

Background

Foster care payments are required to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement for children and youth placed in out of home foster care. These placements include: Resource Families, Short-Term Residential Therapeutic Programs (STRTPs), Foster Family Agencies (FFAs), Relatives (including Approved Relative Caregiver Placements), Guardianships established through Juvenile Court, Probate Guardianships, Non-Relative Extended Family Members, Dual Agency Placements, Kinship Guardianship Assistance Payment Program, Nonminor Dependents (NMDs) residing in a home based family care setting, Tribally Approved Homes, Intensive Services Foster Care (ISFC), and other specialized models of foster care.

Since 2017, the California Department of Social Services (CDSS) has been implementing an interim level of care rate for Resource Families, STRTPs, FFAs, ISFC, and other specialized models of foster care.

On July 2, 2024, the Permanent Foster Care Rate Structure passed as part of Assembly Bill 161 (Chapter 46, Statutes of 2024),¹ which detailed a new tiered rate structure consisting of three tiers (Tier 1, Tier 2, Tier 3 (0-5 years), and Tier 3+ (6 years and older) developed by CDSS based on statistical analysis of the Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) assessment of youth in foster care. The tier levels are designed to address the levels of care and needs of the children in each tier based on their IP-CANS assessment, regardless of their placement setting. The IP-CANS assessment is intended to be completed by the child's or youth's social worker in consultation with the caregiver and other supports. The tiered rate structure is part of California's broader effort to create a more equitable, needs-based foster care system that prioritizes healing, development, and long-term success for children and youth.

Each tier includes:

- A **Care and Supervision** rate for the care and supervision of the child or youth in foster care;
- A separate amount of funding for **Strengths Building**, which could include activities identified by the Child and Family Team (CFT) or the youth and caregiver, like clubs, sports, or extracurricular activities, or other supports like peer mentoring or art or other classes; and,

- **Immediate Needs** funding intended to help families address immediate needs and/or action required to aid children or youth with serious emotional, behavioral, or health needs (for children/youth assigned to Tiers 2, 3, or 3+).

On June 27, 2025, Governor Newsom signed California's 2025-2026 state budget, modifying the original "trigger on" provision implementing July 1, 2027, start date of the Foster Care Tiered Rate Structure, instead making its implementation contingent on budget appropriations by the Legislature. The 2025-2026 budget additionally approved an increase of \$928,000 in funding to provide additional resources for CANS fidelity and training activities related to the Foster Care Tiered Rate Structure.²

CFTs and CANS Assessments

The IP-CANS assessment was first adopted by CDSS in 2018 as a tool to assess child well-being, identify social and behavioral health care needs, support service planning, and monitor system-level outcomes. The IP-CANS assessment includes seven domains: Behavioral/Emotional Needs; Life Functioning; Risk Behaviors; Cultural Factors; Strengths; Caregiver Resources and Needs, and Potentially Traumatic/Adverse Childhood Experiences. The IP-CANS is completed by a social worker through a series of conversations posing questions addressing each of the domains; gathering information on the child's/youth's and parents'/caregivers' needs and strengths. Strengths are the child's/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The IP-CANS not only determines the foster care rate tier but also serves as a foundational tool for identifying individualized supports and services that promote youth well-being, permanency, and stability.

The CFT plays a key role in the IP-CANS and case planning process. The CFT includes the youth, family members, Tribe(s) in the case of an Indian child, supportive adults, and professionals, working together to identify strengths and needs, promoting safety, permanency, and well-being. The CFT is guided by family preferences, valuing the family's input, and reflects the family's unique values and culture.

The IP-CANS results must be shared, discussed, and used within the CFT meeting process to support case planning and care coordination. A CFT meeting and an updated IP-CANS must be completed as the child's/youth's service needs dictate, and must be completed within 60 days of case opening for child welfare involved youth, and prior to development of the case plan if recommending a juvenile probation involved youth be placed in foster care, or prior to the dispositional hearing, whichever is earliest, and not less than every six months thereafter.

Following the completion of the IP-CANS assessment (developed with input from the CFT), the foster care funding rate (one of three tiers) for the child/youth will be established. The Tiered Rate Structure will require the case plan to include the child's or NMD's most recent IP-CANS assessment and tier, and information relating to the child's or NMD's Immediate

Needs allocation plan and Strengths Building spending plan, and spending plan report.

Research shows that identifying and investing in strengths can significantly improve mental health outcomes. Children with strengths identified through the IP-CANS have a 50% reduction in serious mental health conditions. This underscores the importance of Strengths Building funding as a tool to promote healing, resilience, and long-term stability.³

CFT and CANS Survey Summary

Background:

The Alliance for Children's Rights conducted a voluntary online survey in June of 2025, of stakeholders in the child welfare system, including caregivers, parents, former and current foster youth, and service providers. In addition, the Alliance facilitated listening sessions with caregivers and youth with lived experience. The purpose of the survey and listening sessions was to:

- Gather feedback on the use and usefulness of the IP-CANS assessment;
- Understand how CFTs are being used to support youth well-being and care planning;
- Identify gaps in training, transparency, and communication; and,
- Learn what information stakeholders need to support successful implementation of the Tiered Rate Structure.

The survey results and listening sessions will inform implementation guidance, training strategies, and policy recommendations to ensure that the Tiered Rate Structure is implemented in a way that is equitable, transparent, and responsive to the needs of children, youth, and families.

Respondents:

The CFT meetings and CANS survey received responses from 66 diverse stakeholders across the child welfare system, reflecting a broad spectrum of roles and lived experiences. As well, ten caregivers and ten youth with lived experience participated in listening sessions.

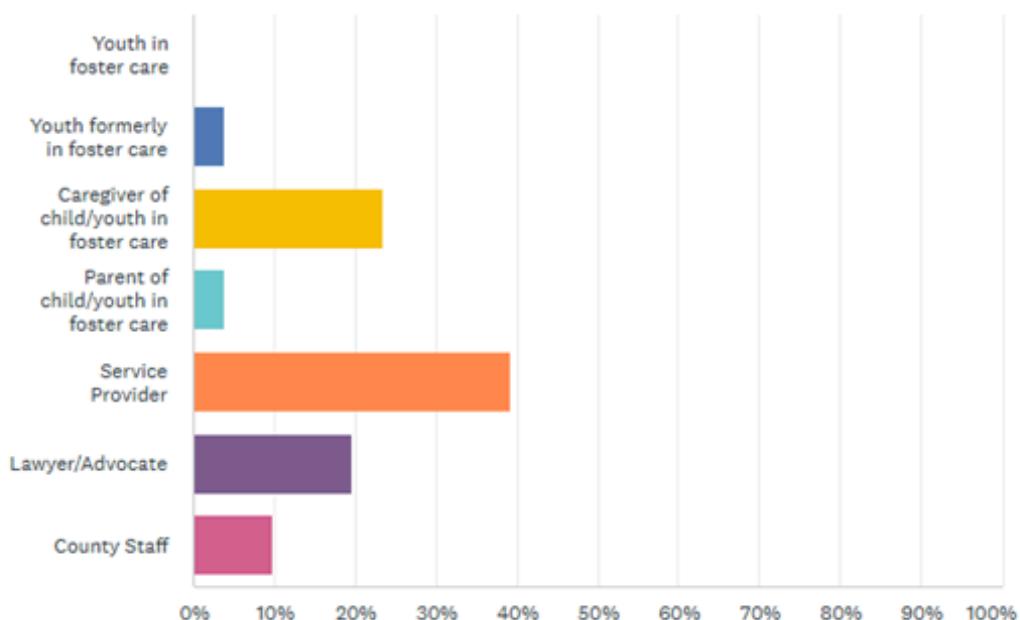
Service providers made up the largest group responding to the survey, with 20 respondents offering insights from their work in community-based organizations, STRTPs, and other direct service roles. Twelve respondents identified as caregivers of children and youth in foster care, sharing firsthand perspectives on the challenges and opportunities within the CFT and IP-CANS processes. Ten respondents were lawyers or advocates, including minor's counsel and CASA representatives, who provided critical feedback on procedural fidelity and youth rights. County staff accounted for five responses, offering a view into the operational realities of implementing state-mandated practices. Additionally, two youth formerly in foster care and two parents of children in care contributed their voices, underscoring the importance of centering lived experience in policy development. This diverse representation ensures that the findings reflect a wide range of perspectives essential to shaping equitable and effective child welfare practices.

