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Résumé de l'article

The plan of care is a document completed regularly for every child and youth in the care of Children's Aid Society in Ontario. Using a mixed methods approach with a strong emphasis on Indigenous Methodologies, a key informant and two Indigenous young people who have been in care share their thoughts about how plans of care can be improved. The youth describe how their plan of care was impacted by the relationship with their worker and level of participation in goal setting. It is discussed that the plan of care presents as a standardized, bureaucratic tool that does not inherently reflect Indigenous culture. These findings lead to recommendations for change including greater opportunities for relationship-building between workers and youth, space for young people to participate in planning, integration of Indigenous culture in plans of care, and the need for reconciliation at the macro level.

An Interdisciplinary Journal

*Honoring the Voices, Perspectives and Knowledges
of First Peoples through Research, Critical Analyses,
Stories, Standpoints and Media Reviews*

Voices of youth: how Indigenous young people in urban Ontario experience plans of care

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Abstract

The plan of care is a document completed regularly for every child and youth in the care of Children's Aid Society in Ontario. Using a mixed methods approach with a strong emphasis on Indigenous Methodologies, a key informant and two Indigenous young people who have been in care share their thoughts about how plans of care can be improved. The youth describe how their plan of care was impacted by the relationship with their worker and level of participation in goal setting. It is discussed that the plan of care presents as a standardized, bureaucratic tool that does not inherently reflect Indigenous culture. These findings lead to recommendations for change including greater opportunities for relationship-building between workers and youth, space for young people to participate in planning, integration of Indigenous culture in plans of care, and the need for reconciliation at the macro level.

Keywords: *plan of care, Children's Aid Society, Indigenous culture, reconciliation*

Introduction

The Mohawk creation story as I know it begins with a pregnant woman who lived in a world above the one we know today. While digging at the roots of the Sacred Tree, she fell down towards a large body of water. Large birds saw her falling and gently carried her down to rest on the back of a sea turtle. Many animals tried to bring pieces of dirt from underneath the water for the woman to stand on. The otter was finally successful but gave his **life in the process. The woman placed the dirt on the turtle's back and it** began to expand. As she walked around, the earth grew until it became what we now know as Turtle Island (Taylor, 1994).

Like the creation story, this project had small beginnings but grew into something bigger with the contributions of others. This project originates from the privileged life I was born into, where I look back on happy childhood memories. It is rooted in my dual identity as a Mohawk and Canadian woman. This project also begins with my job as a child welfare worker where I worked with Indigenous young people in an Indigenous branch of a mainstream agency. This is where I began to question the efficacy of the documentation for children in care. Indigenous children in care often struggle with their identity and may not have their childhood documented with the warmth and fullness of mine. Instead, their life stories are

documented with standardized plans of care that leave little room to portray their true selves.

The plan of care is completed on a regular basis and is one of the main planning tools for children in care in Ontario.² It is intended to compile insights from the child, their caregivers, band representatives, family members, and community supports. It is the **responsibility of the child's social worker** to write the plan of care. The document reviews Ontario Ministry of Children and Youth Services **(Ministry) standards such as dates of doctor's appointments and private visits between the child and their worker**. The plan of care then explores seven dimensions of the child: health, education, identity, family/social relationships, social presentation, emotional/behavioural development, and self care skills. There are goals attached to each dimension and a narrative section where the worker describes events in **the child's life**.

This article is a condensed version of my thesis that was completed for my Master of Social Work at McMaster University. This article is intended to inform front-line workers, management, researchers, and policy makers in child welfare, as well as foster hope for Indigenous youth in care. This project asks: how do Indigenous young people experience plans of care? In particular, do Indigenous young people think plans of care are meaningful? What improvements can be made to the plan of care to enhance their experiences?

Literature review

To fully understand these questions, it is important to review the historical and political context in which Indigenous communities are situated in Canada. Since the beginning of colonial contact, the Canadian government has attempted to eliminate Indigenous people by forcing children into residential schools, enforcing racist laws, and contributing to the suffering and deaths of countless Indigenous people (Blackstock & Trocmé, 2005). When compared to the non-Indigenous population, Indigenous communities today generally experience greater poverty, less access to resources/stable housing, more drug and alcohol abuse, and more violence (Trocmé, Knoke, & Blackstock, 2004). The child welfare system is no innocent institution; the Sixties Scoop removed thousands of Indigenous children from their home communities and adopted them into non-Indigenous families (Blackstock & Trocmé, 2005; Waterfall, 2002). Presently, Indigenous children are vastly overrepresented in care (Trocmé, Knoke, & Blackstock, 2007).

