THE VOICES OF THE YOUTH: HOW INDIGENOUS YOUNG PEOPLE

EXPERIENCE PLANS OF CARE

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PLANS OF CARE

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ABSTRACT

Indigenous people in Canada have suffered through immense trauma since colonization, and child welfare agencies have contributed to the assimilation of Indigenous children. This research explores the stories of Indigenous people who have been in the care of Children's Aid Society in Ontario and how they have experienced their plan of care. Every child in the child welfare system has a plan of care completed by their worker at regular intervals. This document is intended to review the child's progress in various dimensions of their lives and facilitate goal-setting for the future. The plan of care is a standardized document that is created from a Western perspective and thus does not necessarily reflect Indigenous culture or the child's true self. Using a mixed methods approach with a strong emphasis on Indigenous Methodologies, two Indigenous young adults shared their stories about their experiences with plans of care. In addition, an Indigenous key informant provided context from an Indigenous perspective on how plans of care can be improved for Indigenous children in care. To understand the plan of care document from a child/youth's perspective, the author of this research asked a co-worker to complete a plan of care on their life. A critique of this experience is shared in this study.

Findings suggest that experiences with plans of care can vary significantly, and depend greatly on the relationship between the young person and their child welfare worker. The two Indigenous young adults valued participation in their plan of care and found the goal setting to be useful when they were consulted. However, it is determined that the child welfare worker can bring Indigenous culture into the document in creative ways. These findings lead to recommendations for change at the micro and macro levels involving greater opportunities for relationship-building, space for young people to participate, and including Indigenous knowledge in child welfare practice.

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Chapter 1: The Beginning

Long ago, there was another world above the one we know today, where there lived many animals and beings. This world contained the Tree of Life, which grew all kinds of fruits. This tree was sacred and was not to be disturbed by the people living in this world. The caretaker of the Tree of Life had a wife, and they eventually became pregnant (Taylor, 1994).

Introduction

Every story has to start somewhere. The above quote is the beginning of the Mohawk creation story. It tells us about a time long ago. Before I discuss my research, it is important for me to talk about my own beginnings. This leads me to think about memories from my childhood. When I moved from a small apartment to a larger townhouse, I finally had the room to move my belongings that had been sitting in storage at my mother's house. I would visit my mother's house every few weekends and take my belongings back with me little by little. One afternoon my mother handed me a binder I hadn't seen before. I opened it and began looking through my old report cards, as well as certificates of achievement for my dance classes, piano lessons, and horseback riding. I enjoyed reading my teacher's comments about me as a young child and remembering the various extracurricular activities that I was privileged to take part. I received a few more boxes over the next few weeks, containing my artwork from pre-school to high school, and photos of pets, friends, family, and old figurines I used to collect. All of these artifacts reflected the wonderful life that I lived as a child, and together they form an important part of my history. My childhood was not only contained in these physical pieces; it is contained in the memories and stories that live within my family. Sometimes during family dinners we discuss memories of my two sisters and I. We would debate who the heaviest baby was, talk about the

cruel pranks I played on my little sister, and remember the sad moment when my mother comforted me as I watched my father take our family dog to the vet to put him down. These memories are an important part of my identity and help me understand myself today. My identity is also created in the present, such as when my mother and I visited the Mohawk Kahnawake Territory in Quebec to learn more about my family. Good and bad, these memories and these physical objects are part of who I am and represent my life story thus far.

So who am I today? I am a woman, a daughter, a partner, a sister, a music enthusiast, a student, an animal lover, and a social worker. I identify as both Indigenous[1] and Canadian. My mother's family is Mohawk from the Kahnawake First Nation in Quebec. The horrific effects of residential school severed much of the connection between my family and our Indigenous culture many years ago. Growing up, I remember reading colourful storybooks about the Mohawk creation story with the woman who fell from the sky onto the turtle's back. I had a dreamcatcher above my bed and there were paintings by Indigenous artists hanging in my house. However I did not identify as an Indigenous person and did not know much about what it meant. My physical appearance as a Caucasian person protected me from the potential marginalization of being a racialized minority and I did not correct those who assumed I was white. Upon entering University I took opportunities to educate myself about Indigenous culture and began to develop my identity as an Indigenous person. However, I still felt like an outsider. I was hesitant to share with other Indigenous people about my background. I did not feel that I was Indigenous enough to carry the title and I felt like an imposter if I referred to myself as an Indigenous person due to my appearance and the lack of cultural knowledge and experience.

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[1] It is important to take note of the language we use to describe a group of people. Throughout this thesis I will use the word "Indigenous" to refer to First Nations, Métis, and Inuit people in Canada as it is the most inclusive word to describe these nations in a general sense. The term "Indigenous" also acknowledges the collective experience of colonization amongst Indigenous nations around the world (Smith, 1999; Wilson, 2008). Where appropriate, I will refer to specific nations by their name.

I do not recall exactly when I finally felt comfortable calling myself a Mohawk woman, however it might have been after visiting the Kahnawake reserve in the spring of 2013 with my mother. We went to Kahnawake in hope of finding pieces of our family history. Unfortunately much of it had been lost when my grandfather passed away. I had never been to this reserve before, but I was excited and nervous to see it. My mother and I visited the cultural centre, an arts museum, and the band office to see if we could find out more about our family. Although we left with many unanswered questions, we were met with great respect and welcoming. I remember feeling at peace and I was surprised to feel a sense of belonging. It was an important trip that greatly strengthened my Indigenous identity.

My employment as a social worker who works with Indigenous children and families has also strengthened my understanding of my own Indigenous identity. Being part of the Six Nations of the Grand River community and meeting the people there have taught me much about Indigenous ways of knowing, being, and doing. My journey to self-identify as Indigenous mirrors the experiences of many children in care, especially as they are sometimes placed with non-Indigenous homes away from their community.

As I think back to the artifacts and memories that reflect and shaped me as a person, I think about the children in care that I work with and how they will look back on the pieces of their lives that are available to them. Perhaps these children are lucky enough to have a long term placement, in which their caregivers have provided the same kind of childhood to produce memories as I was able to experience. However for many children, it is a different story. Rather than keepsakes and family memories, their life stories are documented in standardized formats that leave little room to portray a child's true life story. These documents are written by a social worker and are placed in a file tucked away in an office separate from the child's home. In Indigenous families, the process of remembering and being connected to one's culture is an

integral part of developing one's identity (Rice, 2005). I wonder how Indigenous children are able to remember and connect with their culture when their life stories are so distant and fragmented. This has led me to my research question, which hopes to shed light on how Indigenous young people experience the documentation completed about them in child welfare agencies.

Research question

Considering the inequalities in Indigenous child welfare services and the historical context that has shaped the lives of Indigenous people in Canada, I am curious about the experiences of Indigenous young people in the care of Children's Aid Society in Canada. In particular, I have chosen to focus on the plan of care document. This piece of documentation is one of the main planning tools for children and is completed on a regular basis for every child in care. The document is intended to be reviewed with the child, their caregivers, and other important people in the child's life such as a band representative, family members, or other supports. It is the responsibility of the child's social worker to write the plan of care. The document reviews ministry standards that must be met for children in care such as doctor's appointments and how many times the worker saw the child privately. The plan of care then moves into seven dimensions of the child: health, education, identity, family/social relationships, social presentation, emotional/behavioural development, and self care skills. The worker provides updates on events that have happened in the child's life in each of the seven dimensions. There are goals attached to each section intended to assist in ongoing planning for the child. These plans are updated at least every 6 months or more often if a child is new to care or has changed placements.

As a Children Service Worker who works with Indigenous children and youth, I complete plans of care on a regular basis. I have often wondered whether they are meaningful or beneficial for Indigenous youth. After all, the plan of care is a standardized document used for every child, regardless of their cultural background. I have experienced some youth who showed no interest in their plan of care and others who wanted to know what it was about. I have met some children who were unaware they had a plan of care while some have been very familiar with it. As a worker, I have sometimes felt that I was writing a meaningless document that did not fully capture who the child was; other times I have felt that the plan of care assisted in my planning and helped me get to know the child on a more personal level. I want the best for the children and youth I work with, and I am unsure if plans of care always make positive contributions to a child's life. I want to know what I can do as a worker to improve the lives of children in care and what structural changes are needed. This led me to my research question: how do Indigenous young people experience plans of care? In particular, do Indigenous young people find plans of care to be meaningful? What improvements can be made to the plan of care to make it more beneficial for Indigenous young people?

Before exploring these questions, it is important to understand the historical and political context in which Indigenous communities are situated in Canada. It is evident that Indigenous communities experience child welfare services differently than their non-Indigenous counterparts. Indigenous children are vastly overrepresented in child welfare. There are more Indigenous children currently in the care of Children's Aid Society than there were children living in residential schools at the peak of the residential school era (Trocmé, Knoke, & Blackstock, 2004). It also well documented that Indigenous communities generally experience greater poverty and less access to resources and stable housing. There are also more incidents of alcoholism and drug abuse, and greater incidents of parents who have experienced abuse when compared with non-

Indigenous communities in Canada (Trocmé, Knoke, & Blackstock, 2004). Indigenous experiences of child welfare services are situated not only within this current context, but also within the historical context of colonialism and intergenerational trauma that Indigenous communities have endured. Unfortunately, this historical context is not always adequately considered in child welfare practices and thus results in substandard care for Indigenous children (D'Douza, 1994). The details of the atrocities suffered by Indigenous communities in Canada are too vast to be covered here however it should be noted that from the beginning of colonial contact the Canadian government has attempted to eradicate Indigenous people and our culture in Canada. Sometimes described as cultural genocide, the Canadian government has forced Indigenous children into residential schools, enforced racist laws, and contributed to the suffering and deaths of countless Aboriginal people (Blackstock & Trocmé, 2005; Battiste, 2013). The child welfare system is no innocent institution in this agenda; the Sixties Scoop removed thousands of Indigenous children from their home communities and adopted them into non-Indigenous families. Little to no attention was given to preventive services or the structural issues at play on reserves to address child maltreatment; instead removal of the child from the home was usually the solution (Blackstock & Trocmé, 2005). While there have been improvements made to the child welfare system today, the lack of preventive services and lingering mistrust of child welfare services have continued to fracture the relationships between child welfare agencies and Indigenous communities.

I struggle every day with being an Indigenous person who is part of a system that has caused such trauma and suffering for Indigenous people in Canada. I remind myself often that Indigenous people are needed to share their voices and advocate for change in Western institutions. I hope that this research project not only provides some solutions that can improve child welfare practices with Indigenous people but that it also leads me to a better understanding

of this internal tension and how it can be mediated. This research is also an important part of my journey to learn about who I am as an Indigenous person, as I will be exploring Indigenous methodologies and reflecting on my personal growth as an Indigenous person throughout the research.

Upon settling on my research question, I knew that I needed to go to the source and hear the experiences of Indigenous young people first hand. However, I needed to review the literature to gain a better understanding of what research has been done in this field and how this information can inform my present research.

Chapter 2: Literature Review

The woman craved various foods throughout her pregnancy and began to crave the roots of the Tree of Life. The caretaker refused at first, due to the sacredness of the tree. However the woman cried and eventually convinced her husband to dig around the roots of the tree to satisfy her cravings (Taylor, 1994).

Literature Review

Just as the woman wanted to explore the roots of the Tree of Life, it is important to explore the foundation and context of the subject before delving into the research. After all, the knowledge available in the literature provides the roots for which new knowledge can grow. Through a search of the literature, it became clear that Indigenous young people have not had many opportunities to share their experiences about plans of care. I researched the literature on the viewpoints of non-Indigenous young people about child welfare services from both a global and Canadian perspective. This provided me the opportunity to compare the experiences of Indigenous young people in Canada with young people around the world. Exploring the global context also provides insight on the state of child welfare in other countries and acknowledges the unity among young people around the world. I also reviewed the experiences of caregivers, to gain a comprehensive understanding of experiences from all members of the family. Next, I explored literature discussing the advantages and disadvantages of the Looking After Children (LAC) system, which is the overarching format in which plans of care were developed. This is a standardized assessment framework that has been used in Canada since the 1990's. For every child in care, the LAC system identifies seven dimensions of the child that must be considered: health, education, identity, family and social relationships, social presentation,

emotional/behavioural development, and self care skills. There are various forms that must be completed on a regular basis for every child in care and each form is structured with the LAC system. The plan of care, for example, considers each of the seven dimensions in detail. The LAC system is intended to facilitate the gathering of information for research and improve the individual planning and outcomes for children in care (Bailey, Thoburn, & Wakeham, 2002). Finally, I reviewed literature regarding Indigenous child welfare services and the changes that are called for by Indigenous communities in order to improve services for Indigenous children and families.

There are a multitude of articles that provide space for young people to express their views about being in care around the globe (Aubrey & Dahl, 2006; Bessell, 2011; Buckley, Carr, & Whelan, 2011; Leeson, 2007; Munro, 2001). It is important to understand the experiences of young people from a broader perspective before delving into the experiences of Indigenous young people in care in Canada; it is likely that they have similar experiences. I found it helpful to understand how non-Indigenous young people view child welfare services in comparison to Indigenous young people. Overall, young people around the world have expressed feeling a lack of power and that their voices are not heard by child welfare workers (Aubrey & Dahl, 2006; Bessell, 2011; Buckley, Carr, & Whelan, 2011; Leeson, 2007; Munro, 2001). Buckley et al. (2011), for example, found that child welfare workers in Ireland are perceived as hostile, authoritative and powerful to their young people, resulting in young people feeling powerlessness, embarrassment, and mistrust towards workers. In Australia, Bessell (2011) found that young people are rarely consulted by their child welfare workers and report being left out of major decision making processes. This often had a negative impact on the young person's self esteem and contributed to their feelings of being frightened and ignored (Bessell, 2011). Exploring the experiences of young people in a broad context assists me in drawing parallels to

Indigenous young people in care in Canada and the impact of the child welfare system on children's lives.

The literature discusses how plans of care specifically are experienced by children from a global perspective. Aubrey and Dahl (2006) found that the majority of the children in the United Kingdom (UK) did not participate in their plan of care conferences at all. Only one child remembered participating in the conference; this child felt her voice was somewhat heard during the meeting, but she struggled to understand the big words the adults were using and was not well informed about what was happening in her life. Munro (2001) also spoke to children in care in the UK and found that they feel a lack of power in decision-making, had concerns about confidentiality, and feel that their voices are not heard. Munro links these findings back to the LAC system, and discusses how the standardized documentation limits workers and restricts the participation that children have in their own plans. In addition to their feelings of helplessness and lack of participation, Leeson (2007) noted that children who do not have opportunities to participate in decision-making suffer from lower self esteem and confidence within themselves. Some children feel that they are incapable of making decisions about their lives, demonstrating that they blame themselves for their lack of participation (Leeson, 2007).

Youth in care in Canada mirror the experiences of young people around the world. A project entitled My Real Life Book was created after youth shared their experiences at Queen's Park during the Youth Leaving Care Hearings in 2011 (Office of the Provincial Advocate for Children and Youth, 2012). These youth in Ontario expressed feeling invisible, worthless, and left out of the plans about their lives. They also struggled with the details of their lives being written down and filed away in an office. The youth in this project stressed the need for a complete overhaul of the child welfare system to better meet the needs of children. Their recommendations included allowing youth to remain involved with CAS until the age of 25,

creating better resources to meet the educational and health needs of children, and creating a system to better track how children in care are doing (Office of the Provincial Advocate for Children and Youth, 2012).

Mitchell, Kuczynsnki, Tubbs, & Ross (2010) asked children in care in Canada to give advice to foster parents and social workers about how to provide a better service user experience. The children expressed their desire to be heard, to be adequately informed about their situation, and to participate in decision-making about their lives. They stressed the importance of listening to the wishes of children in care, and that it is imperative to build a trusting relationship with their foster parents and social workers. Furthermore, Winter (2010) asked children aged four to seven years old about their experiences in care. Although most people may dismiss the thoughts of children so young, it was found that these children have deep understandings of their situations and articulated their concerns that their perspectives are not valued. The children were able to identify feelings of guilt, fear, and powerlessness in regards to their experiences in child welfare (Winter, 2010). Again, it is clear from the literature that children are feeling a lack of participation and power when they are involved with child welfare agencies. This is concerning as plans of care are meant to be an inclusive and participatory document for children.

However, not all studies reported that young people have negative experiences in care. In one study the majority of young people, including some who identified as Indigenous, said they felt consulted, listened to by their workers, and had opportunities to participate in planning. Most of these young people described positive relationships with their workers, and it was noted this is likely to be a contributing factor to their positive experiences with the LAC system (Tregeagle & Mason, 2008).

I am also curious about the experiences of caregivers with the child welfare system. Caregivers have valuable insights into their children and can understand the child on a deeper

level than a child welfare worker. I searched for experiences of parents both globally and in Canada. Dale (2004) interviewed a number of British families, including 2 young people, to explore their experiences of the child welfare system. There was a mixture of positive and negative experiences with many families stressing the need for preventive services to improve the system. Families felt that the relationship they had with the child welfare worker was more important than the child protection plans and conferences in helping families overcome child protection concerns. Dumbrill (2006), using grounded theory, uncovered how parents in Ontario experience the child welfare system. He discovered that the perceived power that child welfare workers possess over parents impacts their experience with child protection services. When child welfare workers use their power over families, parents tended to resist the worker's interventions. On the other hand, those who experienced more balanced power with their worker were more likely to have a cooperative relationship with the worker. It seems that the relationship of the child welfare worker and the families can sometimes be a deciding factor in how families experience child welfare services.