Respondents Stakeholder Interest by Category:

Sixty-six (66) people with a role in the child welfare system responded to the survey. Some respondents declined to answer the demographic section of the survey, with fifty-one (51) people signifying their specific involvement in the child welfare system. Some respondents identified with more than one category, reflecting their multifaceted involvement in the system.

I am involved with the child welfare system as a:

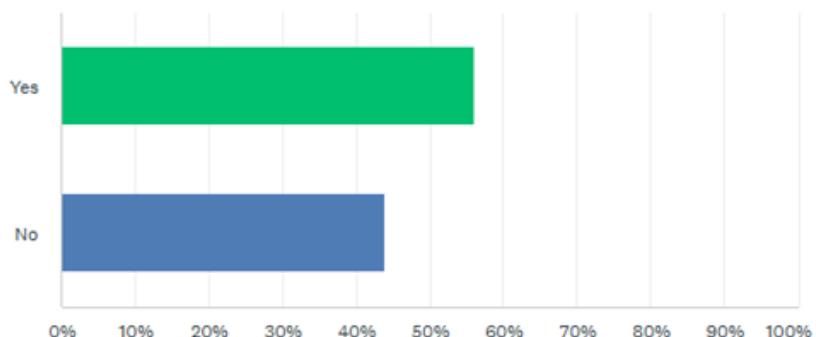
Answered: 51 Skipped: 15



Awareness of the Tiered Rate Structure

Q1: Before this survey, were you aware that the California Department of Social Services is developing the processes to implement a new foster care Tiered Rate Structure?

Answered: 66 Skipped: 0



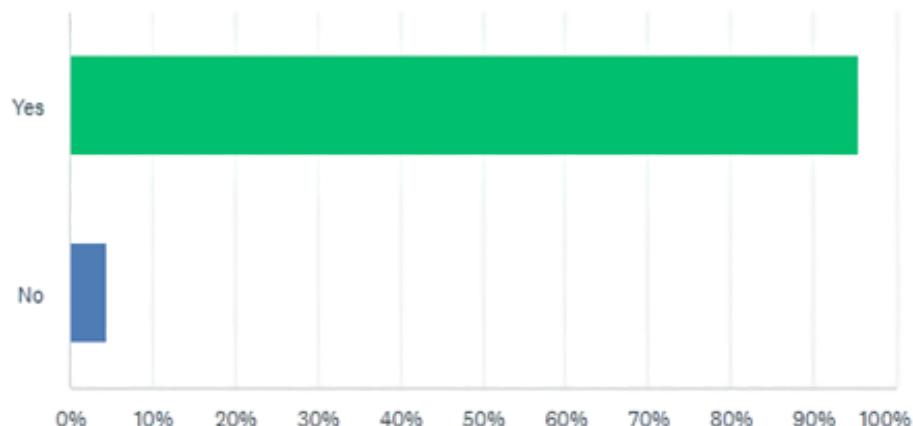
When asked whether they were aware that CDSS is developing the processes to implement a new foster care Tiered Rate Structure, responses were nearly evenly split. Of the 66 individuals who answered this question, 37 respondents (56%) indicated they were aware of the proposed changes, while 29 respondents (44%) reported they were not. This finding suggests that while a slight majority of stakeholders are informed about the Tiered Rate Structure, a significant portion of the child welfare community remains unaware of this major policy shift. The lack of awareness among nearly half of respondents highlights a critical need for broader outreach and communication from CDSS and county agencies.

This gap in awareness highlights the need for broader outreach and education efforts to ensure that all stakeholders—particularly caregivers and youth—understand the role of the IP-CANS in identifying and planning services and funding. Increasing awareness is a critical first step toward meaningful engagement and successful implementation. As the state moves toward implementation of their new needs-based funding model, transparency and education will be key to fostering trust and engagement across the system.

Participation in Child and Family Team Meetings

Q2: *Have you participated in a Child and Family Team (CFT) meeting?*

Answered: 66 Skipped: 0



When asked whether they had participated in a Child and Family Team (CFT) meeting, an overwhelming majority of respondents, 63 out of 66 (94%), reported that they had. Only three respondents indicated they had not participated in a CFT meeting. This high level of engagement reflects the widespread implementation of CFTs across California's child welfare system and affirms their central role in case planning and service coordination.

While participation rates were high, qualitative responses revealed that the quality and inclusivity of these meetings varied significantly. Several respondents noted that although they were present, their voices were not always heard or valued. In particular, youth and caregivers described feeling sidelined or overwhelmed in meetings that were often dominated by professionals.

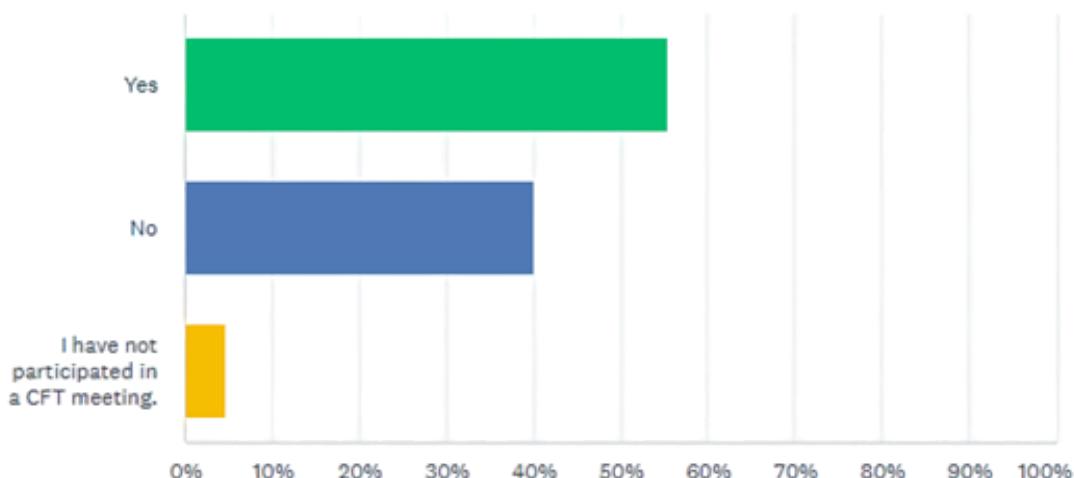
Others expressed concern that CFTs were sometimes treated as procedural requirements rather than meaningful opportunities for collaboration.

These findings suggest that while the infrastructure for CFTs is in place, more training is needed to ensure that meetings are facilitated in a way that centers youth and family voices, fosters genuine collaboration, and leads to actionable outcomes. Ensuring consistent, equitable access to CFT meetings is essential to building collaborative, family- and youth-centered planning processes.