Youth in care from all backgrounds in Canada report feeling invisible, worthless, and disregarded (Office of the Provincial Advocate for Children and Youth, 2012; Winter, 2010). They want to be listened to, participate in their life planning, and have a positive relationship with their worker (Jones & Kruk, 2005; Mitchell, Kuczynski, Tubbs, & Ross, 2010; Representative for Children and Youth in British Columbia, 2013). This mirrors the experiences of children around the world who also feel unheard by their workers and tend to suffer from low self esteem (Aubrey & Dahl, 2006; Bessell, 2011; Buckley, Carr, & Whelan, 2011; Leeson, 2007; Munro, 2001). The literature notes how a good relationship between the worker and the client can contribute to positive experiences with the system (Tregeagle & Mason, 2008;

² While all provinces and territories in Canada document plans for children in care, there may be variance in the plan format across jurisdictions.

Dale, 2004; Dumbrill, 2006). Access to culturally relevant services, particularly Indigenous child welfare agencies, can also lead to more positive experiences (Anderson, 1998). Indigenous youth have a particularly difficult time in care as they navigate a euro-centric system that often lacks a holistic, flexible, and culturally safe model (Lafrance & Bastien, 2007). Indigenous youth in care are also faced with unique structural issues including inadequate funding for resources, as well as the effects of colonization and intergenerational trauma (Roy, Noormohamed, Henderson, & Thurston, 2015; Varley, 2016).

The plan of care is an important part of a child's experience. The document, however, tends to represent young people in the context of Ministry standards rather than reflecting the complex identity of each child (Clowes Chisholm, 2013; Thomas & Holland, 2009). It is uncommon for children to have a voice in their own plan of care (Roose, Mottart, Dejonckheere, Nijnatten, & De Bie, 2009) as the documentation is designed with the interests of the Ministry in mind (Rasmussen, Hyvonen, Nygren, & Khoo, 2010). The amount of paperwork continues to increase, leaving less time for workers to develop meaningful relationships with children on their caseload (Parada, 2004; Thomas & Holland, 2010; Iglehart, 1992). High workloads can lead to inadequate cultural planning for Indigenous young people, or sometimes plans of care that are not completed at all (Representative for Children and Youth in British Columbia, 2013).

Fortunately some Indigenous nations have been mandated to provide their own child welfare services (Sinha & Kozlowski, 2013). Indigenous agencies are better equipped to handle child protection issues from a holistic and cultural approach (Long & Sephton, 2011). After all, in order to move towards an improved child welfare system we must return to traditional Indigenous principles (Blackstock, 2007; Blackstock & Trocmé, 2005; Blackstock et al, 2006; Waterfall, 2002). We must also engage in decolonization, which is the process of unlearning colonial culture and reclaiming our Indigenous ways of knowing, being, and doing (Bennett et al., 2011). It involves disengaging from the dominant culture on social, economic, and political levels (Waterfall, 2002). Social workers can decolonize themselves by learning about Indigenous teachings and recognizing their privilege (Harms et al., 2011). The literature also calls for the government to support Indigenous child welfare agencies and balance the unequal resources given to Indigenous and non-Indigenous communities (Blackstock, 2007; First Nations Child and Family Caring Society of Canada v. Attorney General of Canada, 2016).

Frameworks

My theoretical lens incorporates aspects of Indigenous Methodologies, Critical Social Science, Anti-Oppressive Practice, and Narrative Theory. In contrast with Western research methodologies, Indigenous Methodologies can derive knowledge through storytelling, ceremonies, the medicine wheel, dreams, and relationships (Poonwassie & Charter, 2001; Smith, 1999). Indigenous Methodologies involve much self reflection and critical thought about privilege and colonial assumptions (Kovach, 2009). Storytelling is an integral part of this work and I engaged in self reflexivity regarding my own power and beliefs throughout this project. The contrast between Indigenous Methodologies and mainstream approaches can be conflictual; for example, the time-limited nature of a Master's thesis prevented me from engaging the community or allowing research participants to be a larger part of the project, which would have truly reflected the values of Indigenous Methodologies.

I use the Two Row Wampum belt as a framework for balancing Indigenous and mainstream

frameworks. This is a beaded belt with two parallel rows of purple wampum beads on a white background. The purple rows symbolize a canoe and a ship, representing the agreement that Haudenosaunee and **European settlers will travel beside one another without steering each other's vessels. They co-exist** as separate but equal entities (Hill, 1990; Keefer, 2014). I travel in both the canoe and the ship throughout this work and attempt to strike a balance between the two approaches.

