

The Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia

By

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Abstract

The Ministry of Children and Family Development (MCFD) has identified the importance of permanency for children and youth in care, defined as “permanent, stable relationships” which “are a major determinant of whether children feel safe and secure and therefore, of well-being overall” (MCFD, n.d.). However, currently only 20% of children and youth transitioning from government care in British Columbia (BC) achieve it, while the remaining 80% are left to navigate a complex adult system and the incumbent challenges that ensue on their own (GBC, 2019). Limited research has been conducted on the impact of relational permanency and mentorship, or the lack thereof, on care leavers in BC; this thesis examines this topic, identifies mentorship programs for youth in or recently out of care, and recommends system improvements based on policy reviews, literature reviews, and interviews with care providers and youth transitioned from care.

The literature review highlights the importance of youth mentorship as a support for youth in and/or transitioned from care as well as the root causes of systemic issues within the child welfare system. The policy review uncovers gaps and inconsistencies within MCFD’s policies and practices that enable discretionary decision-making and undermine consistency and clarity. The interviews expose ongoing community-based mentoring (CBM) program, care leaver, and system level challenges, as well as opportunities to improve outcomes for youth in and/or transitioned from care.

Ultimately, this research highlights the importance of relational permanency in the lives of children and youth in and transitioned from care, while drawing attention to the reasons that many care leavers do not attain it. Additionally, it demonstrates the effectiveness of CBM programs and identifies the need and opportunity for system change, both at the provincial level and specific to MCFD. The proposed recommendations provide implementable solutions to the identified policy gaps and inconsistencies, as well as a systems level reform to the purpose and role of MCFD.

Keywords: relational permanency; care leavers; community-based mentoring, school-based mentoring, youth initiated mentoring

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Dedication

This thesis is dedicated to the many youths who have transitioned from government care to independence in British Columbia, without relational permanency or supportive services. Our system has failed you. WE, as British Columbians have failed you. Your courage, strength, and resiliency is unsurpassed. It inspires me and inspired this research.

It is my hope that the findings and recommendations included in this thesis will contribute to increased awareness and system change so that youth will not continue to face independence alone.

Chapter 1: Introduction

Relational permanency refers to the formation of long-term or lifelong relational connections between youth transitioning to adulthood and caring adults (Federation of BC Youth in Care Networks [FBCYICN], 2010; Louisell, 2008). Originating in the early 2000s, the concept of relational permanency gained traction due to an increased understanding of the experience and impact of relational loss by children and youth who were removed from their homes and placed in the child welfare system, consequently exacerbating their experience of emotional and social disconnect and lack of continuity of care (Samuels & Pryce, 2008; Greenen & Powers, 2007; Mendes & Moslehuddin, 2006).

The concept of relational permanency offers an alternative to legal permanency, the legal guardianship of a child or youth, which was, and frequently is, the goal of many child welfare systems, and has been identified as a “one-dimensional conceptualization of permanency” and a “colonial construct that has caused harm” (RCY, 2019a, p.3).

Research indicates the essentiality of relational permanency and "prosocial support networks" (Keller, Cusick, & Courtney, 2007). Relational permanency is predictive of positive outcomes for care leavers, including augmented feelings of self-worth (Greenen & Powers, 2007), being cared for, stronger social connections (Perry, 2006), increased mental and physical health, with lower rates of suicidal ideation (Ahrens et al., 2007), higher rates of educational attainment (Salazar, 2012), and decreased housing insecurity and homelessness (Courtney & Dworsky, 2009; 2006). Conversely, care leavers who transition from government care without relational permanency and experience significant “network disruption” are more likely to exhibit psychological distress, amplified mental health concerns (specifically depression), lessened social connection, and reduced feelings of being cared for (Perry, 2006).

These findings have sparked the British Columbia (B.C.) child welfare system to create and implement policies and procedures with relational permanency goals and acquisition in mind. This has included the development and implementation of community and government funded mentorship programs for high-risk youth, including those involved in care, the youth justice system, and/or with acute and ongoing mental health concerns.

The purpose of this research study is to: 1) gain a broader understanding of the impacts of relational permanency and mentorship, or the lack thereof, on care leavers in B.C.; 2) identify mentorship programs for youth involved or formerly involved in care; and 3) recommend system improvement opportunities. This will be accomplished through three main components, including: 1) a literature review providing an overview and analysis of permanency, relational permanency, and mentorship; 2) a policy review of B.C. government policies pertaining to permanency and relational permanency; and 3) ten interviews with mentorship program managers and coordinators in B.C., as well as with one youth who was formerly involved in care and has accessed a mentorship program.

1.1: Defining the Problem

Relational permanency and its incumbent concepts, social, and emotional support (Barry, 2010) have been identified as paramount needs for the exceptionally vulnerable youth population (Stein, 2006) who must transition from government care to accelerated independence (Mendes & Moslehuddin, 2006). Some researchers have termed this as “instant adulthood” (Rogers, 2011) or “sudden adulthood” (Paulsen & Berg, 2016) to encapsulate and emphasize this sudden transition. However, and in spite of research pointing to the need for support, many youth are left to navigate this pivotal time on their own (Paulsen & Berg, 2016; Mendes and Moslehuddin, 2006).

In B.C., the Ministry of Children and Family Development (MCFD), defines permanency for children and youth in its care as “permanent, stable relationships” which “are a major determinant of whether children feel safe and secure and therefore, of well-being overall” (Ministry of Children and Family Development [MCFD], n.d.). MCFD has developed internal and public facing policies that are intended to foster relational permanency as a marker to achieve.

However, although MCFD (2019a) outlines placement stability and permanency as key priorities within its service plan, acknowledges the essentiality of permanency, “reunification with parents, adoption or permanent transfer of guardianship” (Government of British Columbia [GBC], 2019), and is undergoing a 24-month service redesign with emphasis to “achieve reunification with family, or a permanent, lifelong parent-like connection to a caring adult” (MCFD, 2021a, p.6), currently only 20% of children and youth in care exit care to permanency (GBC, 2019a). The remaining 80% are left to navigate a complex adult system and the incumbent challenges that ensue on their own.

To address current gaps in relational supports, community organizations have developed mentorship programs to assist youth during this tumultuous time. Limited research has been conducted to determine the efficacy of these mentorship programs in B.C. and to determine if government ministries (such as MCFD) should invest in the development of mentorship programs, including funding, accountability structures, and guiding principles. This research is intended to address the current research gap by examining mentorship programs in B.C. and identifying system improvement opportunities.

1.2 Project Client

The client for this project is British Columbia’s Representative for Children and Youth (RCY), which, for the purpose of this project, was represented by Bruce Nelson. Established as an independent office of the legislature in May 2006, the RCY is responsible for supporting children, youth, and young adults accessing designated services, which are funded by government agencies, and reviewable services, which are outlined in the “Child, Family and Community Service Act and Youth Justice Act” (RCY, 2019b).

The primary interest of the RCY is understanding MCFD relational permanency goals and how MCFD is achieving its relational permanency goal(s) of attaching youth to mentors (individuals who provide support and guidance to youth) prior to and following transition from care to

adulthood. Further, it seeks to establish recommendations for improving, and, where necessary, developing policies, guidelines, and resources to ensure that relational permanency is achieved and sustained by youth prior to their transition from the care of MCFD.

1.3 Significance of Study

This research study identifies and reviews relevant MCFD policies and procedures regarding permanency and relational permanency for children and youth in and transitioned from care to independence. One goal is to determine whether MCFD is meeting its goals and where gaps may exist within the current system of practice. Reviewing policies and services is an important component of research and policy development as it highlights areas of need and provides an opportunity to make informed service-specific policy recommendations. Further, this identification and review, conjoined with the experiences of community organizations and the perspective(s) of a youth, allows for a more fulsome understanding of the challenges confronting youth transitioning to adulthood and the extant systematic gaps that may require additional resources.

To date, limited research has been conducted on the impact of relational permanency and mentorship on care leavers, adults who formerly resided in government care as a child (Care Leavers' Association, 2014) in B.C. or on the efficacy of community-operated and government-funded mentorship programs available to youth transitioned from government care in B.C (care leavers). As such, this research aims to fill the current gap in understanding, while providing research-informed recommendations, to ensure that all youth transitioning from government care in B.C. attain relational permanency, and, consequently, increasingly better outcomes.

1.4 Project Objectives and Research Questions

The purpose of this project is to: explore the impacts of relational permanency and mentorship, or the lack thereof, on care leavers in B.C.; identify mentorship programs available to this demographic; and recommend system improvement opportunities. This will be accomplished through the following objectives:

- Evaluating the permanency planning and mentorship policies, protocols, and processes utilized by MCFD in B.C.
- Exploring government-funded and community-operated mentorship programs and services available to youth transitioning and/or transitioned to adulthood in B.C.
- Assessing the impact(s) of continuity (or lack thereof) of relational permanency and/or mentorship for youth transitioned to adulthood in B.C.
- Informing recommendations made by the RCY pertaining to MCFD relational permanency and mentorship policies and practices.
- Addressing the fragmentation in understanding within the literature contrasting the outcomes of B.C. care leavers who have mentors and those who do not have mentors.

These objectives will be guided and ascertained by the following research questions:

- What are current MCFD relational permanency and/or mentorship policies, protocols, and processes for ensuring the attainment of relational permanency and/or mentorship options for youth transitioning to adulthood in B.C.?

- What mentorship programs and services are available to youth transitioning or transitioned to adulthood in B.C.?
- Of these programs and services, which are funded by MCFD?
- What are the requirements for accessing mentorship programs and services?
- What challenges and/or limitations exist and impact the delivery of mentorship programs and services?
- What are the outcomes of youth who have accessed mentorship programs and services from a service provider perspective?
- What recommendations do service providers have to increase positive outcomes for youth transitioning or transitioned to adulthood?
- What recommendations do youth who have transitioned to adulthood have regarding permanency and mentorship?

1.5 Conceptual Framework

This study will utilize a culturally responsive research framework (CRRF), adapting personal, ecological, and institutional dimensions outlined by Chouinard and Cousins (2009) and further explained by Chouinard and Cram (2020). These dimensions were selected in recognition of the impact that culture entails many, if not all, facets of the research and analysis process when engaged with communities, participants, and researchers from diverse cultural backgrounds. When cultures converge in research, a situation described by Chouinard & Cousins (2009) as a “cross-cultural encounter” occurs, and it is critical to acknowledge one’s positionality, power, status, ethics, thought processes (whether Indigenous, Indigenous informed, or Western), and an array of other factors which influence how research is conducted (p.480). Thus, I will endeavor to critically deconstruct these “personal dimensions,” including my privilege, values, biases, and inherent power within my positionality statement. Further, these personal dimensions and my understanding of them will shape my approach throughout this study, including the background information included and evaluated, the methods and methodology selected, and the framing of the discussion and analysis section.

In the context of evaluation, Chouinard and Cousins (2009) highlight the importance of recognizing the interconnectedness between programs engrained within dominant “social, cultural, and historical context” and the inevitable impact that these contexts have on “program development, implementation, and outcomes” (p. 457). While this study is not an evaluation, these contextual factors and incumbent impacts on outcomes can be more broadly understood, adapted, and applied. Therefore, when considering the impact of relational permanency and mentorship on care leavers in B.C., it will be essential to accurately position this research within the ecological dimension, the Canadian context, but more specifically, the historical context of the B.C. child welfare system. This historical contextualization, within the background section, will allow for a more fulsome understanding of the interplay between dominant and institutional power structures built on and deeply rooted in colonization, white supremacy, and racism, and present within child welfare practices. Understanding these interconnections is crucial when evaluating institutional dimensions and structures, such as ministerial policies, which impact the lives

of youth in and/or transitioned from government care, as well as when identifying and analyzing academic and grey literature.

In an empirical review, Acree and Chouinard (2020) found that CRRFs have been frequently used to depict “the context, culture and aims of the programs” being evaluated (p. 207). A culturally responsive research framework is used in this research study also, to ensure an accurate account and analysis of the B.C. child welfare system, academic and grey literature, MCFD policies, and qualitative interviews.

1.6 Positionality Statement

I have privilege. I was born with privilege, as one is when born to English-speaking Caucasian parents within a Christian community. Although I had privilege and the incumbent power, which often occurs with it, life was not perfect. For years, I lived within the confines of a close-minded community that perpetuated patriarchal dogma, racism, and oppression towards those who did not identify within their gender binary. My family was poor and, at times, abusive. It was difficult, but ‘difficulty’ is a relative term and as an able-bodied cisgender heterosexual Caucasian female, I did not have to justify who I was or fight for acceptance from my family, friends, community, or country. Instead, I was accepted because I fit within a prescribed mould. I was provided with a diverse array of opportunities including education, job prospects, a voice, and ultimately power.

Unfortunately, not every person receives a variety of opportunities, a voice, privilege, or power. This is something I observed first-hand while working within various contracted residential resources which provided support to at-risk children and youth within government care. Many of these children and youth had been stripped of their power and taken advantage of. Some had been rejected by their families and communities and penalized by a system that addressed their behaviors but bypassed the causes of those behaviors. From what I observed, the youth who made it to their transition from government care to independence without a criminal record, were met with substantial gaps in social, mental, and relational support and services. These observations sparked my desire to pursue a Master’s in Public Administration (MPA), a degree that I believed would increase my scope of understanding and influence.

Despite my interest in these areas and desire to make impactful change, I do not have the experience of residing in or transitioning from government care and, consequently, may unintentionally misconstrue and/or misinterpret the lived experiences of care leavers who have. Further, although I have identified what I believe is a discriminative and flawed system in need of change, these opinions have been formed by my experiences, values, and ultimately from a place of privilege. No matter how well-intended my desire for change has been, I recognize that I have unintentionally perpetuated a system of oppression when I determined that I had the power to make a difference and create change.

I have had a savior complex that has stemmed from ignorance and egotism. In some ways, the beliefs that “I can make a difference,” or that “I know what needs to be done” resemble the mentality and ideology that originally bolstered and continues to perpetuate colonization. This is the exact opposite of my intention and reveals the importance of recognizing how my

positionality has and will continue to affect my perspective and approach in my research. Consequently, I will endeavor to conduct research in a community-centric and collaborative manner, utilizing this as an opportunity and a medium to maximize knowledge transfer in an area of need. Through qualitative interviews, it is my desire to ensure that the voices and experiences of individuals who have formerly resided in care and transitioned to adulthood, as well as program managers and coordinators working for organizations offering mentorship programs, are amplified as opposed to my own. It is my hope that by continuously reflecting on my intrinsic biases, sharing perspectives directly from the source, utilizing primary data, and culturally informed and sensitive language, I will be able to create tools and space for solution building.

1.7 Structure of Thesis

Chapter one introduces the topic of relational permanency and its relation to MCFD, outlines the definition of the problem, project client, significance of the research, project objectives and questions, the conceptual framework, and the positionality statement. Chapter two, the background, provides an overview of the B.C. child welfare system, including its origin, evolution, and current state. Chapter three, the literature review, reviews available literature on transition challenges and outcomes faced by care leavers, the history of mentoring, and different types of mentoring implemented in various child welfare systems around the world. Chapter four, the methods and methodology, covers the methods, methodology, data analysis, reliability and validity, as well as the strengths and limitations of this research. Chapter five, the policy review findings, reviews and analyzes MCFD policies and procedures on removal, transition, and permanency planning. Chapter six, the thematic findings, outlines the main themes identified in the qualitative interviews. Chapter seven, the discussion and analysis, interprets and describes the significance of the findings, and outlines new understandings that evolved from the research. Finally, chapter eight, the conclusion and recommendations, provides a brief conclusion, followed by recommendations for MCFD.

Chapter 2: Background

This chapter provides an overview of the B.C. child welfare system, contextualizing this research within the colonial realities of the Canadian state. It outlines the origins and evolution of B.C. child welfare practices, which evolved from the white, classist, value-laden efforts of settler women, as well as inequitable legislation. It exposes a system deeply embedded in classist British values, which has enabled and perpetuated discretionary child welfare practices, predominantly impacting racialized and marginalized populations.

2.1 Historical Contextualization

The Origins of the B.C. Child Welfare System

The Canadian child welfare system operates through a decentralized service delivery model, implemented by the provinces and territories of Canada (Trocmé et al., 2018).

In B.C., this system originated from the value-laden and do-gooder efforts of white, upper-class women, who sought to instill white supremacist and British ideologies amongst poor populations (Noble 1980; Struthers, 1987). These classist values stemmed from England, where orphanages were established for children and youth without parents, but predominantly for children from “destitute families who were unable to care for them due to poverty or because of the illness, death, or workplace injury of a parent” (Government of Canada [GC], 2021). “Between 1869 and 1932, over 100,000” of these *orphans* and *paupers*, children from poor families, who were sold to working houses, were removed from Britain, and placed in rural regions of Canada (GC, 2021; Jones, et al, 2020). Although the intent was for these children to have healthier lives in rural regions of Canada, many faced significant abuse (GC, 2021). As such, these early removals embedded poverty as the key criteria for child welfare removal. Furthermore, these practices illuminate the early abuse experienced by children and youth in the welfare system, and the blatant disregard for the relational permanency of children and youth.

These efforts began after the completion of the Canadian Pacific Railway, which led to a surge in the Vancouver population and evolution of “charitable organizations” and early child welfare practices (Callahan & Walmsley, 2007, p.11). Spearheaded by the fundraising initiatives of white women, “Alexandra Orphanage,” the first “institution devoted exclusively to children,” (Nelson, 1934, p.14) was established in 1892 (Callahan & Walmsley, 2007, p.11).

Shortly thereafter, due to a rising population, which included more poor families in urban centres and more single mothers, as well as the overburdening of Alexandra Orphanage, additional residencies for children and youth were founded (Nelson, 1934). Newly established residencies, highlighted the inability of “voluntary efforts” to meet existent needs, consequently catalyzing the Council of Women of Vancouver (CWV) to petition “the Legislative Assembly of British Columbia to pass a child welfare act” (Callahan & Walmsley, 2007, p.11). Subsequently, the *Children’s Protection Act* was enacted, giving the state “guardianship of orphaned or neglected children” and permitting “the incorporation of children’s aid societies to care for these children” (Callahan & Walmsley, 2007, p. 11).

Following the implementation of the *Children's Protection Act*, the Vancouver Children's Aid Society (VCAS) was incorporated, and "authorized to investigate all cases of neglect, destitution and cruelty to ameliorate and better home surroundings when practicable, and when hopeless to remove the children from an environment of uncleanness and vice" (Callahan & Walmsley, 2007, pp.11-12). As such, the VCAS was endorsed and given free rein to conduct child welfare investigations and interventions, based solely on the value-laden discretion of white, affluent women. Consequently, this engrained white classist values and judgements on neglect, poverty, and cruelty into removal criteria and practices of the B.C. child welfare system. Notably, the discretionary use of neglect as grounds for child removal and "state guardianship" is a practice which, although disputed, persists today, and will be discussed later in this chapter.

In the mid-1890s, due to the sustained efforts of the CWV, "the Friendly Aid Society" was founded to investigate families; it used "friendly visitors" (Callahan & Walmsley, 2007, p.12), white, female, middle-and-upper class council members, who provided reports on investigative findings to the Health Department (Nelson, 1934). According to Callahan and Walmsley (2007), this practice was integrated into "family service and child welfare agencies" (p.12), and further bolstered the integration of classist and discretionary practices into the child welfare system.

In conjunction with the creation of child welfare societies, early justice reformatories and foster care homes were established (Callahan & Walmsley, 2007). In B.C., the first justice reformatory was established in 1890, for boys who were deemed incorrigible, "which meant the child was beyond the control of parents or guardians, although neglected children and the rare child convicted of murder were also committed" (Callahan & Walmsley, 2007, p.13). Early foster care homes excluded racialized and Catholic children and youth (Storey et al., 1999), concentrating on instilling Christian values and learnings amongst predominantly "Protestant children aged two to ten who were homeless" (Callahan & Walmsley, 2007, p.14).

Significantly, early child welfare services and institutional care were differentiated: the former focused on temporary familial and preventative support, while the latter focused on longer-term removal and government care (Callahan & Walmsley, 2007); government funding was allocated to institutionalized care (Angus, 1951), which set the foundation for child welfare practices today.

The Evolution of the B.C. Child Welfare System

In the early 1900s, due to the notorious reputation of the VCAS and the horrific conditions of its residencies (Adamoski, 1988), "the B.C. Child Welfare Survey" was launched, to assess child welfare practices and societal uptake for its transformation (Callahan & Walmsley, 2007, pp. 14-15). The results of this survey were the catalyst "which enshrined the focus on parents as the source of child maltreatment" and founded the two opposing purposes of the children welfare system in B.C., which are: "supporting parents to care for their children and removing children from families where the parents failed to measure up" (Callahan & Walmsley, 2007, p.17).

Notably, Indigenous children, youth, and families were excluded from this survey, due to pervasively racist societal ideologies and legislation, which included the *British North American Act* and the *Indian Act* (Callahan & Walmsley, 2007). The *British North American Act* outlined "Indians and Land reserved for Indians" as the "responsibility of the federal government of

Canada” (Government of Canada, 2011), while the *Indian Act* and its subsequent amendments authorized and assigned the welfare of Indigenous children and youth to the discretion of “the Governor in Council” (Indian Act, 1884):

The Governor in Council may make regulations, which shall have the force of law, for the committal by justices or Indian agents of children of Indian blood under the age of sixteen years, to such industrial school or boarding school, there to be kept, cared for and educated for a period not extending beyond the time at which such children shall reach the age of eighteen years (Indian Act, 1884, C43, S1).