Timeliness of CFT Meetings

Q3: If you have participated in a CFT meeting, do you think it was scheduled timely (within 60 days of case opening and every six months while the case is open)?

Answered: 65 Skipped: 1



Survey participants were asked whether CFT meetings were scheduled in a timely manner, defined as within 60 days of case opening and every six months while the case remains open. Out of 66 respondents who answered this question, 36 individuals (54.5%) reported that meetings were scheduled on time, while 26 respondents (39.4%) indicated that they were not. Qualitative responses revealed several barriers to timely scheduling, including delays caused by overloaded caseworkers, lack of coordination among team members, and inconsistent adherence to scheduling protocols across counties. Youth respondents identified that attending CFT meetings could be triggering or otherwise difficult due to other life challenges.

Inconsistent Adherence to Timelines

Survey responses revealed that timely scheduling of CFT meetings remains a significant challenge across the child welfare system. While some respondents reported that meetings were held within the required 60-day timeframe and at regular six-month intervals, others indicated that CFTs were often delayed, irregular, or not scheduled at all. Some respondents noted that while initial meetings were held within the expected timeframe, follow-up meetings were often delayed, undermining continuity of care.

This inconsistency was noted across counties and agencies, with some respondents describing the process as "sporadic" or "dependent on the urgency of the case."

Systemic and Staffing Barriers

Respondents attributed delays in scheduling to systemic issues, including high caseloads, staffing shortages, and limited administrative support. Several noted that case-carrying social workers often lacked the capacity to coordinate timely meetings, especially when juggling multiple responsibilities. Responses cited budget constraints and lack of infrastructure as contributing factors to time delays, particularly in rural or under-resourced counties.

Impact on Case Planning and Service Delivery

The lack of timely CFT meetings was seen as a barrier to effective case planning and service coordination. Respondents emphasized that when meetings are delayed, critical decisions are postponed, and opportunities to engage youth and caregivers early in the process are missed. This can result in delayed access to services, weakened team cohesion, and reduced trust among participants.

Responses highlighted that scheduling was frequently driven by professional availability rather than youth and family needs, and that short notice or lack of communication further complicated participation, for youth and family members as well as members of supportive circles. These findings suggest that while the majority of respondents experienced timely scheduling, systemic challenges persist that hinder consistent and equitable implementation of CFT meetings. These delays can hinder service delivery and disrupt case planning. Strengthening infrastructure and accountability mechanisms is necessary to ensure that CFT meetings occur within mandated timeframes and support timely, coordinated care. Additionally, trained neutral facilitators can aid in addressing scheduling and perceived power imbalances between professionals and youth and family members.

Barriers to CFT Participation

Q4: If you have participated in a CFT meeting, what were the barriers or challenges to participating in the CFT meeting?

Scheduling Conflicts and Limited Availability

Respondents frequently cited scheduling challenges as a major barrier to participating in CFT meetings. Coordinating availability among multiple stakeholders, including caregivers, youth, social workers, service providers, legal representatives, and adult supporters, was described as time-consuming and often unsuccessful. Meetings were sometimes scheduled with little notice, making it difficult for participants to rearrange work, school, or caregiving responsibilities.

"The CFTs are not facilitated consistently; they lack depth, do not meet youth and family needs, and often do not include everyone that they should."

Some respondents noted that meetings were held during standard business hours, which excluded working family members, caregivers and youth in school. Also, scheduling during school hours impacts school attendance and stability.

Lack of Preparation and Clarity

Several respondents reported entering meetings with little to no preparation, unclear agendas, or limited understanding of the meeting's purpose. This lack of clarity contributed to confusion and disengagement, particularly for youth, caregivers, and family members who are unfamiliar with the CFT process. Respondents recommended providing pre-meeting materials, such as agendas, participant lists, and discussion topics, to help attendees prepare and participate meaningfully.

Power Imbalances and Limited Voice

Respondents described power dynamics within CFT meetings that made it difficult for youth, caregivers, and informal supports to speak openly. In some cases, professionals dominated the conversation, and decisions appeared to be pre-determined before the meeting. Youth participants reported feeling talked about rather than included, and caregivers noted that their insights were sometimes dismissed or undervalued. These dynamics created environments where authentic collaboration was difficult to achieve.

Youth with lived experience: **"I felt attacked and not heard, and there were no solutions, just demands."**

Emotional Discomfort and Safety Concerns

Several respondents highlighted the emotional intensity of CFT meetings, especially when sensitive topics such as trauma, behavioral challenges, or family conflict were discussed. Youth and caregivers sometimes felt judged, particularly when surrounded by unfamiliar professionals. Respondents emphasized the need for trauma-responsive facilitation, safe spaces, and clear boundaries around what is discussed and how.

Technology and Accessibility Issues

While virtual meetings have improved access for some, respondents noted that technical difficulties, lack of internet access, and unfamiliarity with digital platforms created barriers for others. In rural areas or among families with limited resources, virtual participation was not always feasible. Respondents recommended offering multiple participation options, including in-person, phone, and virtual formats, to accommodate diverse needs.

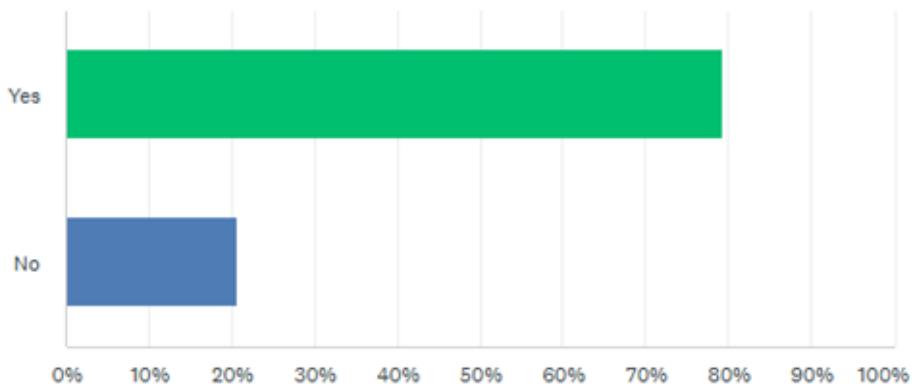
Stakeholders identified a range of barriers to participating in CFT meetings, including scheduling conflicts, lack of preparation, emotional discomfort, and power imbalances. These challenges can limit meaningful engagement and undermine the purpose of the CFT. Addressing these barriers through trauma-responsive facilitation, flexible scheduling, and pre-meeting preparation can enhance participation and outcomes.

"It seemed like the conversation had to be very scripted, and open dialogue was discouraged. There was no transparency or open discussions and communication among the team members. Further information provided by external team members was not thoroughly reviewed and considered, but rather dismissed."

Value of Participant Input in CFTs

Q5: If you have participated in a CFT meeting, do you feel your input was valued by the CFT facilitator and considered in the case planning?

Answered: 63 Skipped: 3



Respondents were asked whether they felt their input was valued by the CFT facilitator and considered in the case planning process. Out of 64 individuals who answered this question, 50 respondents (78%) reported that their input was valued, while 13 respondents (20%) indicated that it was not. While the majority of participants felt heard and respected during CFT meetings, a notable portion expressed concerns about the authenticity of engagement.

Mixed Experiences with Inclusion and Respect

Respondents shared varied experiences regarding whether their input was valued during CFT meetings. While some participants, particularly service providers and CASAs, reported feeling heard and respected, others expressed concern that their contributions were minimized, overlooked, or dismissed. Several respondents noted that power dynamics within the meeting often influenced whose voices were prioritized, with professionals sometimes dominating the conversation.