I refined my literature search to review the experiences of Indigenous children and I was unsuccessful in finding articles that explicitly shared their views about plans of care. The experiences of Indigenous caregivers however may shed some light on experiences from an Indigenous perspective. Anderson (1998) interviewed six female Indigenous caregivers who received services from Native Child and Family Services in Toronto, which at the time was the only Indigenous controlled child welfare agency in Ontario. Service users expressed positive feelings about the agency, the staff, and the program outcomes. This was in opposition to feelings about mainstream Children's Aid Society which was viewed in a much more negative light and characterized by intimidation, fear, and mistrust. The caregivers shared concerns about Indigenous children losing their culture when they are apprehended from CAS. The article also

discusses the issue of colonization through mainstream child welfare agencies and the need for culturally relevant services for Indigenous service users (Anderson, 1998).

The above insights highlight the need for children to be consulted by child welfare workers about their lives to replace their feelings of helplessness with empowerment. The plan of care is an important tool in ensuring that children's voices are heard and taken seriously. It is a part of the LAC system which changed the way child welfare services conduct their practice by increasing the required documentation and increasing the role of management in ensuring compliance with the system (Jones, Clark, Kufeldt, & Norman, 1998). Clowes Chisholm (2013) examines plans of care in an Ontario child welfare agency and discusses how the documentation fails to represent the true child. The children are represented within the context of the ministry standards that must be met, rather than discussing the complexities of a child in the context of their own lives. In a similar vein, McMurray, Connolly, Preston-Shoot & Wrigley (2011) found that young people tend to describe their identity in terms of their relationships with family and friends, however they often did not present their true selves to their social workers as a means of protecting themselves. This means that their true selves are not represented in their plans of care, since the document is written by the child welfare worker. Moreover, a study by Thomas & Holland (2009) found that the standardized documentation in child welfare represents children's identities in limited and vague ways. Some descriptions of a child's identity were even replicated in documentation about a different child, demonstrating that there is little attention paid to the complex social location and of each individual child. This article echoes Clowes Chisholm's (2013) conclusions about the dangers of standardization and how the true child is lost in documentation. The unique voice of the child is not often heard in plans of care; it is the voice of the social worker portraying the identity of the young person, rather than the child having a voice in their own plan of care (Roose, Mottart, Dejonckheere, Nijnatten, & De Bie, 2009).

The Assessment and Action Record (AAR) is another piece of documentation in the LAC system that is related to the plan of care which has received some attention in the literature. The AAR is an extensive document that is completed annually for every child in care with the child welfare worker, the caregiver, and the child. The document gathers information through check boxes to assess how the child is functioning in each of the LAC seven dimensions. The AAR is designed to track the child's progress throughout childhood and to gather information for research[2] (Garrett, 1999). Garrett (1999) notes that the standardized nature of the AAR is geared towards gathering data for research purposes and does not necessarily capture the true sense of the child in the context of the child's life. It is also noted that the structured format has implicit assumptions about what it means to be a normal or well adjusted child. Garrett discusses that documentation in the child welfare system is more than just filling out forms; the paperwork is created within a certain cultural, social, and economic context and has implicit values and assumptions attached to it. The documentation in Canada focuses more on the needs of the child rather than the right of the child to participation, and this lack of participation is identified throughout the child welfare system (Bell, 2002; Blackstock, Cross, George, Brown & Formsma, 2006; Blackstock, 2007). Documentation is designed with the interests of the Ministry in mind, as child welfare agencies are acting as the corporate parent who makes decisions about the needs of the child rather than focusing on the child having agency in their lives (Rasmussen, Hyvonen, Nygren, & Khoo, 2010). This is an important factor to consider when examining plans of care, as it will be necessary to be critical of the inherent assumptions and values hidden in the document.

In addition to misrepresenting the true child, the documentation in child welfare system places pressure on child welfare workers as well. Parada (2004) found that the documentation

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[2] This is an ethical consideration that deserves attention regarding consent and confidentiality. I am unaware of literature exploring the ethics of the AAR, however I hope that this topic will be explored in the future.

system has decreased the ability of child welfare workers to use their personal skills to make decisions in their work and has resulted in less time being spent with clients. The child welfare workers in this study advocated for a more streamlined version of documentation that allowed more work with clients. While this study did not touch on the service user perspective it is relevant as it highlights the impact of the intense paperwork responsibilities and how that impacts the ability of child welfare workers to spend time with children and families (Parada, 2004). This could be a contributing factor to the concern from children and caregivers that their voices are not being heard.

The increased documentation may also contribute to the surveillance of child welfare workers by Ministry officials. Foucault (1979) relates increased surveillance to the panopticon structure in prison settings, where there is a central tower containing guards who can see into all of the inmates cells around the tower. Although the guards cannot possibly watch all the inmates at once, inmates regulate their own behaviours because the uncertainty of being watched means they must act as if they are being watched at all times (Foucault, 1979). Plans of care could serve the same function, as Ministry officials review plans of care in select files during annual crown ward audits. The increasing demand for the worker to report and document events creates frustration for the worker as they are forced to spend more time completing paperwork than spending time with their clients (Thomas & Holland, 2010). Workers also experience greater pressure to complete documentation which may hinder their relationship with the children, as overburdened workers have less time to develop meaningful relationships with the young people on their caseload (Iglehart, 1992). In addition, the lack of time spent with young people likely contributes to their feelings of being ignored and powerless.

In my continued search for literature from an Indigenous perspective, I explored research regarding child welfare documentation and Indigenous populations. It was briefly mentioned in

one article that the documentation in the LAC system received a "positive reaction from Aboriginal groups about the cultural sensitivity of the materials" (Jones et al., 1998) however there is no context or further information provided about this statement. This report also noted that young people have reported feeling empowered and involved when the LAC materials are used properly. A Canadian report by the Representative for Children and Youth in British Columbia (2013) however had very different findings. Auditors noted that the cultural planning for Indigenous children was scarce, and many plans of care for Indigenous children were not up to date or sometimes not completed at all. Social workers in the report noted that they struggled greatly to include cultural aspects in a written plan of care because Indigenous culture is usually passed down orally from generation to generation. While all workers agreed that plans of care are important they are not always done due to the time it takes to complete them, there is a lack of training, and they find it difficult to fill in some of the more subjective areas such as identity and family relationships. Overall the auditors found that cultural planning for Indigenous youth lacked community involvement and was done in a superficial way. The audit also found that plans for youth transitioning out of care were not done in a timely manner and often did not reflect the youth's true goals. Most importantly in this report, the auditors obtained the viewpoints of youth in care, although it was not specified if any of the youth were Indigenous. Some youth were familiar with their plans of care while others were not. Overall, the youth expressed a desire to be more involved in planning, for social workers to value the youth's opinions more, and to ask the youth who they want to be involved in their planning (Representative for Children and Youth in British Columbia, 2013). This sentiment was echoed in another B. C. study (Jones & Kruk, 2005) where youth – some of whom identified as Indigenous – identified their desire for autonomy and for their voices to be heard by their worker. These youth also identified that the worker's high caseload and worker changeover was a contributing factor their feelings of

powerlessness (Jones & Kruk, 2005). This article is an excellent resource as it not only reviews the lack of planning that takes place for children in care, but it also considers the voice of the youth in care.

Moving forward, I investigated broader changes that need to be made to the child welfare system. The social work profession has historically contributed to the colonization of Indigenous people and has damaged Indigenous families by placing many children in homes outside their communities. The Sixties Scoop in particular has greatly contributed to the distrust towards non-Indigenous child welfare agencies in Indigenous communities (Waterfall, 2002). Some Indigenous nations have been mandated to provide their own child welfare services in their communities, and others are in the process with the Canadian government to achieve this as well (Sinha & Kozlowski, 2013). Long & Sephton (2011) discussed the need for culturally competent practice to provide adequate services to children in care. The participants stressed the need for holistic, spiritual work with Indigenous children that involve their family and community. The need for Indigenous culture to be passed on to children was highlighted as imperative to ensure the overall health of children. Indigenous child welfare agencies are better equipped to address child protection issues in their own communities and meet the cultural needs of children and families.

The literature states (Blackstock, 2007; Blackstock & Trocmé, 2005; Blackstock et al, 2006; Waterfall, 2002) that to move forward towards an improved child welfare system for Indigenous communities, it is necessary to engage in decolonizing practices and return to traditional Indigenous principles. The current child welfare system has been built on colonial values and principles which centre Eurocentric culture, thus pushing Indigenous worldviews to the margins. Decolonization is the process of unlearning colonial culture and reclaiming our Indigenous ways of knowing, being, and doing. It involves disengaging from the dominant

culture on social, economic, and political levels (Waterfall, 2002). In order to do so we must rediscover our Indigenous culture and grieve over the traumas and losses experienced throughout colonialism. Then we can move towards dreaming of future directions and then move into committed action to make these dreams come true (Laenui, 2000). This includes honestly revisiting the horrific past of child welfare, then restoring the system with Indigenous values and principles. This restoration needs to be approached in a way that affirms the autonomy of Indigenous communities and addresses changes at both the micro and macro levels to ensure that Indigenous communities have equal access to resources (Blackstock et al, 2006). Indigenous people have expressed that social workers need to have knowledge about the colonial past and develop an understanding of how the colonial system impacts Indigenous communities today. There is also a call for social workers to be better educated on Indigenous culture and the importance of relationships, community, and a holistic way of looking at the world (Harms et al., 2011). In order to rectify the inequalities in Indigenous child welfare, community based initiatives are required that respect the strength and valuable knowledge located in Indigenous culture. This leads to a decolonization of child welfare that supports Indigenous ways of caring for children (Blackstock & Trocmé, 2005). Standardized practices do not support culturally competent practice. To tackle this issue, we need to address the inequalities found in resources for non-Indigenous and Indigenous child welfare agencies, support Indigenous communities in developing their own child welfare practices and support Indigenous governments to repair the structural issues at play such as poverty and lack of affordable housing (Blackstock, 2007).

My literature review made it clear that my specific research topic has not yet been fully explored as I was unable to find literature that discussed what Indigenous young people think about plans of care specifically. However I was able to find literature that discussed issues with plans of care in general, studies that explored the perspectives of young people about child

welfare practice, and articles that discussed child welfare from an Indigenous perspective. These articles inform my research and provide a starting point for approaching plans of care from the perspective of Indigenous young people.

Chapter 3: Theoretical Lens, Methodology, and Methods

Her husband dug a large hole at the base of the tree. The woman could not wait to get the food, and as she leaned in to grab the roots she lost her balance. She fell into the hole and fell into another world (Taylor, 1994).

Indigenous Methodologies

Just as the woman fell into another world, doing research is much like entering a new world. Entering this new world requires much thought about how the research will be approached and the reasons behind taking this approach. Instead of falling into this new world without preparation, like the woman did, it is important to explore the theoretical lens that guides my research and grounds me for the task ahead. My theoretical lens pulls from a variety of theories and frameworks while incorporating aspects of Indigenous methodologies, critical social science, anti-oppressive practice, and narrative theory into this research. Indigenous methodologies are used in many research projects with Indigenous communities and peoples (Smith, 1999). A contrast from Western methodologies, Indigenous frameworks are fluid, non-linear, and derive their knowledge from storytelling, relationships, dreams, the Medicine Wheel, and ceremonies (Poonwassie & Charter, 2001; Smith, 1999). Indigenous methods to research consider the relationships that individuals and communities have with each other, the earth, past generations, and the spiritual world. Indigenous methodologies value generational knowledge, family, community, humour, and holistic ways of looking at the world (Moreton-Robinson & Walter, 2009; Hart, 2010; Kovach, 2009). Indigenous research is shaped by the research participants, as well as the nature of the research itself, and its form can change throughout the research process. One of the most important concepts in Indigenous methodologies is that the process is more

important than the product (Kovach, 2009). Indigenous people place great value on all their relations; we are accountable to ourselves, our communities, and mother earth (Wilson, 2008). Indigenous methodologies encourage the researcher to operate with a good mind, which is maintained through internal peace and the values of reciprocity, sharing, and relationships (Swamp, 2010). Indigenous methodologies also require the researcher to engage in self reflexivity. This means questioning your colonial assumptions and thinking critically about all your relations in the context of who you are and your social location (Kovach, 2009). This methodology makes the most sense to me in light of my Indigenous identity and because my research involves Indigenous participants. I also believe that Indigenous methodologies can assist in learning rich and insightful stories.

Due to the nature of this research, I am limited in my ability to operate within the full scope of Indigenous methodologies. Indigenous methodologies require a level of community involvement that I cannot accommodate at the Master's level. This is due to the lack of time to develop relationships with Indigenous communities and individuals, as well as the lack of funding available to me. Additionally, Indigenous methodologies pull from an individual's lived knowledge of Indigenous culture and ways of knowing (Wilson, 2008). While I identify as an Indigenous woman, I still have so much to learn about my Indigenous culture and ways of knowing. Being unable to operate exclusively from Indigenous methodologies may appear to be a disadvantage however a mixed method approach that incorporates aspects of Indigenous methodologies may also be helpful in bridging Indigenous research methods with Western academic research, and provide opportunity for research to be presented in multiple ways (Wilson, 2008).

Critical Social Science

Indigenous methodologies are intricately related to critical social science, as they both strive to uncover the existing power relations present in society and assume that each individual and community has the ability to overcome these boundaries when provided with the opportunities to do so (Gibbs, 2001). In the same vein, Indigenous methodologies and critical social scientists aim to diminish the boundaries between the researcher and those being researched. Critical social scientists consider how individuals and communities experience their lives as they navigate a socially constructed world while recognizing that there are real power imbalances in the world that impact on the daily lives of individuals and groups (Neuman, 1997). Research is used to gain knowledge from a variety of sources in sometimes creative ways in order to acknowledge forms of knowledge that might depart from the dominant culture (Fook, 2003. Researchers operating from a critical social science lens aim to help people change their worlds for the better and assert that research should have an action-oriented goal (Neuman, 1997). The critical social science perspective assumes that individuals have personal strengths and assets that can be utilized to make positive change for themselves and others. This approach also acknowledges that the researcher's culture, values, and experiences influence the research process and how it is carried out (Neuman, 1997 & Fook, 2003). I have come to locate myself within the critical social science framework due to my personal values, life experiences, and education in the field of social work. I personally value people's right to equality, self-determination, empowerment, and I believe that there is inherent goodness and strength within every individual. I hope that my research will not only gather information, but the voices from the youth will incur action from child welfare workers in how they conduct their plans of care for Indigenous young people.

Anti-Oppressive Practice

Anti-Oppressive Practice (AOP) also informs my theoretical framework. AOP is an integral part of my social work education and it has greatly influenced how I look at the world and the inequalities that people experience. AOP considers various forms of intersecting oppressions that impact people's daily lives including gender, sexual orientation, ability, age, health, socio-economic status, and race (Strier, 2007). These forms of oppression are intersecting in the sense that they are not experienced in separate silos but interact with each other in complex ways and have dynamic impacts on the individual depending on the social-cultural context in which they live in (Strier, 2007). Throughout my research I am mindful of these intersections, such as how one's age as a young person influences their experiences and the impacts of the cultural context in which they live. I attempt to understand their stories from a holistic point of view that considers how different forms of oppression interact. Approaching my research from an AOP perspective also encourages me to engage in critical consciousness; this means checking my assumptions and being mindful of my own power as a researcher, child welfare worker, and an Indigenous woman (Sakamoto & Pitner, 2005). AOP also encourages critical reflection on structural issues and how the social work profession has historically operated from a position of Whiteness. This analysis reminds me to consider how my privilege impacts my work with other people (Sakamoto, 2007).

Indigenous Knowledge and Narrative Approaches

Narrative approaches are inherently reflexive as they require the researcher to tell their own story and question their own biases and power (Kimpson, 2005). This perspective encourages the researcher to question how they may be unconsciously perpetuating their own power in the research and determine ways to lessen this power (Kimpson, 2005). Narrative

approaches are circular in nature, meaning that it is a constant give and take between the researcher and the research participants. Each participant in the story learns from each other and their stories are in turn influenced by the process of developing their relationship (Barton, 2004). This is not always an easy process however even when feelings of anger or pain are invoked, it is important to remember that learning and growth can take place in these dark places (Christian & Freeman, 2010). Narrative approaches flow well with Indigenous knowledge, as narrative approaches recognize the value of oral storytelling and prioritizes the knowledge that comes from these stories. This theoretical approach also recognizes the relationship that develops when stories are shared and value the knowledge that comes from these relationships (Barton, 2004).

For example, the two-row wampum belt tells a story that shares Indigenous knowledge and principles. The wampum belt is a treaty made in the 1600's between the Haudenosaunee nations and the Dutch settlers. The belt is beaded with two parallel rows of purple wampum beads on a white background. The rows symbolize a canoe and a ship travelling the river life (Hill, 1990). The vessels represent the Indigenous nations and European settlers, travelling parallel to each other without crossing paths. The three white rows which separate the purple rows symbolize the values of peace, friendship, and respect (Keefer, 2014). The two-row wampum represents the relationship and agreement in how the Haudenosaunee and European settlers would travel side by side without steering each other's canoe or ship. According to the Haudenosaunee, the two nations were viewed as separate but equal (Hill, 1990). The Haudenosaunee people understood that this treaty would last forever (Keefer, 2014). The two-row wampum informs my approach to research, as I travel in both the canoe and the ship when doing this research. I attempt to strike a balance between Indigenous methodologies and mainstream methodological approaches. By remaining self reflexive and using methodologies that align with Indigenous ways

of knowing, there is potential for a successful research project that benefits the Indigenous

community.

Methodology

My theoretical lens led me to choose a qualitative approach to research. Qualitative

research focuses on the meaning people attach to their world, examines the context in which

people live, views a person's life as an ongoing subjective process, and extracts significant

information from the research (Becker, Bryman, & Ferguson, 2012). It is my personal belief that

the researcher's values and experiences have a significant impact on what questions are asked,

how the research is carried out, and how the data is analyzed. For this reason, a qualitative

approach to this research is the best fit as it provides space for me to explore an analysis of my

own social location and values into the research (Becker et al., 2012).

