with MCFD, using CPDM processes (family meetings). If the family is unwilling or unable to participate in the development of a safety plan, policy directs that other options be used. In Colby's story, however, MCFD inserted family as part of safety plans for him and his siblings without including or collaborating with family members in the development of these plans.

A specific example of this occurred in January 2017 when MCFD made a safety plan for their maternal grandmother to care for the children because of Violet's partner being violent in the home. This safety plan was not collaboratively developed and it placed sole responsibility for the children's safety on the grandmother. It required her to limit and supervise her daughter's time with her

[135] Restricted Foster Parent is a classification of a caregiver under the CFCSA who provide care to kith or kin (often relatives) who are in the legal care of MCFD or an ICFSA

[136] MCFD Child Protection Response Policies –3.2 "Developing a Safety plan. If safety factors have been identified, develop the Safety plan collaboratively with the child/youth's family. If the parent(s) is unable or unwilling to collaboratively develop the Safety plan, do not proceed with its development. Consider whether a supervision order or a s. 28 protective intervention order may adequately protect the child/youth prior to considering a removal. With the parent(s)' agreement, and in a manner that does not compromise the child/youth's safety, also (when possible) involve the following in identifying effective approaches to protecting the child/youth: Extended family members; Community members (including cultural community and, where needed, involving an interpreter); and If the child/youth is Indigenous, members of their Indigenous Community."

> I was only given some food vouchers for the first three months and never saw the social worker.
>
> – Grandmother, EFP

children and monitor other family members' interactions which strained relationships. It was also not clear to RCY whether adequate supports were offered or provided to the grandmother by either MCFD or the Department.

Two other examples from Colby's story illustrate communication and practice challenges with kinship care arrangements. The first pertains to the use of safety plans. Oftentimes, safety plans are put in place and use family to care for the children. These plans have at times stipulated who is permitted to live in the house with the care provider and children, who may be present with the children, and under what conditions. In Colby's story there were times when the Safety plan turned into an EFP but MCFD did not adhere to policy. EFP's are intended to engage the family to make the best determinations about how caring should happen. It appears that the EFP in this family's story remained paternalistic and authoritative. RCY has observed that EFPs are being used in contentious protection incidents rather than what they are actually intended for. It can be challenging for care providers if, for example, they have not been involved in the establishment of the agreement, the expectations in the agreement have not been adequately explained or understood, other family members need a place to stay, and the caregiver is unable to arrange respite or child care other than with someone who has not been approved to provide care. Changes to the agreements need to be proactively discussed with MCFD and, in some cases, MCFD will need to do further assessment. Given that many families have a deep mistrust of the child welfare system and MCFD, this can feel like a tall order.

In fall 2017, a family member who was living in the home of the grandmother, experienced a number of troubling mental health incidents that impacted the children.

The second example occurred after one of these troubling incidents, when the Nation appropriately arranged for the grandmother to move with the children to another home to ensure their safety. In what seemed to make sense to Violet and the grandmother, Violet moved into the new home with the children, but without the grandmother. This crossed a line for MCFD and it decided to end the EFP because the grandmother did not notify them that Violet was parenting and living with her children in the house. While the grandmother's actions went against what MCFD understood to be part of the EFP, it appears that she may not have understood the serious consequences of her actions and that there were no further discussions. Unfortunately, the grandmother was no longer considered suitable for any kinship care placement and subsequent contact with her grandchildren has been minimal. This has been devastating to her.

The final example concerns the lack of checks and assessments done for another kinship care arrangement, which is discussed in detail in Colby's story: the decision to place Colby and eventually two of his siblings with Staci and Graham despite basic checks and assessments not having been completed, including a Criminal Record Check, Prior Contact Check and home assessment.

A key observation from Colby's story is that family engagement in planning for any kinship care arrangement is essential. This requirement is already set out in MCFD policy, but RCY has observed in this story and many others that policy is inconsistently upheld.

There are various reasons for this, including the following:

- it takes time that workers feel they don't have
- there is a sense of urgency to take a "less intrusive measure" and workers move quickly to solution without family inclusion
- it may be difficult to find, connect with and engage family members
- there may be tension between family members due to the sensitivity of the circumstances giving rise to the safety and protection concerns
- workers may feel ill-prepared to navigate these tensions with families
- workers may assume that they know what family wants and decide to establish an arrangement in accordance with what they think will work.

RCY has also noted that outreach to fathers is hit and miss as was noted in the section on violence.

A second observation is that clear communication is essential for all the parties including communications about checks and assessments, expectations, roles and responsibilities, parental and child rights, child's needs, timeframes, availability of financial and other supports, consequences if expectations and requirements are not met, and access to social workers. In the absence of clear and consistent communication, there is a greater likelihood of misunderstanding, confusion and frustration that compromises the adult relationships and may have a negative consequence for the child.

A third observation is that checks and assessments are essential. Each type of kinship care has different expectations for assessment, and there is good reason for the policies and practice guidelines that are already in place. If children are going to be removed from their parents' care, there needs to be some assurance that they will be safe, supported and nurtured in another home. The kinship carer also needs to know what they are taking on, what will be expected of them, and how they will be supported. The assessment processes are far from perfect, but they should be an opportunity for all of this to be explored. RCY noted various reasons why the necessary checks and assessments are not completed, including several noted above respecting family inclusion:

- it takes time that workers feel they don't have
- there is a sense of urgency to make the placement
- people that the workers trust or feel accountable to have "vouched for" the kinship carer
- the worker is concerned that the assessments are potentially triggering or culturally unsafe
- the kinship carer is reluctant or resistant to the checks and assessments
- workers may feel ill-prepared to navigate this resistance or awkwardness if concerns are revealed.

A fourth observation is that most kinship carers and the children in their care will need supports and services either continuously or episodically. Many of these are similar to the services and supports that were discussed in the family support section, such as practical and concrete supports and access to specialized supports for the child. Another facet of support is through engagement – for the child to thrive, their kinship carers need to thrive. Regular check-ins with both the caregiver and the child is a core part of good relational practice and, while some kinship carers are reluctant or unwilling to engage with MCFD because of negative past experiences or fears, this can be done well with community-based organizations.

To guide RCY's thinking in this area, we seconded Lisah Hansen-Moore, who has worked extensively in the kinship care policy and practice field. She prepared a report that reviewed the academic and grey literature, and MCFD policy and practice, and identified promising practices and potential reforms. Highlights from this report are included in this section and the full report will be available within the supplementary 'bundle' of information on kinship care.

In addition to the research, the RCY team reviewed five children's stories where kinship care played a significant role in the child's life. The subject of kinship care and support was also addressed in multiple engagement sessions, both in phase one and phase two engagement sessions, in a survey and in conversations with service providers and caregivers. The learnings from these sessions validated and amplified the findings from the children's stories and the research. Participants also identified opportunities for reform.

What is evident through this work is that kinship care has the potential to create better outcomes for children, but it must be well-supported, sufficiently resourced, culturally appropriate and routinely monitored. Yes, children should be placed with their family members whenever possible, but the work and resources necessary to support a successful placement is paramount. When kinship care is viewed by the child welfare system primarily as a mechanism for reducing the number of children in care or saving money, the health of the child and the caregiver are both at increased risk.

In this section, we discuss the concept of kinship care and how it is currently defined and approached within MCFD and share highlights from what we learned over the past six months.[137] It is by no means exhaustive, and further work will be undertaken over the coming months, but it is a start.

[137] In late 2024, RCY will release a detailed issue brief on Kinship Care to support further discussions within the proposed child well-being framework.

What are out-of-care and extended family care arrangements?

When parents are unable to care for their child, priority is typically put on identifying a relative or another person with an established relationship to the child whenever possible. The CFCS Act provides multiple avenues to support what is termed kinship care.[138] Like other jurisdictions, MCFD has placed increased emphasis on kinship care in recent years. The number of children in out-of-care arrangements has more than tripled since 2008, while those in government care have been reduced by half. These arrangements now outnumber in-care arrangements as shown in Figure 1 below.

At face value, while the increase of children in kinship care arrangements appears to be a success, cracks appear when we look at MCFD's ability to guide, resource and support these out-of-care arrangements.

Some of the cracks are at the organizational level. For example, despite out of care arrangements surpassing the number of in care arrangements, MCFD does not have:

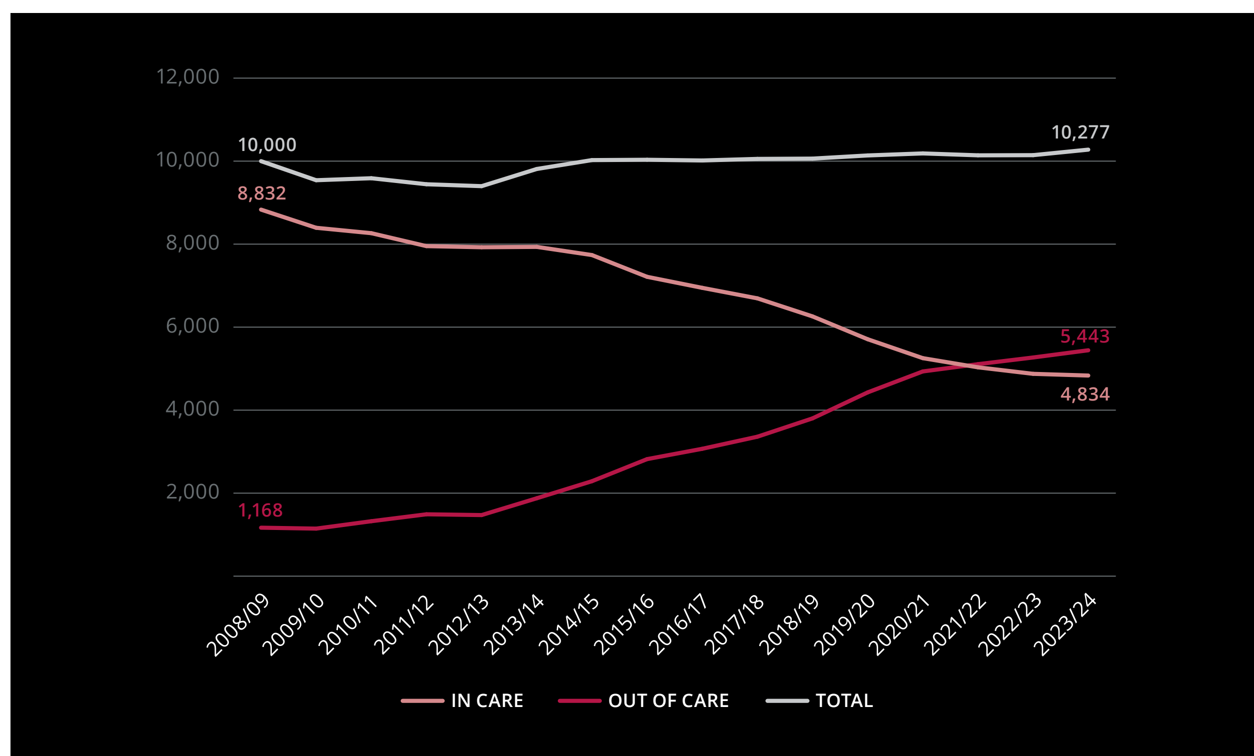
- a separate branch responsible for overseeing and promoting kinship/out-of-care arrangements
- a kinship/out-of-care framework

[138] In this section, the term 'family' may be used to include various people who have an established and pre-existing relationship to a child, such as extended family members, family friends, members of a child's Indigenous community, or other adults who fulfill the role of kin.

- a document which spells out the rights of kinship carers
- specialized workers dedicated to supporting out-of-care care providers in each service area[139]
- comprehensive training for new workers regarding kinship care
- adequate or timely support for care providers.

This is in contrast to both the foster care and adoption programs, which have dedicated workers and specialized training.

Figure 1: Number of Children in Care and in Out-of-Care Options, 2008/09 to 2023/24



Data provided by MCFD on May 6, 2024.

Numbers are as of March 31 for each year.

"Out-of-care" includes the Extended Family Program, Out of Care by Court Order, sections 54.1 and 54.01 CFCSA, and Youth Agreements. The former Child in Home of a Relative Program (CIHR), which was authorized under the Employment and Assistance Regulation, *is not included for several reasons. That program stopped receiving new applications after March 31, 2010, with the residual case population that has continued to receive funding dwindling from 4494 on March 31, 2010 to only 145 on March 31,2024. In contrast to out-of-care options which are all either alternatives to bringing a child or youth into care or a means of moving a child or youth who is in interim, temporary or permanent care to out-of-care kinship placement, CIHR was simply an income assistance program that did not require involvement under the CFCSA, did not require screening and assessment , did not have a time limit and review process, and did nor require follow up visits by a case worker.*

[139] During the administrative fairness process, MCFD advised that they do have specialized workers for out of care in several areas though not consistently across the province. This inconsistency results families and MCFD staff having inequitable access to supports.

Different types of kinship care arrangements

There are two different kinds of kinship care agreements; one where the care provider and the family, not the government is responsible for a child's care – often referred to as out of care (OOC) arrangements; and in-care placements where the Provincial Director of Child Welfare is responsible for the child's care. The chart below highlights how these arrangements are categorized.

Out-of-care (OOC) arrangements The care provider is responsible for the child's care and provides day-to-day care of the child. This authority may be given to them by the parent or by the court through a custody order	**In-care kinship arrangements** The Provincial Director of Child Welfare is responsible for the child's care, and the Director (ministry) enters into an agreement with the caregiver to provide day-to-day care of the child on the Director's behalf
■ **Extended Family Program (EFP) Agreement**: Provides financial support to the caregiver after the parent has voluntarily and temporarily placed the child with the care provider. The parents retain guardianship. ■ **Interim Custody Order**: After a child has been removed from their parent's care, the Director may ask the court to place the child in the custody of a person other than a parent with the consent of the other person and under the director's supervision. This order does not require the parent's consent. ■ **Temporary Custody Order to a person other than a parent**: After a child has been removed from their parents' care, the Director may ask the court to place the child in the temporary guardianship of a person other than a parent. This order does not require the parents' consent. ■ **Permanent transfer of custody**: If the Director determines that a child cannot safely return to their parents' care, the Director applies to place the child in the permanent guardianship of a person other than a parent. This is only available in situations where the child has lived with the carer for at least six months under either an EFP or a Temporary Custody Order.	■ **Restricted foster caregiver**: A family becomes an approved foster caregiver but is restricted to caring for only that specific child or sibling group.

[140] Child in Home of Relative (CIHR) is a kinship program that provides low-barrier financial support for private kinship arrangements. MCFD took responsibility for the CIHR program in 2009 and in 2010, stopped accepting new applications but continued to support those who were already in the program. RCY wrote "No Short Cuts to Safety", June 2010 which further discusses CIHR. MCFD continues to fund the remaining CIHR agreements but has not always provided the same level of support to other out of care options.

The care arrangements listed above are each managed very differently. For example, restricted foster caregivers must adhere to the same policies as any other foster caregiver. They are supported by a resource social worker tasked with ensuring that the caregiver has an ongoing learning plan and receives the supports they need, and that the home continues to meet standards for foster homes. On the other end of the spectrum, permanent guardians typically have no ongoing contact with either MCFD or an ICFSA.

Culturally responsive practice

Indigenous communities have long-standing practices for kinship care that pre-date the western child welfare system. Colonial governments have intentionally sought to replace the kinship system with the non-kin foster care system.[141] Anderson and Ball contend that the kinship system of care was subject to attack as "a key strategy of colonization" in Canada. The attack on family and kinship connections not only upheld Eurocentric values of child rearing but facilitated access to land. This attack, coupled with other actions under colonial rule, resulted in the significant over-representation of Indigenous children and youth in care.[142]

As outlined by Burke:

> *The mass removal of Indigenous children has been compared to removing the heart from their communities: 'Elders lost the children they had been responsible to teach, women lost the children they had cared for, and men lost the children they had protected and provided for'. This situation created the conditions for an unraveling of family systems that communities struggle with to this day.*[143]

Supporting and restoring access to kinship care, then, can be viewed as a form of decolonialization, but kinship as currently practiced by the child welfare system is not inclusive of Indigenous kinship traditions.[144]

Considering the over-representation of Indigenous children in care and in kinship arrangements and in response to the over-involvement of child welfare services in the lives of Indigenous families, social work practice –both within and outside of kinship care – must be culturally appropriate. In kinship care, this means ensuring that all steps and processes – providing supports to the child, family planning and decision-making, carer assessments, support for carer, ensuring safety and providing resources for workers – are culturally informed. But this also includes looking at the very nature of kinship care in B.C., which does not always align with Indigenous traditions of kinship care.

[141] Susan Burke, "Wisdom from the Elders: kinship care that honours traditional indigenous ways", AlterNative: An International Journal of Indigenous People 19, no 3 (August 2023).

[142] Kim Anderson and Jessica Ball, "First Nation and Métis Families," in Visions of the heart: issues involving Indigenous Peoples in Canada. ed. G. Starblanket and D. Long (Oxford University Press, 2020), 142-164.

[143] Burke quoting Anderson and Ball,"First Nation and Métis Families".

[144] James Beaufils, "That's the bloodline: Does Kinship and care translate to kinship care?". Australian Journal of Social Issues 58, issue 2 (October 2022), 296-317; and Julie Mann-Johnson, "Decolonizing Home Assessment Practice at the Kitchen Table: A Thematic Analysis Identifying the Crucial Elements in the Assessment of Kinship Caregivers", Master's thesis, University of Calgary, Calgary, Canada), https://prism.ucalgary.ca.

Indigenous traditions	Kinship care under the *CFCS Act*
Kinship care arrangements created by agreement	Kinship care may be established by agreement or by court order
Parent typically continues to have a role in the child's life	Parental role may be permanently terminated by the court
Kinship care arrangements are often flexible, and may be temporary or permanent	Legislated time limits may mean that children are forced into permanent care arrangements
Child may be cared for by many different family and/or community members; children belong to community, so many places are "home"	Child can only be placed in the care of one care provider (or multiple people, such as a couple, if they live together in one home)
Consider the needs of the child, the family, and the community	Considers the needs of the child
Arrangements recognized by community, through ceremony	Arrangements recognized by government, often in court

[145] There are more than 200 First Nations in B.C., speaking 34 languages and 61 dialects- roughly half of the Indigenous languages spoken in Canada. Given this diversity, there is no single approach to traditional Indigenous kinship care. However, despite various factors that may be unique to each community, communities tend to share a community-based approach to child rearing, with extended family often having responsibilities to the young children in their family. The themes presented here are commonly identified in literature but may not represent the beliefs of any one Nation.

[146] Burke, "Wisdom from the Elders".
Lara di Tomasso and Sandrina Finney, S. (2021). "A Discussion Paper on Indigenous Custom Adoption Part 2: Honouring our Caretaking Traditions", *First Peoples Child & Family Review,* 10, no. 1 (2015).
Celeste Cuthbertson, "Statutory Recognition of Indigenous Custom Adoption: Its Role in Strengthening Self-Governance over Child Welfare," 28 (January 2019).
Denali YoungWolfe, "Miyo-Ohpikawasowin - Raising our children in a good way: Disrupting Indigenous child removal systems through kinship care in northern Saskatchewan". Masters of Arts Thesis, University of Saskatchewan (2017).

Who is in kinship care?