Performative Actions and Limited Influence

A recurring theme was the perception that stakeholder input was solicited but not meaningfully incorporated into case planning, leading to frustration and disengagement. Some respondents described the process as performative, where participants were invited to share but decisions had already been made.

Youth and Caregiver Voices Often Undervalued

Respondents emphasized that youth and caregivers, those most directly impacted by the case plan, were often not given equal weight in discussions. Youth participants reported feeling talked about rather than talked to, and caregivers noted that their lived experience and knowledge of the child were sometimes dismissed in favor of professional opinions. This lack of genuine collaboration was seen as a barrier to effective planning and trust-building.

Facilitator Skill and Meeting Structure Matter

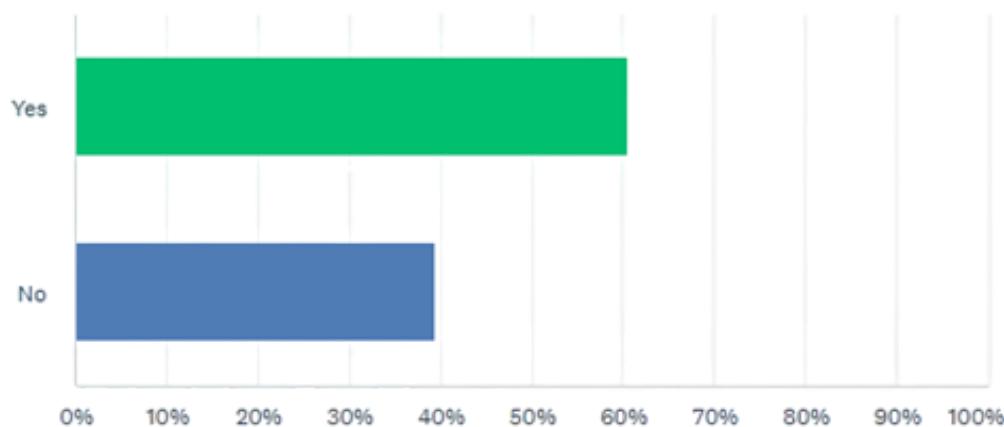
Several respondents highlighted that the skill and neutrality of the facilitator played a critical role in whether input was valued. Facilitators who were trained in trauma-responsive care, collaborative planning, and inclusive engagement were more likely to create environments where all voices were respected. Structured agendas, clear expectations, and opportunities for open dialogue were also cited as factors that improved the quality of participation.

While some respondents felt their input was valued during CFT meetings, others described experiences of tokenism or exclusion. Youth and caregivers, in particular, reported feeling overlooked or dismissed. These findings suggest that while many facilitators are successfully fostering inclusive environments, there remains a need for consistent practices that elevate all voices and ensure that input from youth, families, and supportive adults is reflected in case outcomes. Ensuring that all voices are heard and reflected in case planning requires skilled facilitation, inclusive practices, and a commitment to shared decision-making.

Alignment of Case Plans with CFT Discussions

Q6: If you have participated in a CFT meeting, do you feel the case plans resulting from those meetings reflected the CFT discussion?

Answered: 61 Skipped: 5



A total of 62 respondents answered the question about whether case plans reflected the discussions held during CFT meetings. Of these, 37 respondents (approximately 60%) felt that the case plans did reflect the discussion, while 24 respondents (approximately 39%) did not.

Mixed Experiences with Implementation

Respondents shared mixed experiences regarding whether case plans accurately reflected the discussions held during CFT meetings. While some participants reported that their input was incorporated and that the resulting plans aligned with the team's conversation, many others expressed concern that case plans often diverged from what was discussed, or that decisions had already been made prior to the meeting.

Perception of Pre-Determined Outcomes

Several respondents noted that case plans sometimes appeared to be pre-written or finalized before the CFT meeting took place, with limited opportunity for meaningful input from caregivers, youth, or other team members. In these cases, the CFT was described as performative rather than collaborative, with the meeting serving to inform participants of decisions rather than to shape them.

Lack of Follow-Through Undermines Trust

Even when discussions were robust and inclusive, respondents frequently cited a lack of follow-through as a barrier to alignment between the meeting and the case plan. Promises made during the CFT were not always documented or implemented, leading to frustration and diminished trust in the process. Respondents emphasized the need for clear documentation of action items, assigned responsibilities, and timely follow-up to ensure that the case plan reflects the team's shared vision.

Need for Greater Accountability and Transparency

Respondents called for greater accountability in ensuring that CFT discussions directly inform case planning. This includes transparent decision-making, shared review of draft case plans, and opportunities for feedback before finalization. Some suggested that case plans should be co-developed in real time during the meeting, with visible documentation and agreement from all parties.

These findings suggest that while a majority of participants observed alignment between meeting dialogue and documented plans, a significant portion experienced a disconnect. This highlights the importance of ensuring that the collaborative nature of CFT meetings is meaningfully translated into both case planning and case planning documents and that all voices are accurately represented in the outcomes. To build trust and accountability, agencies must ensure that CFT input is documented, incorporated into case plans, and implemented through timely action. In addition, challenges or barriers resulting in changes to the case plan should be clearly identified and communicated to the CFT and especially the youth.

Recommendations to Improve CFT Meetings

Q7: What could child welfare agencies/probation offices and/or CDSS do to improve the challenges or barriers to successful CFT meetings?

Ensure Timely and Consistent Scheduling

Respondents consistently cited delays in scheduling and infrequent meetings as major barriers to successful CFTs. Many noted that meetings often occur well beyond the required 60-day timeframe or are skipped entirely. To address this, respondents recommended that child welfare agencies and probation offices prioritize timely scheduling, with automated reminders, dedicated staff for facilitation and coordination, and clear accountability mechanisms to ensure meetings occur regularly and on time.

Invest in Skilled, Neutral Facilitation

The quality of facilitation was identified as a key determinant of meeting success.

Respondents emphasized the need for trained, neutral facilitators who can manage group dynamics, ensure all voices are heard, and guide the team toward actionable outcomes. Several respondents suggested that facilitators should not be case-carrying social workers, but rather independent professionals or community-based partners trained in trauma-responsive care and collaborative planning.

Promote Inclusive and Equitable Participation

Respondents urged agencies to ensure that all relevant stakeholders are invited and supported to participate, including youth, caregivers, family, informal supports, educators, and service providers, as appropriate. This includes providing adequate notice, accommodating schedules, and offering virtual options when needed. Respondents also recommended pre-meeting preparation for youth and caregivers to help them engage meaningfully and feel empowered in the process.

Provide Clear Agendas and Follow-Up

Many respondents expressed frustration with meetings that lacked structure or failed to result in clear action plans. Responses encouraged agencies to implement standardized agendas, SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) goals, and documented follow-up procedures to ensure accountability. Respondents also recommended that meeting notes and action items be shared promptly with all participants and that progress be reviewed at subsequent meetings.

Address Systemic and Resource Barriers

Respondents noted that staffing shortages, high caseloads, and limited infrastructure often prevent agencies from conducting effective CFTs. To address these challenges, CDSS and county agencies were urged to invest in staffing, technology, and training, and to streamline administrative processes that hinder coordination. Some respondents also called for statewide standards to reduce variability across counties and ensure consistent quality.

Create Safe and Youth-Centered Spaces

Respondents emphasized the importance of creating emotionally safe environments where youth feel respected and heard. This includes avoiding judgmental language, protecting confidentiality, and ensuring youth have a say in who attends the meeting. Agencies were encouraged to adopt trauma-responsive practices, provide pre-meeting coaching, and allow youth to opt out or modify participation based on their comfort level.