Methods

To begin, I presented a proposal to the Hamilton Executive Directors Aboriginal Coalition (HEDAC), a group of Indigenous leaders in Hamilton, Ontario. HEDAC supported the project and provided suggestions for my research. This contributed to ethical clearance from the McMaster Ethics Review Board.

I hung posters in the community requesting people between the ages of 18 and 25 who self identify as Indigenous and had recently been in care. I was hoping for up to 5 participants, however only 2 replied to the posters. It is unclear why only 2 youth responded. Due to the limited time constraints of a **Master's thesis, I was unable to extend the recruitment time to allow for more participants. I also** approached an Indigenous key informant, who preferred to remain anonymous, to comment on the plan of care from an Indigenous perspective. This person is well known in a particular First Nation in Ontario for living with a Good Mind, having much cultural and Indigenous knowledge, and knowledge of the child welfare system.³ I conducted individual interviews in person with each participant. The interviews lasted between 50 to 90 minutes in length and were recorded with permission. I brought a blank plan of care to each interview for the participant to review and discuss. I thanked participants with a tobacco tie, light refreshments, and a gift card (Anna, Sam, & key informant, personal correspondence, 2014).

I transcribed the interviews and analyzed the data through open coding, which involves reviewing the data multiple times and taking note of themes that emerge organically in the data. I was careful to remain thoughtful about my biases and assumptions through conversations with my thesis supervisor, journaling about the research process, and self reflection on what personal beliefs or experiences may have impacted my interpretation of the information.

To deepen my understanding of a youth's experience, I asked a coworker to write a plan of care about me. I reflected on this experience and how it informed my interpretation of the results. Finally, I provided the results of the research to the participants, presented my findings to HEDAC, and placed physical copies of the research in accessible community locations.

Findings

The experiences of the young people, Sam and Anna (whose names have been changed as requested), are very different but share common themes. Sam was very familiar with his plans of care, however Anna had never seen the document before our interview. The key informant was familiar with

³ My understanding of a Good Mind involves a peaceful, compassionate, nonjudgmental state of mind cultivated by practicing self awareness and respect towards all of our relations. This understanding comes from my experiences with Elders, time spent in Indigenous communities, and my ongoing personal healing journey.

the child welfare system. The participants highlighted a number of areas which will be explored in this section: the plan of care structure, goals, conference, culture, and relationships. In addition, I will review findings from my own plan of care.

Plan of care structure

Anna and Sam felt that the plan of care was structured well and the seven dimensions were logical. They felt that the Ministry standards listed at the beginning of the document were important. Both participants, however, recalled that some of the standards were not met during their time in care such as having a Life Book or having their rights and responsibilities reviewed by their worker.⁴ Sam stated that some of the standards in the plan of care are simply in place to appease the Ministry.

All the participants noted the need to look at a child's life from a holistic perspective. The key informant felt that workers need to go beyond the questions in the document to connect the dimensions. He wondered if some youth disengage from the "ticks and boxes" as well as the "cut and dry" language. Specific suggestions from the youth include addressing a child's social and emotional health alongside their physical health and stating whether a child needs a tutor or is participating in any extracurricular activities.

Anna and Sam appreciated that the plan of care addresses the child's family relationships, their understanding of their situation, the need for permanency, the child's cultural background, and their budgeting skills. The youth emphasized the importance of the positive, long term relationships in their lives. Anna noticed that the document does not specifically ask about the young person's relationship with their foster parents. Anna did not have a positive relationship with her foster parents and 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." She wondered if this issue would have been brought to light if the plan of care prompted the worker to ask about this relationship.

The youth felt that the emotional/behavioural section was very important. Anna struggled with mental illness during her time in care however this was never addressed until it escalated into a crisis. She wondered if she would have received help sooner if it was discussed in her plan of care.

Goals

Anna was unaware of the goals her worker listed in her own plans of care, however she appreciated the concept. She wished she could have participated in her plan of care goals so that her worker could help her achieve them.

Sam recalled some of the goals in his own plan of care such as attending medical appointments, having a tutor, and participating in music lessons. He felt that assigning a deadline to some of the abstract goals was silly, but appreciated having his goals on paper:

⁴ A Life Book is supposed to be created while a child is in care to document their milestones, achievements, life events, and important people in their lives. They are meant to be given to the child upon leaving care.