Children in kinship care have experiences very similar to those in non-kin foster care,[147] and they need support for their emotional and mental health, education, maintaining their relationship with their parents and siblings, physical health, and cultural connections.[148] Children in kinship care are also more likely to live in low-income homes,[149] which may negatively impact their ability to access support because of barriers such as cost and not having private extended health and dental benefits.

[147] Matthew D. Bramlett, Laura Radel and Kirby Chow," Health and Well-Being of Children in Kinship Care: Findings from the National Survey of Children in Nonparental Care", Child Welfare 95, no 3 (2017) Julia Hernandez and Jill Duerr Berrick, "˚Kinship Probate Guardianship: An Important Permanency Option for Children", Families in Society: The Journal of Contemporary Social Services 100, no. 1 (2018).

[148] Emily Delap, Gemma Gilham and Gillian Mann, "How to Support Kinship Care: Lessons Learnt from around the world", Family for Every Child (2019), https://www.changemakersforchildren.community/sites/default/files/2024-01/FINAL%20Kinship%20Care%20Guideline_web.pdf
Kiraly and Cathy Humphreys, "A tangled web"
Joan Hunt, "Two decades of UK research on kinship care: an overview, Family Rights Group (2020).
Christine McGlven, "Informal Whanau/Kin Caregivers' Experiences of Community-based Support", University of Aukland, https://researchspace.auckland.ac.nz/docs/uoa-docs/rights.htm
J. Jay Miller and Jessica Donohue-Dioh, "Mapping the Needs of Kinship Providers: A Mixed-Method Examination". Grand Families: The Contemporary Journal of Research, Practice and Policy 4. no. 2 (2017)
Julie Selwyn and Linda Briheim-Crookall, "10,000 Voices Insight: The views of children and young people in kinship foster care on their well-being", CoramVoice, https://www.education.ox.ac.uk/wp-content/uploads/2023/02/10000-Voices-insight-the-views-of-children-in-kinship-foster-care-on-their-well-being-KEY-FINDINGS.pdf
Parent Support Services Society of BC, 2021
G. Pegg, G Palimino and A Thomas, "Examining Support Needs for Children, Youth and Caregivers in Kingship/Out-of-Care Arrangements, Research and Evaluation in Children, Youth and Family Services 6 (2024), 4-14

[149] Marc Winokur, Amy Holtan and Kair Batchelder, "Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment", Campbell Systematic Reviews (March 2014) and Moria Szilagyi, David Rosen and Sarah Zlotnik, (2015). "Health Care Issues for Children and Adolescents in Foster Care and Kinship Care". Pediatrics 136, no. 4 (2015).

Similar to findings in the literature, MCFD data show that children living in out-of-care arrangements required out-of-home care for reasons that are largely similar to those of children in care, with most children requiring out-of-home care as a result of neglect, followed by physical abuse by the child's parent.[150,151] One B.C.-based study found that children in kinship care have experienced the following adversities:[152]

Experience	%
Witnessed verbal/emotional abuse	72.5
Ongoing neglect	66.7
Witnessed physical violence	64.5
Food insecurity	60.4
Verbal/emotional abuse	58
Ongoing poverty	56.5
Housing insecurity	50.4
Physical abuse	40.6
Severe incidence of neglect	40.2
Witnessed criminal activity	39.3
Homelessness	28.2
Sexual abuse	19.7

This study also found that 76.7 per cent of kinship carers reported caring for a child with support needs,[153] 60.5 per cent reported caring for a child with two or more support needs, and 26.7 per cent reported caring for more than one child with support needs.

[150] MCFD: Information provided by MCFD on May 21, 2024.

[151] Child Protection Services (gov.bc.ca) Child Protection Services, https://mcfd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/case-data-and-trends.

[152] See Parent Support Services Society of BC, 2021.

[153] Defined as including diagnosed early development, learning/behavioural, medical, or mental health challenge or condition, or requires testing for the same. Specific diagnoses included (but not limited to) ADHD, FASD, learning disability or developmental delay, brain damage or other neurological condition, autism spectrum disorders, anxiety disorders, reactive attachment disorder, eating disorders, depression, and significant mental health diagnoses including schizophrenia.

Engaging families

Given the complex experiences that many children have had prior to coming into some kind of kinship care, two basic requirements seem obvious: the family is involved in decisions and the prospective care providers know what is being asked of them; and, the family has the capacity to meet the needs of the children and ensure that they will be safe and nurtured.

In Colby's story, family involvement in kinship care arrangements and other family planning processes was inconsistent. RCY investigators heard from family members that they were rarely invited, which is disputed by MCFD and the Department. File records only list people who attended and not who were invited; based on this information, the "family planning" meetings typically included only the professionals.

Kinship arrangements may be more likely when family is actively involved in placement decisions, possibly because of a greater sense of family "ownership" of the plan and the opportunity to identify multiple different placement options. Family planning should occur early, ideally while the child is still living with their parent.[154]

> *Best practice dictates that child welfare agencies should never facilitate a living arrangement, whether through formal placement or via an agreement with the family, without providing ongoing resources and support to that family... When children cannot safely remain with their parents, the next best option is often to identify a kinship caregiver as a temporary living arrangement. If a child welfare agency determines, in partnership with the family, that a kinship living arrangement outside of foster care may be appropriate and advantageous to the family, this option should be presented as an authentic choice among the full range of decisions that the family could make...*[155]

Group decision-making better reflects Indigenous values of family and community. Indigenous social work practices value non-coercive, strength-based and community-centred approaches to decision-making, where (in contrast to Western child welfare approaches, including in B.C.) the worker is not positioned as an expert who "diagnoses" problems within the family.[156]

Presenting kinship care as an authentic choice requires:

- freedom for families to determine which form of care meets their needs
- respecting a family's decision that they are not able to care for the child; workers should not pressure family members into entering kinship arrangements in the name of promoting kinship care
- all forms of kinship care to be resourced and eligible for supports
- child welfare agencies to provide independent legal advice to the family – including the parent – to ensure the family is fully aware of all options and their associated implications.[157]

[154] (Delap, Gilham, & Mann, 2024).

155 Stephanie Armendari, "Diverting Children from Foster to Kinship Care: The Issue and the Evidence", Chapin Hall Policy Brief (2023).
156 Wendy Haight, Cary Waubanascum, David Glesener and Scott Marsalis, "A scoping study of Indigenous child welfare: The long emergency and preparations for the next seven generations". Children and Youth Services Review 83 (2018): 397-410.
157Delap, Gilham and Mann, "How to Support Kinship Care" Armendari, Diverting Children from Foster to Kinship Care
Josh Gupta-Kagan, "America's Hidden Foster Care System", Stanford Law Review 72 (April 2020)

Mom didn't know she had rights

Freddy and Tanya's mother clearly expressed a desire to reunify with her children during the time that they lived with an extended family care provider under an EFP agreement. There was almost no documented planning for familial reunification during the almost four years that the children were in the care provider's home, and the children's access to their mother was limited. The absence of a plan to address safety concerns left the mother without a clear understanding of what changes needed to occur for the family to reunify.

The premise of an EFP Agreement is that the parent remains the guardian, and as such has rights and responsibilities. A parent's access to their children cannot be limited through an EFP agreement, and the limiting of parental access requires the substantiation of child safety concerns and then a court order. The application of a court order to support the limiting of parental time ensures that a due process of assessment and substantiation has occurred that goes before a judge in a provincial court of law.

Freddy and Tanya's was not made aware of her rights and responsibilities in the EFP agreement, nor did it appear that she understood her ability to cancel the EFP agreement at any time and have the children return to her care. Her parenting time was wrongly limited by the conditions of the EFP agreement and even after completing treatment and having a period of sobriety she was not supported to reunify with her children.

Freddy and Tanya's story illustrates the lack of understanding about the intentions and terms of EFP agreements and how families should be included in the planning process but are sometimes neither included nor apprised of their rights and responsibilities, and what they can expect. Had Freddy and Tanya's mother had more access to and involvement in her children's lives the violence that the children were experiencing may have been identified much earlier.

Communications

Communication challenges are not restricted to the worker and kinship carer dynamic. One particularly difficult issue that workers have said is hard to navigate is when there is a difference of opinion about the suitability of a kinship carer for a child and whether the placement should proceed. This arose in Colby's story when decisions were being made about whether to place the children with Staci and Graham.

Checks and assessments

Research has found that kinship care is overwhelmingly safe, but kinship care has not been safe for every child. Kinship care has resulted in the tragic loss of the children entrusted into the care of family.

The clear preference is for children to remain connected with family and culture through kinship care. But as one participant stated, "Just because they are family doesn't mean they are up for the job." Checks and assessments – done well – are an opportunity for discussion and planning grounded in respect, relationship and reciprocity.

Across jurisdictions, kinship carers are typically screened and assessed to determine the prospective carer's ability to meet the child's needs and provide a safe home for the child. In contrast to non-kin foster care assessments, kinship assessments should begin with a presumption that the placement with family is generally desirable and, u*nless safety or other significant concerns become apparent,* is likely to be the best placement for the child. Kinship assessments are an opportunity not only to determine the carer's ability to provide safe care for the child but also to create a support plan to ensure the kinship arrangement is successful.[158]

Representatives from Our Children Our Way Society suggested that community-specific kinship carer assessments could be created that would be culturally attuned to the needs of that specific community.

[158] Joan Hunt, "Two decades of UK research on kinship care" Nuria Fuentes-Pelaez, Pere Amoros, Crescenia Pastor, Maira Cruz Molina, and Maribel Mateo, "Assessment in Kinship Foster Care: A New Tool to Evaluate the Strengths and Weaknesses". Social Sciences 4, no.1, (2015): 1-17

"How do we assess risk – this should not come at the risk of not placing children with families but needs to be done safely – need to provide a lot of support to families."

– Engagement session participant

Various child welfare agencies have created their own processes for assessing prospective kinship arrangements, and there does not appear to be a single, well-accepted kinship care home study described in literature that meets the important criteria of being culturally attuned. Instead, researchers have identified key considerations for a kinship assessment that broadly tend to focus on:

- strengths-based practice
- culturally relevant approaches
- safety and stability
- ability to meet basic needs
- family dynamics
- motivation to provide kinship care
- strengths in the relationship between the child and carer
- the carer's personal attributes
- the child's and the carer's need for supports.[159]

[159] Aunty Sue Blacklock, Jenna Meiksans, Gillian Bonser, Paula Hayden, Karen Menzies, and Fiona Arney, "Acceptability of the Winangay Kinship Carer Assessment Tool", Child Abuse Review 27, no. 2 (2018): 108-121
Joan Hunt, "Two decades of UK research on kinship care"
Fuentes-Pelaez, Amoros, Pastor, Cruz Molina, and Mateo, "Assessment in Kinship Foster Care"
Mann-Johnson, "Decolonizing Home Assessment Practice at the Kitchen Table"
Family Rights Group (2022), https://frg.org.uk

MCFD uses a variety of assessment processes to assess and approve kinship carers based on the type of care arrangement. These assessments vary significantly in comprehensiveness and approach. The Assessing Care Providers' Readiness, Capacity and Commitment guide, for instance, is used to assess care providers in temporary out-of-care arrangements and includes just 24 brief questions and considerations for workers including the names and ages of residents in the home, whether the carer has a booster seat and smoke detector, and whether the care provider has a plan to respond to emergencies. This process does not adequately assess the breadth of considerations identified in the literature review. Although this assessment is meant to be used for temporary arrangements, lack of legislated time limits in an EFP agreement means that, in practice, this assessment may be used to approve a care provider to permanently care for a child.[160]

In a review of a sample of critical incidents reported to the Representative between April 2021 and March 2024 (n=35), staff found that several critical incidents were related to poor assessment practices:

- Although initial screening by MCFD revealed that the care provider had a significant history of abuse and substance misuse, and when raised, the prospective care provider disengaged. However, MCFD still continued with the EFP agreement. The child experienced significant abuse at the hands of the care provider.
- Concerns about a care provider's history of sexual abuse were raised with MCFD and do not appear to have been addressed. Care providers were identified as "inappropriate" yet the child was placed in the home. Concerns later arose regarding physical abuse of the child and the child subsequently disclosed physical and sexual abuse in the home.

Madelyn's story is illustrative of what can happen when significant concerns revealed through an assessment aren't taken into proper consideration prior to a child's placement.

Madelyn had a difficult and traumatic start to life. After her parents were unable to care for her in infancy, she was placed with a foster family. After some searching, MCFD identified an older relative who expressed an interest in caring for Madelyn, although they had not yet met each other. Multiple areas of concern were identified during the basic assessment, including housing instability, the caregiver's recent experiences of intimate partner violence, a criminal history that indicated substance misuse concerns, and a significant and substantiated child protection history that included threats to kill children.

In addition, the assessment of Madelyn's caregiver showed several areas where the caregiver's readiness and knowledge of child developmental ages and stages should have been discussed in more detail. Madelyn had just turned one at the time of her transition to the caregiver's home. The assessment revealed that the caregiver was unable to describe appropriate parenting and appropriate discipline strategies for an infant.

[160] MCFD's assessments as per the continuum from interim and temporary kinship options to permanency can be found in MCFD's Chapter 4 Out of Care Policies. Out-of-Care Policies - Medical and Dental - Gov

While the combination of issues that the caregiver presented should have warranted a further, more detailed assessment, RCY's comprehensive review of Madelyn's story showed this was never done and Madelyn was placed with this family caregiver.

Less than two months after placement with her extended family caregiver, 14-month-old Madelyn was taken to hospital having seizures. After further assessment, it was determined that she had multiple fractures in her leg/foot and bleeding in her brain. Her injuries indicated non-accidental events consistent with physical abuse, shaking, and head trauma. She had also experienced significant physical and medical neglect and unmet needs. After her critical injury and hospitalization, Madelyn was returned to the foster home where she had resided throughout her first year of life. Whereas the foster parents had known her as an easy-going and friendly little one who loved to be picked up and cuddled, they noted that her personality and presentation had changed drastically during her brief time away and that she had regressed in many areas of development. Madelyn has permanent damage to both eyes as a result of the injuries she sustained, but her resilient spirit still shines.

On the other end of the spectrum, MCFD uses the Structured Analysis Family Evaluation (SAFE) home study when assessing restricted foster caregivers and some permanent guardians. The SAFE home study appears to have been developed primarily for use in non-kin adoptions with a goal of matching prospective adoptive parents with children.[161] Although child welfare agencies have expanded use of the SAFE home study to include kinship care arrangements, subsequent evaluations of the SAFE home study do not appear to have focused on the kinship context.[162]

In B.C. and elsewhere, concerns have been raised that the SAFE home study is more appropriate for use with non-kin foster caregivers and prospective adoptive parents than kinship carers and is not inclusive of Indigenous kinship care.[163] Kinship carers

[161] Mann-Johnson, "Decolonizing Home Assessment Practice at the Kitchen Table."
[162] Mann-Johnson, "Decolonizing Home Assessment Practice at the Kitchen Table."
[163] Parent Support Services Society of BC. (n.d.). Kinship Care Help Line.
Mann-Johnson, "Decolonizing Home Assessment Practice at the Kitchen Table"
Vancouver Aboriginal Child and Family Services Society, "Compliance and Commitment to the Truth and Reconciliation Commission: 5 Calls to Action for Child Welfare" (2022), https://www.vacfss.com/annual-reports-publications/compliance-and-commitment-to-the-trc-5-calls-to-action-for-child-welfare/
Province of British Columbia, "What We Heard: 2022 Engagements for Legislative Change". Province of British Columbia (2022).
John Beaucage, Children First: Aboriginal Advisor's report on the status of Aboriginal child welfare in Ontario. (2011), https://ncnw.ca/wp-content/uploads/2019/03/Children-First-2011-John-Beaucage.pdf
Alderhill, "MCFD Child and Family Service Legislative Reform: What We Heard Report" (2022) https://engage.gov.bc.ca/app/uploads/sites/121/2023/09/Alderhill_MCFD_What-We-Heard-Report_December-2022-FINAL.pdf

have raised concerns about the "incredibly invasive" nature of the assessment.[164,165] MCFD's own documentation in 2017 indicates that standardized tools like SAFE that are used to assess "'stranger' foster caregivers… are not appropriate to assess out-of-care, or kinship care providers and may result in the elimination of some potential care providers whose strengths and support needs are overlooked and who may actually have been appropriate to care for specific children" and that kinship assessments should instead be more child-centred and consider the carer's strengths and need for supports.[166] A child-centred approach would also be considering the child's voice and how to meaningfully engage them in developmentally appropriate ways to get their perspective. We wonder what might have happened if Colby had the opportunity to be heard both when he felt safe at his great aunt and uncle's home and when he was scared and hurt.

In 2019, work began at MCFD to create a new kinship assessment process that was more comprehensive than the *Assessing Care Providers' Readiness, Capacity and Commitment guide* and placed greater emphasis on the needs of the child, cultural and community connections, and views of the child's Indigenous community. This resulted in a new assessment template and user guide, the *Kinship Assessment Tool* (KAT). MCFD documentation shows that the KAT was reviewed by a B.C.-based university professor who specializes in Indigenous kinship care; the resulting feedback was incorporated.[167]

The Our Children Our Way Society (the organization representing B.C.'s ICFSAs) told RCY staff that ICFSA Directors overwhelmingly endorsed using the KAT to replace the SAFE home study for kinship carers, and some agencies said they would start using the KAT for this purpose immediately. KAT is currently being piloted to replace the SAFE home study for kinship carers in one team at MCFD and learning from this pilot will inform next steps.[168] Pending the results of the pilot, this new assessment may be an improvement over existing assessment processes. RCY wonders whether a 'toolbox' of appropriate assessments could be created that provides workers with clarity about core requirements, while also providing some flexibility to discern what will work best for different families and situations. A one-size-fits-all approach has rarely worked, despite the apparent 'certainty' of a standardized approach.

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[164] Whitney Downard, "Kinship care above national average in Indiana though financial burden exists". Indiana Capital Chronicle (September 2022)
Grand Chief Ed John, Indigenous Resilience, Connectedness and Reunification - from root causes to root solutions. (2016), https://fns.bc.ca/wp-content/uploads/2017/01/Final-Report-of-Grand-Chief-Ed-John-re-Indig-Child-Welfare-in-BC-November-2016.pdf

[165] For example, the SAFE process includes questions specific to the carer's first sexual experiences, any experiences with abuse or neglect in their extended family, any previous diagnosis of sexually transmitted infections, and sexual compatibility between the carers, among others – questions that may not be well-received by grandparents caring for their grandchildren and that may be very triggering for family members who have been abused or neglected if not explored with care.

[166] MCFD: Information Briefing Note: To approve the interim assessment tool and process for out-of-care options care providers. Provided by MCFD on March 1, 2024. Sync.com - Q1 Decision Note for Interim Assessments

[167] MCFD: Decision Note: Piloting new assessment framework for use when assessing prospective out-of-care care providers. Provided by MCFD on March 1, 2024. Sync.com - Q1 264108 DN Pilot OOC care provider assessment tool

[168] MCFD, personal communication, April 3, 2024.