I chose to interview Indigenous young people as they are the ones who have experienced

the plans of care first hand. I believe that young people are very capable of articulating their

thoughts and feelings on this topic and that these insights are valuable. Any other data source for

my research - such as child welfare workers, caregivers of children in care, or the plans of care

themselves - would not be able to fully capture the true insights of Indigenous people in care as

only the youth themselves can truly share their stories. I also sought the input of an Indigenous

key informant to share their thoughts on the plan of care from an Indigenous perspective. The role

of the key informant is to help me understand how Indigenous culture is reflected in the plan of

care and how an Indigenous community might conduct their own plan of care.

I understand that my role in the interview impacts the research because I have judged

what is considered relevant data and analyzed the data from my own subjective lens. Therefore, it

is better to embrace this subjectivity and to use reflexivity to understand the impact I have on the

research rather than pretend my presence as a researcher did not matter. This means that I have attempted to constantly check myself and be explicit about how my personal values, experiences, and social location impact the research (Mason, 2012). To facilitate this process, I chose to have a plan of care completed about myself. This allowed me to reflect on the experience and gain insight into how my life fits into the document. Completing my own plan of care also provided me opportunities for much critical self reflection.

Methods

Prior to starting this research, I presented my research proposal to the Hamilton Executive Directors Aboriginal Coalition (HEDAC)[3] to receive feedback and support for this research from representatives of the Indigenous community in Hamilton. This Indigenous community group gracefully provided suggestions which I incorporated into my research proposal. HEDAC also provided a letter confirming that my research was relevant, culturally appropriate, and ethical (Appendix A). This contributed to the ethical clearance from the McMaster Ethics Review Board to go forward with this research (Appendix B).

To gather participants for my research, I requested respondents between the ages of 18 and 25, who self identify as Indigenous, and who were currently or had recently (within the past five years) been in the care of Children's Aid Society. I sought individuals over the age of 18 so that they were able to provide consent and participate anonymously. Otherwise, I would have had to obtain the consent from the youth's guardian, which in this case would be the Children's Aid Society. I believe this would have created problems in terms of confidentiality, as it could make the participant feel uncomfortable in answering questions about their experiences while in care.

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[3] The Hamilton Executive Directors' Aboriginal Coalition represents a network of 11 non-profit agencies in the Hamilton area who work together in the common interest of the urban Indigenous population (Hamilton Executive Directors' Aboriginal Coalition, 2015).

This could also create tension due to the power dynamics between the worker and the youth. In addition, the worker would know about their participation in the project.

The recruitment strategy for this research involved hanging posters (Appendix C) in various community agencies in the city of Hamilton, as well as connecting with Children's Aid Societies in Hamilton, Halton, and the Haldimand-Norfolk area. I received great support from the community agencies with my recruitment posters. However the child welfare agencies I approached denied my request to hang up posters in their organizations. As a result of the posters, those participants who responded to the poster were sent an email (Appendix D) that included a letter of information (Appendix E). In regards to the key informant, I reached out to a number of potential participants from the Six Nations community through phone calls or email and I had one person agree to participate. I emailed (Appendix F) a letter of information outlining their expectations of the research (Appendix G). I should note that I did not recruit participants who were or have been involved with the child welfare agency in which I am employed. For me, this was an ethical consideration on varying levels as I would have access to those participants's private information through my agency. It would also be likely that I would have familiarity with their history through my co-workers. This concerned me as I wanted Indigenous young people to feel comfortable sharing as much or as little as they wanted. I did not want my pre-conceived notions about their stories to impact the research.

In the fall and winter of 2014 I conducted a semi-structured, face-to-face interview with two young people who have experiences with plans of care while in the child welfare system and the one key informant. The interviews lasted between 50 to 90 minutes in length and took place at a mutually agreed upon location. With permission from the participant, I recorded the interview and took some brief notes. At the interview, I brought a blank plan of care document (Appendix H) for the participant to review and discuss.

I chose to conduct semi-structured interviews as opposed to open or fully structured interviews for a couple reasons. Firstly, I prefer to have a guideline for myself with the themes and topics in a form of a question guide (Appendix I and Appendix J) to ensure that I have covered what I want to inquire. Yet, I also wanted to leave space for the participants to share what they thought was important to share. With a semi-structured interview, it allowed the flexibility for the participant to share stories or information that I did not consider previously with my questions. It also allowed me to make notes throughout the interview, providing richer data for analysis (Becker et al., 2012). This was a successful strategy as the interviews usually felt like a conversation and I only reviewed my guideline a few times to ensure I had not missed anything important.

In honouring the participant, their knowledge and as part of incorporating Indigenous ethical methods with this research, I offered each participant a tobacco tie accompanied by an informational flyer to explain to significance of the tobacco (Appendix K). This gesture expressed my gratitude and acknowledged that they provided me with a gift by sharing their knowledge and experience (Absolon, 2011). At the interview, I also provided light refreshments and a gift card to thank participants for sharing their time and stories with me. It was also important to let the participants know that if they wanted to withdraw from the research at any time, there was no penalty. They were free to keep the tobacco tie, refreshments, and gift card.

To better understand relationships and how a young person might experience a plan of care, I asked a co-worker to meet with me over lunch and write up a plan of care about me. Some of the standards at the beginning of the document did not apply, however we covered all the seven dimensions and added goals for each section. I considered speaking as a younger version of myself to see how my life as a youth would fit in with the plan of care however I ultimately decided to complete the plan of care in the present tense. I was unsure if I can fully recall my

experiences and feelings as a teenager and I thought it would be more relevant to explore who I am today.

To analyse my data, I transcribed the interviews and analyzed the content through open coding by pulling out themes that emerge from the data. I used a thematic approach by keeping an open mind in coding and letting the data guide which codes emerge, such as "culture" and "worker relationship". I reviewed the data numerous times and adjusted my codes in order to group related codes, clarify themes, and ensure that the codes are not taken out of context. Using codes was a logical choice for text-based data such as the transcribed interviews, and allowed me to cover the scope of the data and easily retrieve key themes at later times. I remained reflexive throughout the coding process by thinking about why I chose the codes I did, the assumptions I made, and my reasoning for including or excluding certain parts of the data.

Chapter 4: Findings

The woman fell for a long time and saw beneath herself a great body of water. Large birds saw the woman falling and came to her aid. They carried her gently down on their backs. This world was all water; there was no earth for the woman to stand on. A sea turtle offered to have the woman rest on his back (Taylor, 1994).

      The woman had no earth to stand on when she fell to the earth until the sea turtle provided assistance. Similarly, this research has no basis without the voices of the young people who have experienced life in care. Their stories provide the foundation of how to understand plans of care. The experiences of the young people and key informant I interviewed were very different, however all of them had common themes that influenced their experience of the plan of care, and everyone had very valuable thoughts on the plan of care document itself. Anna, whose name has been changed, had never seen a plan of care before and saw the document for the first time in our interview. Matthew, who chose to use his real name, had seen his own plans of care and was also familiar with completing plans of care for other young people through a co-op he completed at a CAS agency. The key informant, who requested to be identified as K.M., was familiar with plans of care and the child welfare system. The participants of this study highlighted a number of areas which will be explored in this chapter: the structure and elements of the plan of care document, goals, the plan of care conference, and the relationship to the worker. In addition, I will review findings from my own plan of care.

Structure and elements of the plan of care document

The two youth that I interviewed spent the majority of the time discussing the document section by section. The youth noted that the ministry standards listed at the beginning of the plan of care were important to document. These standards include various dates such as when the fire plan has been updated, the discipline policy reviewed with caregivers, as well as dates of the last school report on file, the date for the most recent consent for psychotropic drugs, the last update of the child's lifebook, and dates for various medical visits. While both participants noted that the list included important factors, they recalled that some of those standards were not met during their time in care. For example, neither Anna nor Matthew had seen a lifebook, which is intended to be a compilation of the young person's life where pictures and memories are documented. Matthew explains that some of the standards in the plan of care are in place to appease the Ministry:

> I think they're very particular with it just because they have to have all the documents in case they get audited… it's kind of a hassle. I guess it… has to be done 'cause of the Ministry… It kind of seems pointless at times too. A lot of the stuff that's on there, like the fire plan, a lot of households don't have a fire plan. The fact that it's a requirement is kind of silly, but apparently it's safe. (Matthew, 2014)

Anna had no recollection of having her rights and responsibilities reviewed with her, despite it being a Ministry standard to do so at regular intervals throughout the year. Both Anna and Matthew remembered having to have certain standards completed, such as the annual medical, and felt that this was an important piece of documentation to have completed for a child in care.

Each of the seven dimensions of the child (health, education, identity, family, social presentation, emotional/behavioural development, and self care skills) were then reviewed during the interview. The electronic form of the plan of care was shown to participants, demonstrating how each section has drop down boxes at the top with qualifying statements to gauge the child's progress in that area. Under the health section, both participants felt that the qualifying statements

were important to ask, however Matthew noted that the statement *the child is thriving* was quite vague. When asked how that statement could have been made more meaningful, Matthew shared: "I guess they should look at happiness instead of looking at health as just physical – to look at it as the child is thriving in all aspects". Anna felt that ensuring the child has up to date medicals and immunizations were important to track in the plan of care.

Matthew elaborates on the educational section with the qualifying statements considering whether the child is happy at school, has good educational performance, and addresses the extracurricular activities in which the child participates. Matthew explains:

> The child is happy at school, that's very important. There's a lot of issues that happen at school with bullying and stuff like that. And it addresses that their education performance is up, which is to make sure they're doing their schoolwork. It's suggesting the social aspect of school as well as the educational aspect. I think that's important. And then it looks at the extracurricular activities as well, that's cool. Make sure that the child is participating as well as not just going to school. (Matthew, 2014)

Matthew also noticed that the plan of care does not mention whether the child may need a tutor, which he stressed as an important factor to consider. Anna also felt that it was important to ask whether the youth was participating in extracurricular activities as then the worker could have an opportunity to be more involved in the child's life: "If I was participating in any stuff like… [after school activities] they'd probably possibly show up or something".

In the identity section, Matthew shared that the statement asking whether the child has an understanding of their current situation was very important to ask:

> They may not understand all the transitions that's happening in their life but dealing with the CAS can be hectic sometimes, there's worker changes. There's always so many workers; you have the family worker, the child worker, there's a lot of different workers. So it's important that you make sure the child understands what's happening. (Matthew, 2014)

Matthew felt that it was good that the identity section addresses the self in terms of family of origin as well as cultural background. Anna noted that the cultural piece should also be added to the education section, as young people need to be educated about their culture.

Both participants felt that the statements in the family section were very important to ask, as it addresses whether the child has a long term relationship with someone for an extended period of time. Anna noted that the statements do not explicitly address whether the young person has a good relationship with their foster parents, which she felt was important. In fact, Anna explains that she did not have a good relationship with her foster parents and felt mistreated by them. However, her worker was unaware of the situation:

> When my worker came around, my foster parents would act like… they've done nothing wrong and that they're treating me perfectly fine. But then they leave and it all goes back to normal. So she probably would've put that I was doing good and that they were doing a high quality job and stuff. (Anna, 2014)

Anna had tried asking her worker to change placements, however was told that they were unable to move her to a new home. Anna felt that the plan of care should explicitly address the child's relationship with their foster parents. Matthew noted that the statement *the child is liked by adults and children* was a strange statement, and he felt that the purpose of the statement was unclear. Matthew expressed the importance of looking for a permanent home in a safe environment where the child is comfortable, and appreciated that this was explicit in the family section.

In the section regarding social presentation, the statements at the beginning asked about whether the child's appearance and behaviour were acceptable. When asked what it means for one's appearance to be acceptable, Anna said: "Like, not showing so much skin and stuff. And not dirty and stuff like that". Matthew felt that acceptable behaviours would depend on the age of the child and expressed: "Make sure they can behave in public appropriately, not acting childish. Like, say if it's an adolescent in public that they're not acting like a child, so I guess age appropriate behaviours are important". Matthew explained that it was important to ask about the child's ability to communicate, as that could help identify whether a child may have anxiety.

In the emotional and behavioural section, Matthew again thought that the qualifying statements were vague, such as *the child is free of serious emotional and behavioural problems*.

He said it would be up to the worker to talk about the child's specific situation in the narrative section. However he felt that was important to address whether the child or youth was happy and emotionally stable. Anna also echoed this sentiment, noting that it is very important to ask whether the child or youth requires treatment for emotional or behavioural issues, as she struggled with mental illness during her time in care. This was never addressed for Anna until her mental health issues escalated into a crisis: "If they knew about my emotional problems and stuff then they probably would've been able to help me with it earlier".

Anna and Matthew both agreed that it was important to address budgeting in the section regarding self care, as Matthew articulated:

> Self care or money is a very important thing to address. Making sure the child is able to budget, especially going into post-secondary school. Addressing that the child's not over spending and able to address any expenses that come out before spending money and stuff. That's important to address in self care. (Matthew, 2014)

Anna could recall attending a program at CAS discussing financial literacy, and found it somewhat helpful although she could not remember most of it at the time. Matthew noted that the emotional/behavioural section and the self care section can be hard for youth to fill out:

> I think the last two, the self care and the emotional one - they're important to have there but I feel like sometimes in my experience in work and doing my co-op at CAS it was very hard for certain youth to fill in that part of the document. 'Cause sometimes there's not anything happening at that time for that aspect. (Matthew, 2014)

Both Anna and Matthew felt that the plan of care was structured well in terms of having the standards at the beginning and then moving into the seven dimensions of the child. The key informant, K. M., expressed that the structure of the plan of care was adequate. However he noted that some young people may look at the plan of care and just see ticks and boxes which may make them feel that they are just being put into a box. He also noted that the wording appeared very "cut and dry", which may lead some young people to disengage from the plan of care document. K. M. also felt that the seven dimensions were helpful, however it is important to

always consider the whole person and connect the different domains together rather than looking at them separately. He noted that it would be important for the worker to go beyond the questions asked in the document in order to make these connections between the domains within the document.

Both Anna and Matthew felt that the seven dimensions were all important and did not feel that there was any dimension missing. Matthew noted that the order of the seven dimensions was logical and both participants felt that it was important to have goals. However, they each had different experiences with the goals while in care which will be discussed in the next section.

Goals

Workers are required to add goals as it relates to the child for each of the seven dimensions of the child in the plan of care document. Goals are structured by beginning with the goal objective, followed by the target date for completion, the work required to complete the goal, and the people responsible for the goal. To track the progress of the goals, the plan of care document includes check boxes to indicate whether the goal is in progress, completed, or abandoned.

Since Anna had never seen one of her plans of care she was unaware of the goals that were listed for her in the seven dimensions. However, after reviewing the blank plan of care she thought that the structure of the goals was beneficial. When looking at the goals listed in the educational section, Anna recalled that her Individual Education Plan for school had goals listed such as going to school for photography or hairdressing. When asked to think about what she would have listed in her plan of care as an educational goal, Anna shared that she would probably have stated that she wanted to be in college before turning 21 and to improve her grades. She found it helpful to have her goals listed in her Individual Education Plan and shared that it would

have been helpful to have participated in the goals as her plan of care was written. Also, she expressed that her worker could have helped her work towards achieving those goals.

Matthew was able to recall some of the goals that were listed in his own plan of care. He recalled having goals in the health section related to attending medical appointments and noted that he was generally healthy so that section might look different for other people. He recalled having a goal of getting a tutor for math, and he was able to address that goal and appreciated the help he received from the tutor. In the identity section, his goals were related to his cultural identity such as getting his spirit name. Matthew recalled in his self care section the goal related to his hygiene and participating in music lessons which he expressed was an important part of his self care. Matthew also shared that one of the goals listed in his plan of care was to start counselling sessions. His worker encouraged him to attend counselling but Matthew was not ready at the time so the goal was always listed as "in progress" and never "completed". Matthew noted that it was something he always knew would be beneficial, and has since addressed that piece. Matthew shared his thoughts about the structure of the goals in the plan of care:

> The dates are kind of silly, unless it's talking about the annual medicals. Dates don't really need to be there I feel, but it's important - it addresses who's responsible, talks about what needs to be done, and then what the actual goal is. Then of course if it's in progress, or completed, or abandoned. Rarely do I ever see goals abandoned though. (Matthew, 2014)

Matthew appreciated having written goals in his plan of care as it helped him achieve goals in real life:

> At the time I didn't realize it but looking back it did help me. It's the whole psychological thing of writing it down, and then my worker was on me for those goals. My worker focused a lot on the goals that we set up. (Matthew, 2014)

He went on to say: "because when I wrote it down there's proof that I said I would work on this goal, so there's kind of – it's an expectation I guess". Since Anna did not have access to her plans

of care she did not have the opportunity to have the same positive experience that Matthew had with his goals in his plan of care.

K. M. shared that the goals were structured adequately. He noted that the age and ability of young people in care impacts their ability to participate in achieving their goals so the worker needs to be considerate of each child's individual abilities. This consideration also needs to be extended to the plan of care conference. As expressed by the young adults in this study, children in care should be involved at all stages of their plan of care, particularly the plan of care conference. The next section will explore how this may be done.

Plan of care conference

Typically, a plan of care conference takes place before the worker writes up each plan of care. The meeting is intended to take place with the young person, caregiver, and any other supports in the young person's life such as family members or band representatives. However, both Anna and Matthew had minimal experiences with the plan of care conference. Anna had no recollection of having a meeting to discuss her plan of care with her foster parents or her worker, other than a meeting that took place when she turned 18 years old and transitioned to Continued Care and Support for Youth, meaning that she voluntarily continues to receive support from the Society past her eighteenth birthday. Other than this meeting, she had never heard of her plan of care nor had it reviewed with her.