Stakeholders offered a range of recommendations to improve the effectiveness of CFT meetings, including timely scheduling, skilled facilitation, inclusive participation, and clear follow-up. Addressing systemic barriers such as staffing shortages and inconsistent practices across counties is essential to ensuring that CFTs function as intended: as collaborative, family- and youth-centered planning spaces.

Role of the CFT in Completing the IP-CANS

Q8: What role do you think the CFT should play in completing the IP-CANS, including identifying strengths and needs and supporting the child/youth in accessing supports and services reflecting those strengths and needs?

Collaborative Identification of Strengths and Needs

Respondents overwhelmingly agreed that the CFT should play a central and collaborative role in completing the IP-CANS assessment. Comments emphasized that the CFT is uniquely positioned to provide a holistic view of the child or youth, drawing on the insights of caregivers, service providers, educators, and the youth themselves. Responses cited that the CFT should be actively involved in identifying both strengths and needs, ensuring that the assessment reflects the full context of the child's life, including cultural identity, lived experience, and personal goals.

Centering Youth and Family Voice

Many respondents stressed that the CFT process must center the voice of the youth and family in identifying what matters most to them. This includes uplifting the youth's own understanding of their strengths and challenges and ensuring that their goals are reflected in the assessment and subsequent planning. Respondents noted that when youth and families are empowered to lead these conversations, the resulting plans are more meaningful, relevant, and likely to succeed.

Supporting Access to Services and Resources

Respondents emphasized that the CFT should not only help identify needs but also play an active role in connecting youth to appropriate services and supports. This includes ensuring that services are culturally responsive, trauma-responsive, and accessible, and that barriers such as transportation and access are addressed. Respondents also noted that the CFT should help track progress and adjust supports as the youth's needs evolve over time.

Ensuring Accountability and Follow-Through

Several respondents highlighted the importance of the CFT in ensuring accountability for the implementation of services and supports identified through the IP-CANS. This includes documenting action items, assigning responsibilities, and following up to ensure that commitments are met. Respondents noted that without this accountability, the assessment risks becoming a procedural formality rather than a meaningful planning tool.

Promoting Consistency and Shared Understanding

Respondents also noted that the CFT can help promote consistency across systems and providers, ensuring that everyone involved in the youth's care is working from a shared understanding of their needs and strengths. This is particularly important in complex cases involving multiple systems, such as child welfare, behavioral health, education, and probation.

Recommendations for Effective CFT Engagement

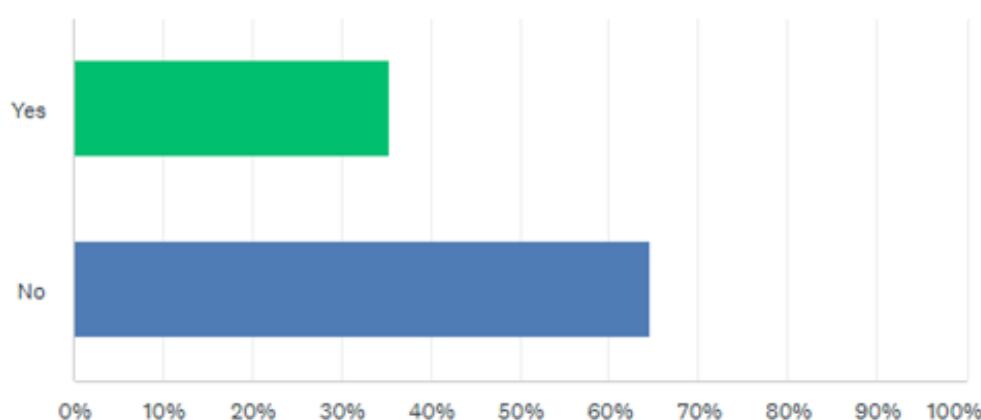
To support the CFT's role in the IP-CANS process, respondents recommended training for all team members on the purpose and structure of the assessment, as well as tools to facilitate inclusive and strengths-based conversations. Some also suggested that neutral facilitators or community-based partners may be better positioned to lead these discussions in a way that builds trust and promotes authentic engagement.

Respondents emphasized that the CFT should play a central role in completing the IP-CANS, offering a holistic view of the child's strengths and needs. The team's involvement ensures that the assessment is grounded in lived experience and supports meaningful service planning. Facilitating inclusive, collaborative CFT discussions is key to completing the IP-CANS with fidelity.

Participation in IP-CANS Assessments

Q9: Have you participated in the completion of an IP-CANS assessment?

Answered: 65 Skipped: 1



A total of 66 respondents answered the question about participation in the completion of an IP-CANS assessment. Of these, 23 respondents, representing 34.8%, reported that they had participated in the assessment process. In contrast, 42 respondents, or 63.6%, indicated that they had not participated at the time of the survey.

Limited but Varied Participation Across Stakeholders

Survey responses revealed that participation in the completion of the IP-CANS assessment is inconsistent across stakeholder groups. While some respondents, particularly service providers and county staff, reported direct involvement in the assessment process, many others, including caregivers, youth, and CASAs, indicated they had not been included or were uncertain about their role in the process.

Lack of Clarity and Inclusion

Several respondents noted that they were unaware of the IP-CANS assessment or had not been informed when it was being completed. Others shared that while they were present during CFT meetings where the IP-CANS was discussed, they were not actively engaged in the assessment itself. This lack of clarity around roles and expectations suggests a need for greater transparency and communication from child welfare agencies and assessors.

While some stakeholders have participated in the IP-CANS assessment process, many, particularly caregivers and youth, reported being excluded or unaware of their role. Increasing transparency and engagement in the assessment process is critical to ensuring that the IP-CANS reflects the full context of the child's life and informs effective planning.

Pre-Assessment Information Needs for Youth

Q10: What information/training do children/youth need before completing their first IP-CANS assessment?

Clarity on Purpose and Process

Respondents emphasized that children and youth need clear, age-appropriate explanations of what the IP-CANS assessment is and why it is being conducted. Youth should understand that the assessment is not a test or judgment, but rather a tool to help identify their strengths and needs so that services and supports can be tailored to their strengths. Respondents noted that explaining the goals and benefits of the assessment upfront helps reduce anxiety and builds trust.

Reassurance About Confidentiality and Safety

Many respondents highlighted the importance of reassuring youth about how their information will be used and who will have access to it. Youth should be informed that their responses will not be used to punish or label them, and that they have the right to speak honestly and safely. Respondents recommended that youth be told they can ask questions, skip questions, or request breaks if they feel overwhelmed.

Introduction to the Assessment Format

Respondents suggested that youth would benefit from a walkthrough of the assessment format, including the types of questions they will be asked and how responses are rated. This can include sample questions, visual aids, or practice scenarios to help them feel more comfortable. Simplified language and interactive tools were recommended for younger children.

Supportive Adults and Pre-Assessment Conversations

Several respondents recommended that youth have the opportunity to discuss the assessment with a trusted adult, such as a caregiver, social worker, minor's counsel, or youth advocate, before it begins. These conversations can help youth identify their own strengths and needs, build confidence, and clarify any concerns. Respondents noted that this preparation is especially important for youth who have experienced trauma or who are new to the child welfare system.

Framing the Assessment as Empowering

Respondents emphasized the importance of framing the IP-CANS as a way for youth to have a voice in their care. Youth should be encouraged to see the assessment as an opportunity to share their experiences, goals, and preferences, and to help shape the services and supports they receive. This framing helps shift the dynamic from compliance to collaboration.