Due to gendered discrimination in the *Indian Act*, there was an increase in primarily non-status Indigenous women and their children moving to urban centres and by the 1950s, child welfare was engaging some of these “poor” families (Callahan & Walmsley, 2007). Prior to this, white parents who could not conceive on their own had sought orphaned white children to adopt. After the 1951 amendments to the *Indian Act* and during the civil rights movement of the 1960s, white middle class parents were being encouraged to foster and adopt Indigenous children, in addition to racialized orphaned children from other countries. In Canada, in the 1950s, 1% of children in care were Indigenous. By the 1960s, this had increased to 34%. Apprehensions were wide scale and often cited neglect as the cause, although recent reports indicate markers of poverty and colonial impacts on Indigenous families (Blackstock, 2019). As residential schools were winding down, child welfare became a new mechanism for Indigenous child removal in B.C. and Canada. During the Sixties Scoop, predominantly white social workers scooped Indigenous children *en masse* from their communities to be adopted by white parents. By the 1980s this costly practice shifted due in part to Indigenous leadership demanding that child welfare be returned to their nations (Wright Cardinal, 2017). In B.C., Delegated Aboriginal Agencies were created as an interim child services organization for Indigenous communities. In 2022, B.C. is still in this interim situation. There are more Indigenous children in care now in the millennial scoop (1992-2022) than during the Sixties Scoop (1951-1991), or Indian Residential Schools (1870s-1997).

2.2 Current Realities in the B.C. Child Welfare System

The B.C. child-serving system of today has the parental responsibility and legal obligation of meeting the needs of those in its care (Office of the Auditor General of British Columbia [OAGBC], 2019; Representative for Children and Youth [RCY], 2020a). This parental responsibility includes the unremittent provision of relationship-based support and assurance of well-being for those in its care (RCY, 2020a). This system is enforced by the *Child, Family and Community Service Act* [1996], which outlines the guiding principles and responsibility of the government, specifically MCFD, in ensuring the safety and wellbeing of the children and youth of B.C.

Unfortunately, this parental system perpetrates divisiveness through the inequitable removal of children and youth from their homes and communities of origin to out-of-home placements (Esposito et al., 2017). Inequitable and divisive removal practices stem from settler colonial ideologies of class and race. These white supremacist and classist ideologies enable social workers to make value-laden and discretionary removal decisions based on markers of poverty, such as neglect (Callahan & Walmsley, 2007). Today, neglect is still the most common cause initiating

child welfare involvement, intervention, and eventual removal (Sinha, et al., 2013; Public Health Agency of Canada, 2010; Blackstock & Trocme, 2005).

Besides being rooted in classism and racism, this practice is controversial due to its close association with poverty (Conger et al., 1992; Pelton, 1994; Jonson-Reid et al., 2009; Berger and Waldfogel, 2011; Pelton, 2015; Conrad-Heibner and Scanlon, 2015; Slack et al., 2017), its subsequent variation in perspectives on what constitutes neglect, different categories or “subtypes of neglect” (Daniel et al., 2011; English et al., 2005; National Scientific Council on the Developing Child, 2012), and its guidelines about who is considered culpable for apparent neglect.

Other divisive and inequitable removal practices include the use of social determinants, including the socioeconomic status of families (Bebbington & Miles, 1989; Franzen et al., 2008; Simkiss et al., 2013; Webb et al., 2020) and the neighbourhoods in which families reside (Elliott, 2020; Webb et al., 2020) as means for child welfare involvement. Elliott (2020) and Webb et al. (2020) outline the existence of a “social gradient” in child welfare practice and involvement. According to Elliott (2020), this gradient is reflected by “the rates at which children are subject to child welfare intervention,” which is fourteen times higher for those from disadvantaged neighbourhoods (591). Similarly, Webb et al. (2020), outlines significant correlation between “levels of deprivation and rates of child welfare involvement” (p.8).

Consequentially, divisive and inequitable child welfare practices continue to predominantly impact racialized and marginalized families entrenched in poverty (Klassen et al., 2020; Esposito et al., 2017; Esposito et al., 2013; Trocme et al., 2004).

Overrepresentation of Indigenous Children and Youth

This is apparent when considering the significant overrepresentation of Indigenous children and youth in care, who, in 2016, represented 52.2% of the national population of children and youth in care, while only accounting for 7.7% of children and youth within the same age demographic (Government of Canada, 2019). Within B.C., in 2016, Indigenous children and youth had “fifteen times” the probability (John, 2016) and in 2017, “17 times” the probability of residing in government care than non-Indigenous youth in B.C. within the same age demographic (RCY, 2020a). The sustained overrepresentation of Indigenous children and youth within the Canadian child welfare system since the 1980s, “has been described as a humanitarian crisis” (Government of Canada, 2019, para 1) and has led to the coining of “millennial scoop,” to identify and encapsulate concern over the “devastatingly high rates of Indigenous children who continue to be taken into government care”(West Coast LEAF [WCL], 2019, p.4).

Notably, although other racialized children and youth are likely overrepresented within government care in B.C., MCFD only differentiates the rate of children and youth in care by Indigenous and non-Indigenous identity (British Columbia, 2019). As such, due to the unavailability of data, analysis and discussion on other racialized children and youth was not included.

Legacy of White Settler Discourse in Child Welfare Practices

Present child welfare practices are not informed by a comprehensive understanding of the legacy of colonization, the resounding intergenerational impacts that have occurred and continue to ensue within Indigenous communities and for Indigenous families.

There is emerging consensus amongst scholars and activists that the emphasis should be on family preservation and the utilization of early intervention to support families that are struggling (Child Welfare League of Canada, 2021) and to prevent the continuation of an inherently racist and discriminative system. Unfortunately, child welfare practices remain imbedded in unequal and racist practices that have not caught up with research on family preservation or the utilization of early intervention to support families that are struggling.

2.3 Summary

This chapter outlines the origins, evolution, and operationalization of the B.C. Child welfare system and positions present practices within the historical and ongoing legacy of colonization, including British values of the 19th century, which continues to perpetuate discrimination and divisiveness.

Chapter 3: Literature Review

3.1 Introduction

As a component of this research project, a literature review was conducted to provide a comprehensive introduction to relevant research on youth mentoring to date. This foundational information was utilized for the purpose of delineating existent mentoring practices, identifying major themes, points of contention, challenges, and gaps in available literature that may require additional future focus. Further, this information situated, informed, and framed the scope of this research project and supported the development of the conceptual framework utilized.

This chapter outlines key terms and definitions, the challenges and outcomes faced by “care leavers” (youth transitioned from government care to independence), the interrelationship between these challenges and relational permanency, the evolution of mentorship and various mentoring practices, and key themes, as well as a summary and conclusion.

The research consolidated in this literature review was collected using two databases: Google Scholar and the University of Victoria Summons 2.0 portal. Search terms and key phrases used to locate articles included: “permanency,” “relational permanency,” “care leavers,” “mentoring,” “mentorship,” “informal mentoring,” “formal mentoring,” “youth-initiated mentoring,” “outcomes experienced by youth transitioned from government care,” and “the impact of the child welfare system on relational permanency.”

3.2 Key Terms and Definitions

For this research study, ‘aging out,’ ‘transitioning from care,’ ‘transitioning to adulthood,’ and ‘leaving care’ will be used synonymously and defined as “the cessation of legal responsibility by the state for young people living in out-of-home care” (Mendes et al., 2014a). ‘Care leaver,’ ‘care leavers,’ and ‘youth transitioned from care/to adulthood’ will be used synonymously and defined as an adult who formerly resided in government care as a child (Care Leavers’ Association, 2014). Relational permanency will be defined as the formation of long-term relational connections between youth transitioned to adulthood and caring adults (FBCYICN, 2010). ‘Informal mentors’ and ‘natural mentoring’ will be defined as organically occurring relationships from within a youth’s social network (Schwartz et al., 2013). ‘Formal mentors’ will be defined as assigned professionals or volunteers, while ‘formal mentoring’ will be defined as assigned structured relationships between youth and professionals or volunteers (Dubois et al., 2002).

3.3 The Foundation

Transition Challenges and Outcomes

According to Stein et al (2001), approximately 90% of children and youth in care have experienced trauma. This, when compounded by the experience of loss of connection to family and community (Riebschleger et al., 2015), placement instability (Magnuson et al., 2015), and relational instability, has led, and continues to lead to adverse outcomes including decreased

mental health, educational achievement, relationship formation, and social connection (FBCYICN, 2010; RCY, 2020a, 2017).

Research consistently indicates that the transition from government or “state” care, also known as “out-of-home care” (OHC), to independence is a turbulent experience for a vulnerable youth population inadequately equipped to address the onslaught of challenges that will ensue (Mendes et al., 2014a, 2014b; Mendes & Moslehuddin, 2006). A non-exhaustive list of challenges faced by youth transitioning to adulthood from government care includes housing instability and homelessness (Shah et al., 2017; Dworsky et al., 2013), sustained mental health concerns, deficient social supports, low educational attainment, and job acquisition (Courtney & Dworsky, 2006; Mendes et al., 2014a, 2014b; Mendes & Moslehuddin, 2006; Prince et al., 2019; Tweddle, 2007; Woodgate et al., 2017). Unfortunately, most youth who transition from care are left to navigate these outcomes and the incumbent challenges of independence on their own.

Alongside these challenges, youth recently transitioned to adulthood from government care appear to be fast-tracked from one government institution to a less desirable government institution known as the justice system (Cesaroni et al., 2019; Courtney et al., 2018; Courtney & Dworsky, 2006; Mendes et al., 2014a, 2014b; Prince et al., 2019; Reid, 2007; Rutman & Hubberstey, 2016). Specific indicators such as race and gender frequently predict who will enter the justice system and who will not (Cesaroni et al., 2019; Courtney & Dworsky, 2006; Prince et al., 2019; Tweddle, 2007), perpetuating the cycle of systemic racism, which is manifested by the overrepresentation of marginalized populations in the child welfare system (RCY, 2020b; Williams-Butler et al., 2018).

In addition to increased likelihood of entering youth and adult correctional systems, care leavers are more likely to engage in increased substance use (Akister et al., 2010; Rutman et al., 2005), experience decreased socio-economic status (Rutman et al., 2007), poor health outcomes (Dixon, 2008; Power & Raphael, 2017), and “early parenthood” (Mendes & Moslehuddin, 2006).

This onset of challenges confronts youth between the ages of sixteen and nineteen, depending on the country and/or state/province in which they reside. At a predetermined age, youth are accelerated through ‘adulthood’ with a substantial increase in responsibility which significantly supersedes that of their peers (Burton, 2007; Mendes et al., 2014b; Mendes & Moslehuddin, 2006; Prince et al., 2019; Rutman & Hubberstey, 2016; Tweddle, 2007). Irrespective of developmental maturity, existent or nonexistent support systems, prior history of trauma and abuse, youth are thrust into adulthood and expected to survive with limited optional or obligatory supports (Mendes et al., 2014a; Mendes & Moslehuddin, 2006; West Coast LEAF [WCL], 2019; Woodgate et al., 2017).

Of the limited supports available, few are informed by the historical and ongoing impacts of colonization, the unique culture, or trauma history of care leavers (Q’ushin’tul Team et al., n.d.). Additionally, youth face “systemic and individual barriers” when attempting to access supports and services (WCL, 2019, p.5). Some of these barriers have been attributed to the “at risk” lens through which systems and service providers view youth seeking “specialized services,” (Clark et al., 2017, p.2). According to Clark et al (2017), this lens and label can adversely affect youth, leading to stigmatization and “barriers to accessing the very services intended to meet their

needs” (p.2). Consequently, the absence of historically and culturally informed support, specifically “social and emotional support,” as well as barrier to support acquisition, have been identified as some of the biggest challenges confronting youth transitioned to adulthood (Goodkind et al., 2011, p. 1046).

Research and child welfare systems have recognized the essentiality of interdependence for youth ‘aging out’ of care (Antle et al., 2009; Goodkind, et al., 2011; Mendes & Moslehuddin, 2006; Paulsen & Berg, 2016; Propp et al., 2003; Spencer et al., 2018a). This recognition has led to the gradual deconstruction of existing paradigms on ‘aging out’ priorities, which historically emphasized the importance of care leaver autonomy and independence (Courtney, 2009; Goodkind et al., 2011; Paulsen & Berg, 2016; Samuels & Pryce, 2008), but which presently seek to integrate interconnectedness, given its impact on life satisfaction and wellbeing (Cohen, 2004; Durkheim, 1951/1897; Furlong, 2003; Kessler & McLeod, 1985). Subsequently, relational permanency, which is the formation of long-term relational connections between youth transitioned to adulthood and caring adults (FBCYICN, 2010), has become a priority area (Devaney et al., 2019; RCY, 2019a).

Unfortunately, the consistent theme interwoven throughout numerous countries and support systems is that youth are transitioning to adulthood without relational permanency and are facing an onslaught of challenges (Paulsen & Berg, 2016). To address this salient issue, researchers and child welfare systems have begun to consider less conventional relational supports for youth transitioning to adulthood from government care including the integration of differing types of mentoring practices. These will be explored and expanded on below.

3.4 The Evolution of Youth Mentoring

Youth mentoring is defined by Cavell et al (2021) as “an umbrella term used to describe the involvement of children and adolescents in supportive relationships with non-parental adults” (p. 281). With its origination and foundation based in early theories including social control theory, which linked lower rates of delinquency to the strength of relationships and connections experienced by youth and others (Hirschi, 1969), as well as risk and resilience theory, which suggested that children and youth who had been exposed to adverse circumstances (risks) were more likely to display resilience when closely connected to a non-parental adult, family, or community (Masten et al., 1990; Werner, 1995), due to the protective factors which these relationships afforded, youth mentoring gained momentum.

This momentum was further accelerated by an evaluation of differences in outcomes of children and youth with mentors obtained through Big Brothers, Big Sisters of America (BBBSA) versus those without (Tierney et al., 1995). Tierney et al (1995) found that youth with mentors experienced decreased rates of drug and alcohol use, physical aggression/assault, class, and school skipping. These “findings,” although later analyzed and discovered to be the result of an error (Cavell et al., 2021), were the catalyst that launched the rapid evolution of relationship-based mentorship.

3.5 Formal Mentoring

Formal mentoring, also known as “supportive mentoring,” emphasizes the importance of “meaningful” (Tierney et al., 2000, p. 3), “strong” (DuBois et al., 2011, p. 62), and quality connection (Silke et al., 2019; Eby et al., 2013; Goldner & Maysseless, 2009; Keller, 2007; Rhodes, 2005) between a mentor (an individual, typically a volunteer, providing support) and a mentee (a child or youth accessing the program) (Herrera, et al., 2011) for a specific purpose or “a means to an end” (Cavell et al., 2021, p. 289). These formalized one-to-one interactions have traditionally emphasized “positive development and well-being” for children and youth who have been identified as “at risk of poor outcomes” and from disadvantaged or marginalized backgrounds (DuBois et al., 2011, p. 58). The relative success and “benefits” (DuBois et al., 2011, p. 65) of formalized mentor-mentee relationships occur when relationships are sustained over time (DuBois & Rhodes, 2006; Grossman et al., 2011; Grossman & Rhodes 2002; Herrera et al., 2007). Conversely, when formal mentoring relationships are haphazardly terminated in an unplanned manner, mentees are more likely to experience negative outcomes (DuBois et al., 2011; Rhodes & DuBois, 2006).

Formal mentoring programs have targeted an array of settings, two of the most prominent being community-based settings to support youth development (DuBois et al., 2011, p. 58) and school-based setting to promote academic progression and social skills development (Herrera & Karcher, 2014).

Community-Based Mentoring (CBM)

Formal mentoring emerged from community-based mentoring programs (CBM), which are frequently attributed to the initiation of Big Brothers Big Sisters of America (BBBSA), one of the most prominent global mentoring programs (Baker & Maguire, 2005). BBBSA began from an observation, made in 1904, that adolescent male youth were appearing in courts at an accelerated rate (BBBSA, 2021). This realization, combined with the ideology that youth could benefit from a non-parental caring adult, which later became known as risk and resilience theory, led to the beginning of “Big Brothers” (BBBSA, 2021). Initially, “Big Brothers” worked independently, recruiting male volunteers who “befriended” boys, while “Catholic Big Sisters” focused on recruiting female volunteers who “befriended” girls (BBBSA, 2021). This changed in 1977, when these two organizations joined efforts and became known as BBBSA (BBBSA, 2021).

Since BBBSA and its earlier iterations were founded, CBM programs have progressed, developing rigorous application and screening processes that are conducted prior to securing mentor-mentee matches (Furano et al., 1993; Tierney et al., 2000). Once matched, mentor-mentee dyads meet in community settings (Keller & DuBois, 2021) between two and four times a month, for a minimum of one year (Tierney et al., 2000). CBM programs provide mentor-mentee dyads with freedom and flexibility to cultivate connection and “discover shared interests” while engaging in an array of “educational and recreational” activities (Karcher et al., 2006, p. 710). Throughout the duration of the mentor-mentee relationship, mentors receive ongoing training, supervision, and support (Furano et al., 1993).

The purpose of CBM programs is varied, depending on program specific structure, goal(s), and content (Karcher et al., 2006, p.719). The structure of mentoring programs includes components such as the type of mentor-mentee interactions: for example, whether mentor-mentee engagement occurs in person or virtually (Karcher et al., 2006). The goal(s) of mentoring programs may be developmentally or instrumentally focused (Karcher et al., 2006). Developmentally focused programs emphasize the relational connection between the mentor and mentee (Karcher et al., 2006), which assists in the achievement of overall healthy development (Li & Julian, 2012) of “the whole person” through “childhood and/or adolescence” (Tierney et al., 1995, p.4). Instrumentally focused programs emphasize the acquisition of specific goals or learned skills (Cavell & Elledge, 2014; Karcher et al., 2006). The content of programs, such as the “infrastructure” (which are the processes utilized by mentoring organization to establish mentor-mentee dyads), as well as the “dosage” (which includes the quantity of time spent), the depth of attachment between the mentor-mentee, and the length of the relationship all contribute to the purpose of a mentoring program as well as the outcomes experienced by mentees (Karcher et al., 2006, p. 715-716).

CBM is often understood as “a relationally focused way to compensate for the absence of a parent in the home” (Karcher et al., 2006, p.711). This understanding, coupled with individualistic parenting styles, which promote the belief that raising a child is the exclusive obligation of the parent or primary caregiver (Kesselring et al., 2012; Scales et al., 2004), as well as the fact that mentees accessing BBBS are frequently from marginalized and/or racialized groups, have experienced poverty, familial fragmentation, live in “single-parent households,” and have been exposed to familial “violence or substance abuse” (Tierney et al., 2000, pp. 4 & 20), has led to a deficit perspective of parents accessing mentoring programs (Scafe & Cavell, 2020; Spencer & Basualdo-Delmonico, 2014). The deficit view suggests “that mentors fill a void for children who lack a responsible, positive adult role model” and, further, that primary care providers may “disrupt or impede the work of mentors” (Cavell et al., 2021, p.285)

Several study findings indicate that youth involved in CBM programs displayed decreased “behavioral problems” (DuBois & Keller, 2017) and mental health concerns when compared to their non-mentored peers (DeWit et al., 2016; DuBois et al., 2011; Meyerson, 2013). These outcomes, as well as mentee “improvements in academic, psychosocial, and behavioral outcomes” (Grossman & Rhodes, 2002, p.213), “health and social benefits” (DeWit et al., 2016, p. 654) were consistent for mentored youth in ongoing relationships of 12 months or longer (DeWit et al., 2016; Grossman & Rhodes, 2002). Some studies found that youth in mentor-mentee dyads which terminated prematurely or were re-matched failed to exhibit positive outcomes, although gender-based variance was noted (DeWit et al., 2016), and some youth experienced negative effects (Rodriguez-Planas, 2014; Spencer et al., 2017; Herrera et al., 2013; Grossman et al., 2011; Grossman & Rhodes, 2002). Other studies have not deduced a correlation between relationship length and positive mentee outcomes (Eddy et al., 2015; Herrera et al., 2013).

Therefore, although some findings suggest positive impacts of mentoring on mentee wellbeing, it is essential to critically assess the primarily low to moderate positive effects deduced in CBM mentoring evaluations (Cavell et al., 2021; DeWit et al., 2016; Rodriguez-Planas, 2014; Dubois

et al., 2011), the high probability of CBM relationships terminating prematurely (Lymburner, 2006; Grossman & Rhodes, 2002), and the potential subsequent impacts on mentees.

School-Based Mentoring (SBM)

The evolution and rapid progression of school-based mentoring (SBM) programs can be partially attributed to a study by Tierney et al. (1995), which prompted significant financial investments by the United States (U.S.) Department of Education (Bernstein et al., 2009) to address limitations identified in community-based mentoring programs. These limitations included challenges with volunteer commitment, oversight and accountability, high costs, and reliance on parental referrals (Herrera & Karcher, 2014). These factors, combined with partnerships between community-based mentoring programs and schools (Herrera et al., 2007), emphasis on school programs supporting all facets of the lives of students (Dryfoos, 1991), the U.S. “No Child Left Behind Act,” which intensified standardization in schools to ensure academic achievements and positive outcomes (Portwood & Ayers, 2005), augmented ideologies that SBM would increase school-based competencies (Wheelen, 2010).