Supports

Kinship carers are fiercely dedicated to their young family members. In studies, kinship carers have described their decision to provide care for the child as *"imperative,"* deciding to provide care *"straightaway, on the spot."* Some carers described being motivated by cultural beliefs about preserving family connections and keeping Indigenous children out of the care system.[169] Kinship carers describe feeling rewarded by watching the child *"blossom"* in their care, taking comfort in knowing the child is safe, and receiving *"hugs, kisses, just the love."*[170]

But kinship care is not without its challenges. Kinship carers frequently step into the role of full-time carer for the children in their family on an emergency basis during a time of intense stress and upheaval.[171] They are then largely left alone to deal with the impacts on their own lives. Carers may struggle to find child care (particularly for infants and younger children) and are generally not eligible to take parental leave, which may have significant impacts on their employment or education trajectory.[172] Carers report loss of friendships, high levels of stress and declining mental health and wellness, and impacts on family functioning within the home such as the carer's ability to meet the needs of their own minor children.[173]

> Many out of care providers are grandparents that are afraid to ask for help as they have a history of negative involvement.
>
> – Engagement session participant

> How do we assess the caregiver and put the proper supports in place before we actually place them? How do we slow it down?
>
> – Engagement session participant

[169] Meredith Kiraly, Cathy Humphreys, Margaret Kertesz, "Unrecognized: Kinship care by young aunts, siblings and other young people". Child and Family Social Work 26, no. 3 (2021): 338-347

[170] Parent Support Services Society of BC, 2021

[171] Lynne MacPherson, Kothomi Gatwiri, Kylie Day, Natalie Parmenter, Jonise Mitchell and Noel Macnamara, "The most challenging aspect of this journey has been dealing with child protection: Kinship carers' experiences in Australia". *Children and Youth Services Review* 130 (August 2022)
Casey Family Programs "What should every child protection agency do to ensure that children are placed with kin?" (October 2023), https://www.casey.org/
Parent Support Services Society of BC, 2021

[172] Kiraly, Humphreys, Margaret Kertesz, "Unrecognized: Kinship care by young aunts, siblings and other young people"
Sam Turner. Forced Out: delivering equality for kinship carers in the workplace. Kinship. (2023). https://kinship.org.uk/wp-content/uploads/Forced-Out-June-2023-FINAL.pdf

[173] McPherson, Gatwiri, Kylie Day, Parmenter, Mitchell and Macnamara, "The most challenging aspect of this journey has been dealing with child protection"
Kiraly, "A Review of Kinship Surveys
Kiraly, Humphreys, Margaret Kertesz, "Unrecognized: Kinship care by young aunts, siblings and other young people"
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Pegg, Palimino and Thomas, "Examining Support Needs for Children, Youth and Caregivers in Kingship/Out-of-Care Arrangement"
Joan Hunt, "Two decades of UK research on kinship care"
Paul McGrath and Lorraine Ashley, "Kinship care: State of the Nation Survey 2021", Kinship: Grandparents Plus. (2021).
Miller and Donohue-Dioh, "Mapping the Needs of Kinship Providers"
Adrienne Schlatter, Emily Brown, and Angelique Day, "The Impacts of Income, Region and Reason for Placement on Reported Kinship Caregiver Challenges and Needs," Families in Society: The Journal of Contemporary Social Services 105, no. 1 (2023).

Compared to non-kin foster caregivers, kinship carers are:

- older, typically between the ages of 55 and 85[174]
- more likely to live in poverty [175]
- more likely to have long-term health issues and disabilities[176]
- more likely to be single[177]
- more likely to experience challenges with mental health and wellness.[178]

High levels of care provider stress and lack of support are correlated with increased rates of child abuse.[179] Despite these findings, research suggests that authorities may be reluctant to provide additional supports to kinship carers, incorrectly believing that they have fewer needs than non-kin foster caregivers by virtue of being family. Generally speaking, most families live according to their means and suddenly adding one or more children to their home can add undue hardship to an otherwise well-functioning family. In addition the mental model of "if you are family you should step up and take care, and that you shouldn't need the support" makes family members feel guilt and/or shame about needing financial or other resources. This should not be the approach.

Hulitan Family and Community Services Society in Victoria provides an Out-of-Care Support Program that supports out-of-care care providers with budgeting, navigating legal issues and MCFD processes, and helping to meet other needs.

Support does not necessarily need to come from the child welfare system. In the U.S., many states offer kinship navigator services that are typically contracted to community agencies to facilitate access to peer-to-peer support, family conferencing, crisis planning, support groups, education and training, health and wellness coaching, family events, case management, advocacy, referrals and assistance with forms, and/or legal support.[180] Evaluations of navigator programs in Arizona, Colorado, Florida and Nevada have found that kinship navigator services are associated with improved outcomes for children in kinship arrangements and their carers, including greater placement stability, more positive permanency outcomes (including both reunification with parent and guardianship with carer), and lower rates of mistreatment in

174 McGrath and Lorraine Ashley, "Kinship care: State of the Nation Survey 2021."

175 Marc Winokur, Amy Holtan, and Keri Batchelder, "Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment", Campbell Systematic Reviews 10, no. 1 (2014)
Szilagyi, Rosen and Zlotnik, "Health Care Issues for Children and Adolescents in Foster Care and Kinship Care."

176 Kiraly, "A Review of Kinship Survey."

177 Kiraly, "A Review of Kinship Survey."

178 Winokur, Amy Holtan, and Batchelder, "Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment"

179 Nutmeg Hallett, Joanna Garstang, and JulieTaylor, "Kinship Care and Child Protection in High-Income Countries: A Scoping Review," Trauma, Violence & Abuse 24, no. 2, (2023): 632-645

180 Casey Family Programs. (n.d.). "What are kinship navigator programs?" https://www.casey.org/what-are-kinship-navigators/ C(n.d.).
Arizona's Children Association. (n.d.). "Kinship Support Services," Arizona's Children Association: https://www.arizonaschildren.org/services/kinship-support-services/
M. Schmidt, and J. Treinen, "Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes." LeCroy & Milligan Associates Ltd. (2021), https://www.arizonaschildren.org/wp-content/uploads/2022/11/AKSS_KinshipNavigation_QEDStudyReport_Final_Aug2021.pdf

kinship care.[181] MCFD does contract with some community agencies to provide supports to kinship carers in some locations, but there does not appear to be a comparable province-wide approach that is sufficiently resourced to provide supports to all kinship carers.

Most significantly, kinship carers reported a significant need for financial support, and financial worries are often cited as a major source of stress for kinship carers. In B.C., more than 60 per cent of kinship carers have a gross annual income of under $50,000, and nearly one-quarter have a gross annual income of under $25,000; nearly one-third of carers report that they have gone without essential needs; 33.8 per cent report that their housing was inadequate for the needs of the child.[182] In RCY's engagement session with Our Children Our Way Society, participants stressed the fear and stigma kinship carers feel when they must ask MCFD for support, with one participant describing a grandmother's distress in having to ask for money for groceries.

> "Supports never seem to be tied to what the child actually needs. They seem to be based on checkboxes in policy."
>
> **– Community partner**

Kinship carers involved with the child welfare system in B.C. now receive the same maintenance payment as non-kin foster caregivers. These payments are meant to meet the day-to-day needs of the child such as food, clothing and recreation. Non-kin foster caregivers, however, may access additional supports that out-of-care care providers are not eligible to receive, such as service payments that recognize the carer's skill in meeting the child's needs and the impacts to the carer's employment. Kinship carers are keenly aware of this discrepancy. In its engagement with kinship carers, the Parent Support Services Society of BC (2021) reported that,

> *...one of the most consistent sources of anger was that foster parents receive more supports than most kinship care providers. Even in the cases where the base maintenance rates for the care providers have been harmonized with foster parents (in April 2019), kinship care providers do not receive the same leveled funding to address special needs that foster parents receive. This was a frustration that came up in every focus group and discussion circle we held. It was also a common concern raised in the open comment portion of the survey.*

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[181] Administration for Children and Families, US Department of Health and Human Services, "Arizona Kinship Support Services" (n.d.), https://preventionservices.acf.hhs.gov/programs/412/show
Administration for Children and Families, US Department of Health and Human Services, (n.d.), "Colorado Kinnected Kinship Navigator Program", https://preventionservices.acf.hhs.gov/programs/578/show
Administration for Children and Families, US Department of Health and Human Services, "Foster Kinship Navigator Program" (n.d.), https://preventionservices.acf.hhs.gov/programs/476/show
The California Evidence-Based Clearinghouse for Child Welfare, "Kinship Navigator (CHN-KN) Children's Home Network", (2022), https://www.cebc4cw.org/program/kinship-navigator-chn-kn-children-s-home-network/

[182] Parent Support Services Society of BC, 2021

Grandmother doing her best but needs help

When Chantele and Presley lived in their parental home, their father's significant drug and alcohol misuse, extreme levels of violence and death threats affected the children and their mother. A pattern of incomplete or non-existent assessment of domestic violence occurred throughout MCFD's involvement with this family, and is noted to have left Chantele, Presley and their mother to continue to be harmed by their father's actions. Despite the lack of attention to violence in the family, MCFD seems to have focused more on Chantele and Presley's mother's substance use, mental health and the state of the home.

Eventually, a safety plan was established and the children resided with their mother alone. She was expected to ensure that her partner followed the safety plan, despite his controlling and violent nature. Unfortunately, when Presley and Chantele's father predictably breached the safety plan, the children were removed from their mother's care.

Upon removal from their mother's care, Presley and Chantele were placed with their paternal grandmother. An Interim Transfer of Custody was obtained a month later, however assessment forms were not completed until two months after the children were placed, and no financial support was provided to the grandmother until the children had been with her for a full three months. The grandmother was unable to pay her full rent and required assistance from her neighbour so that she could feed her grandchildren. After this was brought to MCFD's attention, a $250 grocery voucher was provided, however it would take a further two weeks to ensure that the grandmother was receiving financial support. The lack of timely financial assistance likely added levels of stress for the family because of food and housing insecurity.

Chantele and Presley's grandmother was doing her best, but she needed both financial other supports to be able to meet the needs of the children. Chantele and Presley had already experienced a tremendous amount of turmoil and harm in their short lives and once the children were living with their grandmother, it was noted that both children were demonstrating behaviors indicative of their experiences of family and sexualized violence. Chantele and Presley's mother continued to struggle with grief and problematic substance use and the grandmother was expected to supervise visits between the children and their mother in her home. During one supervised visit, the children were witness to their mother experiencing a drug poisoning. Their father was incarcerated and subsequently died from toxic drug poisoning.

This story illustrates the complexity that kinship carers face as they provide care for their loved ones, while also navigating challenging adult relationships. Practical supports, such as adequate and timely financial support, as well as caregiver and child supports such as counselling can help to stabilize the caring arrangements.

MCFD has heard these concerns before. They were brought up in MCFD's Family-Based Caregiver Payment Model engagement in 2018, which found that there was significant support for providing all out-of-care care providers with Level 1 service payments with further opportunities to be assessed for Levels 2 and 3 based in part on the needs of the child.[183,184] They were brought up in MCFD's engagement with Indigenous partners, where the ministry heard that *"[t]here are significant funding inequalities between mainstream foster parents and extended family care providers"* resulting in a recommendation to *"remedy the funding inequalities between foster parents and extended family care providers as an immediate term priority."*[185]

Community agencies that support kinship carers told RCY staff that one solution might be to have one "care arrangement" support program that applies equally to foster caregivers and out-of-care care providers, so that all carers (and the children in their care) have access to the same level of supports.

Like research findings that social workers frequently have a negative view of kinship carers' request for support, MCFD documentation reveals a belief that care providers might have to "earn" more financial support. One internal document indicates that there has been *"philosophical discussion of families receiving more financial support to care for their children and youth"* and that *"if MCFD provides a service payment to [out-of-care] care providers, there would likely be a need for more requirements and standards."*[186] Another document summarizing staff engagement suggests that out-of-care care providers should face the same level of *"scrutiny"* if they receive the same level of support as non-kin foster caregivers.[187] No rationale is provided for this mindset; if standards and 'scrutiny' is needed to keep a child safe or promote the child's best interests, then these should be required regardless of the level of financial support that is provided. This apparent emphasis on only requiring 'scrutiny' if support passes a certain threshold suggests that MCFD is more concerned that its money is spent well than that children are safe in the kinship arrangements they helped to create.

While children in care – including those in restricted foster care – may have detailed care plans that outline their needs and how they will be met, care plans[188] for children in out-of-care arrangements are comparatively brief – if they're required at all.

MCFD recognizes that "separating children from their families creates trauma and lasting negative effects... Family preservation is about providing the supports needed to keep families together."[189]

> "In all my years of working here, I've never once doubted that my kinship carers had the best interests of their child at the forefront."
>
> **– Staff member at a community agency serving kinship carers**

[183] MCFD: FBCPM Research & Analysis – Kinship (in care and OOC). Provided by MCFD on March 22, 2024. Sync.com - Q3 Kinship Summary

[184] MCFD: Assessment framework. Provided by MCFD on March 22, 2024. Sync.com - Q3 Assessment framework v6

[185] Alderhill, "MCFD Child and Family Service Legislative Reform: What We Heard Report."

[186] MCFD: Harmonization of Caregiver Rates. Provided by MCFD on March 22, 2024. Sync.com - Q3 Harmonization of Rates Feb. 12, 2019

[187] MCFD: Staff Engagement Questions/High Level Themes. Provided by MCFD on March 22, 2024. Sync.com - Q3 High Level Themes – AYA and Caregiver Rates2018DEC17kbc

[188] Court plan of care.

[189] MCFD: "Parents Living with Their Child's Caregivers in Out of Care Placements – Jurisdictional Scan 2019-06-27" Provided by MCFD on March 1, 2024 Sync.com - Q1 2019-06-27 Draft 1.1 SCAN

MCFD's own internal documentation shows that it has heard there is a need to "bring the child and the parent into care together," possibly by allowing the parent to live in the home of a kinship carer. As stated by MCFD, these arrangements could promote Indigenous traditions such as a shared approach to parenting, provide opportunities for increased connection with the child, and provide the parent with mentorship and support to better meet the child's needs. Documentation shows that MCFD took steps to support these types of living arrangements, including drafting new policy which would allow parents to live in the home of a kinship carer in certain situations. However, these efforts ended following concern that this type of care arrangement was not permitted under the *CFCS Act.*[190] This illustrates the need for legislative amendments which better reflect Indigenous values.

These arrangements are not subject to a level of oversight to ensure that young people are safe and thriving. Care providers and the children in their care are often not "seen," and the quality of care provided over time is not adequately monitored or tracked.

[190] MCFD: "Parents Living with Their Child's Caregivers in Out of Care Placements – Jurisdictional Scan 2019-06-27" Provided by MCFD on March 1, 2024 Sync.com - Q1 2019-06-27 Draft 1.1 SCAN

A question of oversight

While children in kinship care experience lower rates of abuse than children in non-kin foster care,[191] when abuse does occur, it may continue undetected in part because of lack of oversight in kinship arrangements.[192]

Rather than focus on monitoring regimes, literature has tended to focus on provision of support as a protective factor. The Texas Alliance of Child and Family Services recommends "supportive monitoring" for 'formal' kinship care providers, which is different from "traditional monitoring [of non-kin foster caregivers], which may be more official and bureaucratic."[193]

Supportive monitoring recognizes and expects that:

> *...families are not like regular foster parents who have thought about getting licensed for years and finally did it. They are doing the best they can; let them know that you understand and appreciate that. They will make many mistakes as they try to maintain the life they had prior to placement and licensing with the new responsibilities that have been thrust upon them. Realize this is an alien world for them that really makes no sense to anyone outside child welfare agencies. They do not really understand why they have to follow so many rules and cannot always remember them.*

These findings speak to a relational approach, in which child safety is promoted through provision of support. This approach may be effective; however, it requires relationship and ongoing connection with a skilled worker who is able to assess and identify need and has ability and resources to provide necessary supports.

[191] Winokur, Holtan and Batchelder, "Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment."
[192] Hallett, Garstang, and Taylor, "Kinship Care and Child Protection in High-Income Countries: A Scoping Review."
[193] Texas Alliance of Child and Family Services, 2023

Although findings in research are mixed, many kinship carers indicate feeling *"abandoned"* by the child welfare system, with no meaningful support from social workers.[194] Skilled and responsive support workers are often positively received by kinship carers,[195] but kinship carers also report feeling disrespected by social workers, and these challenging relationships add to the carer's stress.[196] This was particularly true for Indigenous carers, who reported experiencing racism and discrimination throughout their involvement.[197] High social worker turnover is associated with increased rates of kinship placement breakdown,[198] demonstrating that skilled, consistent workers may promote stability in kinship arrangements. While some kinship carers view social workers as a potential source of support, others prefer less involvement with the child welfare system, in part because of previous negative experiences with the system (including the Sixties Scoop) and the ongoing legacy of colonialism.[199]

MCFD policy applies very different criteria for monitoring ongoing safety in the kinship home, based on whether the child is in care or out-of-care, or in a temporary or permanent arrangement.

A review of a sample of 35 critical incidents reported to RCY between April 2021 and March 2024 found that children in EFP agreements represented 20 per cent of out-of-care arrangements, but 57 per cent of critical incidents.[200] Lack of oversight was identified as a key theme in these incidents. That is a major concern given that kinship care arrangements have tripled in B.C. in the last 15 years.

Children in restricted foster care and their caregivers have long had policies to ensure the children's safety, including requirements that a child be seen by their worker at least every 90 days, with more frequent contact as needed, and the home and caregiver be seen by their resource worker at least every 90 days. In contrast, the Aboriginal Operational Practice Standards and Indicators (AOPSI), used by ICFSAs, requires visits every 30 days.

> "The visits are intrusive, the worker seemed so suspicious of us. And it's not like you have a relationship with them because they change all the time. I had thought they'd come into my home and give us help, say 'hey, I think you need this, I think you would benefit from that. Why can't the system help you? It's so hard. The system makes it hard."
>
> **– Restricted foster caregiver**

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[194] McPherson, Gatwiri, Kylie Day, Parmenter, Mitchell and Macnamara, "The most challenging aspect of this journey has been dealing with child protection"

[195] Rebecca Brown, Karen Broadhurst, Judith Harwin, and John Simmonds, "Special guardianship: international research on kinship care", London: Nuffield Family Justice Observatory (2019), https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/Nuffield%20FJO_Special%20guardianship_international%20kinship%20care_final.pdf
Joan Hunt, "Two decades of UK research on kinship care"

[196] McPherson, Gatwiri, Kylie Day, Parmenter, Mitchell and Macnamara, "The most challenging aspect of this journey has been dealing with child protection"
Joan Hunt, "Two decades of UK research on kinship care"

[197] Parent Support Services Society of BC, 2021
McPherson, Gatwiri, Kylie Day, Parmenter, Mitchell and Macnamara, "The most challenging aspect of this journey has been dealing with child protection"

[198] Brown, Broadhurst, Harwin, and Simmonds, "Special guardianship: international research on kinship care"

[199] Parent Support Services Society of BC, 2021

[200] RCY staff observed that few critical incidents were documented for children in permanent transfers of custody. Although it's possible that these arrangements have fewer incidents than temporary arrangements, a more likely explanation is MCFD is not reporting critical incidents in permanent arrangements to the RCY, which may be caused by MCFD's lack of ongoing involvement with these care providers.