Responses emphasize that youth need timely, clear, age-appropriate information about the IP-CANS before participating in the initial assessment with reminders prior to each subsequent assessment. This includes understanding its purpose, how their input will be used, and what to expect. Providing supportive preparation and framing the assessment as a tool for empowerment can help youth engage meaningfully and reduce uncertainty and anxiety. County placing agencies should work collaboratively with other agencies to help prevent overassessment of youth.

“Children/youth should have an age-appropriate explanation of what an IP-CANS Assessment is, why it's being done, who will see it, and what to expect with the assessment. They need to be assured their answers are important and won't change their placement or impact them in a negative manner.”

Post-Assessment Information Needs for Youth

Q11: What information/training do children/youth need after completing their first and any subsequent IP-CANS assessment?

Understanding the Outcomes and Next Steps

Respondents emphasized that children and youth need timely, clear, age-appropriate explanations of the outcomes of their IP-CANS assessment. This includes understanding how the results will be used to inform their case plan, services, and support.

Youth should be told what the assessment revealed about their strengths and needs, and how that information will guide decisions made by their CFT and contribute to identifying activities and expenditures for their strengths building plan. Respondents noted that this transparency helps youth feel included and respected, rather than judged or labeled.

Empowerment Through Education

Several respondents highlighted the importance of empowering youth by helping them understand the purpose and value of the IP-CANS assessment. Training should focus on how the assessment is a tool to support their goals, not a test of their worth. Youth should be reassured that their input matters and that they have the right to ask questions, express disagreement, and advocate for changes if they feel the assessment does not reflect their reality. Information on how the IP-CANS can support identifying strengths building activities to include in the strengths building plan and guide expenditures should be included.

Building Trust and Safety

Respondents stressed the need for youth to feel safe and supported throughout the assessment process. After completing the IP-CANS, youth should be given opportunities to debrief with a trusted adult, such as a caregiver, social worker, minor's counsel or youth advocate. This conversation should validate their experiences and provide emotional support and aftercare, especially if sensitive topics were discussed during the assessment. Respondents also recommended that youth be informed about their confidentiality rights and how their information will be shared.

Ongoing Engagement and Feedback

Youth should be encouraged to stay engaged in the planning process after the assessment. Respondents suggested that youth receive regular updates on how their assessment results are being used and what progress is being made toward their goals. This includes being invited to review and revise their plans as needed, ensuring that their voice remains central throughout their care journey.

Tailored Support Based on Developmental Needs

Respondents noted that training and information must be tailored to the developmental level of the youth. For younger children or those with cognitive or emotional challenges, simplified explanations and visual tools may be necessary. For older youth, especially those nearing adulthood, respondents recommended incorporating financial literacy, self-advocacy skills, and transition planning into post-assessment support.

After completing the IP-CANS, youth need support to understand the results and how they will be used. Respondents emphasized the importance of follow-up conversations, emotional support, and opportunities for youth to ask questions and provide feedback. Ensuring that youth feel informed and respected strengthens their engagement and trust in the process.

"They need closure, further discussion, and someone willing to take the time to decode what the results of their IP-CANS means for them."

Supporting Youth Engagement in IP-CANS and CFTs

Q12: What information/training do children/youth need to best engage in the completion of the IP-CANS and CFT meetings?

Clarity on Purpose and Process

Respondents emphasized that children and youth need clear, accessible explanations of what the IP-CANS assessment and CFT meetings are, why they matter, and how their participation can shape their care, including their strengths-building plan. Youth should be informed that these tools are designed to support their well-being, not to evaluate or punish them. Respondents noted that demystifying the process helps reduce anxiety and builds trust.

Understanding Their Role and Rights

Youth need to know that they are key participants in both the assessment and the team meetings. Respondents recommended training that outlines their rights to engage in the process: to be heard, to ask questions, and to disagree with what is being said. Youth should be encouraged to express their needs, goals, and concerns, and be reassured that their voice carries weight in shaping their services and supports.

Supportive Preparation and Coaching

Several respondents suggested that youth benefit from pre-meeting preparation, including one-on-one coaching or orientation sessions with a trusted adult. These sessions can help youth identify their strengths and needs, practice how to share their thoughts, and understand what to expect during the meeting. Respondents also recommended the use of youth-friendly tools, such as visual aids or simplified versions of the IP-CANS domains.

Creating a Safe and Respectful Environment

Respondents stressed the importance of ensuring that youth feel emotionally safe and respected during the assessment and meetings. This includes allowing youth to choose who is present, setting clear boundaries around sensitive topics, and ensuring that adults in the room speak with, not about them. Youth should be informed that they can pause or step out if they feel overwhelmed.

Developmentally Appropriate Engagement

Training and information must be tailored to the youth's age, cognitive ability, and emotional readiness. For younger children or those with developmental delays, respondents recommended simplified language and more visual or interactive approaches. For older youth, especially those preparing for adulthood, training should include self-advocacy, goal-setting, and decision-making skills.

Framing the IP-CANS as a Strengths-Based Tool

Respondents noted that youth often perceive assessments as judgmental or deficit-focused. To counter this, facilitators should frame the IP-CANS as a tool for identifying strengths and opportunities, not just problems. Youth should be encouraged to reflect on their accomplishments, interests, strengths and aspirations, and how these can be supported through services and planning.

Youth engagement in the IP-CANS and CFT process requires preparation, support, and a safe environment. Respondents recommended using youth-friendly tools, trauma-responsive practices, and coaching to help youth understand their role and feel empowered to participate. Centering youth voice is essential to creating plans that reflect their goals and needs.

Supporting Caregiver Engagement in IP-CANS and CFTs

Q13: What information/training do caregivers need to best engage in the completion of the IP-CANS and CFT meetings?

Understanding the Purpose and Impact

Respondents emphasized that caregivers need clear, comprehensive information about the purpose of the IP-CANS assessment and CFT meetings. Caregivers should understand that these tools are designed to identify strengths and needs, inform case planning, and guide service delivery, not to evaluate or criticize their caregiving. Respondents noted that when caregivers understand the intent and impact of these processes, they are more likely to engage meaningfully and advocate effectively for the child or youth.

Training on the IP-CANS Framework

Many respondents recommended that caregivers receive basic training on the IP-CANS domains and scoring system, including how strengths and needs are rated and how those ratings influence service decisions and funding in Resource Family Approval training and more informally as subsequent IP-CANS assessments are completed. Respondents expressed concern that caregivers often feel unprepared to contribute to the assessment and may misinterpret its purpose, particularly in the first months of an initial placement. Training should include examples of how caregiver input shapes the assessment and how to provide accurate, strengths-based observations.

Preparation and Support for CFT Meetings

Caregivers need guidance on what to expect during CFT meetings, including who will be present, what topics will be discussed, and how decisions are made. Respondents suggested that caregivers benefit from pre-meeting preparation, such as reviewing the child's/youth's progress, identifying current concerns, and clarifying goals. Some recommended providing caregivers with written agendas, sample questions, or checklists to help them prepare and feel confident in their contributions.

Communication and Advocacy Skills

Respondents highlighted the importance of training caregivers in effective communication and advocacy, particularly in navigating complex team dynamics. Caregivers should be encouraged to share their insights, ask questions, and advocate for services and supports that align with the child's/youth's needs. Respondents noted that caregivers often feel overshadowed by professionals in the room and need support to assert their role as key decision-makers.