Subsequently, SBM evolved to provide additional supports to children and youth who may not have had the opportunity to be enrolled in community-based mentoring programs, because their parents did not refer them (Herrera & Karcher, 2014; Herrera et al., 2007). As such, SBM enables teachers to refer students who are then matched with a mentor. Regular, one-to-one mentor-mentee engagements then occur within school hours and settings, throughout the duration of “academic year” (Wheeler et al., 2010, p.3 & p.5). The structured nature of SBM programs have attracted high rates of volunteers (MENTOR, 2005), which some researchers attribute to increased predictability in terms of time spent, location, realizable and permissible activities to engage in, and perceivable interaction end dates (Wheelen et al., 2010).

Unfortunately, although these programs highlight efficiency and effectiveness, and support children and youth who may otherwise not have mentorship opportunities, researchers have identified several challenges. First, these programs have decreased relational depth and duration due to increased relational fragmentation and less time spent between the mentor and mentee (Herrera & Karcher, 2014, p. 203; Herrera et al., 2011; Herrera et al., 2000). Second, mentees may experience many challenges which mentors may not be equipped to support or address (Herrera & Karcher, 2014). Third, mentor-mentee matches and dynamics can be a challenge in any setting, but school settings can limit engagement activities between the mentor-mentee, further inhibiting the development of close “mentoring relationships” (Herrera & Karcher, 2014, p.203). Keller (2007) indicates that mentor-mentee interactions are the essential component influencing youth development. Therefore, structured, one-hour engagement opportunities within the confines of a school setting, which are terminated at the completion of the school year (Herrera & Karcher, 2014; Herrera et al., 2011), may not ensure the expected positive outcomes.

Evaluations assessing the efficacy of SBM programs have exposed inconsistent and divergent conclusions. Some have failed to deduce statistically significant outcomes for improved academic achievement (Wheelen, 2010; Bernstein et al., 2009; Karcher, 2008), while others such as Herrera et al. (2007) found successive school-related outcomes “including school attitudes, behaviors and performance” (p.71). Karcher (2008) indicated small effects on “self-reported self-esteem,” “connectedness to peers, and perceived social support from friends” (p.107). In a

review of three SBM studies, Wheelen et al (2010) concluded that “one year of participation in a school-based mentoring program tends to have modest effects on selected youth outcomes” (p.14). These “modest effects” included decreased rates of school absence and misconduct, augmented educational success and relational development with “non-familial adults,” as well as improved peer support (Wheelen et al., 2010, pp.14-15).

Portwood et al (2005), found positive correlations between youth in SBM programs and subsequent connectivity to their schools, with augmented “sense of belonging,” “community connectedness and goal-setting,” as well as improved academic attainment (p.142). Similarly, King et al (2002) deduced substantial amelioration in student connectedness to their school, peers, and family, with notable improvements in mentee self-esteem after participating in SBM. Herrera et al (2011) indicated “modest” initial positive effects of SBM on mentee academic performance (p.357), yet failed to find sustained effects after the completion of the academic year. Further, divergent from research findings (Cavell & Hughes, 2000; Herrera, 2004; Karcher, 2008; King et al., 2002), Herrera et al (2011) did not find positive effects on mentee “problem behaviors,” self-esteem, relational connectivity, or advancement with “peers and adults” (p. 356). These conclusions are shared by DuBois et al (2002), whose study indicated insufficient effects of SBM mentor-mentee interactions, and by Bernstein et al (2009), whose study found no “statistically significant impacts on students” when assessing prosocial behavior, problem behavior, and academic achievement.

According to Wheelen et al (2010), finding discrepancies in three SBM program evaluations can be attributed to differences in existent or non-existent program frameworks, program implementation supports, rates of matched versus unmatched youth, time spent between mentor and mentee, the age range of mentees included, and significantly, the “varying criteria for designating findings as statistically significant” (p.14). As such, when these factors were controlled, the results between studies were more consistent (Wheelen et al., 2010).

3.6 Informal Mentoring

Background

Unlike formal mentoring, with its highly structured nature and goal orientation, informal mentoring occurs naturally through the interactions and formation of relationships between youth and non-parental adults (Gowdy & Hogan, 2021; Sterrett et al., 2011; Sykes et al., 2014; Darling et al., 1994; Greenberger et al., 1998; Scales & Gibbons, 1996). These non-parental adults are individuals such as educators, coaches, familial friends, religious leaders, and other members of youths’ communities (Gowdy & Hogan, 2020; Hurd & Seller, 2013; Sanchez et al., 2008), who have been identified by youth as supportive, dependable, motivational, and ultimately, someone they can go to in times of need (Sterrett et al., 2011; Sykes et al., 2014).

Informal mentoring enables mentors and mentees to cultivate more gradual and “less pressured” relationships (Greeson et al., 2010, p. 566). Due to mentor-mentee familiarity and interconnectedness, informal mentoring enables increased trust (Ahrens et al., 2008; Britner et al., 2006), relational longevity (Greeson et al., 2010), and positive outcomes (Hamilton et al., 2006).

Outcomes

Informal mentoring relationships have led to positive outcomes for mentees, particularly experienced by those who have formerly resided in care. Ahrens et al (2007) found that these mentees reported higher health outcomes and academic pursuit, fewer sexually transmitted infections, reduced suicidal ideation and physical aggression resulting in the injury of another person. Munson and McMillen (2009) identified that long-term informal mentoring relationships, of one year or longer, resulted in older mentees, between 18 and 19 years of age, experiencing lower rates of depressive symptoms, when compared to mentees in relationships lasting shorter periods of time, a finding which was supported by Grossman and Rhodes (2002). Further, longer-term mentoring relationships were found to decrease “perceived stress” of mentees, lower the probability of experiencing an arrest by age 19, and increase their overall life satisfaction (Munson & McMillen, 2009, p.109). Contrary to Munson and McMillen (2009), Courtney and Lyons (2009) failed to find a positive relationship between informal mentoring and decreased rates of arrests or incarceration.

For informally mentored youth not formerly involved in care, DuBois and Silverthorn (2005), as well as McDonald et al (2007), discovered that these youth experienced higher probability of securing full-time employment during their mid-twenties, compared to non-mentored youth. Additionally, informally mentored youth were more likely to pursue “intrinsically rewarding work” and implement strategic approaches to achieve career progression (McDonald & Lambert, 2014, p.271).

Types of Informal Mentoring Relationships

Gowdy and Hogan (2021) indicate that informal mentoring relationships offer mentees “core and capital” relationships (p.4). Core relationships more frequently have familial involvement and provide mentees with “instrumental support,” while capital mentoring relationships are typically more formalized relationships with “paid professionals,” who introduce mentees to new resources and perspectives (Gowdy & Hogan, 2021, p.4; Gowdy et al., 2019). DuBois and Silverthorn (2005) indicate that more formalized mentor-mentee relationships were correlated with positive mentee educational and health outcomes. Additionally, mentors with instructive or supportive professional backgrounds positively impacted mentee pursuit of post-secondary education, while “decreasing risk for drug use” and smoking (DuBois & Silverthorn, 2005, p.86).

Gowdy et al (2019) found that capital mentoring relationships provided low-income mentees with more opportunity for upward economic mobility, when compared to mentees in core mentoring relationships. While this suggests that capital mentoring relationships could have positive impacts on the lives of low-income mentees, unfortunately low-income mentees are less likely to have informal mentoring supports, specifically capital mentoring supports (Gowdy et al., 2019; Raposa et al., 2018). Low-income mentees are more likely to form “closer and longer lasting” core mentoring relationships, with “more frequent in-person visits with one’s mentor” (pp.195-196), while focused on “more practical support” and less on “role modelling and career advice” (p.198). Mentees from higher socioeconomic status backgrounds had more access to informal mentoring relationships, specifically capital mentors (Raposa et al., 2018).

Contradictory Findings on the Importance of Connection

Interestingly, Gowdy and Hogan (2021) failed to find a difference between the type of mentoring relationship, close versus capital, and mentee self-reported emotional closeness to their mentor. This conclusion differs from earlier findings by Hurd and Sellers (2013) which indicated significant differences between “more connected” versus “less connected” mentee-mentor relationships (p.81). According to Hurd and Sellers (2013), “more connected” mentee-mentor relationships existed for longer periods of time, with higher rates of interaction, and “more mentor-mentee involvement” (p.81). These “more connected” mentees had increased academic engagement, as a by-product of higher social skills (p.81), while “less connected” mentees had lower rates of these characteristics and did not experience augmented outcomes (Hurd & Sellers, 2013, p.81). DuBois and Silverthorn (2005) found that greater mentor-mentee closeness impacted mentee “psychological well-being” including “self-esteem and life satisfaction” and decreased “depressive symptoms and reports of suicidal ideation” (p.86). Gowdy and Hogan (2021) suggest that differences regarding mentee emotional connectedness could be due to higher ratings of closeness of mentoring relationships by mentees aged out of care, regardless of the type of mentoring relationship. This is supported by Gowdy (2019), who found that youth aged out of care provided higher overall rating of emotional closeness with their mentors compared to youth not involved in care.

Regardless of these differences, overall, informal mentoring relationships appear to vary based on mentor-mentee connectedness which, among other characteristics, is impacted by relationship length (Munson & McMillen, 2009; Rhodes et al., 2005; Grossman & Rhodes, 2002), communication, and closeness (Hurd & Sellers, 2013). Courtney and Lyons (2009) found that mentor-mentee closeness was associated with an increase in the probability of mentees completing post-secondary education, being employed, and experiencing increased supportive networks. Greenson et al (2010) indicated that mentees in informal mentoring relationships experienced higher asset accrual, including having bank account and owning a car, while non-foster care young adults experienced higher overall income acquisition.

Youth-Initiated Mentoring (YIM)

Youth-initiated mentoring (YIM) was developed to amalgamate structural components from formal mentoring programs, with informal mentoring relationships for specific youth populations (van Dam et al., 2020). The first YIM program, the “National Guard Youth Challenge Program,” (NGYCP) began as a “residential intervention program” which concentrated on high-risk youth who had dropped out of high school (Millenky et al., 2011). This initial YIM program, and others implemented since then, required youth to select a “non-parental adult” from their social network to be their informal mentor for a set period (Millenky et al., 2011; Schwartz et al., 2013; Spencer et al., 2018; van Dam et al., 2017). Although YIM research studies vary in terms of length, setting, number of participants, and mentor/mentee relationship longevity, results consistently indicate positive outcomes for youth. These include educational advancement and employment status (Millenky et al., 2014; Schwartz et al., 2013), behavioral changes, improved “self-concept” and relational quality (Schwartz et al., 2013), social support, mental health, and future orientation (Spencer et al., 2018).

These positive outcomes have led to a shift in the scope of YIM research and application, expanding to consider YIM as an alternative to out-of-home care for youth with “complex needs” (van Dam et al., 2017, p.1777). This shift could decrease youth system involvement and

de-emphasize formal relational supports, augment youth reliance on informal supports within their social networks, and further youth locus of control (van Dam et al., 2017; van Dam & Verhulst, 2017). Van Dam and Schwartz (2020) indicated that the promotion of informal supports is founded in the ideology that youth are more likely to select mentors with similar goals to themselves, which may successively lead to increased relational longevity and augmented outcomes (Schwartz et al., 2013; Spencer et al., 2016).

For youth with acute mental health concerns, a recent randomized clinical trial assessed the effectiveness of “Youth Nominated Support Teams” (YNST) as an intervention strategy to reduce mortality rates of suicidal youth following their stay in psychiatric hospitals (King et al, 2019). In the YNST study, youth selected “caring adults” from their community network who were then informed of the youth’s mental health concerns and risk of suicide (King et al., 2019, p.496). These YNST provided support to youth following their discharge from hospital (King et al., 2019). In this secondary analysis of a randomized clinical trial, King et al (2019) determined that youth engaged in in the YNST intervention group had lower mortality rates between the “11-14- year follow-up period” when compared to the control group (p.496). As such, King et al (2019) posits that YNST “may be associated with positive youth trajectories and reduced mortality” (p.496).

In a meta-analysis examining quantitative data to review the effectiveness of several YIM programs, van Dam et al (2021) determined that overall, YIM programs have “significant small-to-medium effect size” (p. 225). According to van Dam et al (2021), although small-to-medium, this effect size is more substantial than those determined in “meta-analyses of formal mentoring” (Raposa et al., 2019) and informal mentoring (van Dam et al., 2018) individually (p.225). This suggests that YIM and other similarly adapted programs, targeting specific youth needs, may positively impact youth outcomes.

3.7 Conclusion

This chapter has identified innumerable challenges experienced by youth in and/or transitioned from child welfare systems. Some of these challenges include decreased physical, psychological, scholastic, and occupational outcomes, as well as increased probability of experiencing housing instability and homelessness, substance use, involvement with the justice system, and early parenthood. Additionally, many youths face these challenges without relational permanency or adequate social and emotional support systems. Subsequently, researchers and child welfare systems have begun considering alternative supports for this high-risk population, including youth mentoring.

Since emergence in the early 1900s, youth mentoring has gained traction and evolved into formalized programs, including Community-based Mentoring (CBM) and School-based Mentoring (SBM), both of which are highly structured and goal oriented. Researchers have identified CBM as having low to moderate positive effects on youth behavioral and mental health concerns, educational, social, and health outcomes; however, these positive effects are curtailed when mentoring relationships terminate prematurely. While SBM was initiated to address limitations and challenges identified within CBM, as well as to meet dominant social ideologies imposed on schools, it presented unforeseen challenges. These challenges included

decreased relational quality and length, inability of mentors to meet the complex needs of mentees, and limited activity options due to school-based interactions. Evaluations on the effectiveness of SBM have divulged divergent conclusions on outcomes pertaining to mentee school achievement, behavior, and absence, as well as connectivity to peers, relational development, and social support. Presently, limited research has been conducted on the impact and effectiveness of formal mentoring programs on care leavers.

Unlike formal mentoring programs, informal mentoring exists within naturally occurring relationships and have been identified as having successive outcomes, particularly for mentees formerly involved in care. These outcomes include increased physical and mental health, academic pursual, and reduced physical aggression and stress. Researchers indicate that some outcomes may depend on the type of mentoring relationship, specifically whether it is a core or capital relationship. Core relationships are familial involved and practically focused, while capital relationships are more formal, typically with a professional, and are developmentally focused. Capital relationships have been found to positively impact mentee health, educational pursual, and economic mobility, while reducing substance use. Evaluations assessing informal mentoring relationships have resulted in contradictory findings on the impact of mentor-mentee closeness in achieving positive mentee outcomes, such as improved psychological well-being, post-secondary and employment acquisition, expanded social networks, and decreased depressive and suicidal thoughts.

The amalgamation of formal and informal mentoring programs has resulted in various renditions of Youth-initiated Mentoring (YIM) which appear to be more effective for mentees with complex need sets than either formal or informal mentoring programs separately. Researchers have identified positive outcomes with regards to mentee education, employment, behavior, identity, relationships, supports, and mental health. Consequently, researchers have begun to consider the utilization of YIM as an alternative to care settings, to support the mental health of mentees, and decrease mortality.

The findings presented in this chapter highlight the importance of considering youth mentoring as a support for youth in and/or transitioned from care. Presently, limited research has been conducted on the impact of mentorship on care leavers in B.C., although researchers have identified ethical concerns in “relationship-based interventions” with regards to lack of oversight, boundaries, guidelines, and principles (Rhodes et al., 2009, p.452). This research study is intended to address this gap by assessing the impacts of relational permanency and mentorship (or the lack thereof) on care leavers in B.C., identifying mentorship program for youth involved or formerly involved in care, and recommending system improvement opportunities.

Chapter 4: Methodology and Methods

This chapter outlines the methodology and methods used to address the question: *What is the Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia (B.C.)?*

This research study required ethical reviewal and approval from the University of Victoria Human Research Ethics Board. A certificate of approval was granted on April 19, 2021, and can be located under the ethics protocol number 20-446.

4.1 Methodology

This research study employed a qualitative research design, with three primary components: policy review, literature review, and interviews.

The policy review identified, reviewed, and evaluated MCFD policies on removal, transition, and permanency planning for children and youth. It was completed to gain a fulsome understanding of the procedures and processes used by MCFD guardianship social workers in these domains and to identify inconsistencies and/or gaps. The literature review analyzed and synthesized research on the challenges and outcomes facing care leavers, and the origins and evolution of mentoring practices. These subjects were selected and reviewed to provide a comprehensive foundation for this research and subsequently, to position this research within the current research context.

Interviews were conducted with 12 key informants, including 11 program managers and coordinators working for community-based mentoring programs in B.C., as well as one youth accessing a supportive program who had transitioned from government care to independence. The purpose of these interviews was to gain a comprehensive understanding of the challenges facing youth transitioned to adulthood, specifically related to the acquisition of relational permanency and mentorship, as well as to establish research-informed recommendations.

To date, limited research has been conducted on relational permanency and mentorship on care leavers in B.C. or on the efficacy of community operated and government funded mentorship programs available to youth transitioning and/or transitioned from government care in B.C. As such, this research aims to fill the current gap in understanding, while providing research informed recommendations, to ensure that all youth transitioning from government care in B.C. attain relational permanency, and consequently, increasingly better outcomes.

The selection and utilization of a qualitative research methodology provided the researcher with an opportunity to develop a comprehensive or “nuanced understanding” (Lester et al., 2020, p.14) of the impact of relational permanency and mentorship on care leavers in B.C. According to Lester et al (2020), the pursual of a comprehensive or “nuanced understanding” of a particular “phenomenon” frequently guides researchers to select qualitative methods (p.14). Further, a comprehensive understanding gained through researcher and interviewee interactions supports the identification of “unexpected or unanticipated information,” an opportunity which quantitative research methods does not provide (Wong, 2008, p. 14), and which may subsequently be utilized to inform policy and practice (Lochmiller, 2016).

The methodological design and subsequent components of this study were purposefully selected to contextualize this research study and to ensure that the experiences and perspectives of program managers, coordinators, and the youth participant were accurately and inclusively described through semi-structured interviews. Interviewing program managers and coordinators, as well as a youth participant who had transitioned from care, was critical to ensure the propagation of knowledge on a population that has received “insufficient attention” up to this point (American Evaluation Association, 2011). Semi-structured interviews allowed for conversation to go beyond the questions prepared, by providing participants with the opportunity to share key points that may not have been encompassed in the questions asked.

Qualitative methods concentrated on 1) the challenges identified, and recommendations made by program managers, coordinators, and the youth participant ; 2) youth experiences of relational permanency and/or mentorship planning while in the care of MCFD; and 3) youth access to community mentoring supports following their transition to adulthood.

A community-based research approach (CBRA) was applied in this research study. CBRA was necessary to 1) ensure the continuous collaboration between participants and the researcher throughout the research process (interviews, data analysis, and interpretation); 2) increase understanding of concerns identified as impacting “daily living;” 3) foster trust with a group that historically has been misrepresented and used for research purposes; 4) include the historical maltreatment and disadvantage experienced by marginalized populations in B.C. which has perpetuated social and economic disparity; and, 5) ensure that the voices of these populations influence change (Zavala, 2013, pp. 23-24).

4.2 Methods

This qualitative research study included three primary components which were completed in the subsequent order: 1) literature review, 2) policy review, and 3) interviews. The methods of each will be discussed below.

The policy review included the collection, reviewal, and analysis of MCFD policies, including: 1) Out of Care Policies; 2) Children and Youth in Care Policies; and 3) Permanency Policies. These policies were provided to the researcher, who had requested all MCFD policies pertaining to permanency, relational permanency, and mentorship.

The literature review included the collection, reviewal, and analysis of relevant academic research, which was accessed through the University of Victoria’s online library collection, using the following key terms: ‘aging out,’ ‘transitioning to adulthood,’ ‘care leaver(s),’ ‘relational permanency,’ ‘mentorship,’ ‘informal mentoring,’ and ‘formal mentoring.’

Interviews were conducted through the planned partnership with British Columbia’s Representative for Children and Youth (RCY). Program managers and coordinators were consulted, and the experience of a care leaver was explored, through the collection and analysis of primary data from semi-structured and open-ended interviews.

Selection Criteria

Interview participants were purposefully selected based on inclusion criteria. Inclusion criteria for group one, the program managers, and coordinators, included:

- 1) British Columbia (B.C.) resident,
- 2) Adult of 19 years of age or older,
- 3) Competent adult who can make informed decisions and provide informed consent to participate in this study,
- 4) Program manager or program coordinator, and
- 5) Works for an organization which offers mentorship opportunities to youth who a) currently reside in the care of MCFD, or b) transitioned to adulthood from the care of MCFD.

Inclusion criteria for group two, the youth participant, included:

- 1) British Columbia (B.C.) resident,
- 2) Adult of 19 years of age or older,
- 3) Competent adult who can make informed decisions and provide informed consent to participate in this study,
- 4) Resided in the care of MCFD for a period of three months or more, and
- 5) Transitioned to adulthood or "aged out" from the care of MCFD.

Sample Selection Rational

For this research study, these two groups were of interest due to the different perspectives that each group provided. Participants in group one provided a broad understanding of:

1. Mentorship programs/services that exist in B.C.,
2. What these program/services offer,
3. Who these programs/services benefit,
4. The goal of these programs/ services, and
5. A service provider perspective on improvement areas of future focus.