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.

The key informant pointed out that the worker needs to consider how the age and ability of the young person impacts their ability to participate in the plan of care conference and achieve their goals.

Plan of care conference

Neither Anna nor Sam could recall a plan of care conference, with the exception of a meeting that took place when they turned 18 and transitioned to Continued Care and Support for Youth (a voluntary program that services youth in care until the age of 21).

Anna wished that she could have participated in her plan of care conferences. She would have wanted just her worker present so that she could share her true feelings:

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 going to happen when I say it in front of my foster parents. What are they going to say after she leaves?

Anna also felt that the plan of care could be completed by youth if they have the skills to do so, which would allow for complete honesty. Sam asked to write parts of his plan of care as this was easier than talking. His worker incorporated his writing into the plan of care and reviewed the final document **with him. This facilitated Sam's participation in the plan of care and he appreciated having his own words** in the document.

The key informant echoed the youth's concerns regarding privacy and participation: when various people attend a plan of care conference the worker needs to consider how the information being shared **will impact the youth's relationship with those present. He noted there is a difference between what a worker *wants* to know versus information that a worker *needs* to know. The worker should respect this distinction and protect the young person's privacy. The key informant also stressed the importance of the young person's right to participate in the plan of care and know what is being said about them. The worker needs to be flexible to accommodate each young person's comfort level and ability.**

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 had to change workers and found it difficult to explain everything to a new person. She felt that her voice was not heard by her second worker when she asked for help, so she **stopped sharing her true feelings: "I usually put a front on for her so she thinks everything's okay."** As a result, she felt it was unlikely that the information in her plan of care was accurate. Anna and her worker met privately on a regular basis however Anna did not feel that her worker reviewed many aspects of the plan of care during these visits.

Sam's experienced a great deal of support, care, and encouragement from his worker. His worker listened to him and made sure that he was happy. Sam appreciated his worker helping him explore his Indigenous identity and 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 [that] made [me] work towards those goals.

The key informant shared that a good working relationship with young people is founded on trust and respect. The worker should attempt to remedy the power imbalance whenever possible by providing opportunities for participation, being honest, and respecting the **young person's privacy. Some Indigenous** young people may be hesitant to connect with a social worker, so patience is needed. The worker also needs to be critically reflective about how their own biases and assumptions affect their work.

Culture

Both Anna and Sam connected with their Indigenous culture as young adults. Anna would have appreciated more opportunities to explore her Indigenous culture, however this was never addressed by her worker. In contrast, Sam was well supported in exploring his Indigenous identity and had goals in his plan of care such as obtaining his spirit name and his status card. Sam expressed how important it is for youth in care to have a connection to their culture, especially if they live in a foster home with a different cultural background. The key informant discussed that culture is more than just something on paper; it **involves a person's beliefs and how they see the world.**

Both Anna and Sam agreed that the plan of care document itself does not inherently address the cultural needs of an Indigenous child. Anna suggested that the education section could include a piece **about learning one's cultural identity. Sam noted the need for Indigenous teams and cultural training for workers as it is the worker's responsibility to make the plan of care culturally appropriate.** All three research participants stressed the need to utilize an Indigenous perspective with the plan of care, such as incorporating the medicine wheel into the narrative sections.

The key informant discussed how the plan of care appears to prepare young people to be productive members of society. He wondered who gets to decide what that means. He noted the struggles of working within a colonial system and how creativity is needed to make the system work for Indigenous people.

My plan of care

Having a co-worker complete a plan of care about my life allowed me to put myself in the shoes of children in care. During the plan of care meeting I felt comfortable and understood. Despite our positive relationship, however, there were times when I chose not to share certain pieces of information regarding my health and social relationships. I felt that some things were too private to share, even with a friend. Overall, however, it was a positive experience because my coworker and I share equal power and my privileged life allows me to have positive things to say in each section. I suspect a child in care would have a different experience if they did not have a good relationship with their worker or were struggling in some domains of the plan of care.