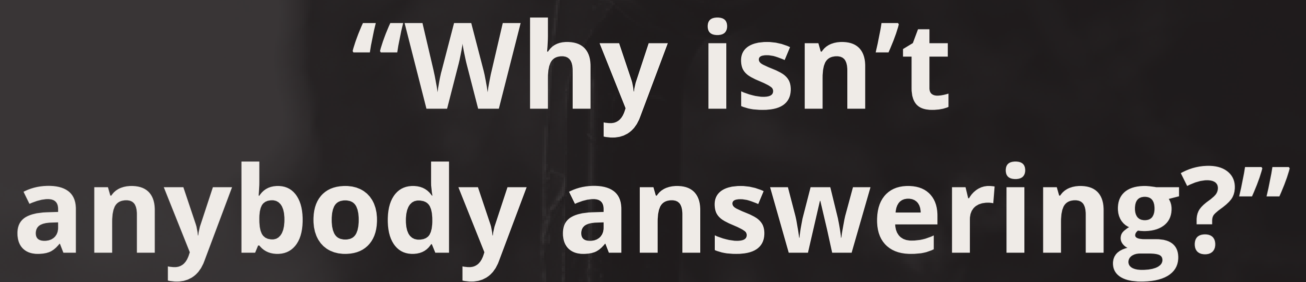
Until recently, MCFD out of care policy had few expectations for ongoing contact with the worker in temporary out-of-care arrangements. In RCY engagement, representatives from the Our Children Our Way Society shared that *"a lot of quick extended family placement-type placements are happening with [MCFD] with no follow-up, especially with grandparents. There is a lack of communication around supports that should be available, and responsibility falls on the community family support worker"* when MCFD staff have not provided this support themselves.

Out-of-care policy was revised in 2023 to require visits in temporary arrangements at least every 90 days. This is a net-new policy requirement for staff, but MCFD was not able to provide information to the Representative about which workers were responsible for completing this work and how the work had been resourced. The guidance for workers appears to take a "policing" approach, which has been criticized by community partners in RCY engagements. Approaches that aim to build trust, and provide ongoing support and connection to the child and carer may result in better outcomes than an approach that focuses primarily on monitoring and oversight. Some participants cited high turnover and a social worker's role as an instrument of the child protection system as a barrier to developing genuine and trusting relationships with families. AOPSI standards were referenced as a promising practice related to this theme.

Moving forward – Diverse approaches to kinship care

Governments can promote kinship care by:

- ensuring and appropriately resourcing a **kin-first approach** that identifies kinship arrangements as the expectation, not the exception, when children cannot live with their parents; this requires robust family finding, reducing barriers to kinship care, and introducing "firewalls" which ensure that all efforts to support kinship care have been exhausted
- ensuring that families have access to a **variety of types of kinship arrangements** that can set out roles for the parent and the carer, can be temporary or permanent, can be created by agreement or court order, and receive the necessary documentation to support the carer in their role
- uplifting Indigenous care traditions and being **culturally responsive**.
- providing **support for the child**, tailored to their needs
- supporting **family planning and decision making**, which requires families to have access to information and independent legal advice, group decision-making practices, and supports
- ensuring carers are **assessed** for safety, which in the child welfare context includes providing assessments that are culturally-appropriate and designed for kinship care, strengths-based, used to build a plan for support, and completed by a skilled worker
- providing **support to carers**, including financial support to all kinship arrangements, providing supports for the carer's own needs, respite, caseworker support, and resources/training
- **ensuring safety** in the kinship arrangement by building relationships with carers, providing additional supports and using strengths-based practices, such as Signs of Safety
- ensuring that **workers are knowledgeable about kinship care** including receiving comprehensive training and resources.



“Why isn’t anybody answering?”

How a system needs to come together for kids

Inter-ministerial and Interagency Communication and Coordination

Introduction

Colby's story illustrates the care and commitment that the many different professionals brought into their relationship with him. In RCY's interviews with the education and medical professionals in particular, it became clear that they saw him, appreciated who he was and engaged with his kind and accepting spirit. Many of these interviewees recalled specific interactions with Colby even years after they had spent time with him. They also noticed when he was not present at school or when his medical appointments were missed. On a number of occasions their concerns for his well-being were brought forward to administrators, his MCFD social worker and his caregivers in the hopes that there would be some action to ensure that the child was seen and reconnected with school, community and health care.

Unfortunately, Colby's story also reveals that the silos and lack of interagency, intersectoral, interdisciplinary and inter-ministerial information-sharing, coordination and collaboration (referred to in this section as interconnection) that have long characterized the child welfare system persist.

Colby had significant health concerns that required regular lab work and medical appointments. Of the over 70 appointments that the investigation team were able to determine had been booked for Colby in his lifetime, over one-quarter of them were missed. Some of these were missed by his parents in his early years. Many others were missed by Staci and Graham when he was in their care. However, even when concerns about missed appointments and consequent health risks were repeatedly raised by the health-care professionals with the caregivers and with MCFD, there was minimal responsiveness. The health-care professionals' concerns escalated during the final seven months of Colby's life, when he was not brought to critical appointments and was not receiving the care that he needed. This is evident in emails and phone calls from medical staff and even the BCCH associate chief of surgery: "I have emailed you as well as emailed [Staci] many times [and no response] ... What is going on?" reads one exasperated email from BCCH staff to the MCFD social worker on Oct. 15, 2020.

Educational professionals were also raising concerns internally and externally as Colby's attendance at school dropped off and the caregiver ceased to engage with his teachers, liaison workers, principal and district staff. Reports were made to MCFD but there is no record of follow-up. Efforts were also made to convene planning meetings, inclusive of the social worker, but even those didn'’t seem to achieve a heightened awareness of the precarity of Colby's circumstances. At one of these meetings – held the day before he was medevaced to BCCH, the social worker asked the school-based worker what she was doing to engage Colby in cultural activities, to which the worker responded that it was hard to do cultural work with a child she had not seen in weeks.

Interagency communication challenges were also revealed between MCFD and the Nation's Department, in spite of the

fact that an MCFD social worker was co-located with Department staff. The cracks were evident for RCY investigators when they received very different and somewhat conflicting recollections and explanations for key decisions that were made concerning Colby and his siblings' care. Details were also difficult to find in documentation. Both MCFD and Department staff noted that at times they did not feel heard by the other party and that differences in values, priorities and perspectives influenced what each party wanted to see achieved and how they interacted and communicated. Tied to this was confusion about respective roles and decision-making responsibilities as the Nation was making steps toward the resumption of jurisdiction over children and families. For example, MCFD staff understood or assumed that they needed to defer to the Nation or Department, but the Department stated that they were still in a support role to "shadow" the MCFD staff when they were visiting with families and children to support cultural connection and safety. They noted that MCFD was the decision-maker and sometimes did not take into account what the Department knew about children and families.

> "Accountability matters – there are so many systems in play when working with complex children and youth. Who's in charge to check in on the child?"
>
> – Engagement session participant

RCY wonders: what processes need to be established to facilitate the co-planning and collaboration that was envisioned with the Nation's MOU? What can be learned from Colby's story that can inform the implementation of other agreements that are being developed around the province, as well as other interconnections, especially as the shift towards wraparound supports for families take root? How can the decision pathways be made clearer? How will the appropriate time be taken to ensure that there is robust sharing of information and exploration of possibilities, risks and opportunities?

> In the words of one Nation leader, "How do we create new ways forward during transition to build in our traditional ways to make informed decisions, where everyone's voice is respected and heard?"

A key observation from Colby's story is that silos remain well established despite many reports over many years suggesting that these silos are detrimental to the well-being of children. While each organization (including ministries, other public bodies and community agencies) and each professional discipline works earnestly within their sphere of expertise and influence, the strong boundaries created by mandates, policies, resources, time limitations, histories, assumptions and beliefs limit the potential for meaningful engagement between disciplines and organizations. As each of them has something important to contribute to the well-being of a child in a complex system, the child often loses out. As a result of these boundaries, the various parts of the systems that serve children and youth do not come together to either share information and collectively build the bigger picture of the child/family or plan together and mobilize whatever resources they each have to improve their lives. To be clear, there is some excellent collaborative work going on throughout B.C., and there are many professionals who work very hard to break down these silos, but the system overall does not enable this work.

A second observation is that there remains a lack of understanding about roles and responsibilities, especially when there are multiple disciplines and organizations involved. Who is responsible for coordinating/managing the care for a child who is being served by upwards of 10 professionals across five different sectors? An assumption is often made that this is the parent's responsibility, and thus if a child is in care, it is MCFD's or the ICFSA's responsibility, but is this the best model or even realistic? What if the child's needs are primarily in a domain that MCFD has little expertise in, such as health care? In situations where there is significant violence within a family, who is responsible for ensuring not only that the immediate risks and harms are addressed, but that the underlying concerns are addressed in the longer term? Where does the role of the urgent responses by police or first responders end and other parties pick up? Confusion about roles and responsibilities as Indigenous Governing Bodies (IGB's) and Nations transition toward self-determination and resume jurisdiction is a relatively new crack that will need mending as more and more IGB's and Nations exercise their rights.

The third observation is that there appears to be a lack of "professional generosity" within the system and particularly in MCFD staff's interactions with other professionals. This term was shared with the Representative by the director of North Yorkshire Child and Family Services, who spoke about the necessity of wrapping around children and their families with whatever services they need, and of establishing an ethic of care and respect between the professionals who are involved.[201] A lack of care and respect is demonstrated when calls are not returned, information is not considered, meetings are not attended, contributions are not made.

North Yorkshire's principles for inter-professional work line up with the sacred teachings that were offered by RCY's cultural advisors: relationships, respect, responsiveness, responsibility, reciprocity and restoration or repair, as needed. This work is complex and hard to do at the best of times; RCY learned through research and heard through many engagements that the work becomes more fulfilling when there is a sense of respect and a "we are in this together" approach among allied professionals, and by contrast, becomes so much harder when the silos become impenetrable as the going gets tough.

A fourth observation came through the other stories and the engagement sessions undertaken. While mechanisms intended to support interconnection often exist – integrated case management meetings, complex care case management tables, coordination tables, high risk action tables, interagency planning groups, and so on – either they may not be able to serve the purpose for which they were intended, or the reason for their creation is no longer relevant and pressing. How many of us have dutifully showed up at meetings wondering what the purpose was, or simply stopped showing up? In other words, in some situations we do have mechanisms but not meaning.

To help guide RCY's thinking in this area, two former senior leaders within Indigenous and non-Indigenous child and family services who had endeavoured to build stronger inter-ministerial and interagency practices were engaged to identify barriers and enablers. A review was also undertaken by a contracted researcher to consider the academic and grey literature, current provincial legislation, current policies and practices in MCFD, and agreements and protocols that have been established in other areas of practice in B.C. (e.g., in anti-violence work). Promising practices and potential reforms were also identified and will be documented in a supplementary report.

[201] See Children and families | North Yorkshire Council

In addition to the research, the RCY team reviewed three children's stories where interconnection appeared to be a factor in the children's experiences and injury or death. The subject of interconnection was also addressed in multiple engagement sessions, in a survey and in conversations with service providers and caregivers. The learnings from these sessions added to the understanding that we had gained through the literature and identified the barriers and enablers of strong interconnection work on behalf of children and their families.

What is evident through all this work is that there is widespread recognition of the importance of healthy interagency, inter-organizational, interdisciplinary and inter-ministerial information-sharing, collaboration and coordination, but also resignation that this is often not a priority in systems that are already stretched beyond their capacity, and that the legislation, policies, resources and time constraints conspire against the vision of disciplines and agencies working together to wrap around children and their families.

> "Complex needs – we need to have everyone working together; we need better communication between education, health – where relationships of trust are built things can happen."
>
> – Engagement session participant

In this section, we share highlights from what we have learned over the past six months and how it relates to child well-being. It is by no means exhaustive, and further work will be undertaken and released over the coming months.

What are we talking about?

There are different reasons to come together across disciplines, agencies and ministries/public bodies. Interconnections may arise to learn about, plan, collaborate and/or coordinate for:

- a **specific child or family**, ideally with family members
- **groups of young people or families** (e.g., by issues that they are dealing with, their interrelationships, their needs, their geography)
- **communities** (e.g., to address issues of shared concern or new opportunities)
- **program or service areas** (e.g., to plan for an expansion, pivot or closure of a program or service area)
- **strategic planning or community development** (e.g., to reimagine services, undertake a major campaign, work together as a collective impact group).

Each of these could be either reactive (e.g., a group coming together in a small community after several young people have attempted or completed suicide to address the grief and risks) or proactive (e.g., diverse community members, professionals and service providers coming together to develop a new approach to early childhood development for their community).

These collaborations can vary widely in formality and interdependence, spanning several levels, including communication, cooperation, coordination, coalition and integration. Communication represents

the most basic level, involving simple information exchange, while integration denotes the highest level of collaboration, characterized by complete interdependence, with shared resources, training, mandates and strategies.[202, 203]

Research suggests that the benefits for children and families are achieved at each of these levels. For example, one study found that both coordination and integration positively impacted family reunification after child welfare involvement and caregiver completion of substance treatment programs. This suggests that multiple levels of collaboration can be effective.[204] Another found in their evaluation of the Multi-Agency Investigation and Support Team, which is an intersectoral model designed to support families during child abuse investigations that simply co-locating agency representatives enhanced information accessibility and planning.[205]

Dr. Pat Mirenda, in research undertaken for the RCY's disability services initiative, found that many families involved in child welfare experience complex and interlinked challenges, such as poverty, housing instability, trauma, substance use, mental health concerns and domestic violence. Children and families face multifaceted challenges in cross-sectoral support, as "no one sector or community network can address all of them." She found cross-sector collaboration through diverse means, including co-locating services and common databases, as well as coordination of services across therapies, to be essential to effective service delivery for children with disabilities and their families.[206]

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202 Jan Horwath and Tony Morrison, "Collaboration, Integration and Change in Children's Services: Critical Issues and Key Ingredients," Child Abuse & Neglect 31, no. 1 (January 2007): 55–69, https://doi.org/10.1016/j.chiabu.2006.01.007.

203 Rong Bai, Cyleste Collins, Robert Fischer, and David Crampton, "Pursuing Collaboration to Improve Services for Child Welfare-Involved Housing Unstable Families." Children and Youth Services Review 104, September 2019 2019).

204 Ijeoma Nwabuzor Ogbonnaya and Annie J. Keeney, "A Systematic Review of the Effectiveness of Interagency and Cross-System Collaborations in the United States to Improve Child Welfare Outcomes," Children and Youth Services Review 94 (November 2018): 225–45, https://doi.org/10.1016/j.childyouth.2018.10.008.

205 J.Herbert, and L. Bromfield, Worker Perceptions of Multi-Agency Investigative Support Teams (MIST) in Child Protection. Melbourne, VIC: Australian Institute of Family Studies, 2020.

206 Pat Mirenda, Key Components of Effective Service Delivery for Children and Youth with Support Needs and Their Families: A Research Review and Analysis (Victoria, BV: Representative for Children and Youth, February 2023), https://rcybc.ca/wp-content/uploads/2023/02/RCY-CYSN-Research-Review_FINAL.pdf.

Interconnection: Observations

Observation 1: Persistent silos

In B.C., research and reports have repeatedly indicated that, despite frequent interactions between children and families and child welfare, health, justice and community organizations, gaps in cross-sector communication, information-sharing, and coordination create operational silos.[207,208,209,210,211]

Between 1995 and 2015, systemic investigations into the B.C. child protection system revealed that ineffective inter- and intra-agency communication and information-sharing resulted in preventable harm and deaths of children involved in care.[212,213] Issues stemmed from ongoing organizational, structural and leadership change; unclear visions and priorities; and the gross misinterpretation of legislation and policy, resulting in the privacy of parents being prioritized over child safety.[214,215] Vital information was frequently withheld from service providers, foster parents and other parties of interest because of fears of violating confidentiality and privacy laws, with some workers believing they were "prohibited by law" from sharing information outside of emergency situations.[216] This created a "veil of secrecy"[217] and perpetuated a silo mentality within and between child-serving systems.[218,219] These silos hindered accurate risk assessment and led to uninformed decision-making and inadequate support, leaving children in unsafe situations.[220,221,222,223,224]

> "Even within one ministry there are silos – one MCFD social worker may not know all the supports – head down, people are working so hard, the opportunities for supports not being shared."
>
> – Engagement session participant

[207] Representative for Children and Youth (RCY). Amanda, Savannah, Rowen and Serena: From Loss to Learning. (Victoria, BC: RCY, 2008) https://rcybc.ca/wp-content/uploads/2019/07/amanda_savannah_et_al_0.pdf

[208] Representative for Children and Youth, Honouring Christian Lee: No Private Matter: Protecting Children Living With Domestic Violence. (Victoria, BC: RCY 2009). https://rcybc.ca/wp-content/uploads/2019/06/honouring_christian_lee.pdf

[209] Representative for Children and Youth, Honouring Kaitlynne, Max and Cordon: Make Their Voices Heard Now." (Victoria, BC: RCY, 2012). https://rcybc.ca/wp-content/uploads/2019/05/honouring_kaitlynne.pdf

[210] Bob Plecas, Plecas Review, Part One: Decision Time - A Review of Policy, Practice and Legislation of Child Welfare in BC in Relation to a Judicial Decision in the J.P. Case, (December 2015) https://www2.gov.bc.ca/assets/gov/family-and-social-supports/services-supports-for-parents-with-young-children/reporting-monitoring/00-public-ministry-reports/plecas-report-part-one.pdf

[211] Thomas Gove, Matthew's Story: Report of the Gove Inquiry into Child Protection (Volume 1). (Vancouver, British Columbia: Province of British Columbia, 1995).

[212] Gove, Thomas J. Matthew's Legacy: Report of the Gove Inquiry into Child Protection (Volume 2). (Vancouver, B.C.: Province of B.C., 1995).

[213] Hughes, B.C. Children and Youth Review: An Independent Review of BC's Child Protection System. (Victoria, BC: Province of British Columbia, April 2006). https://cwrp.ca/sites/default/files/publications/en/BC-HuguesReviewReport.pdf.

[214] Gove, Matthew's Legacy: Volume 2.

[215] Hughes, B.C. Children and Youth Review

[216] Gove, Matthew's Legacy: Volume 2.

[217] Gove, Matthew's Legacy: Volume 1.

[218] Hughes, B.C. Children and Youth Review.

[219] Plecas, Part One: Decision Time.

[220] Representative for Children and Youth, Amanda, Savannah, Rowen and Serena.

[221] Representative for Children and Youth, Honouring Christian Lee

[222] Representative for Children and Youth, Honouring Kaitlynne, Max and Cordon

[223] Plecas, Part One: Decision Time.

[224] Gove, Matthew's Story: Volume 1.

This is a familiar topic for RCY. In Northern B.C., Amanda, Savannah, Rowen and Serena, children aged seven months to four years, died despite their families' involvement in child welfare. Each case highlighted ongoing deficiencies in interagency communication, information-sharing and coordination due to the silos and disconnection between the many agencies involved in complex family situations:

- **Amanda**: MCFD did not involve the police, resulting in missing contextual information, and gaps in coordination with medical professionals led to incomplete health assessments.
- **Savannah**: Lack of communication between MCFD and health providers led to inadequate care planning, use of labels like FASD (Fetal Alcohol Spectrum Disorder) without diagnosis, and insufficient assessment of her abilities.
- **Rowen**: Communication gaps between MCFD and health-care providers meant workers did not understand the impact of her parents' health on their parenting capacity.
- **Serena**: MCFD did not seek parental medical information, and lack of communication with the family's band led to the incorrect conclusion that her safety was not at risk from her mother's substance use.