The youth participant in group two provided an experiential perspective from a youth who had lived in and transitioned to adulthood from the care of MCFD. This group provided a first-hand account of:

1. Relational permanency and/or mentorship while in care,
2. The impact of relational permanency/ mentorship or the lack thereof while transitioning/ transitioned to adulthood,
3. Experience of access to relational/mentorship supports, and
4. Recommendations for improvement areas and future focus.

The youth participant in group two was of particular interest due to the essentiality of engaging in research with those directly impacted by policies and system change, as emphasized by the phrase "nothing about us, without us."

Recruitment

Group one participants were contacted and recruited through publicly available contact information. The group two participant was recruited through snowball sampling, where a participant from group one (acting as a recruiter) was asked to pass information about the research study as well as the contact information of the researcher, to the potential participant for

group two. This was done through telephone or in-person recruitment conversations. In-person recruitment conversations occurred when a recruiter routinely met in-person with the potential participant for group two, during the pandemic, and not specifically for research purposes. Further, when the recruiter had in-person recruitment conversation with the potential participant for group two, the researcher confirmed that appropriate COVID-19 safety procedures were routinely followed during the in-person meeting and were also followed while discussing the details of this research study. When the potential participant for group two was interested and wanted to participate in this research study, they contacted the researcher directly via email.

Ethical Considerations

There was the potential for a power relationship to exist between participants for group one and the RCY, which the client, Bruce Nelson, represented. The potential for a power-over relationship existed at an organizational level, due to the role and jurisdiction of the RCY, as outlined in its mandate. As such, participants for group 1 may have felt undue influence to engage in an interview due to internal pressure.

There was the potential for a power relationship to exist between the recruiter and the youth participant, for group two. The recruiter was a coordinator or manager for an organization offering mentorship services/programs. The recruiter was asked to recruit participants, for group two, who had transitioned to adulthood from the care of MCFD and had accessed mentorship programs/services available through their organizations. Therefore, there was the potential for a power-over relationship to exist between the recruiter and the youth participant.

The following steps were completed to ensure the voluntariness and minimize undue influence, coercion, or potential harm to participants in group one:

1. The researcher discussed the potential power relationship with participants.
2. The researcher asked participants to outline what involvement they had had with Bruce Nelson and/or the RCY.
3. The researcher asked participants whether they felt pressured and/or had experienced pressure to participate in this research study.
4. The researcher emphasized that research participation was voluntary and that participants were under no obligation to participate.
5. The researcher informed participants that their choice to participate (or not) in this research study would be kept confidential.
6. The researcher informed participants that their choice to participate (or not) in this research study would not impact their employment or relationship with Bruce Nelson or the RCY.
7. The researcher explained that all data shared with Bruce Nelson and the RCY would be aggregated, stripped of identifiers, and anonymized.

The following steps were taken to ensure the voluntariness and minimize undue influence, coercion, or potential harm to the participant in group two:

1. The researcher discussed the potential power relationship with the recruiter.
2. The researcher asked the recruiter to outline what their involvement with the participants had been and currently was.

3. The researcher ensured that the recruiter had not engaged in any mentorship work with the participant.
4. The recruiter informed the participant that their choice to participate in this research study would be kept confidential.
5. The recruiter informed the participant that their choice to participate in this research study would not impact their access to mentorship programs/services.
6. The recruiter provided the participant with the contact information of the researcher, to ensure the voluntariness of their participant in this study.
7. When the participant contacted the researcher, the researcher informed them that interviews would not include the recruiter.
8. When the participant contacted the researcher, the researcher informed them that information collected in the interview would not be shared with the recruiter.

4.3 Data Analysis

In this study, primary qualitative data collected from semi-structured and open-ended interviews were explored through both thematic and intersectional analysis. Through the utilization of NVivo, a qualitative data analysis computer software package, interview transcriptions were interactively read and coded, with emerging categories and themes identified through inductive and deductive analysis (Boyatzis, 1998). Categories and themes were assessed through intersectional analysis, focused on deducing connections between power and positionality (Phoenix, 2011; Phoenix & Pattynama, 2006).

4.4 Reliability and Validity: Establishing Credibility

The application of content and intersectional analysis research tools to primary data collected from ten interviews completed for this study, as well as the use of NVivo Qualitative Data Analysis Software (NVivo), enabled the research team to establish inter-rater reliability. Inter-rater reliability is when analysis of specific data or phenomenon is consistently identified by different raters or, in this case, coders. NVivo provides a software system that allows multiple reviewers to code the same datasets and to then compare the results.

To improve the validity of this research study, major terms were operationalized to provide the opportunity to compare findings with a “description of the content domain” (Trochim, 2020). If findings or “content” were comparable, it was determined to have content validity. Further, this study utilized triangulation, through the comparison of primary data with MCFD policies and academic literature.

4.5 Strengths and Limitations

This study recruited a youth participant who had resided in and transitioned from the care of MCFD. This was a strength in the research design because it provided an opportunity for an “at risk” individual, frequently precluded from research, to share valuable perspectives on the child welfare system and recommendations for improvement opportunities. Subsequently, when engaging with the youth participant, this study followed stringent recruitment processes and

safeguards. Although necessary, these processes and safeguards prevented the researcher from directly recruiting youth participants, instead relying on snowball sampling (discussed above). This, as well as compressed interview timelines, due to the researcher's contract end date with the RCY, negatively impacted the number of youth participants included in this study and the subsequent conclusions drawn from those with lived experience.

Another consideration is that due to time limitations, the scope of this research study was compressed. This meant that only ten interviews, with 12 interviewees, including 11 program managers and coordinators, and one youth participant, were conducted. Additionally, although relationship development was a goal, in this research process, particularly when engaging youth participants, there was limited time or opportunity to recruit and build these important connections. This inevitably impacted the trust and willingness of potential youth participants to engage in this research study.

The geographical region and small number of interviews conducted may limit the generalizability of this study to other regions within and/or outside of Canada.

Finally, COVID-19 meant that all correspondence, recruitment, relational development, and interviews were conducted virtually through email correspondence, telecommunication, and/or web-based technologies including Skype for Business and/or Microsoft Teams. This may have inhibited the ability of potential participants to engage in this study, due to lack of access to technology, decreased ability to build rapport and a trusting relationship with the researcher, as well as data and privacy concerns.

Chapter 5: Findings - Policy Review

This chapter provides a summary of current MCFD policies and procedures pertaining to the temporary or permanent removal of children and youth; relational and cultural permanency for children and youth in care; and permanency planning for children and youth.

These policies outline specific procedures utilized by guardianship social workers (workers) when assessing whether a child or youth (child/youth) should remain with their primary care provider(s), be removed, placed in care, and/or transitioned to alternative living arrangements.

5.1 Temporary or Permanent Removal Policies

The following policies pertain to the temporary or permanent removal of a child/youth from their biological parent(s). Adoption policies were excluded from this policy review as they are beyond the scope of this research project.

Policy 4.1: Extended Family Program (EFP) (Policy 4.1)

The Extended Family Program (EFP) supports temporary care, lasting less than six months, of a child/youth by a relative, relationally close non-parental adult, or culturally connected individual. This is a voluntary program, meaning that the parent(s) “voluntarily give care of the child/youth to the care provider” (MCFD, 2020b, p.1), who receives the necessary financial support to care for the child/youth. An EFP agreement can be extended if the child/youth is able to return to their parent within “a reasonable time;” however, if not, alternative permanency agreements, in the “best interests of the child/youth” are considered (MCFD, 2020b, p.2).

Procedurally, ascertaining the necessity of an EFP includes: 1) determining familial and/or child/youth needs; 2) identifying existent supports for familial needs, and, when tenable, preserving parental and/or community care; 3) sharing Indigenous specific resources with families, when a child and/or youth is Indigenous; 4) prioritizing an EFP versus an “in-care options” when community supports are insufficient, and, if consent is received, contacting a child/youth’s Indigenous community to promote their involvement; and 5) following Child Protection Response Policies, for child protection concerns (MCFD, 2020b).

If it is determined that a child/youth must temporarily reside “out of the parent(s)’ care,” workers must: 1) clearly outline available care options to the parent (s) and thoroughly explain what an EFP would entail, and, when possible, include the child/youth in these conversations; 2) receive written authorization from the legal guardian, transferring parental responsibilities to a temporary care provider, and, if child protection concerns exist, suggest that those involved seek legal advice on parental responsibilities; 3) create “the best plan to meet the needs of a child/youth,” including: establishing that the parent(s) is “temporarily unable to care for the child/youth” and agreeing to the transference of child/youth responsibilities to a care provider; ensuring that the care provider can meet the child/youth needs, as well as support parental involvement and timely reunification; bolstering the parent(s) to support “timely reunification;” establishing an agreement of EFP “guardianship responsibilities;” and, confirming that all those involved (parent, child/youth, Indigenous community members if applicable, and so on.) agree that an

EFP appropriately addresses the needs of the child/youth; 4) identifies a potential care provider and evaluates their ability to ensure the “safety and wellbeing” of the child/youth; 5) collectively plan for the EFP with all those involved; 6) create EFP terms; 7) delineate care provider, parental, and community roles; 8) receive signed consent to an EFP by all those involved; 9) support the care provider and the EFP; 10) respond to “alleged abuse or neglect by care provider (s); 11) identify conditions to remove the child/youth from an EFP; 12) outline steps taken when the parent (s) or care provider (s) reside in distinct service delivery areas; and 13) review, renew, and end an EFP (MCFD, 2020b, pp. 3-28).

Policy 4.2: Court Ordered Out-of-Care (Policy 4.2)

Court Ordered Out-of-Care is an involuntary provisional custody agreement, undertaken to ensure the safety of a child/youth, by placing them with a non-parental care provider, when it is in the best interest of the child/youth. There are no limitations dictating the length of this custody agreement.

Prior to placement, workers must rigorously assess and approve potential care providers for an interim Out-of-Care Custody Order under Section 35(2)(d) and a Temporary Out-of-Care Custody Order under Section 41(1)(b). Once approved for an interim Out-of-Care Custody Order or a Temporary Out-of-Care Custody Order, care providers receive financial support from MCFD and, when possible, the parent(s), to care for the child/youth. Additionally, workers must adhere to specific procedures when the parent(s) receives income assistance, when a youth is also a parent, and when a child/youth has specific health and wellness needs.

Policy 4.3: Permanent Transfer of Custody under Section 54.01 (Policy 4.3)

As indicated by the title, a Permanent Transfer of Custody (PTC) permanently removes a child/youth from the care of a parent(s) and places a child/youth with a care provider, who is a non-parental adult, under a Continuing Custody Order (CCO). A CCO is utilized after 1) permanency options have been considered; 2) a child/youth has resided with a family member or other adult “under an EFP Agreement or a temporary-out-of-care custody order for at least 6 consecutive months, and it is determined that reunification of the child/youth with their parents will not be possible within a reasonable time;” and, 3) a child/youth has been in “a temporary custody order” (MCFD, 2020b, p.38).

To ensure that a PTC is in the best interest of a child/youth, workers must: 1) receive the consent of a child/youth (if 12+) for their care provider to become their permanent guardian; and 2) establish that a child/youth has a “significant relationship or cultural connection” with their care provider/potential guardian (MCFD, 2020b, p.39). Additional considerations include a child/youth’s: 1) safety; 2) developmental stage; 3) continuity of care; 4) connection to their parent(s) and the subsequential impact “of maintaining that relationship;” 5) “cultural, racial, linguistic and religious heritage;” 6) perspective; 7) outcome(s) (if the process was delayed); and, 8) if the child/youth is Indigenous, their opportunity to connect with Indigenous “traditions, customs and language and belong to their Indigenous community” (MCFD, 2020b, p. 42).

Additionally, workers must ensure that a care provider/potential guardian: 1) understands guardianship duties; 2) consents to a PTC; 3) commits to a lasting parental relationship; and 4)

after being assessed, is determined capable of providing continuous care to a child/youth (MCFD, 2020b).

To plan for a PTC, workers must: 1) complete concurrent plans, one for a PTC and one for parent-child/youth reunification, enacting the PTC only if reunification is not possible; 2) involve the child/youth, the parent(s), the potential guardian(s), the “advocate or support person,” Indigenous community members (if the child/youth is Indigenous), those with an access order pertaining to the child/youth, a Public Guardian and Trustee (PGT) (if applicable), and any other closely connected individual who has a “significant relationship with the child/youth,” in planning endeavors; 3) support the active participation of a child/youth in their plans; 4) establish that the guardian is willing to commit to all caring and parenting responsibilities for a child/youth, including ongoing collaboration in the planning process; 5) ensure the appropriate involvement of a PGT, if relevant; 6) if a child/youth is Indigenous, consider an agreement “between the director and the Indigenous community,” include community members in planning, and create a cultural plan for the child/youth; 7) prepare a child/youth and a potential guardian for a PTC; 8) consider a “residency period,” having the child/youth live with the potential guardian, to ensure the PTC “is in the best interests of the child/youth and is suitable for the proposed guardian;” 9) conduct all necessary arrangements for court; 10) establish financial support for the potential guardian(s) and/or the youth, if the youth is a parent; and, 11) address any child/youth physical and wellness needs (MCFD, 2020b, pp. 43-52).

Policy 4.4: Permanent Transfer of Custody after Continuing Custody Order Under Section 54.1 (Policy 4.4)

A PTC after a CCO permanently transfers custody of a child/youth to a care provider to ensure their safety, stability, and relational permanency. A PTC is completed only after other permanency options, including having a child/youth return to their biological parent (s) or being placed for adoption have been assessed and are determined not to be “in the child’s best interests” (MCFD, 2020b, p.57).

To establish that a PTC after a CCO is in the best interest of a child/youth, a child/youth must: 1) reside “in the care of the Director under a Continuing Custody Order” and 2) have a meaningful “relationship or cultural connection” with the potential guardian. Additional decision making criteria comprises a child/youth’s: 1) safety and wellness needs; 2) developmental stage; 3) continuity of care; 4) connection to their parent (s) and the subsequential impact “of maintaining that relationship;” 5) perspective (s); 6) outcome(s) (if the process was delayed); and, 7) if the child/youth is Indigenous, their opportunity to connect with Indigenous “traditions, customs and language and belong to their Indigenous community” (MCFD, 2020b, p. 59).

In addition to the care provider/potential guardian criteria for a PTC, outlined above, a PTC after a CCO must also establish that a potential guardian has a relational “or cultural connection” with a child/youth.

Alongside these crucial components, significant planning must be completed with the child/youth (if 12+), Indigenous community and/or representatives (if the child/youth is Indigenous), the potential guardian, significant care and service providers, relational connections, “any individual with an access order respecting the child/youth,” and the PGT (MCFD, 2020b,

p.62). Moreover, the consent and perspective of a child/youth (12+) must be sought and documented, and, prior to the residency opportunity, a cultural plan must be created and approved by the Indigenous community of a child/youth, who is Indigenous, and whose potential guardians are non-indigenous.

Final preparation for a PTC after a CCO includes: 1) the arrangement of financial support for a potential guardian; 2) confirmation of a child/youth and potential guardian readiness; and 3) addressment of any remaining child/youth health and wellness needs.

5.2 Children and Youth in Care

The following policies outline the supportive processes required to assist youth in maintaining their cultural and relational connections while in and transitioning from care to different care and/or living arrangements.

Policy 5.1: Supporting the Cultural Identity of Indigenous Children and Youth in Care (Policy 5.1)

This policy outlines procedures to identify, develop, and augment cultural connections between Indigenous children/youth in care and their Indigenous community.

Initial identification processes include the reviewal and acquisition of pertinent data from a child/youth; their familial network; Indigenous communities near where they reside; DAAs; “Off-reserve Indigenous organizations; and/or Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)” (MCFD, 2021b, p. 2).

If a child/youth does not have membership with a specific First Nation, but is 12+ and identifies as Indigenous or is under 12 but has a parent who identifies as Indigenous, workers must: 1) discuss, with a child/youth or their parent, which Indigenous community they may belong to; 2) connect with a child/youth’s “Indigenous community in accordance with an agreement with the director under section 92.1 of the Child, Family and Community Service Act (CFCSA),” and, where appropriate, “determine whether a DAA should be involved or assume conduct of the file;” 3) when an agreement is nonexistent, involve other “regional staff;” and, 4) if these methods are unproductive, connect with “local Indigenous agencies and organizations” to identify “events and activities” available to “Indigenous children, youth and families” (MCFD, 2021b, p.2).

If a child/youth may be First Nations, workers must: 1) ensure their registration and membership status, and document it; 2) acquire registration and membership documentation; 3) if a child/youth is unregistered, “obtain the Declaration of Particulars from Vital Statistics in order to be able to obtain a Certificate of Secure Indian Status;” and 4) when appropriate, include a child/youth in their registration process and outline its meaning (MCFD, 2021b, p.3).

If a child/youth may be Métis, workers must: 1) identify the necessary procedures required to register a child/youth in a “Métis organization” that represents their “Métis community;” 2) if status is undetermined, research their heritage by connecting with “the child/youth; parents; extended family; local Metis service provider or organization where the child, youth or family

has indicated a connection; Métis Nation of British Columbia; Métis Commission; and/or Métis organizations and communities outside B.C.;" 3) when eligible, ensure a child/youth's "registration, membership or citizenship" and appropriately document this information; and 4) acquire registration, membership, or citizenship documentation (MCFD, 2021b, p.4).

If a child/youth may be Inuit, workers must: 1) research their heritage by connecting with "the child/youth; parent(s); extended family; relevant cultural organizations in the appropriate region; and Inuit Tapiriit Kanatami, which represents Inuit Nunangat;" 2) if "from the Nunavut region," refer to "the appropriate sub-region;" 3) if eligible, ensure a child/youth's registration and/or membership in "the appropriate Inuit region," and appropriately document this information; and 4) acquire copies of "registration and/or membership" documentation (MCFD, 2021b, p. 5).

To ensure the ongoing connection of a child/youth with their family and Indigenous community, workers must: 1) comply with the "Policy 1.1- *Working with Indigenous Children, Youth, Families and Communities*" (WICYFC) 2) support ongoing connection between a child/youth and "their Indigenous community" through family and community involvement in a child/youth's: care planning, education on and practice of "unique Indigenous traditions, customs, and language," and development of a sense of belonging "to their Indigenous community; and 3) ensure that a care provider receives all pertinent information pertaining to a "child/youth's Indigenous community and their traditions, customs, and language" (MCFD, 2021b, p.6).

When conducting "cultural planning for an Indigenous child/youth in care," workers must: 1) create and implement a care plan "within 6 months" of a child/youth "coming into care," including cultural planning; and 2) support the cultivation of a child/youth's "cultural identity" and cultural plans" in accordance with Policy 1.1-WICYFC, other agreements that may exist "between the director and the child/youth's Indigenous community under section 92.1 of the CFCSA," and with a child/youth, their relational connections, and their Indigenous community representative" (MCFD, 2021b, p.6). When no agreement exists, cultural planning must detail: 1) annual procedures which ensure the involvement of a child/youth's Indigenous community in all planning components; 2) connection between a child/youth and a "cultural contact or mentor" from their community; 3) measures taken to ensure a child/youth's participation in "Indigenous community's oral history, traditional roles and responsibilities, traditional family systems, traditional diet, language, songs, dances, ceremonial activities, arts and crafts, sports events and activities;" 4) investigative actions conducted to identify the opportunity of a child/youth to travel to their "indigenous community" or join "homecoming events;" and 5) processes used to ensure the ongoing connection between a child/youth, their culture, and their Indigenous community, when living afar (MCFD, 2021b, p. 7).

Additionally, workers must: 1) identify "cultural centres where traditional cultural and languages are accessible;" 2) when cultural centres are unavailable, confirm "cultural programming" opportunities; 3) when continuous contact between a child/youth and their Indigenous community is untenable, coordinate alternative connective opportunities; 4) "during Care Plan reviews," outline the "effectiveness of the cultural planning in developing and supporting the child/youth's cultural identity and belonging to their Indigenous community;" and 5) include "cultural planning" in a "child/youth's Care Plan" (MCFD, 2021b, p. 8).

Policy 5.9: Planning for a Child/Youth Leaving Care (Policy 5.9)

This policy outlines the practical arrangement required to support a child/youth with their transition from care to community. Necessary procedures include: 1) revisiting rationale for a child/youth's entrance into care as well as care plan objectives to determine whether they have been achieved; 2) obtaining approval for transition plans; 3) involving a child/youth and their relational supports in transition preparation; 4) if a child/youth is Indigenous, establishing whether an agreement with their Indigenous community under the Child, Family and Community Service Act exists, and, if so, conducting transition plans "in accordance with the agreement;" 5) determining transition timelines based on "the child/youth's best interests;" 6) providing all pertinent knowledge and documentation; 7) organizing necessary supports and/or services; 8) identifying important relational connections and determining how connections can be preserved, and if not, supporting the child/youth with relational change and loss; 9) if a PGT is involved, ensuring they are notified and included in transition planning; 10) managing transition plans to prevent a child/youth's "return to care, interruption of services, or further disruption in their living arrangement;" 11) identifying if the care provider wishes to be involved in care arrangements, were "the child/youth to return to care;" 12) supporting the involvement of a child/ youth in their packing and ensuring that they take personal items with them when they leave; 13) arranging "medical, dental, and/or optical care;" 14) outlining disability benefits (where appropriate); 15) planning transition ceremonies; 16) providing a child/youth and care provider with updated care plans; and 17) finalizing all documentation (MCFD, 2021b, pp.72-73).

