Shifting Our Lens from Child Welfare to Youth Welfare

**Being Reactive**
- Decisions are made with minimal youth consultation.
- Protection safety concerns don’t change as a young person grows.
- Assessments are based on predetermined parameters.
- Well-being is focused on physical and mental health.
- There is minimal community and partner involvement.

**Being Proactive**
- Youth participate in dialogue and share decision-making power.
- Self-sufficiency is encouraged.
- Assessments are based on relationships and trust between young people and caseworkers.
- Well-being is focused on normalcy as well as physical and mental health.
- Collaborative practice is the norm.

**Being Case-Driven**
- Connections with biological family are driven by the caseworker.
- Youth voice is secondary in decision-making and case-planning.
- Youth have few choices in most areas of their lives.

**Being Youth-Driven**
- Connections with biological family are driven by the youth.
- Youth voice is primary in decision-making and case-planning.
- Youth have choices in most areas of their lives.

**Being Protection-Focused**
- Protection and safety of youth are the only concerns.
- Organizations focus only on protocols to keep children safe.
- Care is not individualized and not driven by youth desires and capacities.

**Being Normalcy-Focused**
- Emphasis on protection is relaxed, to focus on normalcy.
- In addition to safety, organizations encourage youth to take on developmentally appropriate challenges.
- All care is individualized and services are aligned with needs.

**Being Focused on the Past or Present**
- A child's past or present situation informs service delivery.
- Organizations do not provide many services to help young people prepare for the future.

**Being Focused on the Future**
- Youth have access to services and case planning that will benefit them in the future.
- Organizations work with youth to prepare them for adulthood.