However, despite the passage of time, and widespread agreement that more interconnection would enhance the effectiveness of the work, interconnection is hit and miss.

Observation 2: Roles and responsibilities

We learned through Colby's story, engagements with people working in the field of child well-being and the research that there is considerable confusion about roles and responsibilities. In Colby's story, we learned that there was confusion between MCFD and the Department, and we heard from educational and health-care professionals that they weren't sure how far to push their concerns and to whom. They wondered what their role was and what MCFD's role was to ensure that action was taken. As there was no "feedback loop" to tell them whether the concerns that they had brought forward were received or understood, or had been followed up on, either within the reporting routes in the health or education systems or in MCFD, they made assumptions. This challenge is revealed in Ashley's story.

In addition to role confusion at the child and family level, we heard of persistent confusion at other levels of interconnection. Research suggests that despite the formation of inter-ministerial and interagency committees, secretariats and task forces to support coordination on larger projects, including significant child welfare transitions and transformations, these initiatives were often undermined by inadequate planning and implementation; unclear objectives, roles and responsibilities; and conflicting intersectoral policies and procedures, which contributed to confusion, inconsistency and breakdowns in coordination.

A voice not heard – *Ashley's Story*

Ashley was someone who got into her job with the school system because she wanted to make a difference. As she worked toward her social work degree, it was a perfect job, helping kids and their families from neighbouring communities to connect with education and their culture. She worked hard to get to know the families of the kids she worked with.

Ashley noticed Colby right away. "He was reading a novel," she remembered. "And that's not something you see too often," she said, referring to the elementary school where she worked.

Once Colby and his middle sister stopped attending school, Ashley remembers the feeling in her gut – that something just wasn't right. But she wasn't sure how to flag her concern with MCFD because the ministry had previously indicated to the school that poor attendance in and of itself is not a child protection concern.

"I remember going into the bathroom with another [child from that home] who was in Kindergarten at the time and [they were] afraid to shut the bathroom door. [They] said 'Don't leave me, Don't close the door.' And then [they] cried and [they] cried. And [they] silently cried. [They] would cry tears but [they] would make no noise."

She shared her concerns with school administration about Colby and his sibling's absences but told RCY investigators that she didn't believe those concerns were ever properly considered.

"I can honestly say that I'm sure if anybody at the board office would have come and talked to me or one of the classroom teachers of one of the other [children in the home], they would have seen that we all had serious concerns … You have to start listening to people who are doing the work. You have to stop dismissing people who are at the bottom and start listening to them and give them a seat at the table to speak. When you don't like what they say, you don't ignore them."

Ashley didn't give up on Colby. She hand-delivered schoolwork and cultural education resources to the house where he was living. As she rang the doorbell, she had no idea of the torture he and other children in the house were enduring, and she now lives with the guilt that maybe she should have done more.

"I should have waited that day at the door and tried to get them to answer. I just feel like I was the closest thing to anyone coming to see him."

Ashley would have one more moment to raise her concerns about Colby. She was invited to a meeting organized by the school that included the MCFD social worker. It was the day before he died. She was asked about what kinds of cultural supports she was offering to the children and, again, she flagged that she could not offer support to a child she hadn't seen in weeks.

That Monday, when she went to connect with kids on the reserve, she remembers the crime scene tape and the rage that overtook her when she learned about what had happened. She remembers, too, seeing the kids she was working with looking on in the midst of police and yellow tape and how normalized this kind of scene seemed to them. "I remember thinking for them, this was just another day."

Ashley told RCY she was disappointed that nobody followed up with her after Colby died to find out about her observations and perspectives. When speaking about Colby's placement, she told us she wasn't afraid of speaking out about how in her view the line between culture and safety is sometimes skewed. Both are critically important and intertwined.

"Safety has to be a No. 1 priority…" she said, "because if they're not alive … they can't learn their culture."

Information-sharing: What can and can't be shared?

Engagement session participants described confusion and concern about what can and cannot be shared, even in situations in which a child's safety and well-being may be at serious risk. In general, the *Freedom of Information and Protection of Privacy Act* which is applicable to public bodies, and its twin, the *Protection of Personal Information Act* which applies to organizations, appear to be misunderstood even amongst the public bodies with respect to what information can be shared in a collaborative process. The legislation is perceived as preventing information-sharing and some described a fear of repercussions if they breached confidentiality. They also wondered about how to address consent, *"If the family gives me consent to share with another person involved in their care, shouldn't that be enough? Do they not have a right to decide themselves who gets their information?"*

Freedom of Information and Protection of Privacy Act[225]
Public bodies, such as ministries and health authorities and the RCY, are guided by FIPPA, the purpose of which is to:

s2(1) make public bodies more **accountable to the public and to protect personal privacy** by

(a) giving the public a right of access to records,
(b) giving individuals a right of access to, and a right to request correction of, personal information about themselves,
(c) specifying limited exceptions to the right of access,
(d) **preventing the unauthorized collection, use or disclosure of personal information by public bodies**, and
(e) providing for an independent review of decisions made under this Act.

(4) A disclosure of personal information is not an unreasonable invasion of a third party's personal privacy if

(a) the third party has, in writing, consented to or requested the disclosure,
(b) there are compelling circumstances affecting anyone's health or safety and notice of disclosure is mailed to the last known address of the third party,
(c) an enactment of British Columbia or Canada authorizes the disclosure.

Personal Information Protection Act[226]
Purpose s2 to govern the collection, use and disclosure of personal information by organizations in a manner that recognizes both the right of individuals to protect their personal information and the **need of organizations to collect, use or disclose personal information for purposes that a reasonable person would consider appropriate in the circumstances**.

[225] See Table of Contents - Freedom of Information and Protection of Privacy Act (gov.bc.ca)
[226] See Personal Information Protection Act (gov.bc.ca)

One of the more prominent themes in the engagement sessions related to "clearly stated roles and responsibilities," with more statements noting the absence of this and it being a barrier to effective practice. There was an expressed need for shared commitment and responsibility versus being in conflict. Responsibilities not being clearly defined was noted as a barrier to efficient practice. Individual and organizational buy-in is critical. Interagency Case Assessment Teams[227] were noted as an example of shared commitment and responsibility, clear roles and buy-in. Some participants also noted high value in Indigenous cultural practices and effectiveness when they are included in agreements, including Matriarch circles that inform decision-making; family circles and court mediation; Indigenous family facilitators; and respecting and honouring the idea that "it takes a village" and embedding it in protocols. This reflects the importance of thinking about how to broaden a child's circle by including those who have an important role to play.

> "There is an inability to affect meaningful change – you do your part but others do not do theirs or do not come through."
>
> – Engagement session participant

> "Lack of clarity on roles and legislation that allows info sharing. CYMH in MCFD often does not share."
>
> "Indigenous family facilitators, matriarchs know how to get things done if that is their role. Protocols to invite them in and give proper planning time, not an afterthought invitation."
>
> "There's a lot of finger pointing, who pays for what, 'not our problem' mentality."
>
> – Engagement session participants

Participants indicated a desire to find ways to share information not just to address immediate safety needs but to also enhance the well-being of children. It was suggested that this kind of work is enabled by relational approaches that place the child at the centre and "wraps around" them. Unfortunately, many noted that the absence of clear, understood and accepted policies and practices that help them interpret the legislative parameters and understand what can be shared and in what circumstance, with whom, is a barrier. Within MCFD, child and youth mental health services were often noted as being the most reluctant to share information both with other MCFD staff – including child protection staff – and with other agencies.

[227] An Interagency Case Assessment Team (ICAT) is a formalized group made up of Community-Based Victim Services (CBVS) workers, police, Ministry of Children and Family Development (MCFD), probation/corrections, and others who connect and support survivors. ICATs work together to respond to "highest risk cases of intimate partner violence" where there is a likely risk of "serious bodily harm or death," and provide coordinated risk management for those cases with a priority of enhancing survivor safety. (What are ICATs? - Ending Violence BC)

Data-sharing

One study demonstrated the benefits of data-sharing and information management in improving housing stability and reducing child welfare involvement through supportive housing models. The study's authors suggested that intersectoral partnerships between child welfare and housing systems benefit from defining data-sharing needs, ensuring compliance with privacy laws, establishing formal data-sharing agreements and integrating and matching data as appropriate. Additionally, understanding relevant legislation and data-sharing agreements, supported by leadership, can help overcome common automatic responses of being unable to share information due to privacy/confidentiality laws.[228] Data management and sharing systems support and facilitate effective cross-sector collaboration and can improve outcomes for families when they are designed and utilized to provide timely information to decision makers.

A Canadian project aimed at establishing mechanisms for cross-sector collaboration to support youth "dually involved" in child welfare and justice identified significant barriers due to case confidentiality, which limited information-sharing.[229] The project recommended implementing cross-over permissions for data-sharing when appropriate. Identifying dually involved youth posed a challenge because the four relevant databases – two for criminal and family justice, one for the attorney general, and one for child welfare – were independently designed for distinctive purposes. Consequently, none of the databases contained complete information or could integrate with each other. Until systems are updated, the project suggested a 'dual alert' process, where administrators would manually cross-check each system to identify dual involvement and subsequently alert the necessary officers.

> "Where do all the individual reports go from different service providers (Education, Police, Health and so on) and who is collecting them to see if there are any patterns?"
>
> – Engagement session participant

Building capacity for interconnection

Research from Australia on "collaborative competence" underscores the importance of establishing and maintaining intersectoral relationships among child-serving providers.[230] To address key barriers to collaboration, such as deficient understanding, clarification, and communication, partners must first understand sectoral differences and then elucidate collaboration specifics, including how and when to collaborate and distinguishing differing roles and responsibilities.[231] Finally, partners must effectively communicate, necessitating ongoing efforts, enabled through developing trusting relationships and establishing shared objectives. This involves sharing information in a timely and culturally sensitive manner, being open to receiving input, aligning with legislation, addressing differences, and reflecting on practices.[232]

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228 L. Keaton, and R. Johnson, Data-Driven Partnerships: Enhancing Child Welfare through Technology and Collaboration. New York, NY: Columbia University Press, 2019.

229 Dr Judy Finlay et al., "Cross-Over Youth Project: Navigating Quicksand," September 2019, 13, https://youthrex.com/wp-content/uploads/2020/01/COYNavigatingQuicksand.pdf.

230 Rhys Price-Robertson, Working Together to Keep Children and Families Safe: Strategies for Interagency Collaboration. Canberra, ACT: Australian Government Department of Social Services, 2020.

231 Price-Robertson, *Working Together.*

232 Price-Robertson, *Working Together.*

Research emphasizes the necessity of inclusive stakeholder engagement in interagency collaborations to prevent reinforcing inequalities. Some suggest that successful collaborations require ongoing contributions from individuals with diverse types of expertise, including those with lived experiences, to ensure equity within organizational practices.[233] Tied to this, the recognition of cultural differences and commitment to shared health outcomes was fundamental to successful interagency collaborations in the health sector. The importance of creating supportive settings that facilitate the sharing of knowledge and skills across cultural boundaries, which in turn helps build trust and safe environments where all members feel respected and heard, was emphasized.[234] Engagement participants described safe and supportive environments as being characterized by mutual respect, kindness, patience and willlingess to put children in the centre and work through any issues and differences that arise. These types of environments facilitate interconnection and collaboration, and possibly better work satisfaction and child well-being outcomes – given the complex nature of the work.

[233] Naomi Nichols et al., "Enabling Evidence-Led Collaborative Systems-Change Efforts: An Adaptation of the Collective Impact Approach," *Community Development Journal* 57, no. 4 (October 1, 2022): 750–68, https://doi.org/10.1093/cdj/bsab011.

[234] Cheryl Whiting, Stephanie Cavers, Sandra Bassendowski, and Pammla Petrucka. "Using Two-Eyed Seeing to Explore Interagency Collaboration." Canadian Journal of Nursing Research 50, no. 3 (2018): 133-144. doi: 10.1177/0844562118766176.

Observation 3: Communication and professional generosity

One of the more concerning things we heard and observed in the course of the investigation and from engagements was the implied lack of respect for family members, caregivers and other professionals involved. RCY knows that there is a great deal of strong respectful, relational practice going on throughout B.C., but we also saw things that, quite frankly, disturbed us. This included:

- diminishment of the roles that others played in what should be a circle of care around a child and family
- failing to include the very people who should be involved in collaborative work
- lack of curiosity about and respect for differing perspectives and opinions
- lack of responsiveness to calls, emails and text messages raising questions and concerns
- attributing blame to other parties for not being responsive and "not pulling their weight."

These reflect an "othering" that is becoming pervasive in broader society. Whether it is inadvertent or intentional, the consequence of this othering is an erosion of trust and respect, which diminishes the opportunity for future interconnection.

> "How can the current system be disrupted and become authentic and caring and create space for Indigenous and diverse communities, to be served and see themselves represented by the system?"
>
> – Engagement session participant

The lack of professional respect and generosity is revealed in this physician's story.

Dr. Patterson had been a specialist for two decades and had seen many patients come and go, but Colby stood out for him. "I remember his smile," he said, adding that he was calm and cooperative, not something he usually saw in the children he treated.

As a central part of his care team, Dr. Patterson watched Colby grow and did everything he could to pay close attention to the complexity of his health needs. He and his team would coordinate multiple appointments and procedures on the same day to make things convenient for Colby's caregivers. But no-shows and missed appointments made proper care impossible. He remembers the emotion after he performed a final major surgery on Colby and the boy wasn't brought back for critically important follow-up. "It was devastating," he recalled. "I never saw him again …"

This kind of frustration is something Dr. Patterson sees again and again in his job, he told us. He worries that not being able to get in touch with caregivers or the ministry puts patients' lives at significant risk. He tells the story of a young person in his care who was being prepared for surgery and whose clinical circumstances rapidly changed and a different surgery had to be performed. He needed verbal consent, and quickly. He tried to get through to MCFD but couldn't connect with anyone. The child was waiting. Why was no one picking up?

He wishes there was a better way. "We need to treat this like a disaster response," he told RCY investigators. "There's got to be a way to deal with urgent communication."

When RCY was reflecting back to public bodies what was being learned through the engagement sessions and surveys, this issue was particularly resonant for health care professionals. One emergency department physician shared an experience that he had during a recent shift. He was very concerned about the injuries that a child had when they came into the emergency department, so they contacted MCFD in accordance with their duty to report. He and the emergency department nurses took turns waiting for centralized screening to respond. He personally spent approximately 45 minutes waiting to speak to someone. All together, the physician and nurses spent two hours on hold. He said that this was a common occurrence, and noted that they were calling the "professional line" that was supposed to offer a quicker response than other callers would receive. He wondered how many people give up and don't report their concerns about a child's safety or well-being? And is this the best use of health care professionals' time?

As noted earlier, the director of the North Yorkshire Child and Family Council – serving the largest geographic area of any of the councils in the UK, with a very diverse population – spoke of the importance of

"professional generosity" and the need to establish an ethic of care between the various professionals involved with children and families.

> Gov't not seeing non-profits as equal partners in serving families, not seeking their input.
>
> – Engagement session participant

Enablers of interconnection

The findings from the research and engagement work suggest that there are a number of factors that enable and enhance interconnection. These are described briefly below.

Relational practice

Relationships built on trust and respect between interagency partners are essential. Through the engagement sessions and surveys, as well as the literature review, RCY identified the following enablers of strong relational practice:

- time and opportunities to work with one another
- learning about respective mandates, roles and responsibilities
- shared learning and professional development
- support from leadership
- participants' ability to make decisions on behalf of their organization
- circle over hierarchy – a recognition that everyone has value and something to contribute.

> Can systems prioritize the time collaboration takes as valuable as measurable work product to encourage collaboration? (i.e., time and work constraints that prevent collaboration).

Surfacing and addressing bias, stigma, discrimination and racism

A number of participants spoke about the underlying mental models that impede interconnection work. Bias, stigma, discrimination and racism built on white supremacist attitudes/beliefs is typically an undercurrent and is difficult to root out. RCY sought examples of wise practice that explicitly address these issues. The Office of the Provincial Health Officer in British Columbia has embarked on an Unlearning and Undoing White Supremacy Initiative that illustrates the importance of long-term commitment to surfacing and addressing the colonial underbelly of health and social services.[235]

An Australian case study highlighted challenges in inter-agency collaborations among health service providers for Aboriginal and Torres Strait Islander communities due to conflicting agendas and priorities.[236] Issues such as "institutional racism" and "transgenerational trauma" hindered cohesive action. The Waminda South Coast Women's Health and Welfare Aboriginal Corporation then addressed these divides by initiating a decolonization and anti-racism workshop

[235] See Introduction to Unlearning & Undoing White Supremacy and Racism in the Office of the Provincial Health Officer - Province of British Columbia (gov.bc.ca)

[236] Patricia Cullen et al., "Trauma and Violence Informed Care Through Decolonising Interagency Partnerships: A Complexity Case Study of Waminda's Model of Systemic Decolonisation," International Journal of Environmental Research and Public Health 17, no. 20 (October 9, 2020): 7363, https://doi.org/10.3390/ijerph17207363.

for organizational leaders, which catalyzed shifts towards a unified decolonizing agenda that specifically address "systemic racism and structural inequalities."[237] This collective commitment significantly enhanced inter-agency efforts, highlighting the critical role of a shared vision in overcoming ideological disparities and fostering systemic change.

Leadership

Two aspects of leadership are important for effective interconnection: leadership within the group, and support for the participants' engagement from their organizational leadership.

Clear intention and purpose

Parties to interconnection benefit when there is a shared clear intention and purpose for the collaborative work. Although some have suggested there's a need for shared values, others suggest that when dealing with complex issues there is value in diverse perspectives coming together, and there may not be a complete alignment of values. What appears to be most important is that participants come together knowing what matters and why they are there. Questions that help establish clarity include:

- Why is this work needed now? What is the need and purpose?
- What intentions do we bring to this collaboration?
- What is our commitment to one another? How will we be respectful and relational?
- How will we know that we are making progress?
- How will we know when the work is done or when this is no longer the best forum for the work?

[237] Trauma and Violence Informed Care, 15.

Commitment

Enduring partnerships require equal commitment to interconnection work, including:

- timely sharing of information
- willingness to be involved over time
- willingness to work through differences of opinion and values
- openness to working through complex issues and bringing perspectives, ideas and resources to find solutions.

Clear roles and responsibilities

A clear and common understanding of roles and responsibilities, including the responsibilities and expectations of participants' home agencies, prevents misunderstandings and mistrust. Decision-making processes that are clearly delineated and understood by all are also beneficial. Role demarcation should address issues of power, status and hierarchy.

> "Cross training and information sessions, including leadership support for opportunities for agencies/ministries to get together and understand each others' programs and practices makes a huge difference."
>
> – Engagement session participant

Clarity on information-sharing and confidentiality

Meaningful interconnection is constrained by real or perceived legislation, policy and practice limitations and/or by ineffective relationships, risk aversion, lack of information and understanding. Clarity about information disclosure and confidentiality is therefore

needed: What can and cannot be shared under what circumstances and for what purposes? Agreements or protocols serve an important purpose in clarifying expectations.