Discussion

Relationships

While Anna and Sam's stories cannot be generalized to all Indigenous youth, they provide insight into the importance of relationships and culture, the struggle of bureaucracy, and the need for change. Anna had a poor relationship with her social worker and lacked participation in her plan of care while Sam had a positive relationship with his worker and was deeply involved in his plan of care. I also feel that my personal plan of care was a positive experience due in part to my friendship with my co-worker. The key informant shared how a positive relationship is created when the worker demonstrates respect, honesty, flexibility, and self-reflection. The literature agrees that a positive relationship is fostered when **the worker is sensitive to the client's privacy, understands their culture, and puts the client's needs first** (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. However the youth's stories echo findings in the literature from other young people about the importance of relationships (Jobe & Gorin, 201; Bennett, Zubrzycki, & Bacon, 2011; Pritchard, Cotton, Bowen, & Williams, 1998; Bell, 2002; Iglehart, 1992; McMurray et al., 2010; Bell & Romano, 2015). This is especially true for Indigenous youth, as relationships are a central part of Indigenous culture. Having healthy relationships with other people, oneself, the land, and **one's spirituality are necessary to have a balanced life (Simard & Blight, 2011)**. A positive relationship between a young person and worker can create a culturally safe environment where their culture is understood, respected, and integrated into interventions (Roy, et al., 2015). In a child welfare system that is built upon colonial values and worldviews, working with Indigenous children from a holistic, culturally respectful approach can help mitigate the struggles in navigating a mainstream system and provide a solid foundation for Indigenous children to heal and thrive. Opportunities to explore and connect with their culture is paramount to an Indigenous child's success.

Fostering positive relationships requires non-Indigenous workers to engage in decolonization to understand how colonialism impacts their understanding of the world (Bennett et al., 2011). Decolonization involves acknowledging the historical trauma Indigenous people have endured, reconciling effects of harm where possible, and relating to one another with newfound respect and understanding. Decolonization for Indigenous workers involves reclaiming our Indigenous culture, identifying our internalized colonialism, and navigating the divergence between Indigenous and colonial worldviews (Little Bear, 2000). Presently, caseloads are high (Representative for Children and Youth, 2013) and workers have little time to reflect on themselves, their power, or how the child is portrayed in documentation (Munro, 2001; Bell & Romano, 2015). However this critical self reflection is inextricably linked to creating positive relationships with Indigenous young people (Bennett et al., 2011; Roy, et al., 2015) and may lead to plans of care that reflect not only how the young person is cared *for*, but how they are cared *about* by compassionate and dedicated workers.

Bureaucracy and Standardization

The literature suggests that the plan of care functions to assist the Ministry in supervising workers and children in care as it is assumed that increased supervision of workers leads to better outcomes for

children (Jones et al., 1998; Lafrance & Bastien, 2007). However, Anna's struggle with mental health demonstrates that the plan of care does not lead to better outcomes when the young person is not included in the process. The fact that neither Anna nor Sam had a Life Book also reflects the lack of compliance with basic standards. The plan of care, therefore, does not guarantee that the needs of the child are being met. In fact, the struggle for workers to keep up with the increased documentation can potentially decrease the quality of service to young people (Bell & Romano, 2015; Lafrance & Bastien, 2007).

The plan of care reflects the increasingly bureaucratic nature of social work. It classifies a child's life into standardized categories and measurable outcomes instead of focusing on a child's rights or true identity (Munro, 2001; Clowes Chisholm, 2013; Garrett, 1999; Gharabaghi, 2008; Thomas & Holland, 2009). Indeed, during my personal plan of care it felt unnatural to fragment pieces of my life into categories. I would have preferred to tell a story that flows smoothly between the various aspects of my life.

Shifting from a place of standardization and bureaucracy to a holistic model may produce more meaningful plans of care for the children they represent. Flexibility in the plan of care is beneficial for all youth, however Indigenous youth are set apart in this regard due to the historical trauma and tensions in navigating a euro-centric system as an Indigenous person (Ungar, Brown, Cheung, & Levine, 2008; Filbert & Flynn, 2010). When approached from a holistic, culturally competent way, the plan of care has potential to be an Indigenous cultural resource that views the child in the context of the medicine wheel and considers all of their relations. It can be a vehicle to integrate Indigenous culture throughout the entire child welfare system (Roy, et al., 2015; Simard & Blight, 2011). Young people of all backgrounds want to be connected to their culture (Office of the Provincial Advocate for Children and Youth, 2012) and this is especially important for Indigenous youth battling the impacts of colonialism and intergenerational trauma (Waterfall, 2002; Laenui, 2000).