Policy 5.10: Preparing Youth to Live Successfully in Community (Policy 5.10)

This policy pertains to youth who have reached the "age of majority" and are aging out of care (MCFD, 2021b, p.75). It outlines the necessary preparations to ensure youth readiness for their transition to independence. Preparations include determining whether an "Independent Living Agreement" (ILA) is an appropriate option for the youth, and if so, making the necessary arrangements based on the youth's level of development, education, employment status, and independence (MCFD, 2021b, p.76). Additionally, it includes: 1) establishing a communication and visitation plan with the youth (in terms of frequency of contact); 2) identifying the youth's social supports and pursuing different permanency options; and 3) providing the youth with information on and support with housing, "financial and social support," community supports and services, educational opportunities, personal identification, employment, trust funds, and civil claims (MCFD, 2021b, p.77). Finally, it includes determining whether Agreements with a Young Adult (AYA) are appropriate for the youth, as well as outlining specific processes for youth who may be pregnant, in a marriage or "marriage-like relationship" (MCFD, 2021b, p. 80).

Policy 5.11 Supporting Transition Planning for Youth in Care with Support Needs (Policy 5.11)

This policy pertains to youth in care with support needs and outlines the timely, collaborative, and coordinated approach to supporting their transition to community. This approach includes: 1) the early dissemination of information on "adult supports and services;" 2) where appropriate and "in the best interest of the youth," the involvement of the youth's parent(s) in planning; 3) the development of a transition planning team; 4) the collection of youth identification information; 5) the establishment of "transition goals in the youth's individual Education Plan;"

6) the confirmation of youth eligibility for disability benefits, saving plans, Community Living B.C., and/or other referral-based services as well as the completion of necessary documentation and referrals; and 7) the inclusion and arrangement of individual “coming of age practices for youth transitioning to adulthood” (MCFD, 2021b, pp. 82-85).

5.3 Permanency Planning and Implementation Policies

The following policies emphasize all aspects of permanency (cultural, relational, physical, and legal) within the lives of children and youth and the incumbent processes used to preserve it.

Policy 6.1: Identifying Permanency Options (Policy 6.1)

This policy highlights the importance of ensuring “a child/youth’s cultural, relational, physical, and legal permanency” by assisting biological parents with caring for their child/youth, while concomitantly, conducting collaborative planning to “identify other permanency options” (MCFD, 2019b, p.1). Alternative permanency options are only utilized if a child/youth requires an “out-of-home placement” (MCFD, 2019b, p.1). If an alternative placement is required, collaborative permanency planning must be conducted with the family, “cultural community,” Indigenous representative (if a child/youth is Indigenous), those with meaningful connections to “the child/youth and/or the parents,” and mentors of the child/youth (MCFD, 2019b, p.2).

Furthermore, if a child/youth is Indigenous and their “Indigenous community has an agreement with the director under section 92.1 of the CFSCA” outlining “decision-making and planning” procedures, Indigenous communities must be fully involved in all planning components. If such an agreement does not exist, workers are responsible to: 1) “make reasonable efforts at least annually to involve their Indigenous community in planning for children under a continuing custody order, including exploring permanency options with a particular focus on achieving cultural permanency;” 2) endeavor to engage with a child/youth’s Indigenous community through various communication methods; 3) utilize “genograms and/or culturally appropriate methods to assist the identification of individuals who may be able to support permanency for a child/youth; and, 4) locate individuals to support the permanency goal of having a child/youth remain with their parent (s) (MCFD, 2019b, p.3).

Policy 6.2: Developing the Concurrent Permanency Plan (Policy 6.2)

A Concurrent Permanency Plan (CPP) is created once a child/youth has been identified as possibly needing an “out-of-home placement” or “within 6 months” of their entering care (MCFD, 2019b, pp.4-5). This plan is to be created with a child/youth, their biological parent(s), and other significant individuals in their life, and may include permanency options formerly identified. CPPs must be documented as a component of a child/youth’s “Care Plan,” for those in care, or “Family Plan,” for those out of care (MCFD, 2019b, p.5).

For a child/youth requiring an “out-of-home placement,” workers must: 1) endeavor to place a child/youth with the individual(s) “identified in the concurrent permanency plan as the child/youth’s potential permanent guardian;” 2) determine “placement priority options” that are in the “best interests” of a child/youth; 3) acquire necessary approvals for a CPP; 5) create a plan to sustain contact between siblings who are not placed together; 6) outline the rationale for a CPP which places “an Indigenous child/youth with a non-Indigenous caregiver” who is unrelated; and

7) locate and record the “Indigenous community or communities” of a child/youth (MCFD, 2019b, pp.5-6).

For youth transitioning from care to adulthood, permanency plans should emphasize the development of 1) sustainable long-term relationships; 2) supportive networks; 3) mentoring relationships; 4) “cultural community;” 5) “belonging to their Indigenous communities;” 6) activities supporting “relational and cultural permanency;” 7) “legal permanency options;” and, 8) transitional supports (MCFD, 2019b, p. 8).

For an Indigenous child/youth, CPPs must be created with their Indigenous community. For a First Nations child/youth, workers must: 1) ensure all responsibilities outlined in existent planning treaties are respected; 2) establish whether an Indigenous community “has an agreement with the directed under section 92.1 of the CFSCA and conduct permanency planning in accordance with the agreement;” 3) when appropriate, provide the details of a child/youth to their Indigenous community; 4) identify opportunities to foster “a child/youth’s connections to all their specific Indigenous traditions, customs, and languages;” 5) support the preservation of meaningful relational connections; 6) “consider developing a Cultural Safety Agreement (CSA) in consultation with the Indigenous child/youth, their parents, extended family and Indigenous community;” and 7) record both the CSA and the CPP (MCFD, 2019b, pp. 8-9).

The CPP selected for a child/youth must address “cultural, relational, physical and legal permanency” (MCFD, 2019b, p.9). The preferred CPP would be “family preservation” or “reunification;” however, if determined untenable “and the child/youth is in an out-of-care placement or in care under an interim or temporary custody order,” alternative CPP options would include: 1) “cultural permanency,” placing a child/youth with an individual “from their family or culture;” 2) “relational permanency,” supporting the maintenance of a child/youth’s relational connections; 3) “physical permanency,” placing a child/youth with a care provider close to their community; or 4) “legal permanency,” through the utilization of a PTC, placing a child/youth with a relational connection (MCFD, 2019b, p.10).

When selecting a CPP and making placement decisions, workers must: 1) reflect on the “best interests” of a child/youth; 2) prioritize placing a child/youth with family or their Indigenous community, if they are Indigenous; 3) when possible, “avoid short-term or emergency placements;” 4) review legal permanency options with a potential guardian and encourage that they acquire legal advice prior to consenting to a CPP; 5) confirm that a potential guardian has a comprehensive understanding of all guardianship responsibilities; 6) assess a potential guardian; 7) explain results of assessment to the potential guardian; 8) conduct CPP meetings with the potential guardian; 9) if applicable, have the potential guardian “referred to the adoption education program;” and 10) if appropriate, safe, and in the best interest of the child/youth, create plans for parental access (MCFD, 2019b, pp. 11-12).

Policy 6.3: Implementing the Permanency Plan (Policy 6.3)

Before the implementation of a permanency plan, supervisory approval must be granted, and the care or family plan of a child/youth must be updated. Furthermore, workers must: 1) assess the cultural information of a child/youth; 2) document “birth family social and medical histories” to support continuous relational connection; 3) support the continual connection of a child/youth

and their “cultural community;” and 4) assist in the placement of a child/youth to reduce unnecessary moves (MCFD, 2019b, p.14).

If a child/youth is Indigenous, workers must: 1) “identify and document” their “Indigenous community or communities;” 2) conduct collaborative permanency planning with their community; and 3) ensure that the planning process “supports the child/youth’s entitlement to learn about and practice their Indigenous traditions, customs, and language, and to belong to their Indigenous community” (MCFD, 2019b, p.14).

Depending on the child/youth and their familial circumstance, different permanency plans may exist, including: 1) family reunification, when a child/youth is in an “out-of-home placement;” 2) PTC prior to a CCO, when a child/youth is “under an Extended Family Program;” or 3) “after a Continuing Custody Order” but before the “expiration of the temporary custody order” (MCFD, 2019b, p.15).

Policy 6.4: Reviewing the Permanency Plan (Policy 6.4)

Prior to and following implementation of a permanency plan, frequent evaluations and adaptations are completed to better reflect the needs of a child/youth. The emphasis of permanency plan reviewal is on bettering community supports and permanency options for a child/youth.

Permanency plans must be reviewed annually by “responsible manager” until fully implemented, and on a more frequent basis, if it has not been implemented within set periods of time (MCFD, 2019b, p. 18). If the permanency plan has not been implemented, the “responsible manager” must notify an “Indigenous community representative” (MCFD, 2019b, p. 18). Once reviewed, a permanency plan can be reinstated, revised, or rewritten. If rewritten, a new permanency plan must be completed in 30 days and “approved by the responsible manager” (MCFD, 2019b, p. 19).

5.4 Summary

This chapter summarized current MCFD policies on 1) the temporary and permanent removal of children and youth under an EFP, Court Ordered Out-of-Care, and PTC after CCO; 2) children and youth in care, specifically: supporting the cultural identity of Indigenous children and youth in care; planning for a child/youth leaving care; preparing youth to live successfully in community; and supporting transition planning for children and youth with support needs; and 3) permanency planning, implementation, and reviewal.

Chapter 6: Findings - Interviews

6.1 Introduction

In B.C., the acquisition of permanency for children and youth residing in the care of MCFD is a key priority; however, given that only 20% of children and youth attain it, this priority is not being met (GBC, 2019). Consequently, many youths are expected to navigate adulthood and adult systems without a supportive network. As a result, some MCFD funded and non-funded community organizations offer mentorship supports to children and youth, which provides them with “prosocial support networks” (Keller et al., 2007). Limited research exists on the availability, accessibility, and efficacy of these mentorship programs for youth in and/or transitioned to adulthood from care in B.C.

The purpose of this section is to address this gap by: 1) locating and exploring mentorship programs available to youth transitioning and/or transitioned to adulthood from government care in B.C.; 2) highlighting outcomes experienced by youth who have accessed mentorship programs and services; 3) identifying challenges and/or limitations impacting the delivery of mentorship programs and services; and, 4) consolidating recommendations made by program managers and coordinators, as well as one youth participant who has transitioned to adulthood, on improving care leaver outcomes.

This chapter outlines key findings deduced from the thematic analysis of qualitative interviews, through a deductive analysis approach. This approach was selected and informed by the collection and analysis of academic research and MCFD policies outlined in chapters three and five. In this chapter, sections are separated to reflect each research question outlined in chapter one. Research questions have been summarized and are presented as headers, with findings presented below as themes and differentiated by italicized headings. Each theme is supported by a minimum of two quotes, taken directly from interview transcriptions. Themes were identified to reflect the purpose of this study, determined by the problem statement, research objectives, and questions.

6.2 Mentorship Programs Available to Youth in and/or Transitioned from Care to Adulthood in British Columbia

Mentorship Programs: “One-on-One Mentorship,” “After-School,” “Semi-Independent Living,” “Life Skills,” “Therapeutic Groups,” “Elder Youth Mentorship,” “Specialized Groups”

Five study participants indicated that their organization provides a variety of programs and/or services centered on the identified and individualized needs of children and youth. Descriptive examples appear below.

One participant stated, “We run a variety of programs... three of them deal with youth and provide a type of mentorship role... 1) our child and youth program, 2) our youth support

program, and 3) our semi-independent living program.” This participant expanded further, outlining specific demographics of each program.

Youth support program... for the kids that maybe are feeling like they don't fit in. They have communication problems. They're having difficulties in school... maybe having some behavioral problems within the home... and...there's some sort of risk to them being removed or their current housing situation breaking down, or their family situation breaking down.

The child and youth program that one... it's our more intensive program and it's for those really complex kiddos... the referrals come straight from the social worker. These are for kids.... Five to 19 years old and they must have some sort of involvement with MCFD... they...have to have an open file going with MCFD... These are really complex kiddos where there's lots of behavioral needs. They're getting kicked out of school... some of them are involved with the justice system... breakdown in housing. A lot of them are in foster care... There's more coordination... because their...their cases are more complex. There's a lot of coordination with the schools, with the social worker... any other community-based supports, and it's just... a lot more collaborative within the community. Trying to fill the gaps...and create this wraparound support for the kids.

And then the last one is the Semi-Independent Living... Those are the kids that... are no longer living at home for whatever reason. Are old enough that you're trying to transition them to being living on their own. So, there's... life skills, budgeting...looking for work, doing resumes, making sure that they get their paperwork and forms filled out ...getting a SIN number.

Another participant indicated the presence of “after school programs that youth participate in,” an “Elder youth mentorship program...designed specifically to keep... kids in care connected with elders from their home communities,” “urban cultural programs,” and “different specialized groups” including “grief and loss groups,” “therapeutic groups,” and “life skills groups.”

A third participant from the same organization highlighted other less structured programs and services available to meet the immediate needs of youth. These included “a drop-in Centre where...people... receive immediate supports... which includes clothing, food, services, showers, and laundry” as well as an “outreach program... where we... go on the street and deal specifically with people who aren't coming to the centre. But we do the same sort of service delivery, it's just on the street instead.” Although these programs and services may appear to deviate from the scope of this study, they are included because the target demographics, objectives, and relational supports appear to have resulted in supportive mentoring relationships between staff and service users, those accessing supports. This is demonstrated by the following quote:

The kids that we're seeing that come to the drop-in centre... a lot of them... are prior kids that have come through care and now they're sleeping on the street or they're homeless... and... this isn't new to a lot of people. It isn't a shock to anyone. But again, it's going like ‘where are those... are those services that are available for these kids?’ Who... basically... through no fault of their own, were taken into care, and then basically nothing happened for them and

then they age out, having no skills...to be an adult... to go forward? To do long term planning, self-reliance, and all those sorts of things...So what we're trying to do here... is... be a transition service as well and... bridge the gap and say, 'hey, you know, we realize that this position you've been in, and so when you come here, we have staff here who are available to not only meet your immediate needs, but help you do long term planning in terms of secure.... secure housing, employment.... counselling or... whatever that kind of looks like for the person.

Another participant explained that,

Our mentorship services are more on a formal basis here. So, we have counselling support, case management support, peer support, and youth workers support, and social work support for young people from the age of 12 to 24. So up to their 25th birthday. We provide a range of services...trying to support the wellness of young people in our community... the peer support program, which is led by young people.... Offers...a sense of hope and recovery for youth... it destigmatizes a young person's lived experience...it values a lived experience of someone.... and increases that confidence and relationship with a peer mentor.

A fifth participant outlined their programs as 1) "one-to-one non-academic play-based mentoring," 2) "study buddy program, which is where they get a tutor for an hour each week," 3) "group programs that really are geared towards healthy lifestyles," 4) "career readiness program," and, 5) "a youth mental health program."

Another participant indicated having a 1) "Supportive Living Program," focused on supporting youth to "build independent skills for when they are ... 19 and...lose some of those supports." Additionally, this program focuses on "connecting them with medical [and] dental services;" developing skills in "financial literacy, budgeting;" "maintaining a household, healthy recreation, skills for healthy relationships and...basic life skills." 2) Additionally, services include a "Youth Housing Program...which consists of...23 units for under 19 years old's...preparing for independence." 3) And lastly, "Employment Programs... where they can gain some of those skills and training and certification as well" are offered.

A few participants indicated that their organization exclusively prioritizes one-on-one youth support and/or mentorship. One participant stated, "Our services are essentially one-to-one support outreach services...supporting those youth in need." Another participant indicated that their program is a "free to access one-on-one mentorship program provided to youth." A third participant specified that their organization provides "One-to-one relationship-based programming in our community."

Program Goals and Objectives: "Building Resiliency"

Most of the mentorship program goals and objectives centered on preparing youth for their transition from government care to independence and adulthood. According to participants, these goals and objectives were achieved through the cultivation of youth independence and resilience, delivery of user specific services, and addressing current system gaps. Illustrative examples are included below.

One participant stated that the goal of their program is:

To provide a supported service to youth when all other services end. At least there'll be that one consistent person that... that is there for them... That they can have somebody that they can go to, if they have questions...need support, or ... they need just a positive role model in their life.

Additionally, this participant specified “the primary objective of the program is to strengthen youth resilience and...” to decrease “the risk factors that are known to lead to victimization, violence, and criminal activities.” To achieve these things, this participant indicated that “we work with the youth... on specific service plans to accomplish their...individualized service plan goals. So, it could be finding housing, connection to school, employment, life skills, preparing for independence.”

Another participant indicated that the objective of their program is “to help young people that were preparing to age out of care of the Ministry...” and that the goal is “to help them build independent skills.”

A third participant stated that the objective of their program is “to fill a very large, not a gap, a chasm... to literally go how are we going to address this... this population of individuals who have been let down...by being in the system.” For this participant, filling this “chasm” has meant being available and creating an atmosphere for change as indicated by the statement, “my goal here, for the drop-in centre, is just to be open... it's just to be available... and I think that...true advocacy is just creating atmospheres...for change.” Further, this participant indicated that it is providing services to a broad age range of folks as indicated by the following statements:

When you're 18 or 19 and you're coming here...and then you turn 19, you reach that age of majority. You can still come here. You don't have to go anywhere else. You can still come here... for another 10 years... And so that way we're not telling people ‘Well sorry. Now we're closed off to adults... and now you're an adult, so good luck to you.’ We're doing the exact opposite. We're just enabling people to... come here and when they turn 19, we'll hold a celebration...We'll hang out with you and then we'll help you with your adult stuff.

Another participant identified that the objective of their program is to offer hope and resilience as outlined in the quote below.

The peer support program was developed... to offer that hope and resiliency to other young people... to normalize mental health and substance use. To normalize...this idea that everyone has lived experiences and... how can we better utilize that to support other youth in our communities.”

A fifth participant indicated that:

The primary goals are to help children develop resilience. We do that by supporting children and youth develop self-esteem. One of the most simple models is noticing through 1:1 time

with kids. Often kids...don't have any 1:1 time with the adults in their life. So, we want to emphasize what kids are doing right.

Another participant stated that the objective of their program is for "all children and youth to realize their full potential and we want to provide them with the resources to do that." Additionally:

That any child or youth who wants a mentor, receives one... that they get the support they need in that area. Because... research has shown that even having one adult who believes in you and listens to you can change the entire outcome of your entire life.

Similarly, a seventh participant emphasized their program objective is building nurturing relationships stating, "our program provides vulnerable children or youth with a nurturing relationship."

Mentorship Program Practice: "Prevention," "Intervention," and "Deterrence"

Participants indicated that their programs operate through practices focused on prevention, intervention, deterrence, and wraparound supports. This is substantiated by the examples included below.

Two participants from the same organization indicated that the programs which they individually manage, utilize different practices. One participant stated, "the services that I supervise are what we refer to as 'prevention services.' So, it's all about preventing children and youth from going into care or from future children and youth going into care...and supporting wraparound support for families." The second participant stated:

I supervise the variety of programs, most of which are... I would say intervention based. So...we do some prevention as well, but mostly we're only intervening in...what most people would classify as more 'high risk' clientele... high risk behaviors including... people who are experiencing homelessness, ... addiction issues, exploitation, violence, things like that.

Another participant outlined the time spent between volunteer mentors and mentees for the purpose of developing a supportive relationship, based on preventative practice, as outlined below.

The volunteer will meet with their assigned youth once a week for around two to three hours, for a minimum of one year. So, we have that in place so that the youth can really build that friendship and it allows the youth to gain support through having a positive adult role model in their life... it is a preventative program, so we really want to steer the youth in a positive direction and help them succeed later on in life.

A fourth participant explained that their program "started out as a youth justice program, working with youth involved in the justice system, as a youth deterrent program. It is to support and build connections through activities to building relationships... It is based on connection between the mentee and mentor, helping to build self-esteem or.... To help them to feel cared about."

After explaining their program in detail, another participant stated that their program “serves as a preventative measure... So, you have youth that are maybe missing school or starting to get in trouble, but we don't necessarily want for them to become a statistic.”

Mentoring Approaches: “Respect”

In their accounts, participants described their engagement with service users as embedded in the principles of respect for persons and respect for autonomy. This is exemplified by the emphasis placed on respectful engagement with service users and meeting them where they are at. Further, participant emphasis on celebrating service user strengths, capabilities, and accomplishments, demonstrates a strengths-based approach. Illustrative examples are included below.

One participant emphasized the importance of respect, stating:

We respect people when they come off the street. We have a lot of patience, a lot of... understanding and... a lot of willingness to learn and... build relationships with people who...we see come through our door.

Along with respect, this participant highlighted the essentiality of individual readiness, stating:

“We’ve secured housing for... probably about seven or eight folks now... these are people that were living under a bridge and were living on the street, and they now have housing. And... to be honest, it wasn't even that difficult... It was literally... just taking the time and energy to sit with someone... be the contact person, and... be the person who helps...with a phone call...And then they get it and ... off they go... And so, part of what we do...is celebrating... the strength, the resiliency, and the power that each individual has... that they just haven't had a chance to show. And so... when they can do that, they get off the street. They do that.... So, we let people come to us when they're ready. We'll ask them, if they say ‘no, I just want to hang out today,’ great.... And without exception, all our regulars have actually taken that first step. Every single one of them. And so, we just...celebrate peoples... understanding of themselves, their own identity, and...we're letting them make those decisions and they're doing it.... Cause the assumption, the assumption there is that people know what's good for them. That's it. Like that's literally it. It's like you don't need to force those things because people will do well if they can.