> A hard situation brought us all together and we put a child first. We brought in outside help as we were stuck in the silos at the end of our rope. We brought in fresh eyes to innovate and brought the family back in for decision making. We pushed boundaries of what we normally did.
>
> – Engagement session participant

Resources and funding

As previously noted, there are different kinds of interconnection work, ranging from child- and family-specific case planning to broad strategic-level work. In this report we are most concerned about child and family– and community-based interconnections. Ideally, the time spent by workers would be recognized as part of direct service or their primary responsibilities. And, as necessary, sufficient resources and funding would be provided to ensure that workers have both time and capacity for meaningful participation. This would include initial training and ongoing professional development.

Mechanisms to stay nimble

Many people talked about the frustration associated with turnover of staff and leadership and having to start over and over again with relationship-building and developing mutual understanding. It is unlikely that turnover and change could ever be prevented, so it's helpful to design interconnection work to enhance nimbleness and inclusion of new participants.

Building blocks

The constraints and the enablers that are presented here are not new, and many efforts have been made to address the barriers and build in the enablers through legislation, policy, practice and structure. Interconnection doesn't just happen – it needs to be led and nurtured, have thoughtful processes and commitments, and be adequately resourced.

Fortunately, although many initiatives have withered on the vine for a variety of reasons, there are some inspiring initiatives in B.C. to learn from and/or build on, including following:

- Case and situation oriented: Interagency Case Assessment Teams (ICAT), First Nation Justice Centres, and Child and Youth Advocacy Centres.
- Group and cohort oriented: Foundry BC, Child and Youth Advocacy Centres, Community Coordination for Survivors Safety community networks, First Nation Justice Centres
- Community oriented: ICATs, Community Coordination for Survivors Safety, Primary Care Centres
- Approaches and policies: Aboriginal Policy and Practice Framework.

How do we hold not just people, but a system accountable?

The Need for Quality Improvement

Accountability and Quality Improvement

Introduction

As citizens learned about what Colby and his sister had endured, there was widespread outrage and distress and multiple calls for further "accountability" and consequences. A recurring theme in the engagements and research undertaken for the systemic review was that of "accountability" but it quickly became clear that there were many different perspectives on what accountability is, who should be accountable, how accountability is determined and what should happen if an individual, service or organization is determined to not be accountable.

Discussions considered different levels of accountability:

- ways to hold individuals working within the system to account for their practice
- establishing consequences for negligent practice (at individual, team or leadership levels)
- setting expectations for and monitoring organizational performance
- developing a system-wide approach to outcomes measurement
- transparency in providing information to the public about how the systems are working for children and families.

Interestingly, while public remarks, including by government, often framed accountability as consequences for the workers, managers and leaders who were involved in Colby's life, participants in the engagement sessions went in a different direction, asking how a system could be held accountable for either enabling or detracting from good practice and how we'd know if anything was better for children and families. They understood from their living experience what RCY's research also suggests: that what appears to be "negligent practice" is often connected with other workforce factors (such as inadequate staffing, training, supervision, consultation, time, fear of speaking up and so on); contextual factors (such as lack of services and resources, poverty, housing, toxic drugs, pandemics and so on), and there is a risk in establishing individual consequences when these context-related factors make it impossible to do a good job.

To be clear, there was poor and misguided practice by a number of people in Colby's story, and collectively these resulted in the tragic death of child that was preventable. But blame will not drive change. We need to understand what was happening that led to the poor practice and missed opportunities.

Professor Eileen Munro, whom we spoke of earlier as the author of an extensive review of the child welfare system in the United Kingdom,[238] speaks about the defensiveness that builds within systems when they react to tragedies and reviews such as ours. She noted that they endeavour to eradicate risk through amplifying policy compliance, measured in very simple terms through checklists and output measures. There is very little learning and growth in this kind of reaction.

[238] Munro, Safeguarding, 6.

Munro identified four key driving forces that keep child welfare systems stuck, especially after tragedies:

- "The importance of the safety and welfare of children and young people and the understandable strong reaction when a child is killed or seriously harmed;
- A commonly held belief that the complexity and associated uncertainty of child protection work can be eradicated;
- A readiness, in high profile public inquiries into the death of a child to focus on professional error without looking deeply enough into its causes; and,
- The undue portance given to [narrowly defined] performance indicators and targets [largely input and output measures] which provide only part of the picture of practice, and which have skewed attention to process over the quality and effectiveness of help given."[239]

In the Munro review, the direct service practitioners that contributed said that "the demands of bureaucracy have reduced their capacity to work directly with children, young people and families. Services have become so standardized that they do not provide the required range of responses to the variety of need that is presented."[240]

Munro came to the conclusion that instead of "doing things right" by focusing on procedures and compliance, the system needed to focus on "doing the right thing." This included focusing on relational practice and determining, with children and families, whether the help that they are receiving is the help that is needed, and whether it is making a difference. This takes us to consideration of outcomes and indicators, as noted in the next section.

[239] Munro, Safeguarding, 6.
[240] Munro, Safeguarding, 6.

Indigenous ways of knowing and being offer valuable teachings in accountability to help lead us forward:

> *"First Nations traditional social systems were founded on the concept of reciprocal accountability – that each member of the community was accountable for their decisions and actions, and for their contributions to the community's wellness as a whole. We as BC First Nations have defined reciprocal accountability as a shared responsibility – amongst First Nations, and between First Nations and federal and provincial government partners – to achieve common goals. Each individual or organization involved in the process or partnership must be responsible for their commitments, and for the effective operation of their part of the system,* ***recognizing that each part is interdependent and interconnected****"*[241]

To transform our child and youth service system to one that honours children as sacred and focuses on their wellbeing and belonging, will require reciprocal accountability, proactive transparency and meaningful collaboration across governments. Respect and truth-telling must be at the core of accountability rather than reputation, risk and liability management as it now stands.

> "A system built on risk and liability [management] can't raise children; a system built on care and love and respect is one that can raise children."
>
> – Member of the Circle of Advisors

[241] First Nations Health Authority, Policy Statement on Cultural Safety and Humility, 2013. See https://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf.

Outcomes and indicators

We need to get curious about whether what we are doing is helping or hindering child well-being. We need to ask ourselves: How are our young people really doing? What are they experiencing? What do they need and want? What outcomes are important to young people and their families? What outcomes are being achieved with the time, energy and resources that are being put into child well-being systems? Are families getting the support that they need to nurture their children? Are we making a difference? How will we know?

Throughout this work, we have heard time and again that many reports have been written about children who share many of the same experiences as Colby. Hundreds of recommendations and calls to action have been made, but the system remains stuck. Families in B.C. expect the government to deliver quality services with meaningful results for their children. We know people are working extremely hard, and, over the past years, unprecedented investments have been made in the child and youth–serving system. But on the ground, many families have yet to feel the impact of these efforts: wait times remain too long, service standards remain unmet and calls for more effective and equitable care have yet to be realized.

Nonetheless, accountability does matter, and so the questions we have are as follows:

- How will we know that we are achieving the above? What outcomes should we be seeking, and how will we measure them?
- When we talk about "child well-being" what are the key indicators that we should be attuned to across sectors?
- What are the most meaningful outcomes that could feasibly be measured at this time? What should we be aspiring to with respect to outcomes measurement, monitoring and learning?

These questions were posed to the Circle of Advisors which includes several thought leaders in the area of outcomes and measurement. They reinforced the importance of identifying a few shared measures. Their guidance and RCY's related research will be shared in an issue brief that will be released in September, 2024. In the meantime, recommendations arising from the systemic review focus on the development of a robust, multi-faced child well-being outcome measurement framework. This collective responsibility is a North Star that must involve all the constellations of ministries and public bodies who play a part in the lives of young people and their families. While a number of specific data-gathering initiatives are underway and hold promise, they are siloed. There is, however, a strong platform to build from. B.C. has some of the best data available in Canada, thanks to work of the McCreary Centre, the Human Early Learning Partnership, and data collected by various ministries and a range of organizations. Now is the time to pull this information together and build on what we know.

> "Words don't change children's lives. Real action by the government and equality would."
>
> – Dr. Cindy Blackstock

> Real change is not the sole domain of leaders and so-called heroes; Rather, change is driven forward by the choices and actions of each and every one of us. The big moments, the ones recorded for all time in the history books, are often moments where we suddenly realize how much has changed (and feel the effects of that change), or they are catalysts that significantly shift the direction or accelerate the work of change to come. But the changes themselves? They are chosen, advanced, acted upon, and implemented on the ground, including through what each of us chooses to do in our own lives.
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>
> **– Judy Wilson Raybould**[242]

[242] Jody Wilson Raybould, True Reconciliation, 22-23.

Laying the Foundation for Change

Introduction

In the preceding sections we have addressed five key areas requiring reimagination and action spurred by Colby's story, and the stories of too many others. In this section we speak to some of the key "enabling mechanisms" for change – important levers that we believe will move us forward with short-, medium- and long-term transformational change.

As we look closely at the significant gaps in services and supports to families in this province that have existed for decades, we know the issues we have illuminated are far from new. What is new, as we've seen in speaking with thousands of people who care deeply about young people, is that we are at a pivotal time in our history, where the collective will to do better for our children is palpable. We know too many of our systems are struggling under the weight of complex social challenges that they were never designed to address. There are no simple solutions; there is no playbook we can turn to. Instead, we have to turn to one another, have hard conversations and start taking action. This work will take time. It will take commitment and sharp focus.

It will require on-the-ground practical work, but it will also require us to shift our mental models. We saw in Colby's story how the long-standing colonial systems he and his family interacted with were sometimes biased and judgmental and repeatedly failed him. When we spoke with people around the province, they told us strongly that if we just focus on above-the-surface symptoms and don't illuminate, discuss and disrupt the underlying colonial, racist and mechanistic mental models and mindsets that have endured for years, incremental change may be possible, but transformational change will not. Building compassion and empathy, as we have aimed to do in this report for Colby and his family, is something that will continue to be critically important.

The story at the heart of this report illuminated a second key priority. We need to pay much more attention to the people who are doing the incredibly challenging work of ensuring young people are safe, connected and thriving. We need a workforce that is strong, supported, well trained, fully resourced, and accountable and that is pulling together with clear direction and vision.

Many people told us the time is now to move from a system of child welfare to a system of child well-being where we address the social and cultural determinants of health. We recognize that this shift to focusing on child well-being and outcomes is a different way of assessing where gaps in services and supports may be, but in our view, it is an urgent foundational piece in ensuring that our system of supports is meeting the needs of young people.

We have taken a deep dive to better understand what the workforce in MCFD is experiencing and how it could be strengthened. In a two-part report – the first of which will be released in the coming weeks – we will be sharing results of a comprehensive survey we conducted with social workers and their supervisors, perspectives of those working directly with children and families that were shared through engagement sessions and focus groups as well as an analysis of policy and practice compliance.

Vision and direction

Although much of our analysis has focused on MCFD – and there is certainly work to be done to shift and improve the ministry's approaches and practices – it also became clear that for so many families, especially those with complex needs and disabilities, a bigger and/or more coordinated circle of support is needed (as discussed in the Family Support section). Drawing from Indigenous perspectives and looking to other jurisdictions where outcomes for children and youth are improving, we see the need to shift to a well-being approach that addresses the social and cultural determinants of health and that sees the value in multiple people, roles and organizations working together with children at the centre. Safety and protection of children from violence and harm remains of vital importance, but it is situated in a broader frame of well-being. It is essential that we shift our perspective from one focused on protection and liability to one that keeps children safely connected with and nurtured within their families and communities.

To shift the mental models, we will need to build new apparatus to sustain the focus. Otherwise, this report and RCY's good intentions will suffer the fate of every other significant report over the past 50 years (as discussed in the recommendations and appendix).

Dozens of reports have been written about the child protection and child welfare systems both here in B.C. and across every jurisdiction in Canada – often in response to tragedies like those addressed in this report. And yet, as has been illustrated, these mainstream systems have not changed much over the years. There have been dozens of pendulum swings, such as between regionalization and centralization (governance and structure), in-scope and out-of-scope services (mandate), and protection and family preservation (service delivery focus), but the underlying mental models or mindsets focused on safety and protection endure and snap us back to the familiar approaches and systems. The resumption of jurisdiction over child welfare by First Nations, Métis and Inuit is a momentous shift that is full of hope and promise. However, even here there is a risk of replicating the colonial mindsets and current approaches rather than radically reimagining child welfare.

From the outset of the sacred story investigation and systemic review, RCY was committed to getting below the surface-level symptoms or issues and understanding the what, why, how and who: what is contributing to the challenges that systems face as they try to respond to the needs of children, youth and their families; what is keeping us stuck; why is it difficult to effect changes; how might we disrupt these age-old beliefs and patterns; what can we learn from others; how might it be different; and who needs to be included and involved?

The most common call to action was to shift the mental model or frame that we have from child protection/child welfare to child well-being. It seems simple on some levels – just a change in language – but it could be and must be so much more. The shift is from an action for now (to protect) to a desired outcome over time (well-being). It is more congruent and aligned with Indigenous ways of knowing and being that reflect circle over hierarchy, holism and shared responsibility for the well-being of the young ones rather than separation and silos. It acknowledges the many different contributors to well-being and thus brings in more opportunities to provide help and support to children and families (i.e., it is not just the job of MCFD to protect, but the responsibility of many to uphold the rights of children to thrive). It brings in wisdom and experience from other sectors and fosters new approaches that may not have been possible to envision within a child protection mindset.

Such shifts don't happen easily or quickly, but concrete actions can be taken that will stimulate and incentivize practicing for child well-being.

Taking a decolonial and anti-racist approach

As we came to understand Colby's story, we saw the impacts of intergenerational violence and racism. We saw the push and pull of colonial and Indigenous approaches as a Nation, a government, a school, a health-care system, a community and individuals tried to protect the best interests of a child. At the end of the day, however, the responsibility for the care of this child rested with government models rooted in colonialism. While work is clearly underway to dismantle approaches that we know cause lasting harm, a decolonial and anti-racist approach to child and youth service requires dismantling and disrupting the underlying mental models that breed inequity and discrimination. Systemic colonial paternalism manifests through inequitable access to resources, lack of cultural safety, intergenerational trauma, health disparities, and institutional bias against First Nations, Inuit and Métis families. Indigenous perspectives offer a path forward to decolonize and address systemic racism by shifting our paradigm from one of dominance to one of stewardship.[243]

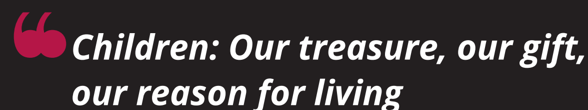
> "Every policy, initiative, and communication document must purposefully consider how it will be anti-racist and uphold Indigenous rights; otherwise, the status quo of suppressing inherent rights and conferring unearned advantage on settler Canadians—while conferring unearned disadvantage on First Nations, Inuit, and Métis, including urban Indigenous peoples—will perpetuate health inequities.[183]"
>
> – Deputy Provincial Health Officer Dr. Danielle Behn-Smith

[243] Robin Wall Kimmerer, *Braiding Sweetgrass*. (Minneapolis, MN: Milkweed Editions, 2015).

[244] See Dr. Danielle Behn Smith, Dr. Kate Jongbloed https://www.youtube.com/watch?time_continue=20&v=NlAIZbZrZdo&embeds_referring_euri=https%3A%2F%2Fwww2.gov.bc.ca%2F&source_ve_path=Mjg2NjY

By adopting a collective decolonizing agenda, we can better understand and change structures that are no longer serving our collective commitment to holding children as sacred and supporting all families to thrive. Embedding anti-racism practice in legislative, service delivery and monitoring work across government will enable more relevant policy development and more accessible services for First Nations, Métis and Urban Indigenous families and will improve outcomes for all children.

Moving forward, with every policy, program and service aimed at children, youth and their families, we must not just focus on mechanics but keep key decolonial and anti-racist guiding principles at the core by prioritizing the experiences, perspectives, knowledge and teachings of First Nations, Inuit and Métis people, including Urban Indigenous peoples. We must actively work to deconstruct systemic barriers and power imbalances and ground our actions in humility, co-creation and consensus.



Children: Our treasure, our gift, our reason for living

Indigenous cultures across British Columbia viewed children as gifts, some from above, as treasures, as our "little flowers," and as our reason for living. In one cultural group, the Kwakwaka'wakw of Vancouver Island, newborn children were named after the village. Their name was magnified, so the child became the "big village." Not only did it take a village to raise the child, but it also took a child to raise the village. Recognizing the child as the mirror of one's future, a constellation of family and village members mentored and guided the child along a path that illumined the values of love, respect, safety and belonging. These children knew where they came from, who they belonged to, who belonged to them, and what it meant to be a big village.

– Gilakas'la!

– Hereditary Chief Wedlidi Speck

Jurisdiction

We are at a momentous and exciting time in history as Nations and their IGBs contemplate whether to proceed towards reclaiming and recovering jurisdiction over their children's welfare, and how they might do so. The opportunity for improved outcomes for children and youth who have been disconnected from their people, place, community and culture however, there will inevitably also be bumps along the road. As Colby's story illustrated, there will be blurred lines and confusion about roles and responsibilities, and we will need to come together with patience and humility to fully support a significant step toward self-determination. Again, our mental models must shift from paternalistic to observant, as capacity is recognized and healing continues.

Decisions about resumption of jurisdiction will be made by First Nations and Chartered Métis communities and will be negotiated between the Indigenous governing bodies (IGBs) and the provincial and federal governments. Although the Representative does not have an oversight function, we received extensive feedback from people ranging from Indigenous leaders to direct service practitioners, addressing both the risks and opportunities of resumption of jurisdiction. Commonly expressed views in engagements with Indigenous peoples, organizations and leadership included "Jurisdiction is a piece of making communities whole again; it alone will not heal communities but needs to be undertaken in concert with other work" and "Our governments, leadership, families are not whole yet. Jurisdiction alone won't address our grief and loss and fix colonially caused harms."

Based on these extensive and diverse contributions, the Representative offers the following for reflection and consideration.

The path to resumption of jurisdiction is a challenging one that takes time and resources. Many participants proposed that a "host" to support this work be established by rights and title holders, much has been created for the transformation of health services (First Nations Health Council and First Ntions Health Authority), education (First Nations Education Steering Committee) and justice (First Nations Justice Council). The intention would be to ease the burden on Nations and their IGBs while on the journey, be a voice for collective action and advocacy, and ensure meaningful opportunities for children's and families' voices to be heard.

RCY observed that there are significant risks to the well-being of children and families when there is a lack of clarity about roles and responsibilities between MCFD and ICFSAs and Nations and their IGBs as they begin the process of exercising jurisdiction. Recognizing that:

- Nations and IGBs are anxious to support and bring their children home
- relationships and trust between Nations/IGBs and MCFD may be weak
- this is an emergent and transitional process and roles and responsibilities will be shifting as agreements are established, and
- MCFD (and possibly ICFSA staff) are reluctant to ask questions or challenge the direction being taken for particular families out of fear of consequences,

The Representative encourages the parties to work through these challenges and work more closely together to ensure that children and youth are centred and well cared for during the transition, that issues are identified and addressed early, and that responsibility and reciprocity is modelled.