Anna also shared that it would have been beneficial while she was in care to have her plan of care reviewed with her so that her needs and wishes were heard. When asked how she would have liked the plan of care conference to look like, Anna explained:

> I think I'd just have my worker there to be honest. So I can be as honest as I want to be without worrying what other people are going to say or what's gonna happen when I say it in front of my foster parents. What are they going to say after she leaves? (Anna, 2014)

Anna also felt that the plan of care could be completed by youth if they have the skills to do so

and shares this insight:

> I think if you're old enough to understand what it says and write for yourself, you should be able to do it on your own so that you can totally be honest without your worker hearing anything in the end too. (Anna, 2014)

Matthew was also unable to recall any plan of care meetings other than the meeting when

he turned eighteen and transitioned to Continued Care and Support for Youth. Matthew shared

that he was angry at the Society when he first came into care and attributed that to his lack of

involvement in his plan of care: "It was something that they thought I didn't want to be involved

in, because I came in [to care] with such spite." His worker respected his wishes and did not

involve him in the meetings. Matthew explains:

> My worker tried to make sure I didn't have to meet for the plans of care, she made sure I wasn't there – just 'cause then I wouldn't have to deal with CAS. She wanted to make sure I could live a normal life. (Matthew, 2014)

As Matthew got older, he wanted to have more involvement in his plans of care because he

wanted to know what was being said about him. At that time his worker reviewed all of his plans

of care with him before submitting them for approval and made sure that the information was

accurate. Since Matthew did not always like to talk, he made a suggestion to his worker that made

it easier for him to participate in his plans of care:

> Instead of speaking, I could write out what I was thinking. Just 'cause sometimes I wouldn't want to talk. Sometimes it was a hard transition phase. So sometimes writing it out myself was easier and she would just type it up. So it was actually my words… That was something that worked, and it's good practice for other youth, letting the youth write. (Matthew, 2014)

Anna and Matthew's experience point out the difficulty for some youth to be honest in front of

workers or foster parents, and both participants expressed how beneficial it can be for youth to

write their own plans of care. K. M. echoed this concern as he discussed the issue of privacy. He

shared that when various people attend a plan of care conference, the worker needs to determine

what information needs to be shared in consideration of the people present at the meeting. For example, if a young person's counsellor is present at the meeting the worker needs to be careful not to share information that could impact the professional relationship between the young person and the counsellor. K. M. pointed out the difference between information that a worker *wants* to know versus information that a worker *needs* to know, and that this balance must be considered throughout the plan of care meeting. K. M. noted that the information shared in a plan of care meeting needs to be beneficial for the young person, and not used against them.

K. M. stressed the important of the young person's right to participate in the plan of care. He discussed that they have the right to know what is being said about them and have access to the document. The level of participation would vary for each young person depending on their comfort level and willingness to participate. K. M. noted that workers need to consider how the young person is experiencing the plan of care and what it looks like to them. It is important to talk *with* the young person instead of talking *about* the young person. K. M. shared that some young people may feel overwhelmed in the formal structure of a plan of care meeting and may disengage completely. The plan of care meeting needs to consider the individual's unique needs and comfort level. This means that the worker needs to be flexible and cannot rush through the plan of care meeting. Sometimes the worker needs to be creative in order to make the young person more comfortable, such as changing locations for the plan of care conference. The young person's comfort also depends on the quality of the relationship with their worker, which is the next major theme that evolved from this research.

Relationship with the worker

The youth's relationship with their worker appeared to be the deciding factor in how they experience plans of care. Anna and Matthew had very different experiences with their workers.

Anna had two workers while she was in care. She shared how difficult it was to change workers because she had to explain her story to a new person:

> I didn't like it because when I changed workers my new worker wanted to change a lot of things, like she wanted to change me going to see my dad and stuff like that. Which I didn't like, and I had to explain everything again to her. I don't like switching workers, it's too much work. (Anna, 2014)

Anna had positive things to say about her first worker, as this person helped her get into contact with some extended family. However Anna did not express the same quality of a relationship with her second worker. She felt that her voice was not heard by her second worker and expressed: "I'd ask her for help and she'd kind of just slough it off after a while". Anna also did not share her true feelings with her worker: "I usually put a front on for her so she thinks everything's ok." Anna shared that it was not likely that the information in her plan of care was accurate, since Anna did not share a lot with her worker. For example, when asked what Anna thought her worker might have written in her education section, Anna shared that her worker probably would have written she was happy at school, although in reality Anna said she actually hated school.

Anna had some mental health concerns that were not addressed until her worker found out that she had tried to commit suicide. Since her plan of care was never reviewed with her, Anna could only speculate what was written in her emotional/behavioural section. She assumed that her worker would have written that Anna did not have any problems until she tried to commit suicide. Anna and her worker met privately on a regular basis however Anna did not feel that her worker touched on many of the plan of care sections during their visits together: "We'd just talk about how school was going and stuff like that, just sit down and chat. We were just hanging out." Anna was not sure if her worker met with her foster parents because her foster parents never told her if they were meeting.

Matthew's experience with his worker was very positive. He felt very close with his worker and experienced a great deal of support from their relationship. Matthew had many private visits with his worker which he expressed was a very important part of developing their relationship. He also shared that not every worker would have gone to the lengths his worker did to help him meet his goals:

> It all came down to the worker for me - I got lucky with how my worker was. I know there's a lot of different workers that wouldn't have done what my worker did, so the worker was definitely the factor made work towards those goals. (Matthew, 2014)

He shared positive experiences about his worker reminding him about his goals and keeping him focused on the future. Matthew felt genuine care and concern from his worker and expressed this: "My worker mostly focused on making sure I'm happy, making sure that I understand what's happening, when it's happening."

When discussing his plan of care, Matthew felt listened to by his worker and felt that she was careful to use his words instead of her own. Matthew noted that it is up to the worker to ask the right questions for the plan of care in order to fill in some of the sections. He shared that many youth do not feel comfortable talking, especially regarding some parts of the plan of care such as identity:

> It all depends on the worker as well to ask the questions that need to be asked to address the identity; the youth aren't just gonna come out and say it most times, they're going to be waiting for the questions to be asked. (Matthew, 2014)

Matthew felt that his worker thoroughly addressed his needs throughout their relationship, and felt that this was also reflected in his plan of care. Due to the support from his worker, he also had opportunities to explore parts of his Indigenous background: "I never would've pursued my background if it wasn't for my worker. Just because she was always encouraging it - it was always something she would remind me of, which sparked my interest once I was in school." He never felt pressured to explore his Indigenous background, but knew

that the supports were there when he was ready. Matthew has gone on to post-secondary education with a focus on Indigenous issues, and he continues to explore his cultural identity. Matthew's worker was a major factor in Matthew's journey in discovering his identity.

K. M. supported Matthew's and Anna's experiences by stressing the importance of developing a good working relationship with young people in care. Without the foundations of respect and trust, Indigenous young people are not likely to open up and share information with the worker. The worker should attempt to balance out the power whenever possible by providing opportunities for participation, being honest, treating the young person with respect, and not taking advantage of the information the young person shares. K. M. acknowledges that this is a delicate balance, as the worker does need to exercise authority at times and must develop boundaries with the young person while being flexible to accommodate their needs. It may take some time for Indigenous young people to connect with a worker, so the worker needs to be patient and put in the time needed to develop a relationship.

K. M. noted that some youth may have a "chip on their shoulder" depending on their situation and how they came into care. This can affect the relationship with the worker, and may lead some young people to disengage and feel powerless about their situation. K. M. felt that developing trust and being honest is essential to developing a positive working relationship with a young person. The worker needs to have critical thinking skills and needs to be reflexive to consider how their own biases and assumptions are influencing how they work with a young person. K. M. shared how each worker comes with their own viewpoints so different people will see a plan of care differently and take something different out of it. He also discussed how young people have the right to privacy and the worker needs to think critically about that information they are seeking and whether it is necessary for the worker to know or to include in the plan of

care. This can be especially important when considering Indigenous culture, which is reviewed in the next section.

Culture

Both Anna and Matthew connected with their Indigenous culture as young adults. Anna shared that she relates somewhat to her Indigenous background, however she only learned more about it recently. As a youth in care, her Indigenous background was never brought up by her worker. Anna shared that she would have appreciated having opportunities to connect with her culture as a youth: "I would've liked to participate in cultural activities and events. That would've been nice". Anna took it upon herself to make some connections, such as attending an exchange trip with an Indigenous family in a different province. However, Anna is not aware if her Indigenous background was part of her plan of care.

As discussed above, Matthew had support from his worker in learning about Indigenous culture. Matthew recalled having goals relating to his Indigenous background in his plan of care, such as obtaining his spirit name and his status card. These goals were located in the identity section of the plan of care. Matthew expressed how important it is for youth in care to have a connection to their cultural background, especially if it is different from the cultural background of their foster home. He expressed that it is important for the foster home to adapt to the cultural needs of the child when their cultures are not the same.

Both Anna and Matthew concluded that the plan of care document itself does not adequately address the cultural needs of the child, especially an Indigenous child. Anna suggested that a piece could be added about the child's cultural education in the education section. Matthew noted that it is up to the worker to make the plan of care culturally appropriate and meaningful, since it is the worker who asks the questions and frames the plan of care:

I think the most important thing is making sure the worker addresses the plan of care if they're working with culturally sensitive people – make sure they're addressing the plan of care with a cultural approach. It's hard because training is lacking for different cultures. It's hard for a worker to go into a family that's culturally specific and get training on that family. So that's just one of things I wanted to point out is making sure that the worker works with the plan of care culturally if they can. (Matthew, 2014)

When asked if there should be a separate plan of care for Indigenous children in care, both Anna and Matthew thought that a separate plan of care was not needed, but that the worker needed to utilize an Indigenous perspective when completing the plan of care. For Anna, her Indigenous background was never brought up by her worker, however she identified that cultural identity is one of the most important parts of the identity section of the plan of care. They both felt that the plan of care itself is not necessarily meaningful for an Indigenous young person. However the plan of care can be culturally appropriate if the worker approaches it from an Indigenous perspective. Matthew also noted that having Indigenous teams are important, as not every CAS agency has teams that work specifically with Indigenous families.

K. M. also did not feel that a separate plan of care was needed for Indigenous young people in care. He shared that it is better to modify the current plan of care according to the young person's needs. For example, there is some space in the narrative section to apply the 4 elements of the medicine wheel (mental, emotional, physical, and spiritual) into each of the 7 dimensions.

K. M. expressed that culture is more than just something on paper. It involves what a person believes in and how they see the world. K. M. also questioned the use of the words *culture* and *spirituality* as their meanings change for each person. He noted that workers need to consider cultural needs of young people in care and be careful about the information they choose to document as some pieces of their culture may need to be protected. It is not only the young person that is worthy of respect, but their culture as well. The worker needs to be prepared to handle these cultural considerations. K. M. also touched on the notion that the plan of care may

be preparing young people to be a productive member of society, and questioned what that means. K. M. asked: who decides what it means to be a productive member of society?

K. M. noted the struggles of working within a colonial system and how we need to be creative to make the system work for Indigenous communities. He continued to express that colonial systems have worked against Indigenous communities, as well as non-Indigenous communities, so workers need to think outside the box and make the system benefit the young people in care. However, this is limited by how far the agency is willing to go in supporting creative endeavours.

My plan of care

It was interesting to complete a plan of care myself as it allowed me to put myself in the shoes of children and youth in care. I reflected on my feelings about the plan of care and took note of how I felt during the plan of care meeting and while I reviewed the final document. I felt comfortable during the plan of care meeting and felt like I was understood. Since my co-worker and I have known each other for 3 years, it was helpful that she was already aware of various facets of my life before the plan of care meeting. I felt comfortable answering most of the questions that were asked. However, there were times when I chose not to share certain pieces of information, particularly regarding my health and social relationships. I felt that there were some things that were too private to share, even with someone who I identify as a friend.

Upon reviewing the plan of care document, I felt that the narrative was very positive and flattering. My plan of care discusses various important people in my life and I reflected on some of the things I shared about these people. I wondered how they would feel if they were to read about how I portrayed them in the plan of care. I worried that other people might take offense to what I had shared or feel that I had not portrayed them fairly.

Overall, I feel happy with my plan of care which is attributed to the shared power and positive relationship I have with my co-worker who assisted me. I also recognize that I have lived a privileged life that has led me to have positive pieces to discuss in each section. I wonder if a child or youth in care who does not have a good relationship with their worker, or who is struggling in some domains of the plan of care would likely have a very different experience.

Chapter 5: Discussion

The woman missed her old world and the animals asked how they could make her feel more comfortable. The woman stated that there was no land here, so the animals dove down into the water to grab some earth to bring to the surface. Many animals dove down to the bottom but drowned before making it back to the surface. Finally, the otter tried and when he came back to the surface he died; however in his hands was a little bit of earth (Taylor, 1994).

Relationships, relationships, relationships

When the woman fell from the sky, she needed help from the animals in the new world. This is much like the experiences of children in care. Being apprehended from their homes and placed in kin homes or foster homes is like being dropped into a new world. The people in this new world need to work together to help the young person succeed during this transition. They need to do whatever it takes to ensure the wellbeing of children and youth in care, even if this means rebuilding a new world around them that meets their needs. For this reason, the importance of the relationship between the young person and their social worker cannot be understated. Anna and Matthew's stories fall on opposite ends of the spectrum; Anna had a poor relationship with her social worker and lacked participation in her plan of care while Matthew had a positive relationship with his worker and was deeply involved in his plan of care. This was also a main point that K. M. brought up throughout our conversation. K. M. shared that a positive relationship is created when the worker demonstrates respect, honesty, flexibility, and is reflective about their assumptions and biases. These values are expressed when the worker is sensitive to the client's privacy, puts the needs of the client first, and is transparent with the client. It is also imperative that the social worker have knowledge about Indigenous culture and the history of Indigenous

peoples and the Canadian government, as this history continues to have an effect on Indigenous people to this day (Harms et al., 2011). Due to the very small sample size, it is impossible to draw concrete conclusions about the connection between relationships and experiences with the plan of care in this study. However K.M.'s insights as well as Anna and Matthew's stories help us understand the importance of relationships and echo findings in the literature from other young people (Jobe & Gorin, 2013; Bennett, Zubyzycki, & Bacon, 2011; Pritchard, Cotton, Bowen, & Williams, 1998; Bell, 2002; Iglehart, 1992; McMurray et al., 2010). Matthew's positive relationship with his worker appeared to stem from his worker's genuine interest and care about his wellbeing. Anna's experience of having to change workers may have been a factor in hindering her relationship with her second worker. This supports findings in research by Tregeagle & Mason (2008) articulating that positive worker-client relationships contributed towards greater levels of client participation. The distrust and disengagement a youth experiences with their worker may have contributed to a lack of participation in their plan of care, while a positive relationship a youth has with their worker may encourage and support a positive experience with the plan of care.

The importance of relationships is a primary element with Indigenous worldviews. This means taking the time to spend with the young person and demonstrating compassion, respect, and listening. It also requires that child welfare workers, both Indigenous and non-Indigenous, take the time to be self-reflective and engage in the processes of decolonization at a personal level. Decolonizing oneself is a continuous journey which requires much critical self reflection and knowledge about historical and ongoing processes of colonialism. Child welfare workers must then consider how colonialism has impacted how they see the world and become aware of their colonial biases, stereotypes, and assumptions (Bennett et al., 2011). For Indigenous child welfare workers, decolonization also involves reclaiming one's Indigenous culture, identifying

their internalized colonialism, and navigating the divergence between Indigenous and colonial worldviews (Little Bear, 2000). Unfortunately high workloads provide little time for critical self-reflection in the child welfare field (Representative for Children and Youth, 2013). This is concerning because as long as the plan of care continues to be written by the child welfare worker, it will continue to place a great deal of power in the hands of social workers. Child welfare workers have the power to control what information is included or excluded in the plan of care which means that the worker controls how the child is represented (Munro, 2001). This power also has potential to impact the quality of the relationship between the worker and the client (Dumbrill, 2006). As noted by K. M., it is up to each individual worker to ensure that they are reflecting upon themselves and their biases in the plan of care; the document itself does not encourage the worker to engage in these reflective practices. This is not necessarily something that needs to be explicit in the plan of care document, as the plan of care should focus on the child. However, this critical reflection can help to foster more meaningful relationships with Indigenous young people in care (Bennett et al., 2011) which all the participants in this research identified as a primary factor in a positive plan of care experience. As discussed in Clowes Chisholm (2013) and Thomas & Holland (2009) plans of care tend to be vague and lack meaningful insights on who the child is and how they are doing. Providing opportunities to develop relationships with young people and engage in critical self reflection on the part of the worker may encourage more comprehensive plans of care that are more meaningful for young people. Encouraging greater self reflection requires support from management and may require structural changes to address the high workloads present in most agencies.

In addition to placing power in the hands of the worker, the plan of care focuses on needs and events that have occurred in the child's life, rather than focusing on the individuality of the child and who they are as a person. The worker then becomes a reporter of events, instead of

reflecting on the young person's individuality and their relationship with the young person (Gharabaghi, 2008). The need for children in care to have greater participation in decision making was echoed by the young people and key informant in this research and reflects findings in the literature (Aubrey & Dahl, 2006; Bessell, 2011; Buckley et al., 2011; Jones & Kruk, 2005; Mitchell et al., 2010; Munro, 2001; Office of the Provincial Advocate for Children and Youth, 2012; Representative for Children and Youth in British Columbia, 2013; Winter, 2010). When a young person has opportunities to express themselves in their plan of care they feel a greater sense of control over their lives and foster higher self esteem (Leeson, 2007). Greater participation in the plan of care will also lead to more personalized plans where the young person can articulate what is meaningful and important to them.