Another participant explained,

The idea is to meet a young person where they're at. So, if they need... intensive mental health or substance use services, we do that or we navigate them to the right place. And if someone needs a drop-in service, then we're able to do that. So... moving a young person up and down what we call a continuum, which is... providing the...right service to meet the needs of the young person at any given time... knowing that... they're the ones who are the... active participants in their own health and wellbeing.”

Similarly, three other participants emphasized the importance of an individualized approach to service delivery. One participant stated, “We try and treat everyone as an individual in a case-by-case basis and just meet the children and families where they're at...It's not a one size fits all.”

Another participant specified that, “We focus on how we can train mentors to meet children and youth where they’re at.” The third participant indicated, “There’s no sort of one way. It’s... dependent on the youth and what they’re interested in engaging with.”

Mentorship Program Service Delivery Area

The mentorship programs identified in this research study delivered mentoring programs and services to the following areas, as outlined by participants.

“Saward, Quadra, Cortes, Campbell River, and North Island.”

“Nanaimo...Duncan... Lady Smith up... to Parksville, and Qualicum Beach... and we offer... employment programs in Courtenay and Comox.”

“Lower Island... So, Victoria and surrounding regions.”

“Greater Victoria. We do also support youth in the Westshore and Saanich Peninsula.”

“The tri-cities (Coquitlam, Port Coquitlam, and Port Moody, Anmore and Belcarra), Maple Ridge, Meadows, Vancouver Coastal, West Shore...Surrey, Burnaby... and little bit in Langley, as well as the Lower Mainland.”

“Pitt Meadows, Maple Ridge and KC First Nation... territories.

So, we cover... The full Okanagan, Summerland, Peachland, Penticton, Lake Country, Kamloops Barrier, Cranbrook, Adams Lake, Armstrong, Ashcroft, Cache Creek, Chase, Cherryville, Clearwater, and Ruby, Headley, Jeffrey, Khalidin, Keremeos, Kimberly, Lavington, Lumby, Merritt, Okanagan Falls... Oyama, Salmon Arm, Wasa Lake, Fernie, and the Cusp.

“Prince George... Burns Lake... Wet’suwet’en First Nation... Fort St. James, Pakala First Nations... It’s... what’s referred to as the Carrier and Sekeni territories. And it’s 11 First Nation communities within that area.”

“Peace River area... Fort St. John and surrounding areas....and Dawson Creek.”

6.3 Mentorship Program and Service Access Requirements

Program Funding

In their accounts, participants indicated that the requirements for the acquisition of mentorship programs and services, by service users, was contingent on whether programs were funded by MCFD or were non-profit mentoring and supportive organizations. This is demonstrated by the following participant statements from mentoring programs funded by MCFD.

One participant stated, “All of these programs, they’re all...MCFD funded programs and every referral that we get for these youth... must come from an MCFD... worker, whether that's CYMH or the social workers.” This participant further identified the impact of this, stating:

I will say too that we've had several requests... coming more from the school cause they've identified kids that they want to shuffle our way, and we have to tell them 'look, I'm sorry. This has to come through...MCFD and there has to be a referral through them.' Otherwise, we'd be inundated with the school's requests.

Another participant explained, "the program takes direct referrals from MCFD youth team, so we...only work with youth attached to the ministry that they've identified as needing this support." The participant elaborated on the impact of this stating:

We get a lot of referrals from agencies that aren't the Ministry that know about the SLPs supportive living services, and they try and refer a youth to it, and we have to tell them, 'no, sorry, we can't accept that youth.'

A third participant relayed that, "Essentially we are the main youth service contracted for the Ministry of Children and Family Development." A second participant from same organization added the following:

So, they do have to have an open file with the ministry...so they have to get either probation or social work referred... open file at the time of referral, and... basically the social worker will identify if the youth, if they feel the youth is in need of additional support, they'll put the referral through.

As the previous examples indicate, organizations contracted and/or funded by MCFD to provide mentoring programs and/or services to youth, are exclusively available to youth involved with MCFD and subsequently receive a direct referral from an MCFD or CYMH social worker and/or probation officer.

Other non-profit mentoring programs did not have the same referral requirements, however, participants from these mentoring organizations expressed the challenges which ensue from funding deficits and the consequential changes in scope. One participant stated, "Our program is not government funded so we do not get the funding we need." Another participant explained:

As a non-profit, we're very... our agencies is very fortunate. We have social enterprise that keeps us afloat with funding... that being said, funding is always something we have to consider... and that can change our scope... like our reach, right? And our scope of practice.

Program Referrals and Age of Service Users

Most organizations, whether MCFD funded or not, required referrals for service users to access mentoring programs and/or services. However, variance existed between the type of referrals required and accepted. Some organizations, including those discussed above, only accept direct referral from social workers, whereas others, accepted a wide variety of referral sources inclusive of, but not exclusive to, legal guardians, teachers, counsellors, probation offers, community workers, and service user self-referrals. Illustrative examples are included below.

One participant indicated, “it's usually they have a referral submitted. It can be a self-referral too, so they don't have to have it submitted by someone else. ... so, either a self-referral or professional referral.”

A second participant stated, “The program in a nutshell receives referrals... for vulnerable children and youth... from 0-18.” Additionally, this participant added:

People can refer their own child to the program. Children can refer themselves to the program. Professionals can refer children and/or youth after they have spoken to their clients about the program. It's not mandatory, they cannot be forced to participate. Everybody has to want to do this in order to ensure success. Most referrals are from volunteers.

Another participant explained, “MCFD is one of our primary referral agencies, so we do get quite a few referrals from them.” A fifth participant stated, “So, for the mentees, they have to... or their adults... their person taking care of them, or a teacher, counsellor, has to give us an application form and a referral form.”

Another participant indicated that, “children and youth can be referred by anyone. Referrals can be open... so open referral can be used... all social workers can refer, police, mental health clinicians, teachers, and...principles.... all would be filling out a referral form.”

Two participants from different mentoring organizations did not require referrals although one indicated that sometimes referrals were utilized. One participant indicated that, “because we run a drop-in center it's literally just show up and walk through the door.... and kind of access service. We are low barrier.” The second participant stated, “sometimes to access peer support, they just have to call the front. It used to be to walk in, but right now, it's call first.” This participant added that, “sometimes it's a referral, like I said earlier, through another provider here that... is working with the young person and thinks they would be a good fit for working with our peer support worker.”

As these quotes indicate, each program had different expectations and requirements regarding accessing mentorship programs and/or services from each individual organization, although the majority required a referral of some sort, whether from professionals, guardians, or from the youth seeking support.

Justice and/or MCFD Involvement

Most participants indicated that children and/or youth accessing their mentorship programs and/or services were required to be involved in the justice system, either directly or through association, and/or with MCFD. Illustrative examples are included below.

One participant stated:

To get referred to the program, the youth have had to have...that contact with the criminal justice system or police. Or maybe if the family struggles with problems with addiction...that's...the key proponent to being referred to the program. A lot of the youth in our program come from lower income families or the parent or guardian is struggling with a

lot... Maybe there's been involvement with MCFD... or the police, and so there is... some lack of support from the family's end, where whoever is making the referral feels like that youth needs a positive mentor.

Another participant explained:

So, our main criteria is to have some interaction with youth justice or Ministry of Children and Family Development. This program targets teenagers involved with youth justice, or their siblings do, as this program was developed because it was noticed that younger siblings would often follow the same trajectory as their older siblings involved with youth justice.

A third participant indicated that the requirement for one of their programs was that children and youth be "5 to 19 years old and they must have some sort of involvement with MCFD, so...they have to have an open file going with MCFD." Additionally, this participant explained that, although not required, children and youth referred to this program are "really complex kiddos where there's lots of behavioral needs. They're getting kicked out of school...some of them involved with the justice system."

6.4 A Service Provider Perspective on the Challenges and/or Limitations Impacting the Delivery of Mentorship Programs and/or Services

The Evolving Impact of COVID-19

The impact of COVID-19 (COVID) was identified by all program manager and coordinator participants as the most prevalent challenge impacting the delivery of mentorship programs and/or services. Participants described the need to pivot and/or shut down programs, reduce caseloads and program capacity, move to virtual meetings, and/or outdoor activities. Illustrative examples are included below.

When asked about challenges, one participant stated, "I mean the biggest one has probably been COVID. It's been a massive challenge." This participant further elaborated:

We have not had face to face contact for mentoring until today.... Last year we had no face-to-face contact. This has been a massive challenge especially when supporting youth in care for those ending after 19 as there is a bit of a hard stop to formal service.

Alongside these challenges, this participant stated, "It has been quite difficult to drive and engage in activities. It has been very challenging for relationships. We have seen reduced case load because of that." Additionally, this participant explained:

We do normally have some group activities; however, all group activities and training were virtual. We kind of supported mentors to reach out virtually to their mentees and drop off care packages... but obviously it depended on the mentor and how the pandemic was impacting their studies, their job, and whatever else. And of course, it's been a tough time to match a new mentor-mentee. We haven't been able to... match like normally would be able to.

Similarly, another participant stated, “COVID...obviously put...a big change in all of our plans and... we had to switch from being very belly to belly (in person) workers and organization...Working within schools and being in partnership with school districts, to creating a whole new virtual platform.”

A third participant described facets of their program which previously included community engagement, supporting low barrier connection between families, children and/or youth in care, and meetings with elders, but which have now ended or been adjusted. This participant stated:

When... COVID happened, we had to pivot the program quickly, cause...in the beginning we would go out to community once a month and we would do these really... big mentorship activities... and we'd do language, lots of drumming and singing and berry picking and...whatever the elders wanted to teach was basically what we did. But... we weren't able to actually meet with our elders in community... And then we also kept it really low barrier. So, we covered all accommodations, travel, everything for foster parents and caregivers, and we also allowed, if... you know how families sometimes have supervised access or supervised visits? We partnered with our family preservation teams and our family empowerment team, which are the ones who do the supervised visits. And so, if the family wanted to attend the mentorship activity and their supervisor was there, and it was safe to do so, we would bring the family, bio family, the caregiver, the kids, and the elderly all together to participate in some sort of cultural learning together. And so, we pivoted that program when COVID hit because we couldn't meet the others in community anymore... so, we started running urban cultural programs, and one of them is our beading group... a group of young girls in care, all from the same community, who gather twice a week, and bead together and we had our elders actually Zoom in and teach them how to bead.

In addition to pivoting programs, this participant stated, “During COVID, we reduced our group sizes to six kids per group. We used to do ten.”

Three other participants outlined that their programs have stopped or paused. One stated, “our wellness groups that were run by peer support...have had to stop.” Another expressed that “Formally, we did cease services... there were the odd ones (mentor-mentee dyads) that were comfortable enough to continue virtually.” The third iterated that “three quarters have been able to continue throughout COVID, one quarter have been on hold.”

A sixth participant outlined the impact of COVID on their program stating:

So, we have had a few periods of time where we had to shut down the program...as far as in person meetings go. So, in that aspect we did have to incorporate virtual meetings between mentors and mentees...so right now... we are back to in-person meetings again, but it's quite restricted as far as activities go. So, the youth and the volunteer can only meet in person if they're wearing masks... and outdoor meetings only. So, in that sense... it's restricted the types of activities that they can do.

Additionally, this participant explained, “the pandemic... it's really impacted volunteer recruitment.”

This participant and others identified the challenges of utilizing virtual platforms for mentorship. This participant stated:

So, most of our youth... and their families were not open to virtual meetings, just because... they're already doing a lot of virtual learning and a lot of... building that connection is in person... a lot of communication, it's nonverbal cues... and the comfort of being close to somebody, so it definitely... you know, presented some challenges from the youths' end, more so than the volunteers.

Likewise, another participant stated:

COVID has put a real monkey wrench into how we deliver these services, because a lot of the time with the youth... it's outreach services and that's being hugely hampered by COVID cause... we haven't been transporting and then you can't do the face to face... and heaven knows with kids, it's been hard...

This participant went on to explain:

We tried to move all of our services online through... video or a phone... what we have found is the majority of the time people don't like doing the video. They like the phone call. They prefer the phone call to the video... and then also because a lot of times these kids come from a more... vulnerable home and they may not have the resources... technology becomes a real issue and so do they have the privacy to even talk to you? Do they have minutes on their phone or can they only text?... and we've had different problems... where you're supposed to be having one on one session with a kid, and... you know that the parent is hovering in the background.

This participant also highlighted some system challenges, stating:

To do the programs correctly, there needs to be... frequent and... good communication with the social workers... With COVID, the social workers are scrambling like crazy... they're just overrun and overwhelmed, and so that communication has been difficult and trying to get a hold of the social workers.

Additionally, this participant outlined COVID challenges impacting youth aging out of care explaining:

Immigration is just being... thrown right out the door with COVID, and so you've got this kid who's aging out and what? What can we do? The federal government is the federal government... and you're waiting on paperwork cause he can't get a job, cause he can't get a SIN number, because he can't get status.”

Similarly, another participant identified system challenges impacting youth above age 19, stating:

Pre-COVID 19... Young people, post 19 were able to go... on agreement with young adults and that was based off of 15 hours a week of participating in some kind of programming. Whether it's employment training or life skill building and stuff like that, so we'd help them find those resources in the community, attend those resources, and be successful in their plan. And now with COVID, and the government has changed the requirements to make it more accessible... It's... knocked the hours required to participate down to five hours a week... They are now offering some of those services online.... AgedOut.com is one of the examples that youth can now sign up to go through the modules and that will count as their... Life skills AYA. But again, you're now telling the young person that they have to do 5 hours a week online, and there's no real follow up to it... there's no real way of checking in where they're at, what they're doing. So, with the changes under COVID, I've found... youth... are being carried along ... The financial support are there, but they're not getting as much from the program 'cause there's not the sort of expectations that there was before... As well, the school expectations have been drawn back because there's less services under the COVID stuff, so... used to be you had to maintain a full-time course load and now it's down to a part time course load and a few other things so.... I see the benefit of it, but I also see where the youth are struggling now because there isn't really the accountability or someone checking in as much or... Able to effectively follow up on the progress that they're making. So... it's sort of a double edge sword, the changes they've made with COVID.

This participant also highlighted connection and relational challenges stating, “it also reduces the amount of face-to-face time that we get...just because of the COVID restrictions and everything, so that obviously... impacts how meaningful the relationship you build with the person.”

Additionally, this participant outlined concerns about “the COVID extension in the ministry” explaining:

So, youth are funded for another year... That's delayed the need to have everything lined up for a year... so...we have the COVID extension still on our caseload, so... we're working with up to 20-year old's, so it would be a soft 20 as well... but they've got all this backload of clients, 18 are now turning 19 to 20 in the Ministry, but there's no extra workers provided to work with these youth... They're now being connected with, say, a social worker's assistant, or... One of the other workers... Right now, they're actually having a probation officer running the AYA supports... because... that's the way it's lining up. So...they're not necessarily being followed up by an actual social worker between 19 and 20, while on this COVID extension, so... there's not as much accountability. They're getting the financial support, but they're not getting the same level of...follow through from the Ministry.

Besides these challenges, this participant and others identified the impact of COVID on youth mental health. This is illustrated by the following examples.

This participant indicated that:

Lots changed with COVID... with resources going online...I was with a young man today... He was talking about his time in care, when he was removed from his parents and stuff, and I brought it into... do you agree that that's a traumatic experience for someone? And he

agreed... do you think traumatic experience needs to be processed and dealt with, with a health professional? And he agreed. And... have you done that yet to process your traumatic experience? And he's... 'no.' Well why not? 'Well, I don't want to talk to someone in a mask. I don't want to talk to someone online.'

A second participant stated, "The COVID restrictions has led to increased mental health concerns with children experiencing higher acuity. Specifically, we've seen a surge in suicide and suicidal ideation." A third participant shared their opinion stating, "Mental health is so prevalent and so complex...There's going to be more longer-term effects with COVID too. So, it's definitely a challenge. The waitlists are there.... the underfunding... its... CYMH...they're bursting at the seams. There's not many other resources available."

Gaps in Supportive Services for Care Leavers

Gaps in available supportive services for youth in and/or transitioned from government care to independence were identified by several participants as a salient issue.

One participant discussed their experience as a social worker with MCFD and the limited supports available to youth transitioning to adulthood stating:

My previous employer was the Ministry of Children Family Development. I was a social worker for...many years... and part of my role... my last sort of 10 ish years with the Ministry was guardianship. So, looking at children permanently in the care of the MCFD and transition planning and stuff for out of care. And... to put it quite plainly, I was... as lots of people are, very frustrated in the lack of... supports given to folks who are turning 19, and it was sort of like... you know, you wash your hands and then... good luck.

This participant elaborated that service users accessing their mentoring programs and/or services are former care leavers seeking supports, stating:

So basically...we're giving young people who are largely disconnected from everyone... they no longer have those services available because they've reached 19. They no longer have...social worker caregiver... for 10 to 15 years and then all of a sudden now they don't have that person. It's gone... and so we've noticed that a lot of those folks are coming through our doors and are looking again for that connection. And some of them are like 'this is my home...' this is the place they look at as home... and for us, that's...both like, really sad and also really great at the same time, because we're able to... provide that connection for folks.

Similarly, another participant explained:

For so many of these kids, if they're in care, they've had so many supports put in place over the years where they have a youth worker, they have schoolteachers, counsellors, social workers to help them along the way. And then at 19 all those services end. And as much as you can try to prepare a youth, sometimes they just... don't really get it until they turn 19 and lose those services and then look around and like 'oh, what do I do now?' And I think it's super important to have somebody there that can continue past their 19th birthday, so that when all other services end, there is at least that one consistent person that the youth can turn

to and say like, 'oh, you know, I'm struggling in this area. Are there ways you can help me?' And just... even just be a positive supportive person to take them out for a coffee, and just lend an ear sometimes can make the world of difference.

A third participant explained that "we create really amazing attachment to youth when they're in care, and I think unfortunately, when they age out often that relationship gets... due to professional reasons... it gets, detached." Another participant outlined the challenge of working in rural and remote communities, highlighting the limited availability of supportive services for youth within these communities.

A youth participant explained that "I never really had somebody guiding me at all." This participant elaborated stating that, "my social workers were...just kind of like 'oh, well you've got a plan? Great, do that.' And I was like 'okay... great...' makes it easy, right?" Additionally, this participant indicated that their interactions with their social worker were predominantly check-in and update based, stating, "they checked in and were looking for updates... but I kinda had my plan anyways and so they didn't really...encourage any... or they were like 'you're good? You're on your way' and didn't really bring it any further than that."

Paid Care Providers and Lack of Continuity of Care

Many participants identified systemic challenges presented by paid care providers and gaps in continuity of care for youth in care. Illustrations are presented below.

One participant shared a perspective on the commonality of paid professionals and the positive impact that unpaid mentors can have on the lives of children and youth in care, stating:

What I've observed over the years is that kids who are in [the mentoring program] have had many adults or paid professionals in their lives who are paid to be their foster parent and to support them. Every single person in their lives is paid to be there. With mentors, they'll say to them 'okay wait, you're paid to be here?' and they'll say 'no. I don't get paid. And you know why? Because I love hanging out if you.' And once they have settled into that relationship, they'll be peaceful and content just because. There are very few adults in these children's lives just because they want to be. The effects of this are greater than words can express. Like... Children need these relationships... It communicates a sense of self-worth; it is so impactful. Of course, children in care needs these relationships more than anyone.

Likewise, another participant highlighted the importance of continuity of supports and unpaid mentors explaining:

A lot of... youth in care will say that the only people who connected with them were professionals...right? And professionals will always have boundaries and if they don't then they're not a great professional. So... it's really important that we structure in these unpaid... supports into kids' lives and that they're there long-term. It can't be Big Brothers, Big Sisters for a year. That's not how it works. It has to be... for example, that beading group that we're running, we didn't use to run it. We used to go out to community and do a one month, once a month and do an event, and we'll still do that. But when we re-start going back to community and everyone's vaccinated and everything's okay again... we're not going to stop beading

group, because the mentorship that's formed there, has to continue... There's so many things that get started and stopped and started and stopped and... when you're... the...career person, it doesn't feel like a big deal to be like 'oh we'll, just cancel the group.' Or 'we'll just have to run it again when someone else is hired.' Like I'm in a hiring crunch right now 'cause I have no facilitators for my pride group. It just started though, and I refuse to let it stop because you cannot start a group that's intended to make community and sense of belonging, and then stop it three months later, because you have no staff. Like we have to figure it out, because it's just not good practice... And I think that's a really common thing that I see all the time. People will start a group, or they'll start some sort of program that youth can be a part of and then stops, or starts again, and then stops... and youth are already, especially youth in care, are already at the whim of system decisions every single day... their mentors supports... can't be paid professionals. It can't be social workers who were meeting with them... they should absolutely still be meeting with them, but they need those unpaid supports in their lives... And we have to think about it, as like, 'if it's not good enough for my kids, it's not good enough for these ones.' So, if my kid joined soccer and two months later, they told me that... the coach quit, and soccer's cancelled... that just wouldn't even happen... They would find a coach. They would figure it out. And so, we really try to take that perspective... if you make a commitment, you have to hold it.