Reframing

All the participants and the literature agree that child welfare practices need to be reframed as **tools to support a child's right to participation** (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). When a young person can express themselves in their plan of care it can contribute to higher self esteem and empowerment (Leeson, 2007). As Sam experienced, it can also contribute to the completion of goals and the gratification of being heard. Indigenous youth in particular benefit from experiences of power and control as it contributes to greater resilience (Ungar, et al., 2008) and allows them to incorporate their culture into the plan of care in a way that is meaningful for them. For example, the plan of care often assumes there is a common sense **understanding of certain concepts, such as "culture" or "spirituality". This can be advantageous in allowing the young person to attach their own meaning to these words. 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 plans of care. If the worker interprets these concepts on behalf of the child they risk misrepresentation and imposition of Eurocentric views on the meaning of culture and spirituality.

Supporting space for youth participation and the development of positive relationships requires funding to lower caseloads, the creation of Indigenous teams, and training for staff about Indigenous history and culture (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; First Nations Child and Family Caring Society of Canada v. Attorney General of Canada, 2016). Although Indigenous worldviews cannot be learned in a few training sessions (Hart, 2003) it is a step towards more meaningful relationships with young people and can assist with integrating Indigenous culture into the plan of care (Long & Sephton, 2011; Representative for Children and Youth, 2013). Indigenous agencies will need equitable funding to meet these needs, as they are typically underfunded by the government (Blackstock, Brown, & Bennett, 2007). Reconciliation must take place at the macro level to address the structural factors that play a major role in the overrepresentation of Indigenous children in care (Blackstock, et al., 2007).

Reconceptualizing plans of care through the framework of the Two Row Wampum can promote respect and meaningful interactions with Indigenous young people (Montour, 2000). This framework can be extended the macro level to support reconciliation on a structural level and the continued revitalization of Indigenous culture as a whole. When Indigenous communities have opportunities to heal from the wounds of colonialism, there are fewer children in need of protection (Blackstock & Trocmé, 2005). In other words, there is greater success when Indigenous people are able to travel in their own canoe.

Limitations of the research

While this project shares the important stories of two Indigenous young people, the findings are not necessarily generalized to the larger Indigenous community. This is because of the small sample size and the fact that every child will have a unique experience in care. Due to the lack of funding, time **constraints, and the limited scope of a Master's thesis, I was unable to develop long-term** relationships with the participants or involve the participants more deeply in the project. Unfortunately, this replicates the power dynamic often present between a young person and their social worker. It is my hope that sharing the results with the participants, remaining self reflexive, and being accountable to the Indigenous community through HEDAC helped to offset this power dynamic.

Concluding thoughts

Plans of care are one of the main tools to represent children in care in Ontario and plan for their future. We owe it to the young people we serve to ensure these plans are meaningful and beneficial. Implementing the recommendations in this research requires a great deal of work however it is necessary to support our young people who are strong, resilient, creative, intelligent, and deserving of the best possible care.

Recall the Mohawk creation story shared at the beginning of this research. The woman needed a team of kind animals to help her establish a space where she could start a new story. Like the woman, sometimes children and families need others to catch them when they fall. When a strong foundation is made with care and compassion, Indigenous young people can have opportunities to let their strengths **flourish. Plans of care are a piece of earth that we need to place underneath our young people's feet to let them grow, thrive, and exercise power over their lives.**

Recommendations

These recommendations originate from the participants and the literature. They are listed in no particular order.

- **View the young person in a holistic fashion.** An Indigenous child should be considered within the context of their physical, emotional, spiritual, and mental health.
- **Add information about tutoring, extra-curricular activities, and previous placements.** The participants felt that these elements should be considered for every child and could provide more context to the plan of care.
- **Support every young person's right to participate in their plan of care.** This requires creativity and flexibility to support the young person in accordance with their age, ability, and comfort level.
- **Ensure that Life Books are created for every child and youth in care.** This is an important Ministry standard that documents a young person's milestones, interests, and relationships.
- **Add a piece about culture in the education section.** This places responsibility on the young person's support network to ensure that there are resources in place for them to learn about their particular culture.
- **Create Indigenous teams in each child welfare agency that will focus on Indigenous youth and provide training on Indigenous culture and history.** Understanding the context in which Indigenous young people are situated can potentially assist workers in building meaningful relationships.
- **Increase funding to child welfare agencies to address high caseloads.** Lower caseloads would provide more time for workers to engage in critical self reflection, develop positive relationships with young people, and improve the quality of their documentation.
- **Provide more opportunities for Indigenous young people to share their stories.** Due to the limited scope of this project, only a small part of the youth's experiences were explored. More voices will strengthen the call for changes to the system.
- **All workers to undergo a plan of care about themselves.** This can provide the experience of having someone else write about their life and help them understand the challenges with fitting their life into prescribed sections.

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