The personal plan of care that I completed with my co-worker provided me some insight into how relationships impact the plan of care experience. I felt that the positive relationship I have with my co-worker contributed to a positive plan of care experience. The plan of care document was very kind and focused on the positive aspects of my life. However, child welfare workers are not always so kind in their documentation about children in care (Thomas & Holland, 2009). When I think of some of the plans of care I have written for young children in care who would not be able to read them due to their age or ability, I am guilty of failing to point out all the positive aspects of the child. I often feel as though my audience for the plan of care is my manager and the Ministry, not the child. As a result, my narratives in the plan of care have tended to focus on the Ministry standards and how I have met the needs of the child. This echoes findings from Clowes Chisholm (2013) regarding how children in care are often represented strictly within Ministry standards and Garrett (1999) who discussed how child welfare documentation focuses more on the needs of the child as opposed to their right to participation. As a child welfare worker I now put more thought into the relationship I have with the young

person and how that impacts the representation of the young person in the plan of care. I also consider the young person's relationships with other people. Findings in Munro (2001) and the My Real Life Book project (Office of the Provincial Advocate for Children and Youth, 2013) discuss how children in care are concerned about confidentiality when sharing details about their lives. I shared this concern as I worried about others reading my plan of care and becoming offended about how they were portrayed. As a result, I also consider the relationships the young person has with other people in their lives and the implications of discussing these relationships in a plan of care.

Bureaucracy and standardization

As noted by Matthew and K. M., the plan of care is a tool for the Ministry and the document itself is not necessarily capture a young person's Indigenous culture unless the social worker makes the effort to integrate Indigenous culture into the document. Rather than being a plan that captures the true essence of the child, the plan of care assists the ministry in supervising workers and children in care. It is an example of increased surveillance in child welfare, where it is assumed that increased supervision of workers leads to better outcomes for children and youth (Jones et al., 1998). It could be argued that the increasing documentation resembles the panopticon structure, where child welfare workers are constantly watched by those in power such as management and the Ministry (Foucault, 1979). However, high caseloads mean that workers do not always have the time to provide the best possible service (Representative for Children and Youth, 2013). Anna's story makes it apparent that the plan of care itself does not always lead to better outcomes when a worker does not include the young person in the planning process. Mental health screening, for example, is often neglected for children in care despite the higher likelihood of young people to struggle with mental illness (Kerker & Morrison Dore, 2006). In

addition, the fact that neither Anna nor Matthew had seen a lifebook reflects the lack of compliance with this standard. The plan of care, therefore, does not guarantee that the needs of the child are being met and the increased documentation can potentially decrease the services to young people as workers struggle to keep up with the increasing paperwork.

The plan of care is the main vessel through which young people are known to child welfare agencies. During the annual crown ward audit, for example, Ministry representatives review plans of care to understand how a child is functioning and the planning that is taking place for that child. The Society is given directions for improvement based on the contents of the document. It is concerning that children are known through a standardized document often written by a third person in an office environment, instead of through the child themselves. This is especially concerning when the narrative often focuses on the negative aspects of a child's life (Thomas & Holland, 2009) thus contributing to potentially harmful labels that follow the child throughout their childhood. During my plan of care meeting with my co-worker, I found the medical and education sections were quite easy to fill out as it was simply listing events and dates of my last appointments. An interesting moment happened when we came to the emotional/behavioural section. In my experience, children and youth in care usually have some kind of behavioural or emotional struggles, which take up the bulk of the narrative in this section. However both myself and my co-worker were unsure what information to discuss in that section in my plan of care, since I did not feel that I had any issues in this regard – or at least none that I felt comfortable sharing at the time. Upon reflection after the meeting I realized that I was struggling to discuss this section because I was accustomed as a child welfare worker to writing something negative in this section instead of commenting on strengths. This demonstrates the tendency for child welfare workers, such as myself, to focus on the negative in the plan of care.

This is concerning considering that the plan of care document represents the child to anyone who reads it and thus has potential implications on how the child is conceptualized.

The plan of care reflects the increasingly bureaucratic and standardized nature of social work. The document normalizes childhood development and classifies pieces of a child's life into defined categories. The plan of care favours objectively measurable outcomes rather than providing space for demonstrating the personhood of the child or allowing space for the young person to articulate their own needs (Munro, 2001). K. M. also wondered if the plan of care has a certain idea of what it means to be a normal and productive member of society, and whether that definition fits everyone. Indeed, the plan of care seeks to paint a picture of a young person who fits a certain idea of a healthy and "normal" child (Garrett, 1999). There are many words in the document that imply a common sense understanding of the world. For example, K. M. pointed out that it is not clarified in the document what it is meant when "culture" or "spirituality" is mentioned. These words can mean very different things to different people, however the plan of care document assumes there is a shared definition of these concepts. If the young person participates in the plan of care document there are opportunities to discuss the meaning of these words for that youth. For this reason, leaving out definitions of these words in the plan of care is advantageous as it provides room for the young person to attach their own meaning to these concepts. However Anna's experience and the literature (Aubrey & Dahl, 2006; Jones & Kruk, 2005; Munro, 2001; Office of the Provincial Advocate for Children and Youth, 2012; Representative for Children and Youth in British Columbia, 2013; Roose et al., 2009; Winter, 2010) demonstrate that young people are not always active participants in their own plans of care and thus it is the worker who interprets these concepts on behalf of the young person. This means that the young person's idea of culture or spirituality is interpreted for them by the worker, which could lead to misrepresentation of the young person in the plan of care.

The standardized nature of plans of care can place limits on the significance of the goals in some sections. When thinking of goals for my own plan of care, for example, it was easy to think of concrete and attainable goals for the medical and education section such as attending regular medical appointments and completing this research. However creating goals for the more abstract sections, such as identity and family, proved to be more difficult. It felt odd to pick a concrete goal for such complex and layered parts of who I am. As a result the goals I decided on were long term and very general such as continuing to learn about my Indigenous identity. I did not feel that the goals were meaningful because they were mostly things that I was already doing and did not provide guidance on how I could best achieve these goals.

The identity section was one of the hardest dimensions to discuss in my plan of care. This reflects previous research finding that the identity section of plans of care are often narrow and indistinct, in part due to time constraints and the difficulty in discussing such a complex category that intersects with all the other dimensions of the child (Thomas & Holland, 2009; Representative for Children and Youth, 2013). My co-worker asked an excellent open-ended question that provided me the space to discuss anything I wanted in relation to identity, and I found myself thinking firstly about my journey towards learning about my Indigenous identity. I then discussed some of my family background to provide context for this journey. I also related my identity to my hobbies and what I am most proud of. I do not feel that the plan of care itself aligned with my Indigenous background; however the questions that my co-worker asked and the information I chose to share brought my Indigenous background into view in the plan of care document. This reflects K. M.'s and Matthew's assertions that it is up to the worker to bring Indigenous culture into the plan of care. The literature reveals that Indigenous culture is lacking in plans of care for Indigenous young people (Long & Sephton, 2011; Representative for Children and Youth, 2013). Child welfare workers need support from their agencies to effectively

integrate Indigenous culture into plans of care. This is challenge due to high caseloads and the difficulty in a worker representing a child's culture in a document, especially if the worker and child do not share the same cultural background (Harms et al., 2011; Representative for Children and Youth, 2013). Overall, it did not feel natural to think of my life as existing in different compartments. It felt like trying to fit the wrong pieces into a puzzle. The pieces that were discussed in the various compartments were all interrelated and it seemed ineffective to have them separated into different silos. If I were to write my own plan of care, it would involve a longer narrative that incorporates all the sections of the plan of care, however in a more flexible and flowing fashion. In fact, my plan of care would likely take the form of a story, instead of a compartmentalized document. This aligns with narrative and Indigenous ways of knowing and sharing information.

It is also important to consider the language that is used in the document. The language that we use in documentation reflects our biases, assumptions, and values. When working with young people this is an especially important piece to consider as the language we use reflects how the young people are represented in documentation and thus perceived by those who read the document (Gharabaghi, 2008). Considering the language that is used in the plan of care can begin with examining the name of the document itself. What does "plan of care" mean? Does it mean caring *about* the young person or caring *for* the young person? Or can it be both? The discussions I had with the young people and key informant have lead me to believe that the plan of care does not adequately reflect how the worker cares *about* the young person and instead focuses on how the young person is cared *for*. This certainly does not mean that the workers do not care about the youth; in my personal experiences I have seen workers go above and beyond for young people in care while showing compassion, dedication, commitment, and a genuine concern for the young person's wellbeing. However the plan of care document leaves out these pieces and focuses more

on the tasks that the worker has done to provide care for the young person. Perhaps the plan of care document can be re-conceptualized to focus more on caring about our young people; this may open the door to a more individualized and meaningful document that reflects the relationship between the young person and the worker.

So what needs to change? On a micro level, child welfare workers can take the initiative to involve their young people in their plans of care more often and in ways that are meaningful to the young person. Since the documentation is not going away any time soon, it is important for social workers to think critically about the documentation and how to place the power back in the hands of the young people (Garrett, 1999). However, this is easier said than done when workloads are high and workers are pressured more on meeting deadlines than ensuring that the contents of the documentation are meaningful. In addition, the structure of the electronic plan of care, which is required to be completed by the worker separate from the young person makes participation of young people even more difficult (Thomas & Holland, 2009; McLeod, 2007). Studies have shown that young people are not often involved in their plans of care, and their voice is represented by their social worker instead of themselves, thus reinforcing the power of the social worker (Aubrey & Dahl, 2006; Jones & Kruk, 2005; Munro, 2001; Office of the Provincial Advocate for Children and Youth, 2012; Representative for Children and Youth in British Columbia, 2013; Roose et al., 2009; Winter, 2010). It is likely that this is a result of the worker's time constraints rather than an intentional disregard for the voices of the young people. Structural supports need to be put in place to allow the social worker to go beyond simply asking for the young person's input in the plan of care; young people may answer the worker's questions but not necessarily be engaged in the plan of care document (Gharabaghi, 2008). Full participation means starting from where the young person is at and being flexible to make the system work for the young person. The plan of care should be driven by the child instead of the worker.

Anna shared her idea about young people completing their own plans of care when they are capable and willing to do so. Matthew felt empowered by his involvement in his plan of care by writing out his thoughts and having his exact words included in the document. Clearly, both Anna and Matthew value participation in their plan of care document. Greater participation shifts some of the power back into the hands of the young person and may provide opportunities for the young person's individuality to take precedence over dates and measurable outcomes. This need is reflected by other young people who have experienced the child welfare system; the call for greater support and participation is loud and clear (Office of the Provincial Advocate for Children and Youth, 2012).

Reconceptualize and decolonize

How would we begin to reconceptualise how we approach plans of care? I previously discussed how the two-row wampum informs my approach to research as I balance my travels in both the canoe and the ship. Perhaps the same concept can be applied to the plan of care which would mean that Indigenous and non-Indigenous approaches are able to travel in their own vessels. Unfortunately history has shown that the value of non-interference was not shared with the colonizers, to say the least. The two worlds have since become so entwined and so much damage has been done that it may never be possible for the two worlds to travel in their own vessels down their own pathways. However the two row wampum can still inform the interactions between the Western world and Indigenous communities, including how we approach the plan of care for Indigenous young people. Indigenous values and culture must be equally respected in the plan of care, in ways that are meaningful for the young person.

The plan of care is a colonized document that reflects Eurocentric values and ways of knowing a person. This is demonstrated through the focus on objective, measurable pieces of a

young person's life and the division of a person into 7 distinct dimensions. In Indigenous ways of knowing, a person is known in a more holistic, balanced way. The medicine wheel, for example, considers a person's emotional, mental, spiritual and physical health. If one piece of the medicine is out of balance, the individual is not balanced (Montour, 2000). The plan of care does not fit well into the structure of the medicine wheel, as the plan of care is separated into different compartments and is standardized for every child in care. As K. M. discussed, workers need to make the document work for our communities and our clients, since the document reflects Western perspectives and ways of knowing. Matthew also noted the need for Indigenous teams and training for staff regarding Indigenous history and culture which is reflected in the literature as well (Long &Sephton, 2011). However it should be noted that cultural competency training is not sufficient in teaching Indigenous approaches; Indigenous worldviews and principles cannot be learned in a few training sessions (Hart, 2003). Still, it is important for social workers of all backgrounds to educate themselves about Indigenous communities in Canada and acknowledge the trauma and oppression that has occurred. This is something that individual workers can initiate to better their understanding of Indigenous culture.

While each worker has the agency to make changes on an individual level to educate themselves and promote participation of young people, the structural issues of high caseloads, lack of training, and lack of time mean that changes need to occur at the macro level as well. The call for greater funding for Indigenous child welfare agencies has been echoed in the literature time and time again (Blackstock, 2007; Blackstock & Trocmé, 2005, Blackstock et al., 2006; D'Souza, 1994; First Nations Child and Family Caring Society of Canada, 2005; Palmater, 2011; Representative for Children and Youth, 2013). The Canadian government continues to underfund Indigenous social services by staggering amounts (Palmater, 2011). Some of the recommendations in this research, particularly the call for Indigenous teams in every child

welfare agency, would require action on the part of government representatives to address the funding inequalities in child welfare. This funding is needed to create and maintain functional Indigenous teams that can address their work with clients from an Indigenous perspective. Funding can also go towards the education of all social workers about Indigenous culture, as individuals need to be supported by their agency in order to do so. Greater funding can also assist in hiring more staff overall to lower caseloads. This could open opportunities for workers to spend more time developing relationships with the young people on their caseloads, which align with the findings of this research regarding the importance of relationships.

On a broader scale, more funding is also needed to support initiatives to revitalize Indigenous culture and support healthy Indigenous communities. When Indigenous communities have opportunities to heal from the ongoing wounds of colonialism, there will be less of a need for Indigenous children to need protection; healthy communities mean healthy families and safe children (Blackstock & Trocmé, 2005). When the Canadian government focuses on only one piece of the puzzle, it does a disservice to Indigenous communities. Healing must occur in a holistic fashion that addresses all aspects of colonialism and draws on the inherent strengths and knowledge in Indigenous culture. Additionally, supporting the reclamation of Indigenous culture can assist young people in care to succeed by creating and maintaining important connections with their community. This supports their health physically, mentally, emotionally, and spiritually. Young people of all backgrounds have told us that they want to be connected to their culture and communities (Office of the Provincial Advocate for Children and Youth, 2012) and this is especially important for Indigenous youth considering the impact of colonialism on their lives (Waterfall, 2002; Laenui, 2000).

The creation of Indigenous child welfare agencies needs to be continually supported by the Canadian government in order to reverse the effects of colonialism. Fortunately there are

increasing numbers of Indigenous communities that are mandated to provide child welfare services in their own communities (Sinha & Kozlowski, 2013). There will continue to be barriers as these agencies fall under the mandate of the Canadian government and will need to follow the government regulations and standards, however this is a positive step towards the de-colonization of child welfare. Indigenous communities with their own mandate have much more control over the child welfare work that is done in their community and the literature contains evidence of positive social and economic outcomes associated with increased Indigenous self-governance (Blackstock & Trocmé, 2005). In other words, there is greater success when Indigenous people are able to travel in their own canoe. In order for successful outcomes to continue, compromises will need to be made between the standards set out by the government and the needs of Indigenous people in care. However Indigenous focused teams can better meet the needs of Indigenous young people and their families. After all, better outcomes are noted for Indigenous families when they are able to work within Indigenous knowledge and frameworks (Harms et al., 2011). It is my hope that the Canadian government will take a humble look at the work of these Indigenous agencies and consider how Indigenous approaches can create success for children and families. There is much to be learned from Indigenous ways of knowing and relating to one another, such as the importance of relationships, spirituality, reciprocity, and holism. In order for Indigenous communities to be successful throughout the processes of decolonization, the Canadian government must embrace Indigenous knowledge and make a committed effort to support the decolonization of Indigenous people in Canada (Harms et al., 2011). The government needs to be prepared to travel in their own ship and allow the strengths in Indigenous communities to flourish.

Chapter 6: Conclusions and Implications

The animals took the earth and put it on the back of the turtle. The earth and the turtle then began to grow and eventually the woman had enough room to stand. As she walked around, the earth continued to grow and take shape. This land became the woman's new home, and she gave birth to her daughter there. The land is now known as Turtle Island (Taylor, 1994).

Recommendations

The above excerpt of the creation story is not the end of the story – in fact, it is the beginning of the story of our world, which is always changing and evolving. The world of child welfare has much growing to do, especially in relation to Indigenous young people. This growth requires much change to the entire child welfare system, including plans of care. Anna and Matthew each shared various recommendations in order to improve plans of care to make them more meaningful and beneficial for young people, both Indigenous and non-Indigenous. K. M. also shared many insightful points about how to conceptualize a plan of care and make it work for Indigenous young people. I have compiled a list of the recommendations below, in no particular order. Some of the recommendations involve small tweaks or additions to the plan of care, while others would involve restructuring on a larger scale.

- **Look at health in a holistic fashion.**

  Health should be considered from all aspects of the child or youth, not just the physical. Mental health and overall happiness are important parts of overall health and should be considered in the health section. The medicine wheel, or another Indigenous perspective, can be incorporated in the narrative of each of the 7 dimensions if that is meaningful for

the young person, therefore capturing the overall health and well-being of an Indigenous child in care.

- **Explicitly address whether a tutor is needed for a child or youth.**

  The educational section of the plan of care does not mention whether a tutor or educational supports are needed. As many children and youth in care have academic struggles, this should be added to the plan of care so it is considered for each child.