This participant elaborated further on the importance of being there for program users, stating:

We are dealing with individuals who have incredible trust issues already...and if we can't be there... And... mean what we say... and follow through and make sure we're present, and all those things.... it's just going to be one more let down for them. Like they're just gonna be like 'you're just like every other place.'

A third participant discussed the transient nature of social workers, explaining:

This is the way the ministry is... workers change, you know, we see these young people we work with for a couple years and they'll be with two or three different social workers because they can change. They'll get a promotion, want to leave.

This participant provided a descriptive example, iterating:

I remember introducing a young man to another co-worker because I was going to be taking some time off. And I forget what she asked him, but it was something about... 'who's the most steady person in your life?' or something along those lines. He's like, 'well, [participant's name], he's the most reliable person I know. I know and he's always able to do this and that...' and it just stood out as like I've been working with this guy for a year and he's identifying me as the most reliable and consistent person in his life, and he's...an 18-year-old male.

A youth participant shared their experience with social workers and lack of continuity stating:

I've had quite a few social workers... when I initially got on, I had this really nice lady, but she moved... two weeks into my care and so I got switched on to this other lady... who was

very... well she was like the probation officer and... for some reason she got my case and... she was quite mean. She made me cry like multiple times... and when I turned 19, I got on to this other social worker who was very nice and very wonderful. Very kind and understanding. It was completely the opposite of the first one... but she retired, and I got back... on the first one. Which sucked.

Additionally, this participant explained, "I have had very supportive SLP workers, lots of them again, no consistent relationships... no continuity... everyone has been pretty transient and... especially... from the MCFD side."

Mental Health Wait Times and the Necessity of Timely Support

Program managers and coordinators identified that many service users accessing mentoring programs and/or services had ongoing mental health and/or addictive concerns, describing notable gaps in timely and accessible mental health supports. Further, a youth participant identified personal mental health challenges and an inability to access mental health supports. Descriptive examples are included below.

One participant outlined that their program had been "developed to normalize mental health and substance use" and that "a lot of young people here come in with mental health and/or substance use concerns that they want to address." Another participant described service users as having "concurrent disorders" including "mental health" and "addiction issues." A third participant explained that "some" service users "have challenges around family, substance use, behavior, and mental health."

Another participant stated that "at least half" of their service users "identifies... as having mental health struggles and/or some kind of substance misuse struggles." This participant described the challenges faced when attempting to connect youth with mental health services, explaining:

The waitlists for CYMH here in Nanaimo... I don't know the number, but I'm gonna guess and say it's 50 to 100 deep... You have a young person that's telling you that they're experiencing mental health struggles and they're willing to connect with a professional. You bring him in, that's hard enough, getting them through that door. You fill out the referral form and then you get a text back that they're on the waitlist and... they'll get to see someone in a couple months... you have to strike while the iron's hot when a youth is willing to engage with a mental health professional... If you don't sort of seize that opportunity... often you're going to lose it

This participant identified challenges in securing treatment beds for youth and reiterated the importance of timely mental health supports:

A lack of mental health support can be a challenge. The lack of access to treatment for people under 19. Treatment beds. Again, as of my sort of rant on mental health there, if you have a youth who's willing to go to treatment, yet you can't secure them a treatment bed in a timely fashion, you're going to lose the opportunity.

The youth participant identified “mental health care and... not having a very good doctor” as “barriers” in their life. Further, they described personal attempts to access mental health supports, stating, “the only supports I've really been made aware of for therapists... in Nanaimo...” is “Brooks Landing and you can go in there... and you can be like, ‘hey, here are my problems.’ But you don't get the same one (therapist) every time you go in.” Additionally, this participant stated that there was:

One therapist... that I could have access to, but I just didn't vibe with her... which made me kind of uncomfortable...but...some of my friends who are like more well off, they have really good therapists that I really wish I had access to and funding to see.

Funding Constraints

Funding constraints were identified by all participants as an unequivocal challenge in the provision of mentorship programs and/or services. Program managers and coordinators identified limitations on their time, staffing, program scope, and delivery of consistent mentorship due to temporary funding grants and/or agreements. Illustrative examples are included below.

One participant outlined recent changes to their program's funding situation, explaining:

Only in the last... two years have we secured ... funding... from Indigenous Services Canada. Its prevention funding... and so I think a lot of other organizations haven't been able to... or aren't in the process of accessing that funding yet, especially Delegated Agencies, although they have...a right to it... this youth services program was in place for about 10 years, but it was on year-to-year funding, very low amounts... barely enough to cover wages for youth care workers to... run the program. So, I think that it's not for lack of trying... I really think there's just a general lack of funding and commitment to supporting youth in care, that goes beyond the experience of being in care. Like we've always had funding for... things like haircuts and appointments and recreational activities for kids in care, but what we haven't always had funding for was these other sort of opportunities and certainly didn't have funding to run something like the drop in centre... where... many kids who have aged into community, are now coming back to... because they simply don't have the resources to... thrive in the environment they're in. And that wasn't an option two years ago, so I'm sure that there are other agencies that are trying to organize that and trying to get things going for themselves, for youth services.... But I know... for many years we struggled with funding.

Additionally, this participant expounded on the necessity of ensuring program longevity and the need of a system reform, describing:

Any time we've taken a pilot project and it's been successful, we've tried to document that success effectively as we can and it's not always great, I won't lie about that, but we did our best to make sure that...come the end of the pilot funding, what was our plan? Because it's not ethical to just start a program and then drop it. And that's actually, that's... a paradigm shift that needs to happen within our funding... within... funding allocation because it's actually... it's... really silly to think that we could apply for funding to run a project for a year and then have to reapply. We need to start restructuring that and unfortunately that's how a lot of the grants and proposal writing processes work... it's... one year or two years at a time... So, we

need to start thinking about longevity of programs and looking at doing effective investment in... programs that are sustainable.

A second participant from the same organization emphasized the importance of funding and appropriate allocation stating:

The things we do here are possible because someone has... like it seems really easy and really direct, but... someone has funded it... this takes money, and it takes energy to do the work that we need to do. Because without that funding, I wouldn't be sitting here... because my entire position is funded through that prevention fund so... the services that we do here... all the things that we can give to... to our youth and our aged out, like young adult, is only possible through that funding. So... when I think about that... I think about the...funding sources and where the money goes in terms of when kids go into care... how much... money is spent on... just housing young people instead of ... actually teaching and building them up and... making connections to their communities and their families.

Another participant explained that their mentoring program “is based on funds.”

Three other participants outlined the challenges of being a non-profit. One stated, “Our program is not government funded so we do not get the funding we need, as such, I spend time fundraising including campaigns, going to events to raise awareness.” Additionally, this participant indicated that “the number one challenge would be funding... prevention is not a priority at any level of government. So...funding has always been a major barrier.” The second participant explained that “as a non-profit... our agencies is very fortunate. We have social enterprise that keeps us afloat with funding.... That being said, funding is always something we have to consider... and that can change our scope... our reach... And our scope of practice.” The third participant discussed funding challenges for specific programs with clients who are post majority sharing:

We struggle to find much funding for support staff for clients over 19. So, the building has some support but very minimal... we're kind of doing the supports off the side of the table in some sense and/or... pulling funding together. Little bits of funding together to try and get some supports, but we've really struggled with... getting someone to commit to supporting some funding. To fund some support staff for that building with that age limit.

This participant further explained that:

Our contract is a three-year contract... for this program, and it's been constantly renewed... but... some of our other programs... It's a constant battle to keep funding going and then to keep that continuity... our housing units, as I've mentioned, we struggle to get funding for the over 19 side of it. There isn't as much funding available out there...if funding wasn't a question, we could offer so much more services. And if we weren't constantly struggling to maintain funding or renew contracts or find new funding sources or do fundraising.

Additionally, this participant emphasized substantial system challenges, stating:

It seems it's easier to sort of overlook the Youth Services and feel that someone else should be funding it, and it shouldn't be... Well, we're a charity! It shouldn't be a charity looking out for these kids... it's sort of a constant struggle. And you're competing with the other non-profits who ideally, you'd be collaborating with and offering services together. But now you're competing for funds.

Another participant explained that “as a support to youth aging out of care... we did have a contract portion... however, over the years with... some shrinkage... it was retracted, but we were... asked to continue the project... incorporating with what we already have.” A second participant explained how the project continued stating, “It was a pilot project, a full-time pilot project... and then when the funding was cut I... absorbed that program... and so it's basically a halftime program that I absorb now.”

A youth participant shared their experience with funding pressure due to allocation timelines explaining, “it's kind of upsetting to me cause I wanted... I really wanted to... be going on to postgrad cause you only have so many years where you get that like \$1250 as support... and... the tuition waived.” Additionally, this participant identified challenges due to insufficient funding and the subsequent impact:

\$1250 is not enough... for support... I'm in full time school and I eat at the food bank. My rent is \$1191... Fifty dollars is not enough to live on for the rest of the month... it's just not feasible. And so, if there was more monetary supports, people could focus better on school. And... I think that would be... really beneficial if there was just a bit more funding for kids.

6.5 Service Provider Perspective on Mentorship Outcomes

Achieving “Personal Goals and Dreams,” “Positive Supportive Role Model,” Building Personal Skills and Sense of Self, and the Unexpected

Many participants identified and provided descriptive narratives of anticipated and unanticipated impacts of mentorship on mentees and mentors. Illustrative examples are included below.

One participant shared a case study of twin brothers — one received mentorship, while the other did not — and the incumbent outcomes experienced by each. This participant stated:

I've been doing this a long time and have noticed some fascinating outcomes. One of the things was when two twin boys were referred to the program. The boys were living with a single parent, their mother. We had a long waitlist 2-5 years at that time. Both twin boys were referred but when the boys were near the top of the list (waitlist), the mother said that it was the younger twin who is more vulnerable, whereas the older twin was doing okay. ‘The younger twin... he needs a mentor so much more than his older brother.’ The younger one was getting bullied at school and was struggling more, whereas his older brother (twin) was more capable, dominant, athletic, and social although both boys had the same vulnerable background. So, when I called, I asked the mom, ‘are you sure?’ These children had spent time in care and their lives were difficult. They had a father that was in and out of their lives in a mostly disruptive way. She did say it was the younger son who needed a mentor not the older. So, fast forward 10 years. The mom had said to me, on a number of occasions, that one

of her greatest regrets was not having a mentor for her oldest twin son. That he had missed the opportunity. She stated that she had thought a lot about it over the years, the younger twin getting matched with a mentor who has been his buddy... who had helped him to where he is now. One of the twins is in university pursuing... his personal goals and dreams to live a happy life, while the older is the one that does not have a mentor in his life and is struggling. The younger twin had a mentor to process the challenges of when his father would come in and out of his life, while the older twin did not.

Two participants shared their perspectives on the importance of youth having positive mentoring relationships and forming long-term attachments. The first stated:

I've seen with my own eyes... the difference that having somebody.... that's in... the youth's corner and says, 'I know you've been through hard times, but I believe in you, I see the good in you.' Just having that one person can make all the difference, and really, that's what the program is about... is just having that one person that they can turn to and that is a positive supportive role model for them.

Similarly, the second participant shared, "I've seen the positive impact it has on a lot of youth because... we do... 16 and we can go all the way up to 29... I've seen the benefit of... the long-term attachments."

Two other participants identified the impacts of mentoring on both mentees and mentors, the first stating:

It's been shown that... children and youth who participate in our programs, gain self-esteem, problem solving skills, psychological resilience, self-expression, and skills for just building positive relationships with both peers and adults... and also, on the flipside, mentors... really get to have a sense of discovery and enjoyment because they... get to see the world through a child's eyes... And we've seen that impact, it goes both ways. It's not just for the mentees, so that's... wonderful. And... like I said when we do our group programs, we see that ripple effect in the whole classroom as well, and sometimes even with the teachers.

The second participant explained:

The Elder Youth Mentorship program... was... a project idea that we had tossed around for a couple of years. We managed to get some funding, \$20,000 from the... Lex Reynolds Adoptions and Permanency Fund... We did the pilot, and the pilot was so successful that it was just not even an option not to continue it. We found that there were immense benefits... benefits that we never expected. For example, elders stated that they were less lonely. That they felt a sense of purpose... we were so focused on the kids and connecting them with the culture and getting back to community, we never even thought about all the positive impacts it would have for elders... So, sometimes the program kind of kick starts as a pilot and then... out of necessity, you see this great work and you just think there's no way we can stop because what a disservice it would be... for us to spend a year in a community, building relationships with elders and kids, and caregivers going out... we were going out every two weeks to one of our First Nations communities with our kids. We'd load them up

and head out to participate in these activities. So, you can imagine you do that for a year... what...you supposed to do? Go back to the group and say, 'sorry we have no more funding' like... at that point you just start looking for other options... you start looking at doing it as a volunteer basis or whatever other way you can continue to facilitate.

6.6 Service Provider Recommendations on Improving Positive Outcomes for Youth Transitioning or Transitioned to Adulthood

Augmenting Supportive Services and Age Limits

Many participants emphasized the necessity of expanding supportive services available to youth in and/or transitioned from care to adulthood. Recommendations included increasing mentorship, peer-based and mental health supports, prolonging service delivery beyond 19 and 23, and earlier initiation of life skills training. Examples are presented below.

One participant explained:

I think that the more programs that we have in our community for young people as they... transition.... that... safe, supportive adult or individual in their life that they can turn to, the better. I think we... create... amazing attachment to youth when they're in care, and I think unfortunately, when they age out often that relationship gets... due to professional reasons... gets detached. So, I think the more services that can work with a young person... up to 24-25... the better... because then.... you're not aging out of everything when you hit that 19th birthday. I think that we all... utilize families or support as we got older and turned 19 and there's no reason to think that... a young person aging out of care doesn't deserve and require that as well. So... the more mentorship or peer-based peer support is one option. Formal supports. Improving counselling options... there are a number of agencies in the city that do operate with services up to age 25, which is great, and there are those that don't, who provide amazing services. So... I think the more programming we can do that with, the more we're going to see success as a young person grows into that young adult stage.

Similarly, another participant discussed age limitations stating:

We say we match them up until they're 23...but there's even some kids that reach that, that are in need of help, and they... really could still benefit from... services...and... not just through [Our organization], but... through the Foundry, which is like the hub of services... there's some kids that are just over 23, but then they can't take them, but they need help.

Likewise, another participant from the same organization identified the importance of preparing youth for their transition, explaining:

Starting as early on as we can... because waiting till you're 18 isn't ideal. There's so much to... put together in lineup for 19...working towards life skills when you're 13/14 is... fantastic, even though they might not retain it all... you're starting the process rather than waiting until you're 18 and cramming it all in because... just like Maslow's hierarchy of needs, you tend to focus on the immediate. 'I don't have a place to live, so I don't really care

about filling out application forms, right? ... But if you can get some of those pieces in place beforehand, it, it just makes things a little bit easier.

Additionally, this participant highlighted “extending services beyond 19” and addressing supportive gaps facing youth, asserting that:

Mentorship is huge. It can play a... strong positive role in the development of young adults... but... there still needs to be more... There needs to be support with mental health, addictions, housing, cost of living, life skills... there’s many aspects that we need to... focus our efforts on. It's difficult, but... That's what the kids are facing.

A fourth participant shared similar perspectives regarding age limitations and the consequential inability to address youth needs, stating:

We see a lot of mentoring relationships where a change is noticed during service. So... extending service to those struggling past 19 would be ideal or... considering an extension for youth in those tough situations so that they have someone stand by them, help them, and support them... This could be very beneficial, especially for youth who are losing their financial support. We see a lot of youth with adverse experiences as they age out of care but currently it’s out of our hands.

This participant elaborated further:

The end of program piece is important and looking at how we could expand service or ease those end dates to be a natural fit for individual for when they’re ready to close, they close. So, for youth who are 19 we want to consider what we can do to give them a few months...to support them. I think the other thing we see is youth in care who might need financial support. Obviously, we’re not in the financial place or position to help them with those basic needs but addressing youth aging out and their financial support to help with their transition.

This participant also suggested that “every youth in care needs a transition worker... I believe transition worker programs are really critical to helping youth transition to adult services.” Additionally, this participant iterated the importance of increasing program capacity, explaining:

I think it’s really... capacity. We can only support so many matches. If we want to make a meaningful difference for kids in care having availability, the necessary number of spaces available for them. Age is a big part of it. But I think on the other front... screening and number of applicants. So more of the external pieces.

Another participant expressed the importance of timely permanency planning, program funding, and youth housing, stating:

Permanency planning... where they're meeting... starting the planning at 17 and then they do another one at 18 and 19. We weren't seeing as much of that as we are now, so that is increasing, and I'd say more needs to be done. It holds people more accountable, and more

stuff gets done. As well, just more funding to programs like this. More youth housing opportunities.

Consistency, Communication, Healthy Boundaries, and Play

Several participants identified and underscored the importance of consistency, communication, healthy boundaries, and play for improving mentoring relationships and supports for youth. Illustrative examples are included below.

One participant stated:

The biggest things that we've seen... built connections with some... tough cases, where clearly the kids have had a lot of trauma or difficult adverse experiences in life...being consistent. That's one of the main frameworks of our program. You show up every week and if you can't, you say why you can't... like healthy boundaries. Young people need boundaries. It's how their brains grow, and they're going to test those boundaries. And it's no big deal... that's just literally how their brain's developing... and then openness and kindness. Like that empathy piece...cause they feel it... They might not have the words for it. But they feel it if you are trying to feel what they're feeling...And then... the last thing that I'd say for connecting with all children and youth, not just youth... transitioning from care, but... this improves our mentorship, is play. Play is... such an underrated thing in my opinion... I always think of the Plato quote... 'you learn more about a person in an hour of play than in a lifetime of conversation.'

Another participant iterated the need for “consistent and clear communication with MCFD as to... what's happening with these kids. We get hamstrung... when we can't communicate with... the people who are kind of directing where these kids' lives go... so... that would make a big difference.”

A third participant recommended having youth involved in the supportive process, stating:

For older youth... to have them more involved in the conversation... because we are supporting them, if we could get their input in some way along the way, I feel like that's kind of lost in all the communication with everybody else involved trying to support healthy youth. But if, in the future we can get the youth even more involved in the support systems... and... have them be a part of the conversation, I think that would be very helpful.

6.7 Youth Recommendations on Relational Permanency and Mentorship

Increasing Availability of Mentoring Programs, Mental Health Services, and Consistent Supports

Because of stringent recruitment processes and safeguards, requiring the use of snowball sampling, outlined in chapter four, as well as recruitment and interview challenges due to compressed times lines and COVID-19, only one youth participant contributed to this research study. As such, the subsequent recommendations have been made by this youth participant.

The youth participant outlined supportive services, including mentorship, therapy, and consistent supports, which would have been beneficial during their transition from care, and which they believe could be useful to youth in and/or transitioning from care. This participant stated:

I think... The... Big Brother, Big Sister program... like that kind of organization... I think... people could really benefit... like having that person that just... takes you for ice cream and talks about... the drama going on at school... like a sibling would... like a big brother or big sister should. And... I think... the benefit of that would be really astronomical... and... kids especially... the more troubled ones... that... are so wrapped up in... the drama and the trauma... of... having to move or losing their family or... whatever reason they got into care... I think that's... really difficult to go through and so... having somebody like that would be really helpful. Or... even if there was funding for... therapy.... funding to get a good therapist... That would be, that would be wonderful.

Additionally, the participant emphasized:

The Big Brother, Big Sister program... would be really beneficial to implement... for youth in care... I think I could have really benefited from that... and I think youth in care really would too. And I think... if... implemented it should be mandatory cause.... some youth in care, just don't know the benefit it would give them... They might only realize the benefit retrospectively and... that would be really helpful support for... youth in care.

Further, the participant added that “if the SLPs stayed in their job...that would have been a... big benefit for relational permanency” and that “there should be more... mental health supports,” including “having a mental health check in and having a regular... person in your life that... actually helps you.”

Finally, the youth participant expressed a need of having a person to support with completing small tasks, stating:

Having... better relational permanency. Some... supportive human in your life... probably would have... helped me implement strategies to not procrastinate so much and... helped with... goal setting and... agendas... like more specifically... the social worker is like big term goals like ‘okay, you wanna go to school? Okay, great. What's your study? Great.’ Like those those kinds of things... like they're very they're good with that but in terms of like small goals like ‘okay, you need to do your essay this day, because this day you need to do this essay, and this day you need to do this... and so.... like I have really struggled with that over the years

6.8 Conclusion

This chapter presented key findings (themes) deduced from the thematic analysis of 11 qualitative interviews with program managers and coordinators, as well as one youth participant, who has transitioned to adulthood from government care. Themes were presented as subheadings below headers which summarized the research questions of this study.

Main themes centered on mentorship: programs, services, goals, objectives, practices, approaches, service delivery areas, funding, access requirements, service and delivery challenges, and outcomes experienced by mentees. Additional themes were encompassed in recommendations made by service providers and the youth participant.

Mentorship programs included one-to-one mentorship, after-school programs, semi-independent living, life skills, therapeutic and specialized groups, as well as elder youth mentorship. Mentorship goals and objectives highlighted the importance of building resiliency amongst mentees. Program practices emphasized prevention, intervention, and deterrence, to improve child and youth outcomes. Program practices demonstrated the integral need for respect, including respect for mentee autonomy, readiness, and current life situation or “where they are at.” Program service delivery areas stretched across B.C.