RCY also observed that sustaining relationships between MCFD and Nations overshadowed child, youth and family care in some instances and that if there were tensions or differences of opinion, deference would be paid to the Nation to preserve the relationship rather than engaging in respectful and collaborative discussions about children and youth and bringing issues and concerns to the table for more thorough discussion. RCY has also had the privilege of observing processes in which this binary (focus on the Nation relationship or focus on the child) does not exist and where the relationships and trust have evolved to where difficult conversations can be held, different perspectives on a course of action can be heard, and problem-solving and creativity is unleashed, all while ensuring that child safety and well-being remains the primary intention.

Although decisions about proceeding with jurisdiction ultimately rest with the IGBs, the provincial government has a responsibility to continually learn from the IGBs and the transitional processes to improve information-sharing, negotiations, file transfers, and managing the intersections between child welfare and adjacent services (e.g., mental health, substance use, health care, income security).

Workforce capacity

In the days and weeks that followed the sentencing hearing for Colby's abusers and growing public alarm and outrage about what happened to Colby and his sister, the ministry had a simplistic response to what led to the child's death: the workers failed; basic social work practice simply wasn't followed. The implication was that the problem could be fixed by letting the "bad apples" go, reminding others to follow policy and ramping up policy compliance. End of story.

However, as we can see in this report, the story didn't end there. Even the simple explanation that the social worker at the centre of this story failed to do their job is actually far more nuanced, as we learned through our investigative interviews. We learned that indeed this social worker did not meet their responsibilities, but the more important question is, why? Was it because of a lack of expertise or understanding, role confusion, time constraints, workload pressures, inadequate supervision or mentorship, bias and judgment – or a combination of all these factors? The story below reflects what we learned from the social worker assigned to Colby and his family:

"Kelly" was the main MCFD social worker assigned to Colby, his siblings and his mom. Kelly started their new job working with families that were part of Colby's Nation in early 2017. They were a seasoned social worker with almost a decade of practice behind them that often involved Indigenous young people and their families. Having grown up in a neighbouring community, Kelly knew many of the people, and politics, of this Nation. They had grown up with the parents and grandparents of the people they would now be serving.

But Kelly quickly realized that this new job wasn't what they thought it would be. They told RCY that staff leaves and rotating direct service workers made what was a very hard job even harder. Kelly often felt alone and unsupported by local MCFD office leadership, they said. Kelly shared that they were challenged working with Violet and her family, who were among several complex families on their caseload. The pressure was mounting quickly, Kelly was falling behind and they were having trouble managing.

Kelly was working in the context of an office situation where one allocated position was unstaffed, and they were then on leave without backfill for two months in the months before Colby's death, which led to work backing up and awaiting attention until they returned to work.

Kelly's boss told RCY that they noticed a number of problems interfering with Kelly's work and a growing list of performance concerns, including missed home visits. There were concerns that Kelly was missing paperwork and was unresponsive to people who were urgently trying to connect with them.

While Kelly recalled that they were drowning and begging for help, their boss told RCY they were cutting corners and not properly doing their job.

Regardless of which perspective is "right" in this case, Colby's story illustrates the significant strain social workers and supervisors are under – a situation that puts the best interests of children at significant risk.

Evidence clearly indicates that this worker is not alone in their experience. The Representative has noted that concerns about policy compliance extended beyond this particular worker, to the entire region and indeed across the province, and are clearly a symptom of challenges related to workload and broader systemic challenges. For example, as will be detailed in our forthcoming first report on social worker workforce capacity, an MCFD audit of 228 files from across the province that was posted in June 2021 found only 52% compliance with overall practice standards and only seven percent compliance with the specific policy requirement for private, in-person visits with children in care at least every 90 days. Moreover, an internal workload measurement tool found a significant gap between the actual number of social workers in place as compared to the number of social workers required to be able to comply with ministry practice standards.

The Representative has noted that concerns about policy compliance extended beyond this particular worker to the entire region and could be a symptom of challenges related to workload and broader systemic challenges. Evidence of this was still found in a special practice audit completed for the service delivery area in 2023, which highlighted a number of concerning instances of policy non-compliance in relation to measures across each area of child protection services – four years after Colby died.

Children who require government care are putting their lives in the hands of professionals whom they need to trust and depend on. There is no question that this is an enormously challenging and complex job. When they respond to reports of neglect or abuse of children, or to requests for support services, social workers are typically working with children and families, like Colby's, who are living in the context of intergenerational trauma, chronic poverty, inadequate housing, mental health and substance use challenges, domestic violence and/or children and youth who have complex needs. Within this context, child welfare social workers must make critical decisions and provide services that can profoundly affect the safety, health and well-being of children and youth and the integrity of families, and, in the context of Indigenous children and families, can affect the very future of their communities and Nations.

To carry out this vitally important work in a safe and effective way, a well-trained, highly skilled, culturally attuned and experienced workforce is obviously required. That workforce also needs to be well supported by reasonable workloads, ready access to appropriate family and community support resources, quality professional supervision and support services, and adequate technological and administrative support.

We have taken a deep dive to better understand what the workforce in MCFD is experiencing and how it could be strengthened. In a two-part report, the first of which will be released on July 23, 2024, we will be sharing results of a comprehensive survey we conducted with social workers and their supervisors, perspectives of those working directly with children and families that were shared through engagement sessions and focus groups, as well as an analysis of policy and practice compliance and relevant literature.

Division of roles and responsibilities across ministries and public bodies

Throughout RCY's engagement sessions, in the discussions with First Nations and Metis leadership and the Circle of Advisors, discussion inevitably comes around to whether MCFD should continue to have the mandate and scope that it does, whether it needs to be dismantled and replaced with a new ministry and mandate, or whether it can be repaired. To a lesser extent there are discussions about what the best ministerial and governance structure is for child and family services if the aim is to enhance child well-being.

Preferences are split down the middle between maintaining a model where protective and voluntary services are within the same government ministry or splitting the statutory and the voluntary services apart. Recognizing that safety and protection remains vitally important, those in favour of splitting voluntary and statutory services apart note that a family's fear of protective services involvement in their lives may prevent them from reaching out for support, thus possibly increasing the longer term likelihood of protective services intervention. They suggested that the trust between families and MCFD is so minimal that it is not feasible for involuntary statutory services and voluntary support services to be hosted within the same ministry. Others felt that the involuntary/statutory and voluntary protection and family preservation services needed to remain within one ministry because many families move back and forth between voluntary and involuntary service streams. Many felt strongly that mental health services and disability services needed to be moved out of MCFD and into the health ministry and authorities.

There is no simple answer, but there was widespread agreement that MCFD's current mandate, scope and structure needs to be reviewed. Change can be disruptive, costly and confusing, so cannot be done without careful thought and consideration. Key questions include the following:

- Can a ministry that has a protective services mandate successfully build the relationships and trust with families to support their access to voluntary family supports – particularly with groups that have typically been over-surveilled and overrepresented in protection services (e.g., Indigenous, families in poverty)?
- Can the voluntary and statutory functions that are typically integrated into a single ministry ever work well, or is separation in the best interests of child and family well-being? Should there be a separate statutory entity that just focuses on child protection, with other supports addressed in another ministry or through community-based structures?
- Should there be a separate Indigenous system of care while jurisdiction unfolds?
- What kind of government/ministry structure would best fulfill a "well-being" mandate, recognizing that respect and trust is integral to effective help-seeking family support and that some children will also be in need of protection and removal?

These questions were addressed during a special gathering of the Circle of Advisors. In the coming weeks these discussions and key principles for design, as well as examples from other jurisdictions will be shared with government to inform their review.

What lies ahead

While the building blocks described above are critical for moving the system to one that truly focuses on the well-being of young people, they are only a few pieces of the puzzle. We must look deeply at the structure of governance and where the needs of children and youth best fit. We must recognize that the well-being of young people is contingent on the health and well-being of their parents. Although not specifically addressed in this report, parental mental health and substance use supports are critical to child well-being: healthy families support healthy children.

The needs of children with complex care needs is another area that requires urgent attention. RCY is currently working with and walking alongside the disability community in B.C. to mutually advocate for the services that every child should have, no matter what their diagnosis or where they live or who they live with. In June 2024, we partnered with the B.C. Disability Collaborative on the first disability summit in the province to learn what is needed and how we can work together to make that happen. In Winter on 2024/25, RCY will release a report that will offer a reality-check on government's accountability to children and youth with disabilities in B.C., amplify the voices of families and provide recommendations for a pathway forward to support real change for children and youth with disabilities and their families across the province.

In the months ahead, RCY will continue to work to ensure these issues are addressed. The first of the two-part *No Time to Wait* workforce capacity reports will be released in the week following the release of this report. A *What We Heard* report will be released later in the summer to capture the tremendous input that we were fortunate to receive from the hundreds of people who participated in the engagement sessions. We have only scratched the surface of their contributions in this report. As we all dig into the change efforts, the RCY will release a series of issue briefs through 2024/25 that will further develop the systemic issues identified in this report. The research reports that we commissioned to inform the systemic review will be bundled with the issue brief to further inform decision-making.

Recommendations

Shared responsibility for transformational Change

Colby's story and each of the systemic review sections point to large challenges and recurring patterns that must be addressed if we are going to create systems of care that enable child and family well-being. Through the work that has been done thus far, the Representative hopes that governments at all levels, organizations and citizens will see the necessity of, and the value in, reimagining the ways in which child and family services are provided in B.C. Tinkering around the edges of a colonially designed child welfare system that does not serve children and families well, and that has never served Indigenous children and families well, will not get us where children and families need us to be.

Hundreds of thoughtful insights and recommendations pertaining to child protection, child and family services and child well-being have been made through inquiries, commissions, reviews and investigations in the past three decades. Some recommendations have been acted upon and some have improved the experiences and outcomes of some young people. But despite good intentions and significant investments, we have not seen the deeper changes that many have hoped for, and significant inequity and challenges remain.

The Representative has chosen to take a different approach for recommendations in this report. As would be expected from a review that has identified very significant lapses and errors in practice and policy implementation and gaps that need to be closed, we have proposed quick-impact recommendations. These address specific opportunities to change practices, policies and resourcing in the immediate future.

What would a child and youth system built upon principles of Relationship, Respect, Responsiveness, Responsibility, Reciprocity and Repair look like?

In the words of Indigenous leaders: "Healthy children need healthy families; healthy families need healthy communities – they are all interconnected." To transform the child and family systems of care to fulfill this vision and to address the inequities and challenges that we see every day will require system-wide action.

"Past efforts have often resulted in superficial changes rather than substantial transformation...courage and discomfort will be measures for genuine progress. We can't get where ne need to without being uncomfortable."

– Member of the Circle of Advisors

But, while these immediate actions are important, they are not sufficient. Even if these recommendations were fully implemented, we would still be left with systems that are not designed to meet contemporary challenges; systems that are grounded in harmful colonial practices, power and inequality; and, systems that don't work together to achieve good outcomes.

To ensure that all children have what they need to experience belonging, safety, health and love, we recommend five collective responsibilities. These are, simply put:

- Focus on child and family well-being.
- Support families to nurture their children.
- Address violence.
- Be accountable.
- Support resumption of jurisdiction and reconciliation.

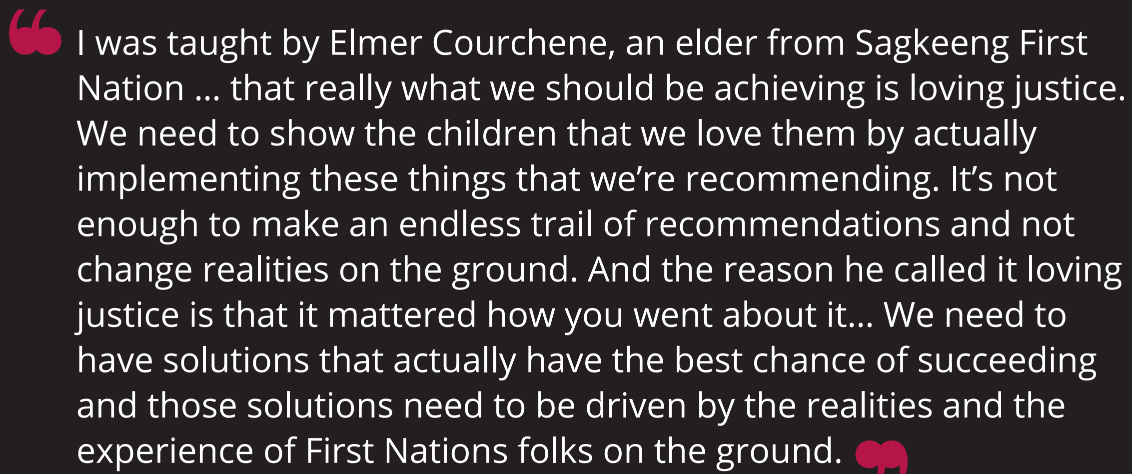
To meet our collective responsibilities, we will need to make substantive changes to mindsets, structures, approaches, policies and practices. This will take time, creativity and patience. These will require us to live into the Sacred Teachings of respect, relationship, responsibility, responsiveness, reciprocity and repair.

These five responsibilities are consistent with what we heard from the people who loved Colby, our Cultural Advisors and Circle of Advisors, First Nations and Métis leadership and the many thousands who strive each day to support children, youth and families in their work, and we are confident that they are within reach.

The good news is that actions that are consistent with these collective responsibilities are already being taken in many neighbourhoods, communities, programs and organizations, often despite current legislation, attitudes, policies and procurement mechanisms.

All of us can take actions to fulfill these collective responsibilities – as family members, friends, neighbours, practitioners, activists and so on. And we are calling upon the provincial government to provide strong leadership and enable and model these collective responsibilities through their decisions, plans and actions. Government cannot do this alone and we urge the provincial government to work with other levels of government, First Nations and Métis leadership and organizations, community services sector organizations and service providers, and families and young people to ensure that we are fulfilling our collective responsibilities to the children that are with us now, and those yet to be born.

> "We have an opportunity to create and illuminate a pathway forward for government, but also communities and Indigenous leadership... [and] we are inviting government into their responsibility to be leaders of change."
>
> – Engagement session participant



> I was taught by Elmer Courchene, an elder from Sagkeeng First Nation … that really what we should be achieving is loving justice. We need to show the children that we love them by actually implementing these things that we're recommending. It's not enough to make an endless trail of recommendations and not change realities on the ground. And the reason he called it loving justice is that it mattered how you went about it... We need to have solutions that actually have the best chance of succeeding and those solutions need to be driven by the realities and the experience of First Nations folks on the ground.

– Dr. Cindy Blackstock

Recommendations for Long-term Transformational Change

The following recommendations reflect the lessons learned from the sacred story investigation, systemic review and engagements on the necessary shift in mindsets and focus toward child well-being. They set the "North Star" for a coordinated systemic transformation of child and family services in B.C. Action must begin immediately and will need intentional action to unfold over the next 10 years.

Collective Responsibility 1: Focus on Child Well-Being

The Representative recommends that the **Government of British Columbia** establish a Child Well-Being Strategy and Action Plan[245] to guide a coordinated whole-of-government approach that will improve the well-being and outcomes for all children, with particular attention to those children and families experiencing the greatest inequities in the province of B.C.

To fulfill the spirit and intention of this recommendation the Plan must:

- reflect a whole-of-government approach[246]
- be developed through meaningful consultation and engagement of rights and title holders, federal and municipal governments, families and youth, and leaders and service providers in the following interconnected systems of care and service: health, education, disability, justice, social development, mental health, substance use, housing, and urban Indigenous
- recognize the rights of children under the UNCRC, UNDRIP and UNCRPD
- recognize and address the ongoing harms of colonization and racism on Indigenous children and families, particularly within the child welfare system
- acknowledge the many acts of resistance and resilience demonstrated by First Nations, Métis and Inuit children, youth, families, communities, leadership, knowledge carriers, elders, and matriarchs, and the many efforts that have been made over decades to achieve a transformative approach to Indigenous child well-being
- reflect Indigenous and Western knowledge about child well-being, including the importance of the early years, collective care, the social and cultural determinants of health and interdependencies, healing from loss and intergenerational trauma
- identify shared outcomes and indicators to allow better tracking of progress and impacts (see recommendations below on accountability)

[245] RCY envisions that the Child Well-Being Strategy and Action Plan would similar in profile to the *Declaration Act Action Plan, Safe and Supported: British Columbia's Gender Based Violence Action Plan, Pathway to Hope* and the *CleanBC Roadmap*.

[246] The current public bodies that have an important contribution to make to child and youth well-being are as follows: Ministries of Attorney General (MAG), Children and Families (MCFD), Citizens Services (MCS), Education and Child Care (MECC), Health (MoH), Housing (MH), Indigenous Relations and Reconciliation (MIRR), Mental Health and Addictions (MMHA), Post Secondary Education and Future Skills (MPSFS), Public Safety and Solicitor General (MPSSG), Social Development and Poverty Reduction (SDPR), Secretary of State for Child Care, Offices of the Parliamentary Secretaries for Gender Equity and Anti-Racism Initiatives, and health authorities.

- identify, learn from and build on or adapt strong practices and approaches demonstrated in B.C. and in other jurisdictions, including with those identified by the RCY through the systemic review
- commit to sustained and meaningful legislative, policy, practice and financial support for community-based healing, achieving substantive equality, and supporting transition to greater self-determination and jurisdiction over child welfare, to the extent that the Nations desire
- address the importance of healthy child development and family resiliency including early help, social assistance and wrap-around family support services (see recommendations below)
- consider enacting legislation requiring the development of a Child Well-Being Strategy and Action Plan, annual reporting to the Legislative Assembly and any other provisions necessary to ensure that there is a sustained non-partisan approach to child well-being and outcomes.

Actions recommended to enable on-going governance, mobilization and oversight of the *Child Well-Being Strategy and Action Plan* include:

- establish Cabinet and Deputy Minister committees on child and youth well-being to guide the development of the Child Well-being Strategy and Action Plan, support ongoing interministerial work to fulfill government-specific commitments under the Action Plan and contribute to annual progress reporting
- require that all Cabinet and Treasury Board submissions include an assessment of the impact of their initiatives on child rights and well-being under the UNCRC, UNDRIP and UNCRPD
- ensure the terms of reference for the Select Standing Committee on Children and Youth have a strong focus on the development, implementation and progress reporting of the C*hild Well-being Strategy and Action Plan*.

Collective Responsibility 2: Support Families

Family support and setting children off on the right course

In the context of the Child and Youth Well-being Strategy and Action Plan the Representative recommends that all ministries and public bodies that have important contributions to make to child well-being including: Ministries of Attorney General, Children and Families, Citizens Services, Education and Child Care, Health, Housing, Indigenous Relations and Reconciliation, Mental Health and Addictions, Post Secondary Education and Future Skills, Public Safety and Solicitor General, Social Development and Poverty Reduction Secretary of State for Child Care, Offices of the Parliamentary Secretaries for Gender Equity and Anti-Racism Initiatives, and health authorities, participate in a province-wide Keeping Families Safely Together dialogue, hosted by RCY, to build a cross-ministerial commitment and approach to wrap-around support for families to care for their children.