- **Involve youth in the plan of care, in ways that are meaningful for the youth.**

  Unless youth explicitly decline to be involved, they should have involvement with the plan of care in some form. This could be by attending the plan of care conference, writing all or parts of the plan of care themselves, sharing their stories in creative ways, adding pictures, or simply having the plan of care reviewed with them by their worker. This ensures that the young person has opportunities to express their needs and opinions, and keeps everyone on the same page. While this is a ministry standard unfortunately this does not always happen. Anna's story is an example of a youth who had no idea that plans of care existed about her. There needs to be flexibility in how the young person participates in the plan of care, as it will be different for everyone.

- **Ensure that lifebooks are created for every child and youth in care.**

  Although this is a ministry standard, both young people did not have lifebook. It is important to document the major milestones in a young person's life and provide them with pictures and memories that they can take with them after leaving care.

- **Add a piece about culture in the education section.**

  Many Indigenous youth in care have limited access to resources about their culture; including a piece in the educational section about learning about the young person's culture can help both Indigenous and non-Indigenous youth ensure that there are supports in place to learn about themselves. This also places responsibility on the community and the young person's support network to ensure that this piece of education takes place.

- **Add information about previous placements to the beginning of the plan of care.**

  Many young people in care have multiple placements, which should be listed in each plan of care. This provides a history of where the child has lived and gives context to the child's past.

- **Create age appropriate plans of care.**

  The information in a plan of care will look very different if a 5 year old and a 15 year old were compared. Plans of care should be customized for each age range to make it more relevant for that time of a child's life.

- **Create Indigenous teams in each child welfare agency and provide training on Indigenous culture and history.**

  The participants did not recommend a separate plan of care for Indigenous young people; however, it was noted that an Indigenous team would be able to approach plans of care from an Indigenous perspective. It would also be helpful for agencies to have training on Indigenous issues to promote an understanding of the historical and present trauma in Indigenous communities and to learn about Indigenous culture.

- **Provide increased funding to child welfare agencies to address high caseloads.**
  Having the funding for more child welfare workers would lower caseloads and provide more time for workers to spend with their children and youth. This time can be spent developing relationships with the young people and creating meaningful plans of care with them.

Limitations of the research

I believe that my methods and data sources are valid, in the sense that they gather the stories I intended to hear, and reliable in the sense that my methods and techniques are able to do so in a genuine fashion (Mason, 2002). However I do not expect that my research can be generalized to every Indigenous young person in care; this is due to the very small sample size and the fact that every person will have a vastly unique experience of being in care. Moreover, every Indigenous nation has unique qualities meaning that two Indigenous people from different nations may have very different ways of understanding plans of care. There is also great diversity within nations as individuals vary regarding their socio-economic status, spirituality, connection to their culture, etc. As such, it is not my goal for my research participants to represent every Indigenous child in care. Additionally, by sampling only Indigenous young people I have no way to compare my research to young people from other backgrounds and thus cannot prove that the experiences of Indigenous people are necessarily different from non-Indigenous young people (Becker et al., 2012). Instead, I have told the stories of research participants and hope that other Indigenous young people can relate to the major themes that emerge. I believe that gaining the unique insights of a small sample can still shed some light on the integrity of plans of care for Indigenous young people and inform child welfare agencies on how to better their services.

While I have been successful in sharing the stories of two Indigenous young people and an Indigenous key informant, my research is limited due to the nature of completing a relatively small project for a Master's thesis. In an ideal world, and in order to live up to the values inherent in Indigenous methodologies, I would have developed relationships with Indigenous communities over a longer period of time and had more in depth interviews about their experiences. Unfortunately, this research was limited due to time constraints and lack of funding which prevented me some developed relationships with Indigenous communities. Additionally, it would have been beneficial to have a larger sample size which incorporated more stories from Indigenous young people regarding their experience or lack of experience with the plan of care document. I believe that this would strengthen my findings and provide more opportunities for Indigenous young people to share their stories and experiences.

Another limitation to this research is the fact of writing down Indigenous knowledge means that some of the context of knowledge and understanding will be lost in translation or the interpretation of knowledge will take place in another context. Ideally, this Indigenous knowledge would be transmitted orally to uphold the importance of Indigenous storytelling (Rice, 2005). I do plan to present my research in the Indigenous community however the act of writing this knowledge down reinforces the Western assumption that writing something down makes it legitimate. This is an ongoing tension in academia for Indigenous scholars, however sometimes it is important to play the game in order to gain credibility in the field. As Indigenous research is increasingly viewed as legitimate and an important contribution to academia there will be more space for Indigenous ways of transmitting knowledge, such as this research, to be brought forward in research (Kanuha, 2000). With this in mind, I will offer my final thesis to the individual participants and ensure that it is accessible to the larger community by placing copies of it in community locations such as the Woodland Cultural Centre in Brantford, Six Nations

Polytechnic, and the Hamilton Indian Friendship Centre. I will also present the research results orally in community settings, such as the Hamilton Executive Directors Aboriginal Coalition, This will acknowledge that the Indigenous knowledge must stay with the community and will demonstrate that I am accountable to the community through the research.

In an ideal world, the research participants would assist me in writing this report and ensuring that their stories represent who they are and their voice. This is one of the conflicts of conducting research with Indigenous people in a formal academic environment. Despite my efforts to use the words of the participants wherever possible, I still hold power as a researcher to analyze the information, decide which information to include or exclude, and write the final piece of literature that summarizes my findings. In fact, this parallels the concern with plans of care regarding the author holding a great deal of power and writing the plan of care in an office away from the young person. I have replicated this power dynamic by being the one who has interpreted the observations, analyzed those observations and data and reported on the results without the participants. Before beginning this project, I worried about how I would represent the voices of Indigenous people and youth. However I have learned a great deal about Indigenous methodologies and reflected upon my own spiritual journey. I have developed a greater sense of who I am as an Indigenous person and have realized how I have upheld Indigenous values and ways of doing my whole life without even realizing. I have explored my Indigenous culture with my family and remembered my family's history. As Indigenous people remember, we become reconnected with our roots, our ancestors, our past, and our identities (Absolon, 2009). Remembering has allowed me to understand how my Indigenous spirituality has always been a part of my life. Reflexivity helps me process my understanding of my Indigenous identity and has helped me to realize that there is no validity to my worry of not being Indigenous enough. While I still hold inherent power as a researcher, my personal journey has provided me with critical tools

and the sensitivity to uphold the voices and integrity of those I am representing in this thesis. My spiritual journey has helped me conduct research using Indigenous methodologies, and it has given me deeper insight into the experiences of Indigenous young people. I feel that my journey has helped me connect to the young people in this study, as they are also travelling on their own pathways towards discovering their Indigenous identities. My journey also helps me to see the value in both Indigenous and Western ways of knowing, which bridges the two worlds together.

Further research is needed to gather stories from Indigenous young people about their experiences with the child welfare system, plan of care document and how we can use the tools in the child welfare system to involve the youth with goals in their life. Youth such as the Anna's in the world, for example, who wanted to share more about her time in care than was possible within the scope of this research. There have been some forums in which Indigenous young people have been able to share their experiences, such as the "My Real Life Book" project (Office of the Provincial Advocate for Children and Youth, 2012) which has informed structural changes in the field. There is a continued need for opportunities to involve youth in policy making and improving the child welfare system for the best interest of the children.

Implications and concluding thoughts

Plans of care are one of the main tools within the system to know about children in care and plan for their future. If these plans are not meaningful or beneficial to the young people, then we are doing a disservice to them. As a social worker there have been times when I, despite my best intentions, have become caught up in the standards and regulations that I must meet as a Children Service Worker, leading me to prioritize paperwork over children and youth on my caseload. My journey in completing this research has provided me space to look at my own work with young people and identify how I can improve my approach to plans of care. I now aim to

provide more opportunities to young people in participation in their plans of care, and have tried to think more creatively about what participation can look like. When writing plans of care, I strive to think about the audience and how the young person would feel when reading their plan of care. I have also made efforts to draw on my own strengths and Indigenous knowledge in writing plans of care and participating in plan of care conferences. I am attempting to take initiative to be creative in the structure of plans of care and challenging the dominant assumption that the social worker is the expert. I am also working on challenging my own assumptions and biases in my work and learning to recognize when I need to work on my own de-colonizing lens. This is work that I encourage every social worker to undertake, whether working with Indigenous or non-Indigenous people. In order to challenge one's assumptions, workers need to recognize the power they have workers, educate themselves about the ongoing practices of colonization, and engage in self-reflection to think critically about how their power influences their relationships (Bennett et al., 2011). Although the structure of the child welfare system places immense power in the hands of the social worker, individual workers have the agency to redistribute this power and engage in critical reflection throughout their work.

There are challenges in balancing the content that the ministry is seeking in plans of care and being sensitive to the integrity of the children and youth I work with. This is an ongoing tension however the narrative space in plans of care gives me flexibility to negotiate the gap in what the ministry considers important to know for a child versus what is important to the young person. It is a small but potentially powerful way to challenge the system and bring the needs and strengths of each individual child to the forefront. It is sometimes hard work, but it is worth it. After all, it is for the benefit of the young people I work with. Young people who are strong, resilient, creative, intelligent and deserving of the best possible care.

Recall the story I told throughout this thesis about the woman who fell from the sky. This story is important to me as it is the beginning of the Mohawk creation story and I remember reading it as a child in a storybook (Taylor, 1994). The book contains illustrated creation stories from various Indigenous nations and it reminds me of my curiosity about Indigenous culture as a child. In fact, my mother still has the same storybook that I read as a child, and I requested it from her to recall the details of this story. The passage I shared is only part of the longer version of the Mohawk creation story. However, I felt that this excerpt contained an important lesson regarding plans of care. The animals did all they could to help her and retrieve the earth from the bottom of the great body of water. It was not an easy process and sacrifices were made by the animals to assist the woman, as the otter gave up his life to help her. However once a foundation of earth was established for the woman, the land continued to expand and grow. Sometimes children and families need others to catch them when they fall. They need others to work together to help them get back on their feet and start a new story. When others help to cultivate a foundation with care and compassion, children are able to stand on their own. Everyone needs to do their part to provide the support that Indigenous young people need so that their strengths have room to flourish. Let us consider plans of care as a piece of earth that we need to place underneath our young people's feet that will provide them the space to grow, thrive, and exercise power over their lives.

Works Cited

Anderson, K. (1998). A Canadian child welfare agency for urban natives: The clients speak.

Child Welfare, 77(4), 441 – 460.

Aubrey, C. & Dahl, S. (2006). Children's voices: The views of vulnerable children on their

service providers and the relevance of services they receive. *British Journal of Social

Work, 36,* 21-39.

Bailey, S., Thoburn, J., & Wakeham, H. (2002). Using the 'Looking After Children' dimensions

to collect aggregate data on well-being. *Child and Family Social Work, 7*, 189-201.

Bell, M. (2002). Promoting children's rights through the use of relationship. *Child and Family

Social Work, 7,* 1-11.

Bennett, B., Zubrzycki, J., &Bacon, V. (2011). What do we know? The experiences of social

workers working alongside aboriginal people. *Australian Social Work, 64*(1), 20-37.

Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do

young people say?. *Children and Youth Services Review, 33,* 496-501.

Blackstock, C. (2007). If reindeer could fly: Dreams and real solutions for aboriginal children.

Canadian Education Association, 47(1), 4 – 8.

Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). *Reconciliation in child

welfare: Touchstones of hope of indigenous children, youth, and families.* Ottawa: First

Nations Child & Family Caring Society of Canada/Portland: National Indian Child

Welfare Association.

Blackstock, C., Trocmé, N. (2005). Community-based child welfare for aboriginal children:

Supporting resilience through structural change. *Social Policy Journal of New Zealand,

24*, 12 – 33.

British Columbia. Representative for Children and Youth. (2013). *Much More Than Paperwork:*

Proper Planning Essential to Better Lives for B.C.'s Children in Care: A Representative's Audit on Plans of Care. Victoria, B. C.: Representative for Children and Youth.

Buckley, H., Carr, N., Whelan, S. (2011). 'Like walking on eggshells': service user views and expectations of the child protection system. *Child and Family Social Work, 16*(1), 101 – 110.

Canada. First Nations Child and Family Caring Society of Canada. (2013). *Wen:de: We are Coming to the Light of Day.* Ottawa: First Nations Child and Family Caring Society of Canada.

Clowes Chisholm, S. M. (2013). *Looking for Children: An Alternative Crown Ward Review.* (Masters thesis). Retrieved from Open Access Dissertations and Theses at McMaster Digital Commons. Paper 8250.

Dale, P. (2004). 'Like a fish in a bowl: parents' perceptions of child protection services. *Child Abuse Review, 13*(2), 137 – 157.

D'Souza, N. (1994). Indigenous child welfare or institutionalised colonialism? Rethinking policy in relation to aboriginal children in Australia. *Social Alternatives, 13*(1), 32-34.

Dumbrill, G. C. (2006). Parental experience of child protection intervention: a qualitative study. *Child Abuse and Neglect, 30*(1), 27 – 37.

Fook, J. (2003). Critical social work: The current issues. *Qualitative Social Work, 2*(2), 123-130.

Foucault, M. (1979). *Discipline and Punish: The Birth of the Prison.* New York: Vintage Books.

Garrett, P. M. (1999). Producing the moral citizen: The 'looking after children' system and the regulation of children and young people in care. *Critical Social Policy, 19*(3), 291-311.

Gharabaghi, K. (2008). Professional issues of child and youth care through the language lens. *Child & Youth Services, 30*(3/4), 279-300.

Gibbs, M. (2001). Towards a strategy for undertaking cross-cultural collaborative research. *Society and Natural Researches, 14*(8), 673-687.

Hamilton Executive Directors' Aboriginal Coalition. (2015, February 27). Retrieved from http://www.hnhbhealthline.ca/displayservice.aspx?id=81329.

Harms, L., Middleton, J., Whyte, J., Anderson, I., Clarke, A., Sloan, J., Hagel, M., Smith, M. (2011). Social work with aboriginal clients: Perspectives on educational preparation and practice. *Australian Social Work, 64*(2), 156 – 168.

Hart, M. (2003). Am I a modern day missionary? Reflections of a Cree social worker. *Native Social Work Journal, 5,* 299-313.

Hill, R. (1990). Oral memory of the Haudenosaunee: Views of the two row wampum. *Northeast Indian Quarterly, 7,* 21-30.

Iglehart, A. P. (1992). Adolescents in foster care: factors affecting the worker youth relationship. *Children and Youth Services Review, 14,* 305-322.

Jobe, A. & Gorin, S. (2013). 'If kids don't feel safe they don't do anything': young people's views on seeking and receiving help from children's social care services in england. *Child and Family Social Work, 18,* 429-438.

Jones, H., Clark, R., Kufeldt, K., & Norrman, M. (1998). Looking after children: Assessing outcomes in child care. The experience of implementation. *Children and Society, 12,* 212-222.

Jones, L. & Kruk, E. (2005). Life in government care: The connection of youth to family. *Child & Youth Care Forum, 34*(6), 405-421.

Kanuha, V. K. (2000). 'Being' native versus 'going native': conducting social work research as an insider. *Social Work, 45*(5), 439-447.

Keefer, T. (2013). A short introduction to the two row wampum. *Briar Patch, 43*(2), 14-15.

Kerker, B. D. & Morrison Dore, M. (2006). Mental health needs and treatment of foster youth: barriers and opportunities. *American Journal of Orthopsychiatry, 76*(1), 138-147.

Laenui, P. (2000). Processes of decolonization. In Battiste, M. (Ed.), *Reclaiming Indigenous Voice and Vision.* Toronto: UBC Press.

Leeson, C. (2007). My life in care: Experiences of non-participation in decision-making processes. *Child and Family Social Work, 12,* 268-277.

Little Bear, L. (2000). Jagged worldviews colliding. In Battiste, M. (Ed.), *Reclaiming Indigenous Voice and Vision.* Toronto: UBC Press.

Long, M. & Sephton, R. (2011). Rethinking the 'best interests' of the child: voices from aboriginal child and family welfare practitioners. *Australian Social Work, 64*(1), 96 – 112.

McLeod, A. (2007). Whose agenda? Issues of power and relationship when listening to looked-after young people. *Child and Family Social Work, 12,* 278-286.

McMurray, I., Connolly, H., Preston-Shoot, M., & Wigley, V. (2011). Shards of the old looking glass: Restoring the significance of identity in promoting positive outcomes for looked-after children. *Child and Family Social Work, 16,* 210–218.

Mitchell, M. B., Kucynski, L., Tubbs, C., & Ross, C. (2010). We care about care: Advice by foster children in care for children in care, parents and child welfare workers about the transition into foster care. *Child and Family Social Work, 15,* 176-185.

Montour, L. T. (2000). The medicine wheel: Understanding 'problem' patients in primary care. *The Permanente Journal, 4*(1), 34-39.

Munro, E. (2011). Empowering looked after children. *Child and Family Social Work, 6,* 129-137.

Neuman, W. L. (1997). The meanings of methodology. In W. L. Neuman (Ed.), *Social Research*

Methods: Qualitative and Quantitative Approaches (3rd ed.). Allyn and Bacon – Pearson

Education.

Office of the Provincial Advocate for Children and Youth. (2012). *My Real Life Book: Report*

from the Youth Leaving Care Hearings. Toronto: Office of the Provincial Advocate for

Children and Youth.

Palmater, P. D. (2011). Stretched beyond human limits: death by poverty in first nations.

Canadian Review of Social Policy, 65/66, 112-127.

Parada, H. (2004). Social work practices within the restructured child welfare system in ontario.

Canadian Social Work Revue, 21(1), 67 – 86.

Pritchard, C., Cotton, A., Bowen, D., & Williams, R. (1998). A consumer study of young

people's views on their educational social worker: engagement as a measure of an

effective relationship. *British Journal of Social Work, 28,* 915-938.