Clarifying Roles and Responsibilities

Respondents noted that caregivers often need clarity on their role in the assessment and planning process, including what is expected of them before, during, and after the meetings. This includes understanding how to suggest agenda items and follow up on action items, provide documentation, and communicate with other team members. Clear guidance on accountability and next steps helps caregivers stay engaged and ensures continuity of care.

Caregivers need clear information and training to participate effectively in the IP-CANS and CFT process. This includes understanding the purpose of the assessment, how to contribute, and what to expect during meetings. Providing logistical support, trauma-responsive training, and opportunities for collaboration can enhance caregiver engagement and improve outcomes.

Defining a Successful CFT Meeting

Q14: What outcomes or actions would make you feel a CFT meeting was successful?

Clear Action Plans and Follow-Through

A dominant theme among respondents was the importance of clear, actionable plans emerging from CFT meetings. Many emphasized that success is defined by concrete next steps, with assigned responsibilities and timelines. Respondents expressed frustration when meetings ended without clarity on who would do what, by when, and how follow-up would occur. Several noted that lack of follow-through on agreed-upon actions undermines the purpose of the meeting and erodes trust in the process.

Youth and Family Voice at the Center

Respondents consistently highlighted that a successful CFT meeting must center the youth's and family's voice. This includes ensuring that youth feel heard, respected, and empowered to contribute meaningfully. Some respondents noted that when youth are engaged and their preferences are reflected in the plan, the meeting feels more authentic and impactful. Others emphasized the importance of avoiding tokenism and ensuring that youth, family members and caregivers are not overshadowed by professionals in the room.

Collaborative and Inclusive Participation

Many respondents described successful CFTs as those where all team members actively participate, including caregivers, youth, service providers, family members and informal supports.

Respondents appreciated meetings where diverse perspectives were welcomed, and decisions were made collaboratively. Several noted that neutral facilitation and structured agendas helped ensure balanced participation and prevented any one voice from dominating the conversation.

Timely and Consistent Meetings

Timeliness was another key indicator of success. Respondents noted that CFTs should be held regularly and within mandated timeframes, particularly within the first 60 days of case opening and every six months thereafter. Delays in scheduling or inconsistent meeting frequency were cited as barriers to effective planning and service delivery.

Strengths-Based and Goal-Oriented Approach

Respondents valued CFT meetings that focused not only on challenges but also on identifying and building upon the strengths of the child and family. A strengths-based approach was seen as essential to fostering hope, resilience, and engagement. Respondents also appreciated when meetings were goal-oriented, with a clear connection between identified needs and the services or supports being offered.

Transparency and Accountability

Several respondents emphasized the need for transparency in decision-making and accountability for follow-up. This includes documenting action items, sharing meeting notes, and ensuring that all parties are held accountable for their commitments. Respondents also called for greater clarity on how decisions are made, especially in cases of disagreement among team members.

Respondents defined successful CFT meetings as those that result in clear action plans, reflect youth, family and caregiver voice, and lead to timely follow-through. Collaboration, accountability, and a strengths-based approach were seen as essential components. Ensuring that meetings are structured, inclusive, and responsive to youth needs is key to achieving meaningful outcomes.

Barriers to Completing the IP-CANS with Fidelity

Q15: In your experience, what barriers exist to completing the IP-CANS assessment with fidelity?

Lack of Training and Understanding of the Tool

A recurring theme among respondents was the limited understanding of the IP-CANS framework among child welfare professionals, caregivers, and even some service providers. Respondents noted that many staff lack sufficient training on how to accurately interpret and apply the assessment's scoring system, particularly the distinction between strengths and needs and the meaning of action levels. This lack of clarity can lead to inconsistent or inaccurate ratings, undermining the reliability of the assessment.

Inadequate Engagement of Key Stakeholders

Respondents reported that caregivers, youth, and informal supports are often excluded from the assessment process or not meaningfully engaged. When these voices are missing, the IP-CANS may not reflect the full picture of the child's needs and strengths. Some respondents noted that youth are reluctant to share openly, especially if they feel judged or fear negative consequences. Others highlighted that caregivers may not be informed or prepared to contribute effectively, particularly if they are new to the child or lack context.

Time Constraints and Scheduling Challenges

Many respondents cited time limitations and scheduling difficulties as significant barriers. High caseloads, limited staffing, and competing priorities often result in rushed or delayed assessments, which can compromise quality. Respondents also noted that CFT meetings are not always held in a timely manner, and when they are, the IP-CANS is sometimes treated as an afterthought rather than a central component of the discussion.

Inconsistent Implementation Across Counties and Agencies

Respondents expressed concern about wide variability in how the IP-CANS is implemented across counties, by different entities and even within agencies. Some counties have robust protocols and trained facilitators, while others lack infrastructure or rely on untrained staff. This inconsistency leads to uneven assessment, making it difficult to ensure equitable outcomes for youth across the system.

Misuse or Misunderstanding of the Assessment's Purpose

Several respondents noted that the IP-CANS is sometimes perceived as a compliance task rather than a meaningful tool for planning and support. This perception can lead to check-the-box approaches, where assessments are completed without genuine engagement or reflection. Others raised concerns about the potential for bias, particularly when assessments are completed without input from those who know the child best.

Emotional and Relational Barriers

Respondents highlighted that the emotional weight of the assessment process can be a barrier, especially for youth who have experienced trauma. Youth may feel uncomfortable discussing sensitive topics in a group setting or may not trust the adults involved. Similarly, caregivers may feel defensive or overwhelmed, particularly if they perceive the assessment as a critique of their caregiving.

Stakeholders identified several barriers to completing the IP-CANS with fidelity, including lack of training, limited stakeholder engagement, time constraints, and inconsistent assessment practices. Addressing these challenges requires investment in training, inclusive processes, and infrastructure to support collaborative, accurate assessments.

Additional Thoughts on IP-CANS and CFT Engagement

Q16: Other thoughts on completing the IP-CANS with fidelity or engaging the CFT in completing the IP-CANS you'd like to share?

Need for a Cultural Shift Toward Collaboration and Transparency

Respondents emphasized that completing the IP-CANS with fidelity requires a fundamental shift in how assessments and team meetings are approached. Rather than treating the IP-CANS as a bureaucratic task, respondents urged agencies to embrace it as a collaborative framework for understanding and supporting youth. This includes transparent communication, shared decision-making, and respect for diverse perspectives within the CFT.

Concerns About Misuse and Misinterpretation

Several respondents expressed concern that the IP-CANS is often misunderstood or misused, particularly when it is perceived as a rating tool rather than a conversation guide. Respondents noted that when professionals lack training or rely on rigid scoring methods, the assessment can feel stigmatizing or reductive, especially to youth and caregivers. There were calls for reframing the IP-CANS as a strengths-based tool that supports healing and growth.

Importance of Skilled Facilitation and Preparation

Respondents highlighted the critical role of skilled facilitators in ensuring fidelity to both the IP-CANS and the CFT process. Facilitators must be trained not only in the technical aspects of the assessment but also in trauma-responsive engagement, motivational interviewing, and conflict resolution. Respondents also recommended pre-meeting preparation for all participants, including youth, caregivers, and informal supports, to ensure meaningful contributions and reduce emotional distress.

Challenges with Timing and Integration

Many respondents noted that the timing of the IP-CANS and its integration into CFT meetings is often problematic. The assessment is sometimes completed outside the context of the team, or rushed through during meetings, limiting its effectiveness. Respondents recommended that the IP-CANS be integrated into ongoing conversations, with results used to inform planning and track progress over time. Some suggested that multiple sessions may be needed to complete the assessment thoughtfully.