To fulfill the spirit and intention of this recommendation, the dialogue and resulting action must:

- acknowledge that for children to reach their full potential, as is their right, they require opportunities for early learning and responsive caregiving, to set the path for lifelong well-being
- reflect Indigenous and Western knowledge about supporting families, including the importance of early learning, child development and nurturing families
- acknowledge the importance of the social and cultural determinants of health and the systemic discrimination that creates barriers and perpetuates inequity in the lives of families. Incorporate a strong understanding of early adversity and the need for early care when families experience challenges – including parental mental health and substance use and violence
- build on existing data and knowledge, and outcomes measurement frameworks in organizations and research bodies in B.C. (e.g., the Human Early Learning Partnership, the McCreary Centre and Child Health BC) and across Canada
- explicitly address the influence of place and culture and the importance of developing cross-government family support approaches that allow for the unique needs of each community.

Collective Responsibility 3: Address Violence

The Representative recommends that the **Government of British Columbia** address the pervasive silencing, secrecy, diminishment, acceptance and concealment of intimate-partner violence and family violence in society and within child and youth serving systems, and commit to:

- revise the recently released *Safe and Supported: British Columbia's Gender Based Violence Action Plan* to include a specific focus on the profound impact of violence on children and youth and:
  - challenge the belief that children who witness violence are less impacted: children who witness violence experience violence
  - dedicate resources to enhance intersectoral and interministerial collaboration to respond to violence in communities
  - dedicate resources for culturally relevant victim's services for children and youth
- expedite actions respecting violence set out in the *Declaration Act Action Plan* and significantly enhance access to targeted healing funds for communities, Nations and urban Indigenous organizations so that they may address intergenerational impacts and the root causes of violence.

Collective Responsibility 4: Be Accountable

A shift in focus toward child well-being will require the collaborative development of a child well-being accountability and data plan to enable government ministries, other public bodies, First Nations and Métis leaders and the community services sector to better understand what is helping to improve child well-being and what is not, and to make informed decisions accounting for child well-being.

The Representative recommends that the **Government of British Columbia** develop a child well-being accountability and data plan, as a component of the *Child Well-Being Strategy and Action Plan*, to ensure that child well-being outcomes are being measured and reported on for all children, with particular attention to those children and families experiencing the greatest inequities in the province of B.C.

To fulfill the spirit and intention of this recommendation, the Plan must:

- facilitate agreement on key outcomes and indicators of child well-being that are shared across systems
- acknowledge the *Anti-Racism Data Act* and build on work that is already underway with respect to First Nations data governance, B.C.'s data innovation program, educational outcomes measurement, child health indicators, response to recommendations arising from the Human Rights Commissioner's 2020 report on disaggregated data collection (A Grandmother's Perspective), and other data- and outcomes-related initiatives and aspirations, while looking for the common ground and shared interests for child well-being measurement across all initiatives

- support ethical data collection, analysis and sharing that is inclusive of population, local and disaggregated data
- enable the development of capacity to meaningfully gather and use data, and specifically enhance data sharing between ministries
- enhance the quality and timeliness of information available to decision-makers about what actions (policies, programs, practices and investments) are improving child and family well-being and what are not
- ensure that the data collected, and outcomes measured will:
  - inform decision-making on strategic priorities, policy, program and practice development, and resource allocation
  - provide helpful feedback to workers and supervisors to support their practice
  - illuminate the interdependencies across systems, break down silos, enhance public awareness about progress towards the five collective responsibilities and restore trust in government's child and family services
  - support learning and continuous quality improvement.

The following actions are recommended for the development of a child well-being accountability and data plan:

- develop a framework of shared data standards that address responsibility for data collection, data sharing, governance and stewardship along with significant investment in the stabilization and expansion of data infrastructure in B.C.
- create a shared baseline of "current state" information on child well-being across the domains of social-emotional well-being, health, education, inclusion and belonging (at minimum) that can be compared over time and reported annually as part of the *Child Well-being Strategy and Action Plan*
- establish a limited number of child well-being outcomes and indicators that will be consistently measured to assess well-being over time
- design an approach that incorporates best practice in data disaggregation and the principles of Ownership, Control, Access and Possession (OCAP).

Collective Responsibility 5: Support Jurisdiction

The Representative recommends that the **Government of British Columbia** clearly establish the responsibilities of ministries and public bodies in supporting Nations who are pursuing resumption of jurisdiction, and commit to:

- immediately shift jurisdiction conversations to be inclusive of social and cultural determinants of health to enable a whole child and healthy community approach to planning. This is to be inclusive of all ministries and public bodies that have important contributions to make to child well-being including: Ministries of Attorney General, Children and Families, Citizens Services, Education and Child Care, Health, Housing, Indigenous Relations and Reconciliation, Mental Health and Addictions, Post Secondary Education and Future Skills, Public Safety and Solicitor General, Social Development and Poverty Reduction, Secretary of State for Child Care, Offices of the Parliamentary Secretaries for Gender Equity and Anti-Racism Initiatives, and health authorities

- work together with Indigenous leadership and the federal government to identify and mitigate the gaps in provincial and federal legislation that put the safety and well-being of children and youth at risk during the transition to full jurisdiction and capacity and beyond
- support Indigenous leadership in B.C. to explore ways to collectively support B.C. First Nations and Métis chartered communities pursuing greater self determination and possible jurisdiction over the well-being of their children. Based on feedback received through the systemic review and engagement sessions, and building on the many lessons learned from the development of the First Nations Health Authority, the First Nations Justice Council and the First Nations Education Steering Entity, an entity and/or mechanisms may:
    - enable sharing of Indigenous laws, policies and practices for adaptation into local laws and contexts
    - support negotiations and transition planning
    - identify and undertake reviews of recurring issues and concerns related to resumption of jurisdiction (e.g., funding, timeframes, risk and liability)
    - assist in the development of costing models
    - facilitate and host collective voice to support Indigenous Governing Bodies (IGB's) and jurisdiction
    - provide input to federal and provincial legislative and regulatory amendments as directed by and on behalf of Nations and IGB's
    - facilitate conflict or dispute resolution between IGB's
    - develop a rights-based advocacy and/or complaints resolution process for Indigenous children and their families who are concerned about the services that that they are or are not receiving from their IGB's

Getting started

Underpinning these recommendations, and in recognition of the harms caused by fractured and under resourced colonial systems, the Representative recommends that the **Government of British Columbia generally and through the mandate letters for every Minister**, ensure that public bodies:

- immediately address the quick-impact recommendations identified in this report
- undertake shared anti-racism learning and capacity building to illuminate, disrupt and dismantle the pervasive mental models and mindsets that exist in B.C.'s public service, that perpetuate racism and inequities for families
- work with the RCY to review outstanding recommendations and action plans currently being monitored by RCY to determine which recommendations and actions will best address the findings of this review, to ensure that the public bodies are directing attention and resources to those changes that will have the greatest short-, medium- and long-term impact, while the *Child Well-Being Strategy and Action Plan* is developed
- meaningfully participate in the sessions that RCY will host and convene in 2024/25 (noted below)

Representative for Children and Youth actions

As part of the systems of care, RCY also has a responsibility to be part of this transformation, to create and illuminate a pathway forward for and with all public and governance partners. Following the release of this review, the Representative will:

- address the significant workforce challenges within MCFD in two special reports, the first of which will be released on July 23, 2024, with the second to follow in Winter, 2024
- work with the public bodies to whom recommendations have been made by the RCY in the past six years to identify and prioritize those that are most aligned with the collective responsibilities and refocus monitoring and reporting accordingly
- release a series of issue briefs and resource "bundles" throughout 2024/25 to further inform planning and decision making in the key areas identified in the systemic review
- host a series of early stage convenings to mobilize collective action, strengthen communications and collaboration, share additional findings from the systemic review, assist the public bodies as they determine their role in transformation, and establish a provincial plan and timelines to respond to our collective responsibilities for children and youth
- monitor progress towards the "North Star" of child and family well-being.

Quick Impact Recommendations for Short-term Risk Reduction

The following recommendations reflect the lessons learned from sacred story investigation, systemic review and engagement with a focus on actions to be taken within the next six to twelve months to reduce the immediate risk of harm to children and youth that were identified through this review.

Family and Intimate Partner Violence

The Representative recommends the **Ministry of Children and Family Development** in collaboration with Indigenous Child and Family Service Agencies:

Practice and Policy

- update and strengthen existing policy and practice with the support of direct service staff, to recognize children who experience intimate partner and/or family violence as victims of crime and right-holders under the United Nations Convention on the Rights of the Child
- update and strengthen existing policy and practice related to working with families who experience intimate partner and/or family violence the support of direct service staff, to make clear that it is not and should never be the responsibility of the victims to manage the perpetrators actions/behaviours or involvement in child safety planning
- embed a risk factor template into the MCFD Integrated Case Management (ICM) system to prompt to workers to look for B-SAFER risk factors.

Service Delivery

- assess the service capacity within each local service area and Indigenous Child and Family Service Agency to respond to intimate partner and family violence. The assessment must attend to workforce capacity, service provision and participation in cross-sectoral collaborative responses (e.g., BC Network of Child Youth Advocacy Centres, Regional Domestic Violence Units, Violence Against Women in Relationships networks, Interagency Case Assessment Teams) and support Nation-led activities to end gender-based violence
- develop a plan to enhance Local Service Area and Indigenous Child and Family Service Agency capacity to respond to and collaborate in the response to violence in their communities, that includes the necessary resources for adequate staffing and support for leadership to meaningfully engage in community-led planning.

The Representative recommends that the **Ministry of Children and Family Development**, **Ministry of Public Safety and Solicitor General** and the **Gender Equity Office** collaborate to engage cross-ministerial and cross-sectoral bodies, Indigenous Child and Family Service Agencies and Indigenous Leadership, to begin to develop a multi-sectoral provincial violence response framework. Action planning to achieve this recommendation must include:

- contributions to RCY's development of a provincial inventory of family violence resources and the use of the resources, together with service capacity information, to introduce and expand culturally safe, dignity-driven, promising and wise practices
- identify immediate funding strategies to enhance and expand family violence resources in line with the shared commitment to understanding children and youth as victims, not bystanders or witnesses, in any violence in families. These services must be delivered by community-based organizations and Nations and reflect the needs and priorities of the community
- develop a cross-ministerial leadership committee, inclusive of Indigenous Child and Family Service Agencies, to reimagine MCFD's Office of Domestic Violence and to provide advice and guidance on improvements and collaboration necessary to improve the responsiveness and effectiveness of cross government directly delivered and contracted services
- in collaboration with the cross-ministerial leadership committee, lead the development a Multi-Sectoral Provincial Framework to address violence at a community level. The framework must clearly outline appropriate roles, shared responsibility and appropriate coordination structures for responses to violence at a community level. The Framework must include necessary joint-training to raise awareness of indicators of violence (inclusive of coercive control) and multi-sectoral training for risk assessment and mitigation to enhance capacity to respond
- identify immediate funding strategies to implement recommendations of the Multi-Sectoral Provincial Framework to address violence.

Family Support, Early Years and Early Help

The Representative recommends the Ministry of Children and Family Development in collaboration with Indigenous Child & Family Agencies:

Practice and Policy

- update and strengthen existing policy and practice, with the support of direct service staff, to require that all family members, inclusive of the entire circle of care who support a child's sense of belonging, be included in the development of family plans. This includes fathers and extended or chosen family identified by the child, family or Nation. When they cannot engage family, require that the team leader and director of operations or director of practice be notified to ensure that all options to meaningfully engage family have been exhausted. Notifications must be monitorable at a provincial level to better understand, and track trends related to this issue
- update and strengthen existing policy and practice with the support of direct service staff, to provide wraparound support and practical assistance to alleviate barriers or unforeseen issues that impact child and family well-being (e.g., assistance to prevent hydro or water getting turned off, money for specialized diet). Needs-based support for families must reflect an approach similar to Jordan's Principle, to ensure timely, family-centred and wrap-around supports for families
- update and strengthen existing policy and practice with the support of direct service staff, to enhance and expand the use of Collaborative Practice and Decision Making (CPDM). Make mandatory the offer of CPDM for all families when consideration is being given to the child needing to leave their home
- update and strengthen existing policy and practice, and explore promising and wise practices with the support of direct service staff, to establish consistent practices and accountability measures to ensure least intrusive measures have occurred before a removal
- reimagine and expedite the implementation of the MCFD Family Preservation Framework to reflect the child well-being approach and shared responsibility commitments outlined in this report in collaboration with experts and cultural advisors in child development. The Framework must reference and influence a reimagined MCFD Early Years Framework to ensure a focus on the provision of "early help" and strengthening the resiliency of families.

Service Delivery

- ensure social workers have access to discretionary and flexible funding to support timely wraparound, family-centred and needs-based supports for families
- increase the program budget and service capacity of Collaborative Practice and Decision Making (CPDM) and ensure that all local service areas and Indigenous Child and Family Service Agencies have resources to offer mandatory CPDM support when consideration is being given to the a child needing to leave their home
- identify immediate funding strategies to implement the reimagined MCFD Family Preservation Framework and ensure necessary connections across child and youth service systems to enhance and expand current family support services. These services must be delivered by community-based organizations and Nations and reflect the unique needs and priorities of communities.

Kinship Care

The Representative recommends that the **Ministry of Children and Family Development** in collaboration with Indigenous Child and Family Service Agencies:

- ensure all current and future kin and kith supports across legal status or out of home program (i.e., Child in the Home of a Relative and family-led arrangements for kinship care) receive equitable access to financial and caregiving supports. Supports are to reflect a dignity-driven approach, including immediate ending the practice of issuing food vouchers rather then per diem rates at time of placement
- conduct a comprehensive review and revision of out of home care services, including kinship caregiver assessment, planning and case management standards, policies, practice guidelines and training materials with the goal of ensuring comprehensive supports, rather than surveillance, for all out of home care providers
- create detailed family-centred resource guides for prospective kinship carers to explain kinship arrangements, including their roles, responsibilities, and all legal options available to them.

Interagency Communication and Coordination

The Representative recommends the **Ministry of Public Safety and Solicitor General** develop a cross-ministerial committee to review the barriers and enablers of information sharing and collaborative planning for child and family well-being across publicly delivered services in B.C.:

- engage cross-sector direct service and community service providers to identify intersectoral policy, practice and service delivery barriers, in addition to a review of relevant privacy legislation and regulations
- develop new and comprehensive cross-sector training on information sharing and collaboration that reflects a shared commitment to improve communication and coordination of services when responding to families in need.

Accountability and Quality Improvement

The Representative recommends the **Ministry of Children and Family Development**:

- immediately revise the Duty-To-Report to include the Duty-to-Respond when a child is perceived to be at risk and provide updated training and resource materials to all service providers across the child and youth system of care to ensure all direct service staff and leadership are aware of their responsibility to not look away and actively protect the rights of children and youth, providing support over surveillance. Resources are to include protocols for escalating issues within and across ministry services
- enhance ICM to allow for monitoring of basic non-negotiable responsibilities (i.e., criminal record checks, visits with children, risk assessments and plans of care) and progressively alert team leaders, local service delivery leadership and provincial monitoring if they remain outstanding
- enhance ICM to include the options of "*Recommend No Further Action*" to be used by Centralized Screening Services, to ensure final decisions related to the actioning of supports for the well-being of children and families lies within community where it can be assessed in the context of family and community concerns and supports
- provincially monitor family engagement in planning to identify and address barriers and enablers to meeting policy requirements
- expand the operational review of Centralized Screening Services to include a full implementation evaluation and impact analysis for services for children, youth and families. The implementation evaluation must include input from local service areas and ICFSAs, along with sector, family and Indigenous community perspectives.

Workforce Capacity

The Representative recommends the **Ministry of Children and Family Development**:

- implement the recommendations in the July 2024 *No Time to Wait* report on MCFD workforce capacity
- adopt the Aboriginal Operational and Policy Standards and Indicators (AOPSI) policy on Caseload Guidelines and the Social Worker's Relationship and Contact with a Child in Care.

Appendices

Appendix 1 – Sacred Story Investigation and Systemic Review

This appendix describes in more detail the approach the RCY took in conducting the three strands of work – the Sacred Story Investigation, the Systemic Review and Engagement – and in braiding the work together through collective sense-making.

https://rcybc.ca/wp-content/uploads/2024/07/Appendix-1-Methodology.pdf

Appendix 2 – How Did We Get Here?

In order to look forward, it is important to look back to reflect on the path travelled. This historical overview of the child welfare system in British Columbia is part of the looking back to understand where we have been, what commitments have been made, what has not worked, and most importantly to harvest the ideas, recommendations, and commitments that can transform the child welfare system to support better outcomes for children.

https://rcybc.ca/wp-content/uploads/2024/07/Appendix-2-Child-Welfare-History.pdf

Appendix 3 – Glossary of Terms

A glossary of terms used in the report.

https://rcybc.ca/wp-content/uploads/2024/07/Appendix-3-Glossary.pdf

Appendix 4 – Recommendations from the Representative for Children and Youth Reports

A list of reports issued by the current Representative for Children and Youth during her previous and existing term of Office with a list of recommendations that intersect with themes, findings and recommendations in the Sacred Story Investigation and Systemic Review.

https://rcybc.ca/wp-content/uploads/2024/07/Appendix-4-Recommendations.pdf

Emotional Trigger Warning

This report discusses topics that are very challenging and may trigger strong feelings of loss or grief, or memories of personal or familial experiences related to child and family services. If you require emotional support the following resources are available:

Kid's Help Phone (1-800-668-6868, or text CONNECT to 686868) is available 24 hours a day, seven days a week to Canadians ages five to 29 who want confidential and anonymous care from a counsellor.

KUU-US Crisis Line (1-800-588-8717) is available to support Indigenous people in B.C., 24 hours a day, seven days a week.

The Métis Crisis Line (1-833-638-4722) is available 24 hours a day, seven days a week.

Youth in BC (https://youthinbc.com) Online Chat is available from noon to 1 a.m. in B.C.

Mental Health Support Line (310-6789 - no area code) will connect you to your local B.C. crisis line without a wait or busy signal, 24 hours a day. Crisis line workers are there to listen and support you as well as refer you to community resources.

Missing and Murdered Indigenous Women and Girls Crisis Line (1-844-413-6649) is available to individuals impacted by missing and murdered Indigenous women, girls and 2SLGBTQQIA+ people, 24 hours a day, seven days a week.

The National Indian Residential School Crisis Line (1-866-925-4419) provides 24-hour crisis support to former Indian Residential School students and their families

Contact Information

Phone
In Victoria: 250-356-6710
Elsewhere in B.C.: 1-800-476-3933

Text (children and youth)
1-778-404-7161

Chat (children and youth)
rcybc.ca/get-help-now/chat

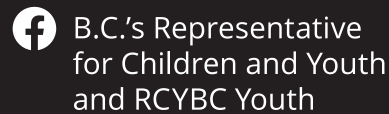
E-mail
rcy@rcybc.ca

Offices
Suite 400, 1019 Wharf St.
Victoria, B.C.
V8W 2Y9

404, 1488 – 4th Avenue
Prince George, B.C.
V2L 4Y2

Fax
Victoria: 250-356-0837
Prince George: 250-561-4624

Website
rcybc.ca

Social Media

B.C.'s Representative
for Children and Youth
and RCYBC Youth

Rep4Youth

@rcybc and @rcybcyouth

@rcybcyouth

Representative for
Children and Youth