Rasmussen, B., Hyvonen, U., Nygren, L., & Khoo, E. (2010). Child-centered social work

practice – three unique meanings in the context of looking after children and the

assessment framework in Australia, Canada and Sweden. *Children and Youth Services*

Review, 32, 452-459.

Roose, R., Mottart, A., Dejonckheere, N., Nijnatten, C., & De Bie, M. (2009). Participatory

social work and report writing. *Child and Family Social Work, 14*, 322-330.

Sakamoto, I. (2007). An anti-oppressive approach to cultural competence. *Canadian Social Work*

Review, 24(1), 105-114.

Sakamoto, I. & Pitner, R. O. (2005). Use of critical consciousness in anti-oppressive social work

practice: Disentangling power dynamics at personal and structural levels. *British Jounral*

of Social Work, 35, 435-452.

Sinha, V. & Kozlowski, A. (2013). The structure of aboriginal child welfare in Canada. *The*

International Indigenous Policy Journal, 4(2), 1-21.

Taylor, C. J. (1994). *Bones in the Basket: Native Stories of the Origin of People.* Montreal: Tundra Books.

Thomas, J. & Holland, S. (2010). Representing children's identities in core assessments. *British Journal of Social Work, 40,* 2617-2633.

Tregeagle, S. & Mason, J. (2008). Service user experience of participation in child welfare case management. *Child and Family Social Work, 13,* 391-401.

Trocmé, N., Knoke, D., & Blackstock, C. (2004). Pathways to the overrepresentation of aboriginal children in canada's child welfare system. *Social Service Review, 78*(4), 577-600.

Waterfall, B. (2002). Native people and the social work profession: a critical exploration of colonizing problematic and the development of decolonized thought. *Journal of Educational Thought, 36*(2), 149-166.

Winter, K. (2010). The perspectives of young children in care about their circumstances and implications for social work practice. *Child and Family Social Work, 15,* 186-195.

Appendix A: Letter from HEDAC

Hamilton Executive Directors' Aboriginal Coalition
Hamilton Executive Directors' Aboriginal Coalition
20 Kenilworth Avenue North
Hamilton, ON L8N 4R3
Ph: 289-389-2076
Fax: 289-389-2094

McMaster Research Ethics Board

c/o Research Office for Administrative Development and Support (ROADS)

1280 Main St. W.

GH-305

Hamilton, Ontario

L8S 4L8

Dear Committee Members,

I am writing on behalf of the Board of Directors of HEDAC to confirm that Brittany Madigan's presentation of her research project on plans of care for youth was presented formally to our Board of Directors. We find her approach to be culturally appropriate and relevant. She has fulfilled one of the important Aboriginal Ethics in Research requirements through sharing her intentions to interview knowledgeable informants in our communities. She also understands the ethical requirement to share her findings with supporting organizations.

We encourage this young scholar in her efforts. Should you require further comment please contact me through email at leclair1@sympatico.ca

Sincerely,

Dr. Carole Leclair
Indigenous Studies Professor Emeritus
Board of Directors HEDAC

Email: manager@hedac-aboriginal.com   Website: www.hedac-aboriginal.com

Appendix B: MREB Ethics Approval

McMaster University	**McMaster University Research Ethics Board (MREB)**
Inspiring Innovation and Discovery	c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca
	CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH

Application Status: New ☑ **Addendum** ☐ **Project Number:** 2014 176

TITLE OF RESEARCH PROJECT:

The Voices of the Youth: Plans of care for Aboriginal young people involved with child welfare agencies

Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
B. Freeman	Social Work	21447	freemanb@mcmaster.ca

Student Investigator(s)	Dept./Address	Phone	E-Mail
B. Madigan	Social Work	289-775-63	madigab@mcmaster.ca

The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:

☐ The application protocol is cleared as presented without questions or requests for modification.

☑ The application protocol is cleared as revised without questions or requests for modification.

☐ The application protocol is cleared subject to clarification and/or modification as appended or identified below:

COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.

Reporting Frequency:	**Annual:** Sep-26-2015	**Other:**

Date: Sep-26-2014 **Chair, Dr. B. Detlor**

Appendix C: Recruitment Poster

PARTICIPANTS NEEDED FOR RESEARCH ABOUT

ABORIGINAL YOUNG PEOPLE IN THE CARE OF C.A.S.

I am looking for volunteers between the ages of **18-25** who identify as Aboriginal and are presently or have recently been in the care of a Children's Aid Society.

Purpose: to learn about what Aboriginal young people think about the **plans of care** completed about them while they are in care.

Your participation involves: meeting with me for **one** individual face to face interview which will be about **45 to 90** minutes long.

In appreciation for your time, you will receive a **$10** gift card for Tim Hortons.

For more information about this study, or to volunteer for this study, please contact:
Brittany Madigan
School of Social Work, McMaster University
289-775-6339 (texting welcome)
Email: madigab@mcmaster.ca

This study has been reviewed by, and received ethics clearance by the McMaster Research Ethics Board.

Call or text Brittany Madigan 289-775-6339 Or Email: madigab@mcmaster.ca

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Call or text Brittany Madigan 289-775-6339 Or Email: madigab@mcmaster.ca

Appendix D: Email to Young Person

E-mail Subject line: McMaster Study about Aboriginal young people's viewpoints on plans of care

I am seeking Aboriginal young people between the ages of 18 to 25 years old who are presently or have recently (within the last 5 years) been in the care of a Children's Aid Society. If you meet these requirements, I would like to meet with you to hear your thoughts about plans of care. I would like to learn about what you think is beneficial about plans of care, what should change, your personal experiences with the plan of care, and whether your culture is reflected in the plan of care. I would like to meet with you in person for an interview that will last between 45 – 90 minutes. If you agree, I may also have contact with you after the interview to share the results and to ensure I captured your story accurately. I will provide a $10 gift card to thank you for your time.

I will not tell anyone, including any child welfare workers, that you did or did not participate in this study.

I have attached a copy of a letter of information about the study that gives you full details. This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

<div align="center">

The McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Research Office for Administration, Development and Support (ROADS)
E-mail: ethicsoffice@mcmaster.ca

</div>

I would like to thank you in advance for your time and consideration. Please feel free to contact me with any further questions or to offer your participation in the study.

Brittany Madigan, BSW, BA
Masters Candidate in Social Work
School of Social Work
McMaster University, Hamilton Ontario
Tel: 289-775-6339 (texting is welcome)
madigab@mcmaster.ca

Appendix E: Information and Consent for Young Person

A study of Aboriginal perspective on plans of care completed by child welfare agencies

Principal Investigator:
Brittany Madigan
Department of Social Work
McMaster University
Hamilton, Ontario, Canada

289-775-6339
E-mail: madigab@mcmaster.ca

What is the purpose of this study?

In this study, I intend to investigate the documentation that is completed about children and youth in the care of child welfare agencies and how meaningful they are to Aboriginal young people. Specifically, I wish to explore plans of care and obtain information from Aboriginal young people about their experiences with plans of care. I wish to find out if Aboriginal young people find plans of care to be beneficial in helping them make plans and goals. I also welcome any critiques of plans of care and opinions from Aboriginal youth about how they can be improved.

What will happen during the study?

You will meet with me once for an individual, semi-structured, face to face interview in a convenient location of your choice. This may include a room at McMaster University, a room in a library, or another community location. I expect that interviews will last between 45 minutes to 1.5 hours. With your permission, the interview will be tape recorded and I will make some hand written notes as well. I will also contact you after the interview is completed to ensure that I captured your story accurately, as well as to share the final results of the study.

These are the main questions I will ask you in the interview:
1) Basic demographic info: How old are you? What gender do you identify with? Can you remember how many plans of care have been completed about you? When was the last plan of care that you can remember?
2) Let's review a blank plan of care document. What are your initial thoughts about the document?
3) What, if anything, is beneficial about the plan of care?
4) What, if anything, should change about the plan of care?
5) Can you tell me about your experiences with the plan of care conference?
6) Can you tell me about your experiences with your own written plan of care?
7) Do you feel that your culture is reflected in the plan of care?
8) Is there anything else I should know or anything else you would like to add?

I will not have access to your individual plans of care that were completed by your child protection worker. However, if you have access to your plans of care you are invited to bring

them to the interview if you wish. If you bring your own plans of care to the interview you are not required to share them with me and I will not request to see them; you may bring them simply as a reference for yourself.

Are there any risks to doing this study?

I do not anticipate that you will experience any harm or major discomfort from participating in this study. However, it is possible that some questions may bring up painful memories and trigger negative emotional responses about your time in care. It is important for you to know that you do not have to answer a question that makes you feel uncomfortable and you can withdraw your participation from the interview at any time. If needed, I can provide some resources for you to access if you need assistance after the interview. Additionally, since I am a child welfare worker, you may also worry about being honest about your experiences with other child welfare workers. The power imbalance between you and I may make you feel uncomfortable. Your participation in this study will not have any impact on any services you receive, including services from Children's Aid Societies or any other services.

Are there any benefits to doing this study?

Your participation may benefit you by providing you an opportunity to voice your opinion on a matter that influences your life. The knowledge that I acquire through this study may shed light on how plans of care can be improved for Aboriginal youth. I will share my results with child welfare agencies in the hopes that other child welfare workers will hear your voice and improve how they conduct plans of care.

Is there any payment for participating in this study?

Yes, you will receive a $10 Tim Hortons gift card for your participation. I will also provide light refreshments during the interview (coffee/tea, light snacks).

Who will know what I said or did in the study?

You are participating in the study confidentially. The information that I gather in the interviews will only be accessed by me. I will not use any identifying information when storing your information, nor will any identifying information appear in the final thesis. The tape recordings and interview notes will be kept in a locked box where only I can access them. Any files on the computer will be password protected. If you heard about this study from your child welfare worker, I will not tell your child welfare worker about your participation. Despite these precautions, we are sometimes identifiable through the stories we tell. It is important to keep that in mind, as someone may recognize your story. Once the study is complete, the data will be kept for one year and then destroyed.

Legal disclosure

Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information in the case of disclosure about child abuse or harm to yourself or another person.

What if I change my mind about being in the study?

Your participation in this study is completely voluntary and you can withdraw from the study at any time before, during, or after the interview. You will have until April 1st 2015 to withdraw your participation in the study, as I will be completing my thesis in the spring of 2015. Regardless of when you withdraw from the study, any data collected about you will be destroyed immediately unless you indicate otherwise. There will be no consequences to you if you choose to withdraw. You may still decline to answer some questions in the interview without withdrawing your participation in the study.

Please initial here to indicate that you understand you cannot withdraw after April 1, 2015: _____

How do I find out what was learned in this study?

I expect to have this study completed by approximately August 2015. If you would like a summary of the results, please let me know below how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact me at:
madigab@mcmaster.ca
289-775-6339

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance.
If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

> McMaster Research Ethics Secretariat
> Telephone: (905) 525-9140 ext. 23142
> c/o Research Office for Administrative Development and Support
> E-mail: ethicsoffice@mcmaster.ca

CONSENT

- I have read the information presented in the information letter about a study being conducted by Brittany Madigan of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately April 2st, 2015.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: _____

Name of Participant (Printed) _____

1. Please check the box below if you do prefer to provide verbal consent instead of written:

☐ I do not wish to provide written consent, but I have provided verbal consent to the researcher that I wish to participate in this research project.

2. I agree that the interview can be audio recorded.
☐ Yes.
☐ No

3. I would like to receive a summary of the study's results.
☐ Yes
Please send them to this email address _____
Or to this mailing address: _____
                                      _____
                                      _____
☐ No, I do not want to receive a summary of the study's results.

4. Please indicate if you would like to use a pseudonym name or your real name in the written thesis:
☐ Real name
☐ Pseudonym name. Please indicate if you have a preference for a pseudonym name:

_____

Appendix F: Email to Key Informant

E-mail Subject line: McMaster Study about Aboriginal young people's viewpoints on plans of care

My name is Brittany Madigan and I am a Masters of Social Work student at McMaster University. I'm contacting you to request your assistance in my thesis project.

My thesis will be investigating whether plans of care are meaningful and beneficial for Indigenous young people in the care of a Children's Aid Society. A plan of care is a document that is updated regularly for each child in care. Its purpose is to track the child's progress in the domains of health, education, identity, family, emotional/behavioural development, social presentation, and self care skills. Each plan of care also involves a case conference with the child's caregiver, child protection worker, family, and other support people.

I am seeking your thoughts about plans of care from an Indigenous perspective. It's ok if you're not familiar with child welfare services or plans of care. I would like to learn about whether plans of care reflect Indigenous culture and what improvements can be made to them. I would also like to learn about how plans of care documents and conferences would be conducted in Indigenous communities.

I will not tell anyone that you did or did not participate in this study. I have a letter of information that I have attached for you to review. This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Research Office for Administration, Development and Support (ROADS)
E-mail: ethicsoffice@mcmaster.ca

I would like to thank you in advance for your time and consideration. Please feel free to contact me with any further questions or to offer your participation in the study.

Brittany Madigan, BSW, BA
Masters Candidate in Social Work
School of Social Work
McMaster University, Hamilton Ontario
Tel: 289-775-6339 (texting is welcome)
madigab@mcmaster.ca

Appendix G: Letter of Information to Key Informant

A study of Aboriginal perspective on plans of care completed by child welfare agencies

Principal Investigator:
Brittany Madigan
Department of Social Work
McMaster University
Hamilton, Ontario, Canada

289-775-6339
E-mail: madigab@mcmaster.ca

What is the purpose of this study?

In this study, I intend to investigate the documentation that is completed about children and youth in the care of child welfare agencies and how meaningful they are to Aboriginal young people. Specifically, I wish to explore plans of care and obtain information from Aboriginal young people about their experiences with plans of care. I wish to find out if Aboriginal young people find plans of care to be beneficial in helping them make plans and goals. I also welcome any critiques of plans of care and opinions from Aboriginal youth about how they can be improved. I am also seeking the input of Indigenous key informants to provide an Aboriginal perspective on plans of care.

What will happen during the study?

You will meet with me once for an individual, semi-structured, face to face interview in a convenient location of your choice. This may include a room at McMaster University, a room in a library, or another community location. I expect that interviews will last between 45 minutes to 1.5 hours. With your permission, the interview will be tape recorded and I will make some hand written notes as well. I will also contact you after the interview is completed to ensure that I captured your story accurately, as well as to share the final results of the study.

These are the main questions I will ask you in the interview:
1) Let's review a blank plan of care document. What are your initial thoughts about the document?
2) What, if anything, is beneficial about the plan of care?
3) What, if anything, should change about the plan of care?
4) How would a plan of care conference be conducted in an Aboriginal community?
5) How do you feel that your culture is reflected in the plan of care?
6) Is there anything else I should know or anything else you would like to add?

Are there any risks to doing this study?

I do not anticipate that you will experience any harm or major discomfort from participating in this study. However, it is possible that some questions may bring up painful memories and trigger negative emotional responses about your time in care. It is important for you to know that you do not have to answer a question that makes you feel uncomfortable and you can withdraw your participation from the interview at any time. If needed, I can provide some resources for you to access if you need assistance after the interview. Additionally, since I am a child welfare worker, you may also worry about being honest about your experiences with other child welfare workers. The power imbalance between you and I may make you feel uncomfortable. Your participation in this study will not have any impact on any services you receive, including services from Children's Aid Societies or any other services.

Are there any benefits to doing this study?

Your participation may benefit you by providing you an opportunity to voice your opinion on a matter that influences your life and your community. The knowledge that I acquire through this study may shed light on how plans of care can be improved for Aboriginal youth. I will share my results with child welfare agencies in the hopes that other child welfare workers will hear your voice and improve how they conduct plans of care.

Is there any payment for participating in this study?

Yes, you will receive a $10 Tim Hortons gift card for your participation in addition to a gift of tobacco. I will also provide light refreshments during the interview (coffee/tea, light snacks).

Who will know what I said or did in the study?

You are participating in the study confidentially. The information that I gather in the interviews will only be accessed by me. I will not use any identifying information when storing your information, nor will any identifying information appear in the final thesis. The tape recordings and interview notes will be kept in a locked box where only I can access them. Any files on the computer will be password protected. If you heard about this study from your child welfare worker, I will not tell your child welfare worker about your participation. Despite these precautions, we are sometimes identifiable through the stories we tell. It is important to keep that in mind, as someone may recognize your story. Once the study is complete, the data will be kept for one year and then destroyed.

Legal disclosure

Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information in the case of disclosure about child abuse or harm to yourself or another person.

What if I change my mind about being in the study?

Your participation in this study is completely voluntary and you can withdraw from the study at any time before, during, or after the interview. You will have until April 1st 2015 to withdraw your participation in the study, as I will be completing my thesis in the spring of 2015. Regardless of when you withdraw from the study, any data collected about you will be destroyed immediately unless you indicate otherwise. There will be no consequences to you if you choose to withdraw. You may still decline to answer some questions in the interview without withdrawing your participation in the study.

Please initial here to indicate that you understand you cannot withdraw after April 1, 2015: _____

How do I find out what was learned in this study?

I expect to have this study completed by approximately August 2015. If you would like a summary of the results, please let me know how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact me at:
madigab@mcmaster.ca
289-775-6339

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance.
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> McMaster Research Ethics Secretariat
> Telephone: (905) 525-9140 ext. 23142
> c/o Research Office for Administrative Development and Support
> E-mail: ethicsoffice@mcmaster.ca

CONSENT

- I have read the information presented in the information letter about a study being conducted by Brittany Madigan of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately April 2st, 2015.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: _____

Name of Participant (Printed) _____

5. Please check the box below if you do prefer to provide verbal consent instead of written:

☐ I do not wish to provide written consent, but I have provided verbal consent to the
    researcher that I wish to participate in this research project.