Need for Inclusive and Equitable Participation

Respondents stressed that fidelity requires inclusive engagement of all team members, especially youth and caregivers. This includes honoring experienced trauma, lived experience, avoiding professional dominance, and creating safe spaces for honest dialogue. Several respondents called for neutral facilitators and third-party oversight to ensure that all voices are heard and respected, particularly in cases where power dynamics may silence critical input.

Recommendations for Systemic Improvements

To support fidelity, respondents recommended standardized training across counties, ongoing technical assistance, and clear protocols for completing and using the IP-CANS. There were also calls for greater accountability, including audits, feedback mechanisms, and opportunities for youth and caregivers to evaluate the process. Respondents emphasized that fidelity is not just about accuracy, it is about building trust, promoting equity, and centering youth voice in every aspect of care planning.

Respondents emphasized that completing the IP-CANS with fidelity requires a cultural shift toward transparency, collaboration, and youth-centered planning. Skilled facilitation, inclusive engagement, and clear communication are essential. Systemic improvements—including standardized training, accountability mechanisms, and feedback loops—can support more effective and equitable implementation.

Conclusion

As CDSS continues to implement the Integrated Practice–Child and Adolescent Needs and Strengths (IP-CANS) assessment and strengthen the Child and Family Team (CFT) process, it is essential to center the voices of those with lived experience in the child welfare system. The responses to this survey and listening sessions reflect a wide range of perspectives from youth, caregivers, service providers, and advocates, offering critical insights into the barriers and opportunities for improving fidelity, engagement, and outcomes.

Across all questions, respondents emphasized the importance of transparency, collaboration, and trauma-responsive practices. Youth and caregivers must be meaningfully included in both the IP-CANS assessment and CFT meetings, with clear communication, supportive preparation, and respect for their autonomy. Facilitators and caseworkers must be equipped with the tools and training necessary to create safe, inclusive spaces where all voices are heard and reflected in case planning.

To ensure the IP-CANS and CFT processes fulfill their intended purpose, CDSS and county agencies must invest in infrastructure, staffing, and accountability mechanisms that support timely meetings, accurate assessments, and follow-through on action plans, including strength building plans. Standardized protocols, consistent training, and feedback loops will be essential to achieving fidelity and equity across counties.

The findings from this survey underscore the need for a cultural shift in how assessments and team meetings are conducted, prioritizing youth-centered planning, valuing lived experience, and building trust through transparency and shared decision-making. By addressing these concerns and implementing the recommendations provided by stakeholders, California can strengthen its child welfare practices and better support the well-being and stability of children and youth in foster care.

Recommendations for Implementation and Improvement:

1. Establish Statewide Scheduling Protocols and Automated Reminders:

CDSS should issue policy guidance requiring counties to implement automated scheduling systems that trigger reminders for CFT meetings within 60 days of case opening and every six months thereafter. These systems should be integrated into case management platforms and monitored through quarterly compliance reporting to ensure timely engagement of youth and families in case planning.

2. Fund Dedicated CFT Facilitators and Cross-Agency Scheduling Staff:

Counties should allocate funding for dedicated staff to coordinate CFT meetings across child welfare, behavioral health, education, and probation systems. These coordinators must ensure timely notification of all required participants and provide logistical support to improve attendance and cross-system collaboration.

3. Mandate Flexible and Inclusive Scheduling Options:

CDSS should require counties to offer CFT meetings during evenings and weekends, as appropriate to meet scheduling needs, and provide virtual participation options. Counties must also provide technological support (e.g., tablets, hotspots) to families with limited access to ensure equitable participation.

4. Require Trauma-Responsive, Youth-Centered Facilitator Training:

All CFT facilitators must complete standardized training in trauma-responsive care, cultural humility, and youth-centered engagement. CDSS should establish a certification program and require annual refreshers to ensure facilitators are equipped to manage group dynamics and elevate youth and caregiver voices.

5. Implement Pre-Meeting Preparation Protocols for Youth and Caregivers:

Counties must provide youth and caregivers with a pre-meeting orientation at least 48 hours before the CFT. This should include an agenda, list of attendees, and summary of discussion topics. CASA volunteers, minor's counsel, or other trusted adults should support youth in preparing for and debriefing after meetings.

6. Integrate CFT Outcomes into Case Plans with Standardized Documentation:

Case plans should include a dedicated section summarizing CFT meeting outcomes and how youth and caregiver input was incorporated. CDSS should develop a standardized template linking CFT discussion points to specific case plan goals, services, and action steps, including strengths building plans.

7. Conduct Quarterly Reviews of CFT Effectiveness and Ensure Alignment Between CFTs and Case Plans:

Counties should conduct quarterly audits of case plans to assess alignment with CFT discussions and IP-CANS results.

8. Make IP-CANS Review a Standing Agenda Item in CFT Meetings:

Each CFT meeting must include a structured review of the youth's most recent IP-CANS assessment. This review should be collaborative and used to inform planning and track progress on goals and inform strengths building plans.

9. Provide Comprehensive IP-CANS Training for All CFT Members:

All CFT participants must receive training on the purpose, structure, and scoring of the IP-CANS. CDSS should develop youth-friendly and caregiver-specific materials, including videos, handouts, and FAQs.

10. Offer Pre- and Post-Assessment Debriefs Following the IP-CANS Assessment for Youth and Caregivers:

Counties must implement policies requiring youth and caregivers to receive briefings before and after the IP-CANS assessment. These sessions should explain the tool's purpose, how results will be used, and available supports. Trusted adults such as CASA volunteers or minor's counsel should facilitate these conversations.

11. Incorporate Financial Literacy and Advocacy Training for Older Youth:

Counties should offer financial literacy and advocacy training for youth ages 14 and older to help them understand how assessments impact services and funding including strengths building plans. Training should include budgeting, rate structures, and self-advocacy skills.

12. Establish Minimum Engagement Standards for Completing the IP-CANS:

CDSS should define minimum standards for assessment fidelity, including time spent with youth, number of informants consulted, and documentation of collaborative input. These standards must be incorporated into county policy and monitored through case reviews.

13. Create Feedback Loops for Youth and Caregivers to Review IP-CANS Results:

Youth and caregivers must be given the opportunity to review and comment on IP-CANS assessments before finalization. Counties should develop structured feedback forms and allow for revisions or clarifications prior to finalizing assessments. Such feedback loops will assist in mitigating caregiver challenges to the rate.

14. Implement Real-Time Tracking of CFT Action Items:

Counties must adopt digital tracking systems to document CFT action items, assign responsibilities, and set deadlines. These systems should be accessible to all team members and updated regularly, and include strengths building plans.

15. Distribute Post-Meeting Summaries with Assigned Next Steps:

Within five business days of each CFT meeting, counties must send a summary to all participants outlining key decisions, assigned tasks, and timelines. This documentation should be stored in the case file and used to guide follow-up.

References:

¹Assembly Bill 161 (Chapter 26, Statutes of 2024). [Retrieved at Bill Text - AB-161 Human services. \(ca.gov\)](#).

²California Department of Finance. (2025). California state budget 2025–26: Health and Human Services. <https://ebudget.ca.gov/budget/2025-26EN/#/Agency/4000>.

³"The Child and Adolescent Needs and Strengths (CANS)," Praed Foundation. Accessed July 30, 2024. <https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/> (See Child and Adolescent Needs and Strengths: Standard CANS Comprehensive 3.0," Praed Foundation. https://praedfoundation.org/wp-content/uploads/2023/04/REFERENCE-GUIDE_Standard-Comprehensive-CANS-3.0_CWBH_Final_Hyperlink_2021.01.13.pdf).