6. I agree that the interview can be audio recorded.
☐ Yes.
☐ No

7. I would like to receive a summary of the study's results.
☐ Yes
Please send them to this email address _____
Or to this mailing address: _____
                                  _____
                                  _____
☐ No, I do not want to receive a summary of the study's results.

8. Please indicate if you would like to use a pseudonym name or your real name in the
    written thesis:
☐ Real name
☐ Pseudonym name. Please indicate if you have a preference for a pseudonym name:

    _____

Appendix H: Blank Plan of Care

Childrens Aid Society

CWIS

Case Name:
Case Status:

Case Number:
Current Case Worker:

Plan of Care

☐ ECM Review

Reason for Plan: ☐ 30 Day Admission
☐ 30 Day Replacement
☐ 3 Months Review
☑ 6 Month Review
☐ Annual (aligned with LAC AAR)
☐ Other

Review Type:
(For Review Plan of Care only)

○ 3 Months after Admission
○ 6 Month Review
○ Annual Review

Child's Name:
Birth Date:

Health Card Number:

Version:

Expiry:

Admission Date:

Wardship Status:

Placement:

Placement Date:

Primary Admission Reason:

Period Covered Start Date: _____
Period Covered End Date: _____

Next Period Start Date: _____
Next Period End Date: _____

YCJA Court Involvement: ○ Yes   ○ No

| **Special Admission Instructions** |
| **Received Location** |

Ontario Health Card: ☐

Child Tax Credit: ☐

Birth Certificate: ☐

Health Care Plan: ☐

Native Status Card: ☐

Native Cost Sharing: ☐

Plan of Care Information

The following person(s) provided information for the purpose of this plan:

☐ Child

☐ Parents/Caregiver

☐ Foster Parents _____

☐ Group Home Staff _____

☐ Childs Worker _____

☐ Protection Workers _____

☐ Others _____

_____

Plan of Care Conference Date: _____

If some relevant people were not involved in the formation of this plan, please explain:

_____

_____

_____

1. Summary of significant events for the child since the last plan of care:

_____

_____

_____

2. Summary of significant events or changes to the home:

_____

_____

_____

3. Child's description of relationships with other people in the community:

_____

_____

_____

4. Outline the permanency and discharge plan including concurrent plans that have been developed:

_____

_____

_____

Other Comments:

_____

_____

_____

Annual Standards			
Updated	**Standard**	**Previous Date**	**Updated Date**
☐	Review of the fire escape plan		
☐	Review of discipline policy with caregivers		
☐	Plan of Care reviewed with Foster Parent(s)		
☐	Plan of Care reviewed with the child		
☐	Consent for Psychotropic Drugs (if applicable) on file		
☐	School Reports on file (and last report date)		
☐	Current court order on file (and reviewed date)		
☐	Review independence plan		
☐	Life Book updated		
☐	Annual Medical		
☐	Annual Dental		
☐	Vision Testing (Biannual)		
☐	Assessment and Action Record (AAR)		
☐	Youth post-placement form completed (for placements longer than 30 days only)		

If any of the above standards have not been met, please explain with context:

_____

_____

Periodic Standards (since last Plan of Care)

Standard   **Date**
Reviews of child's rights and responsibilities:

_____
_____
_____

Private interviews with the child:

_____
_____
_____

Serious Occurrences on file:

_____
_____
_____

Contacts/Report Cards from school:

_____
_____
_____

If any of the above standards have not been met, please explain with context:

_____
_____
_____
_____

Describe any other events that have occurred since the last Plan of Care which may be relevant:

_____
_____
_____
_____

Objectives
Aged 3 - 4 Years

Child's overall long-term goal or vision:

_____

_____

_____

_____

_____

Health Objectives and Progress

1. The child is normally well. (Note: "unwell" means ill enough to be in bed or take some time off from child care program, pre-school, nursery school or school.)
- ○ Normally well (i.e. unwell for 1 week or less in the last 6 months)
- ○ Sometimes ill (i.e. unwell between 8 and 14 days in the last 6 months)
- ○ Often ill (i.e. unwell between 15 and 28 days in the last 6 months)
- ○ Frequently ill (i.e. unwell for more than 28 days in the last 6 months)
- ○ Don't know

2. The child is thriving.
- ○ Thriving (i.e. the child has satisfactory growth and development)
- ○ Some concerns about the rate of growth and/or development.
- ○ Failing to thrive (i.e. there are serious concerns about the child's rate of growth or development)
- ○ Don't know

3. All preventive health measures, including immunizations, are being taken.
- ○ All
- ○ Most
- ○ Few
- ○ None
- ○ Don't know

4. All ongoing health conditions and disabilities including are being dealt with.
- ○ No health condition or disability.
- ○ All are being adequately dealt with.
- ○ Some are being adequately dealt with.
- ○ None are being adequately dealt with.
- ○ Don't know

5. The child is reasonably protected against common accidents.
- ○ Safe environment (i.e. foster parents or other adult caregivers are aware of common hazards and take adequate precautions).
- ○ Some protection (i.e. foster parents or other adult caregivers take some precautions against hazards but safety could be improved).
- ○ Inadequate protection (i.e. the child is at serious risk of accidental injury).
- ○ Don't know

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

<u>Individual Health Goals/Objectives/Desired Outcomes and Work Required:</u>

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Education Objectives and Progress

1. The child's communication skills are developing satisfactorily.
   - ⃝ Good progress
   - ⃝ Satisfactory progress
   - ⃝ Some cause for concern
   - ⃝ Serious cause for concern
   - ⃝ Don't know

2. The child concentrates well. (A child with poor concentration will constantly move from one activity to another with no sign of sustained interest.)
   - ⃝ Concentrates well
   - ⃝ Concentrates on some things
   - ⃝ Poor concentration
   - ⃝ Don't know

3. The child is ready for school. (A child who is ready for school can recognize numbers, letters and shapes.)

○ Ready
○ Nearly ready
○ Not ready
○ Don't know

4. The child is inquisitive and eager to learn.
   ○ Usually inquisitive
   ○ Sometimes inquisitive
   ○ Not inquisitive
   ○ Don't know

5. Developmental delay is being addressed as soon as recognized.
   ○ No developmental delay
   ○ Prompt and adequate action taken
   ○ Some action but more could be done
   ○ Inadequate action being taken
   ○ Don't know

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

Individual Education Goals/Objectives/Desired Outcomes and Work Required:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Identity Objectives and Progress

1. The child has a positive view of him/herself and his/her abilities. A child with a positive view of self will generally be confident in new situations. She/he will take on challenges and expect to succeed. She/he will enjoy meeting new people and expect to be liked.
- ○ Usually positive
- ○ Positive in some situations
- ○ Generally negative view of self
- ○ Don't know

2. The child has an understanding of his/her current situation.
- ○ Clear understanding
- ○ Some understanding
- ○ Little or no knowledge
- ○ Don't know

3. The child has knowledge of his/her family of origin.
- ○ Knows family of origin
- ○ Knows something about family of origin
- ○ Knows nothing about family of origin
- ○ Don't know

4. The can relate to his/her ethnic/cultural background.
- ○ Fully
- ○ Some ability to relate
- ○ Little ability to relate
- ○ Not at all
- ○ Don't know

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

Individual Identity Goals/Objectives/Desired Outcomes and Work Required:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Family and Social Relationship Objectives and Progress

1. The child has had a continuity of care.
   - ○ Much continuity of care (i.e. no change of placement in the last 12 months)
   - ○ Some disruptions (i.e. one change of placement since in the last 12 months)
   - ○ Serious disruptions (i.e. two or more changes of placement in the last 12 months)
   - ○ Don't know
2. The child is definitely attached to at least one foster parent (or other adult caregiver).
   - ○ Definitely attached
   - ○ Some attachment
   - ○ Little or no attachment
   - ○ Don't know
3. The child's contact with his/her birth family strengthens his/her relationship with them.
   - ○ Most contacts are helpful
   - ○ Some contacts are unhelpful
   - ○ Most contacts are unhelpful
   - ○ No contacts
   - ○ Don't know
4. The child has had a stable relationship with at least one adult over a number of years. This must be a continuing relationship. It could be with a birth parent, aunt, grandparent or any other adult who is likely to provide consistent long-term support.
   - ○ Stable relationship throughout life
   - ○ Fairly long-term relationship (i.e. two years or more)
   - ○ Short-term relationship (i.e. one to two years)
   - ○ No stable relationship
   - ○ Don't know
5. The child is liked by adults and other children.
   - ○ Usually liked by adults and other children
   - ○ Usually liked by other children only
   - ○ Usually liked by adults only

    ○ Not usually liked by either adults or other children
    ○ Don't know

6. The child is able to make friendships with others of the same age.
    ○ Several friends
    ○ Some friends
    ○ Few friends
    ○ No friends
    ○ Don't know

7. The child is receiving foster parenting (or other substitute parenting) of a high quality.
    ○ Definitely yes
    ○ Yes
    ○ No
    ○ Definitely not

8. All feasible action is being taken to create or maintain a permanent placement for him/her.
    ○ Yes
    ○ No

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

Individual Family and Social Relationship Goals/Objectives/Desired Outcomes and Work Required:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

	.

Social Presentation Objectives and Progress

1. The child's appearance is acceptable to other children and adults.
    ○ Usually acceptable to children and adults
    ○ Usually acceptable to children only
    ○ Usually acceptable to adults only
    ○ Usually not acceptable to either children or adults
    ○ Don't know

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

Individual Social Presentation Goals/Objectives/Desired Outcomes and Work Required:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Emotional and Behavioural Development Objectives and Progress

1. The child is free of serious emotional and behavioural problems.
   - ○ No problems
   - ○ Minor problems
   - ○ Problems exist that need remedial action
   - ○ Serious problems exist which need specialized assistance
   - ○ Don't know

2. The child is receiving effective treatment for all persistent problems.
   - ○ Does not need treatment
   - ○ Is receiving effective treatment
   - ○ Is receiving some treatment
   - ○ Is not receiving effective treatment
   - ○ Don't know

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

Individual Emotional and Behavioural Development Goals/Objectives/Desired Outcomes and Work Required:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

| | |
| | |

Self-Care Skills Objectives and Progress

---

1. The child is learning simple self-care skills for coping with early independence.
   - ○ Many skills
   - ○ Some skills
   - ○ Few skills
   - ○ No skills
   - ○ Don't know
2. The child is being encouraged to develop motor and social development skills.
   - ○ Many skills
   - ○ Some skills
   - ○ Few skills
   - ○ No skills
   - ○ Don't know

Summary of events which have occurred in this area of the child's life:

_____

_____

_____

_____

_____

Individual Self-Care Skills Goals/Objectives/Desired Outcomes and Work Required:

Goal/Objective:	
Target Date:	
Work Required:	Persons Responsible:

Goal/Objective:	
Target Date:	

Work Required:	Persons Responsible:

Clinical Assessment

After reflecting on the goals and objectives, activity that has occurred, and progress that has been made, provide a clinical assessment of this child, including their strengths, their challenges, and other important dimensions about this child that have not been captured in this review:

_____

_____

_____

_____

_____

_____

Signatures

Signatory   **Date Signed**

Appendix I: Interview Guide for Young Person

1) How old are you? What gender do you identify with? Can you remember how many plans of care have been completed about you? When was the last plan of care that you can remember?

2) In your own words, what is a plan of care? If you're not sure, what do you think a plan of care should be?

3) Let's review a blank plan of care document. What are your initial thoughts about the document?
    a. What do you think about the dates and check boxes? Are they important to you?
    b. What do you think about the following sections: health, education, etc.? Is the information documented in these sections meaningful to you?
    c. What do you think about the goals sections?

4) What, if anything, is beneficial about the plan of care?
    a. In what ways has the plan of care improved your life?

5) What, if anything, should change about the plan of care?
    a. How could the plan of care be improved for all youth, Aboriginal or not?
    b. Are there sections that should be removed entirely?
    c. What is missing from the plan of care

6) Can you tell me about your experiences with the plan of care conference?
    a. Can you tell me about your participation in the conference?
    b. Can you tell me about what you liked about plan of care conferences?
    c. Can you tell me about what you didn't like about plan of care conferences?
    d. How does the plan of care make you feel about yourself?

7) Can you tell me about your experience with your own written plan of care?
    a. Do you ever look back at your plan of care after it is completed?
    b. Is the information documented in your own plan of care meaningful to you? Why or why not?
    c. How does it feel to have someone else write about your life?

8) Do you feel that your culture is reflected in the plan of care?
    a. How could the plan of care be improved to reflect your culture?
    b. Do you think that Aboriginal youth should have access to an alternative Aboriginal plan of care if they choose to do so?

9) Is there anything else I should know or anything else you would like to add?

Appendix J: Interview Guide for Key Informant

1) Let's review a blank plan of care document. What are your initial thoughts about the document?
   a. What do you think about the dates and check boxes that are documented? Are they important to you or your community?
   b. What do you think about the following sections: health, education, etc.? Is the information documented in these sections meaningful to you?
   c. What do you think about the goals sections?

2) What, if anything, is beneficial about the plan of care?
   a. In what ways can you see the plans of care improving the lives of children/youth?

3) What, if anything, should change about the plan of care?
   a. How could the plan of care be improved for all youth, Aboriginal or not?
   b. What is missing from the plan of care?

4) How would a plan of care conference be conducted in an Aboriginal community?

5) How do you feel that your culture is reflected in the plan of care?
   a. How could the plan of care be improved to reflect your culture?
   b. What would an Aboriginal plan of care look like?
   c. What are your thoughts on Aboriginal children and youth having the option to choose an Aboriginal plan of care?

6) Is there anything else I should know or anything else you would like to add?

Appendix K: Information Flyer for Tobacco

THE FOUR SACRED MEDICINES

"Native Teachings are about a Way of Life"

The information in this pamphlet is only a small portion of the many and extensive Native Teachings that exist. Teachings vary from First Nation to First Nation and even from one geographic region to another. For more information, please consult with a Traditional Elder, Healer or Medicine Person.

ANISHNAWBE HEALTH TORONTO

As our awareness and knowledge of our traditions and culture increases, so does our honour and respect for these ways. This has not always been the case in our communities. There are always those who present themselves as Healers, Elders or Medicine People who have not earned that title and may use the teachings and medicines in the wrong way. It is important for everyone, especially young people, to be aware of this and to exercise caution when they seek healing, teachings or advice. It is advisable to consult with people whom you trust to get referrals to respected and recognized Traditional Elders, Healers or Medicine People.

Other pamphlets in this series include:

- Approaching Healers, Elders and Medicine People
- Fasting
- Clans
- Your Name and Colours
- Feasts and Give Aways
- Sweat Lodge
- Moontime
- Traditional Healing
- Sacred Items and Bundles

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SWEETGRASS

Sweetgrass is the sacred hair of Mother Earth. Its sweet aroma reminds people of the gentleness, love and kindness she has for the people.

When sweetgrass is used in a healing circle it has a calming effect.

Like sage and cedar, sweetgrass is used for smudging and purification.

TAKING CARE OF THE MEDICINES

You take care of these sacred medicines by keeping them in a dry place. They can be stored in paper bags or wooden boxes. If you have been using alcohol or drugs, Healers say you should wait four to seven days before touching the medicines.

THE FOUR SACRED MEDICINES

Tobacco is the first plant that the Creator gave to Native people. It is the main activator of all the plant spirits. Three other plants, sage, cedar and sweetgrass, follow tobacco, and together they are referred to as the four sacred medicines.

The four sacred medicines are used in everyday life and in ceremonies. All of them can be used to smudge with, though sage, cedar and sweetgrass also have many other uses.

It is said that tobacco sits in the eastern door, sweetgrass in the southern door, sage in the west and cedar in the north.

Elders say that the spirits like the aroma produced when we burn tobacco and the other sacred medicines.

TOBACCO

Traditional people say that tobacco is always first. It is used as an offering for everything and in every ceremony. "Always through tobacco," the saying goes.

Traditional tobacco was given to us so that we can communicate with the spirit world. It opens up the door to allow that communication to take place. When we make an offering of tobacco, we communicate our thoughts and feelings through the tobacco as we pray for ourselves, our family, relatives and others.

Tobacco has a special relationship to other plants: it is said to be the main activator of all the plant spirits. It is like the key to the ignition of a car. When you use it, all things begin to happen. Tobacco is always offered before picking medicines. When you offer tobacco to a plant and explain why you are there, that plant will let all the plants in the area know why you are coming to pick them.

When you seek the help and advice of an Elder, Healer or Medicine Person, and give your offering of tobacco, they know that a request may be made as tobacco is so sacred.

We express our gratitude for the help the spirits give us through our offering of tobacco. It is put down as an offering of thanks to the First Family, the natural world, after a fast. Traditional people make an offering of tobacco each day when the sun comes up.

Traditional tobacco is still grown in some communities. For example, the Mohawk people use a traditional tobacco that they grow themselves and that is very sacred to them.

SAGE

Sage is used to prepare people for ceremonies and teachings. Because it is more medicinal and stronger than sweetgrass, it tends to be used more often in ceremonies.

Sage is used for releasing what is troubling the mind and for removing negative energy.

It is also used for cleansing homes and sacred items. It also has other medicinal uses.

There is male sage and female sage. The female sage is used by women.

CEDAR

Like sage and sweetgrass, cedar is used to purify the home.

It also has many restorative medicinal uses. Cedar baths are healing.

When cedar is put in the fire with tobacco, it crackles. When it does this, it is calling the attention of the spirits to the offering that is being made.

Cedar is used in fasting and sweat lodge ceremonies as a form of protection: cedar branches cover the floor of the sweat lodge and a circle of cedar surrounds the faster's lodge.