Mentorship and service access requirements were based on program funding, referrals, age, justice and/or MCFD involvement. Challenges impacting the delivery of mentorship services included COVID-19, gaps in supportive services, paid care providers and lack of continuity of care, mental health wait times and the necessity of timely support, and funding constraints. Perspectives on mentee outcomes included the acquisition of relational supports; development of long-term attachments; and augmented self-esteem, self-expression, resilience, problem solving, and inter-relational skills. Primary recommendations included ensuring youth in and/or transitioned from care have relational permanency; increasing supportive services and adjusting age limits; providing earlier transition planning; having a natural fit transition date for care leavers; and increasing transitional supports and funding.

Chapter 7: Discussion and Analysis

7.1 Introduction

This chapter revisits the research questions of this study; summarizes and analyzes policy review findings; synthesizes key findings from the interviews, including themes and relationships deduced; highlights unanticipated results, contrasted with relevant literature; and outlines the theoretical implications of research findings and subsequent recommendations. Additionally, this chapter re-examines the conceptual framework underpinning and guiding this study; identifies study limitations; opportunities for future focus; and provides a brief conclusion.

7.2 Revisiting Study Research Questions

Gaps in existent literature on the impact of relational permanency and mentorship on care leavers in B.C. predicated the need to identify and evaluate: 1) MCFD permanency planning policies, procedures, and processes; 2) mentorship programs and/or services available to youth transitioning and/or transitioned to adulthood in B.C.; 3) program and/or service funding/funders; 4) access requirements for community mentorship programs and/or services; 5) existent challenges and limitations impacting mentorship service delivery; 6) outcomes of youth who have accessed community mentorship programs and/or services; 7) recommendations from service providers on improving care leaver outcomes; and 8) recommendations from a youth participant on relational permanency and mentorship.

7.3 Policy Review: Summary and Analysis

The policy review identified and examined policies on temporary and permanent removal; assisting children and youth in and transitioning from care; and permanency planning. Additionally, it outlined the criteria and procedures used by workers in each domain, including identifying the needs of a child/youth and their family, developing, and implementing plans, and reviewing all permanency planning components (cultural, relational, physical, and legal).

The identified and reviewed policies included comprehensive details on removal, care, transition, and permanency processes for children and youth. They emphasized the importance of familial preservation, specifically ensuring that a parent retains or recovers guardianship and care of a child/youth when safe and tenable. If/when MCFD involvement is determined to be necessary, these policies specify the essentiality of involving the familial, relational, and cultural connections of a child/youth in all planning and decision making.

In contrast to emphasis on familial preservation, several temporary and permanent removal policies outline a primary criterion for removal and placement of a child/youth with a nonparental care provider as the inability to reunite a child/youth with their parent(s) in a “reasonable time.” This leads to questions, including what a “reasonable time” is, who determines this, and why it is a main determinant for removal and placement decisions, which inevitably have a significant impact on a child/youth and their families. Emphasis on time as a determinant for removal and placement of a child/youth suggests that MCFD may be prioritizing

efficiency over relational permanency of a child/youth with their parent(s). Furthermore, it suggests that the welfare of children, youth, and families in B.C. has been monetized.

Discrepancies were identified in: the rigorousness of transition planning for youth with versus without support needs; familial and cultural engagement; and criteria for removal and placement decisions determined to be in the best interest of a child/youth. This suggests that MCFD may need to review its policies to ensure consistent procedures are adhered to.

Significantly, although policies outlined the importance of stable, safe, and culturally appropriate placements, they failed to mention the importance of proximity of a child and/or youth to their families and/or communities of origin, when making placement and custody decisions, which is an essential facet to ensuring sustained relational connection over time.

The policies identified and examined in the policy review will be briefly summarized and analyzed in the subsequent sections.

Temporary or Permanent Removal Policies

Policies 4.1, 4.2, 4.3, and 4.4 outline procedures used by workers to make temporary or permanent removal and placement decisions for a child/youth.

Policy 4.1 pertains to the voluntary and temporary care, lasting less than six months, of a child/youth, by a relative, relationally close non-parental adult, or culturally connected individual (MCFD, 2020b). This policy concentrates on the inclusion of the family and Indigenous community of a child/youth, if a child/youth is Indigenous, and where appropriate. Of note, it outlines that a voluntary and temporary care agreement can be extended beyond the set six-months, if subsequent reunification with a parent occurs within “a reasonable time;” however, if not, alternative permanency agreements in the “best interests of the child/youth” are considered (MCFD, 2020b, p.2). This policy does not elaborate on what a “reasonable time” is, nor does it outline criteria clarifying how, if necessary, an alternative permanency agreement is determined to be in the best interest of a child/youth. Presumably, these decisions are left to the discretion of the worker. This is disconcerting, given that, historically, worker discretionary allowances have resulted in innumerable harms experienced by racialized and marginalized children, youth, and families (Callahan & Walmsley, 2007).

Notably, one criterion used to determine whether a voluntary and temporary care agreement is necessary is the identification of existent supports for families, and, when tenable, preserving parental and/or community care. This policy does not however, explain what criteria and/or conditions determine whether parental or community care is tenable.

Policy 4.2 pertains to an involuntary care arrangement, selected to ensure the safety of a child/youth, by placing them with a care provider, when it is in their best interest. Like Policy 4.1, this policy does not specify what criteria is used to determine whether an involuntary care arrangement is in the best interest of a child/youth, subsequently, raising the same concerns described above.

Policy 4.3 pertains to the Permanent Transfer of Custody (PTC) of a child/youth from the care of their parent to a care provider, under a Continuing Custody Order (CCO), and the incumbent planning required (MCFD, 2020b). Unlike Policies 4.1 and 4.2, this policy thoroughly details the steps to be taken by workers, to ensure that a PTC is in the best interest of a child/youth. It establishes that a potential guardian commits to a long-term parental relationship with a child/youth, as well as the necessity of involving the Indigenous community of a child/youth in planning processes, if a child/youth is Indigenous. Furthermore, if a child/youth is Indigenous, it specifies the importance of including their Indigenous community in all planning elements, including the development of a plan (MCFD, 2020b).

One condition of a PTC under a CCO is that a child/youth has resided outside the care of a parent “under an EFP agreement or a temporary-out-of-care custody order for at least 6 consecutive months, and it is determined that reunification of the child/youth with their parents will not be possible within a reasonable time” (MCFD, 2020b, p.38). Like Policy 4.1, this policy does not include or explain the necessary criteria used to determine that reunification is improbable, nor does it specify what a “reasonable time” is. Like Policy 4.1, decision-making power is presumably assumed by the discretion of a worker. Furthermore, emphasis on time, specifically timely removal of children/youth from their families, is indicative of a system which prioritizes efficiency over relational permanency, and that has monetized the welfare of children, youth, and families in B.C.

Policy 4.4 pertains to the PTC of a child/youth to a care provider, after a CCO and when other permanency options, including child-parent reunification and adoption have been considered. A PTC after a CCO is selected to ensure the safety, stability, and relational permanency of a child/youth and when it is “in the child’s best interests” (MCFD, 2020b, p.57). Unlike Policies 4.1 and 4.3, this policy includes specific criteria to ensure that a PTC after a CCO is in the best interest of a child/youth. Moreover, this policy emphasizes the significance of relational and cultural connections between a child/youth, their potential guardian, and their Indigenous community. Beyond highlighting the significance of these connections, this policy details specific processes used by workers to ensure involvement of an Indigenous community in all planning, if a child/youth is Indigenous.

Children and Youth in Care

Policies 5.1, 5.9, 5.10, and 5.11 outline the procedures used by workers to support the cultural identity of Indigenous children and youth in care, as well as the successful transition of a child/youth from care to independence.

Policy 5.1 details the processes utilized to establish and ensure the ongoing connection of a child/youth, who is Indigenous or may be Indigenous, with their Indigenous community and cultural practices. It specifies procedures based on whether a child/youth is First Nations, Métis, or Inuit (MCFD, 2021b). Furthermore, it details the criteria of and timeline for the completion of care and cultural plan for an Indigenous child/youth in collaboration with their familial network, Indigenous community, and other representatives.

Policy 5.9 pertains to transition planning for a child/youth, to ensure that their care plans goals were met; that they have and will retain relational supports and supportive services; and that their

familial, relational, and cultural connections, as well as other necessary stakeholders, are involved in transition planning.

Policy 5.10, pertains to youth who are aging out of care to adulthood, outlining steps to ensure their readiness for transition in terms of having appropriate relational supports and services, permanency options, and applicable agreements in place.

Policy 5.11 pertains to youth with support needs who are leaving care. Like Policy 5.10, it outlines the necessity of establishing ongoing relational supports and supportive services, however, these planning processes are overtly more rigorous, time sensitive, collaborative, and strategic than those for youth without support needs. This raises questions about the efficacy of Policy 5.10 and whether it adequately and responsibly support youth, without support needs, transition to independence.

Permanency Planning and Implementation

Policies 6.1, 6.2, 6.3, and 6.4 outline procedures used by workers to ensure the acquisition and preservation of permanency (cultural, relational, physical, and legal) for children and youth in care.

Policy 6.1 pertains to the identification and establishment of permanency options for a child/youth. This includes supporting the ongoing care of a child/youth by their parent(s), while simultaneously establishing alternative permanency plans for a child/youth who requires an “out-of-home placement” (MCFD, 2019b, p.1). Permanency plans must be created in collaboration with the relational and cultural connections of a child/youth, and in alignment with existent agreements “under section 92.1 of the CFSCA” (MCFD, 2019b, p.1).

Notably, this policy outlines that if a child/youth is Indigenous, workers must “make reasonable efforts at least annually to involve” the Indigenous community of a child/youth in permanency planning efforts; however, it fails to specify what “reasonable efforts” entail.

Policy 6.2 pertains to the creation of a CPP for a child/youth who requires an “out-of-home placement” or is in care (MCFD, 2019b, pp.4-5). A CPP must be created in collaboration with a child/youth, their familial, relational, and cultural connections, and documented in their care or family plan (MCFD, 2019b).

This policy delineates CPP design procedures and criteria for a child/youth who requires an out-of-home placement, is transitioning from care to adulthood, or is First Nations.

- For a child/youth requiring an out-of-home placement, a CPP emphasizes the identification of culturally connected placements that are in the best interest of a child/youth (MCFD, 2019b). Like Policies 4.1 and 4.3, this policy does not include or explain determinants for the best interest of a child/youth.
- For a youth transitioning from care, a CPP prioritizes the acquisition of relational, cultural, and legal permanency, and other transitional supports (MCFD, 2019b).
- For a First Nations child/youth, a CPP must adhere to planning treaties and/or agreements “under section 92.1 of the CFSCA” (MCFD, 2019b, p. 9). Moreover, workers must promote the cultural and relational connectedness of a First Nations child/youth.

Remarkably, this policy does not differentiate specific processes for Metis or Inuit children/youth.

Significantly, this policy highlights that the preferred CPP for a child/youth achieves all facets of permanency (MCFD, 2019b). According to this policy, the preferred CPP is “family preservation” or “reunification” (MCFD, 2019b, p.10); however, if this is untenable, processes exist to ensure a child/youth achieves, at minimum, some facets of permanency.

Policy 6.3 pertains to the various CPPs that may exist for a child/youth and the processes completed prior to CPP selection and implementation. It concentrates on the importance of preserving the relational and cultural connections of a child/youth, as well as identifying and involving the Indigenous community of a child/youth in planning, while ensuring ample opportunity for a child/youth to connect with their Indigenous community and culture, if the child/youth is Indigenous.

Policy 6.4 pertains to the ongoing reviewal process of a CPP, to ensure that it continually reflects the needs of a child/youth and develops to ascertain better supports and permanency options for a child/youth.

7.4 Interview Key Findings: Themes and Relationships

Qualitative data suggests that limited community mentorship programs are available to youth who have transitioned from government care to independence in B.C. Those identified were primarily formally structured and instrumentally focused, concentrated on developing mentee resilience, life skills, and supportive networks. Most programs were funded by MCFD, requiring mentee involvement with MCFD and/or the justice system, and subsequential referrals to be made by MCFD or CYMH social workers, and/or probation officers. Some non-profit organizations required referrals for service users, but accepted a wide variety of referral sources, while two organizations operated on a drop-in basis.

Service providers identified several challenges and/or limitations which have impacted the delivery of mentorship programs and/or services, including: 1) COVID-19; 2) gaps in supportive services for care leavers; 3) paid care providers and lack of continuity of care; 4) lengthy mental health wait times and the necessity of timely supports; and 5) funding constraints.

Service providers emphasized positive outcomes experienced by mentees, including the acquisition of relational supports, development of long-term attachments, augmented self-esteem and self-expression, resilience, problem solving, and inter-relational skills.

Similarities existed between recommendations made by service providers on improving outcomes of care leavers and those made by the youth participant on increasing relational permanency and mentorship for care leavers. Both concentrated on increasing supportive services for youth transitioning and/or transitioned from care, including mentorship programs, mental health supports and services, and continuity of MCFD supports. Additionally, service providers recommended expanding age requirements for mentorship and other supportive services, engaging in earlier transition and permanency planning, addressing care leaver funding

and housing challenges, utilizing consistent and clear boundaries with youth, and including youth in system change.

7.5 Unanticipated Findings

CBM: Availability, Implementation, and Purpose

Historically, CBM programs have been implemented by non-profit organizations (NGOs) which have matched children and youth with volunteer mentors, who would meet in community settings (Keller & DuBois, 2021) for set periods of time (Tierney et al., 2000). The purpose of these programs has been contingent on program specific structure, goals, and content (Karcher et al., 2006, p.719), as well as the principles of those operating them. Conversely, the CBM programs included in this project were primarily funded by MCFD, limited mentees to youth directly involved with MCFD and/or the justice system, and matched mentees with paid employees. Most programs were instrumentally focused on addressing individualized needs of youth, preparing them for independence and adulthood, and building resiliency. Additionally, the purpose of these programs was to provide a collaborative community approach to what was identified as a system “chasm” experienced by youth with complex needs.

Differences in conventional CBM programs and those included in this study may be attributable to several factors. First, study selection criteria for group one, the program manager and coordinator participants (service providers), required that service providers “Work for an organization which offers mentorship opportunities to youth who a) currently reside in the care of MCFD or a DAA, or b) transitioned to adulthood from the care of MCFD or a DAA.” Subsequently, this criterion impacted the selection of service providers, their CBM programs and services, as well as their involvement with MCFD. Second, to adequately address the multifaceted needs of youth in and/or transitioned from care, CBM programs would be obligated to ensure that its mentors have the appropriate education and skills, which volunteer mentors may not have had. Third, to provide mentoring to service users who have transitioned from care, age requirements would need to be expanded to include those 19 and up. Fourth, to implement and sustain CBM program changes, funding and/or funding partners would be needed, such as MCFD. Fifth, prioritizing instrumental goals for youth in and/or transitioned from care would augment opportunities for skill development and preparing youth for their accelerated shift to independence (Mendes & Moslehuddin, 2006). Sixth, as demonstrated in both the literature review and finding sections of this study, limited supports exist for youth in and/or transitioning from care. As such, CBM programs included in this study have devised collaborative approaches to address system gaps and deliver wraparound supports to youth.

Significantly, these points illuminate the failure of MCFD to adequately prepare and support youth in care with their transition to adulthood. Further, it suggests a need to conduct an internal review on the operationalization of MCFD policies and practices pertaining to relational permanency, as well as determining whether performance indicators for these policies exist, and if so, whether they adequately reflect the needs of youth in and transitioning from care.

CBM: Practice

Distinct from CBM programs outlined in the literature review, those discussed by service providers operated from the frameworks of prevention, intervention, and deterrence. Preventative

practices emphasized keeping children and youth out of care, as well as providing mentees with role models to enable positive life choices and trajectories. Intervention and deterrence practices supported mentees engaged in high-risk behaviors and provided opportunities to connect and build healthy supportive relationships with mentors. These practices are in alignment with YIM programs and may have originated from a necessity to address community needs through an innovative solution.

CBM: Respect for Persons and Individual Readiness

As outlined in the literature review, mentoring, regardless of the type, setting, or initiation process, emphasized the importance of having 1) a set purpose and/or goal; 2) relational connectivity between the mentor and mentee; and 3) clear outcomes. Remarkably, respect was not identified in available literature as a key mentoring approach and/or value within programs and/or mentor-mentee dyads. In contrast, five service providers emphasized the essentiality of ensuring respect for each mentee, a value which was reflected in their programs, services, approaches, and expectations. These service providers identified the importance of respecting mentee autonomy, readiness, and where they are at. The significance of respecting each mentee and their autonomy and ensuring individual readiness is encapsulated in the following quote by a service provider:

We let people come to us when they're ready. We'll ask them. If they say 'no, I just want to hang out today,' great.... And without exception, all our regulars have actually taken that first step. Every single one of them. And so, we just...celebrate people's... understanding of themselves, their own identity, and...we're letting them make those decisions and they're doing it.... *Cause the assumption, the assumption there is that people know what's good for them. That's it. Like that's literally it. It's like you don't need to force those things because people will do well if they can.*"

It is unclear why available literature fails to identify mentee respect, autonomy, and individual readiness, as key components within mentoring programs and practices. Perhaps researchers have utilized more macro-level and quantitative research approaches when evaluating mentorship programs, subsequently leading to broader conclusions. Regardless, this research study was qualitative, had a small sample size, and utilized semi-structured and open-ended interviews, which enabled a comprehensive and fulsome understanding of CBM program specifics.

The essentiality of respect for persons and their autonomy and individual readiness are significant findings that may be applicable to MCFD policies on transition planning and relational permanency. As outlined in the literature review, youth residing in care are required to transition to independence at an arbitrary and predetermined age, with no consideration for their individual autonomy, readiness, and/or where they are at. Many youths face an array of challenges although unequipped, lacking relational permanency, and supportive services (Mendes et al., 2014a, 2014b; Mendes & Moslehuddin, 2006). Perhaps if MCFD utilized the principles of respect for persons and individual readiness and autonomy when making transition decisions, youth would face better outcomes.

Challenges Impacting the Delivery of CBM: COVID

Relevant literature included in the literature review failed to mention the COVID-19 pandemic (COVID) and its subsequential impact on mentoring programs. This is likely a consequence of when the literature review was written and the novelty of COVID at that time. However, amongst service providers, COVID was identified as the most significant challenge impeding the delivery of mentorship services over the past two years. According to service providers, COVID negatively impacted volunteer recruitment, matching mentors with mentees, group sizes, communication, connection, and in person activities. Many programs shifted to virtual telecommunication, which presented additional barriers to service delivery, including access to technology and privacy. Other programs paused or stopped mentoring services completely.

Besides program specific impacts, service providers identified several broader system issues because of COVID. These included the following: an overburdened and inadequate number of social workers, reliance on underqualified case managers, poor communication by social workers with community supports, augmented mental health concerns, and barriers to mental health access. Significantly, service providers highlighted challenges facing youth transitioning from care to adulthood. Although many youths had their funding agreements extended for an additional year (due to COVID), MCFD failed to hire or provide additional social workers to manage their cases. Instead, youth in care and AYA cases were managed by social worker assistants and probation officers. Additionally, no accountability structures were developed or implemented to ensure that youth remaining in care or on an AYA were gaining the necessary life skills to prepare them for their inevitable transition to adulthood and independence. One service provider labeled “the changes they’ve made with COVID” as a “double edged sword.”

COVID has significantly impacted mentorship service delivery as well as placed a substantial strain on an already taxed and insufficient child welfare system. Although unforeseen, these challenges demonstrate the integral need of MCFD to address gaps experienced by social workers and youth in care, who are reliant on unavailable supports and services. These findings substantiate the importance of relational permanency and mentorship in the lives of youth, as systems will inevitably fail to meet the human need for ongoing relational connectivity.

Challenges Impacting the Delivery of CBM: Paid Care Providers and Lack of Continuity of Care

The literature identifies significant gaps in available supports for youth in and transitioned from care, as well as the positive (yet debated) outcomes of mentoring. However, the literature fails to identify the impact of paid care providers and the lack of continuity of care on youth in and transitioned from care.

In contrast, service providers indicated that many youths in care exclusively interact with paid service providers and professionals, and the necessity of youth having non-paid providers to support youth development, self-worth, trust, and stability. Further, service providers and the youth participant emphasized the inconsistency and high turnover of MCFD workers, including social and SLP workers. These perspectives are encapsulated in the following quote by a service provider:

I remember introducing a young man to another co-worker because I was going to be taking some time off. And I forget what she asked him, but it was something about... 'who's the most steady person in your life?' or something along those lines. He's like, 'well, [participant], he's the most reliable person I know... and he's always able to do this and that...' and it just stood out as like I've been working with this guy for a year and he's identifying me as the most reliable and consistent person in his life, and he's...an 18-year-old male.

These challenges may have been identified by participants due to their commonality and significance of impact on youth in and transitioned from care. Of note, these findings support the broader emphasis of this study, which delineates the essentiality of relational permanency for youth in, transitioning, and/or transitioned from care, and current inability for them to attain it. Further, it demonstrates the imperativeness of having MCFD address these systemic issues.

Challenges Impacting the Delivery of CBM: Mental Health and Supportive Services

Consistent with available literature, participants identified that many youths in and transitioned from care, as well as accessing mentorship services, experience ongoing mental health concerns and/or substance use disorders, with inadequate supports available to them.

Participants outlined the extensive wait times experienced by youth seeking mental health services and the essentiality of having supports available to youth who are ready and able to address their concerns. Like the rationale for the previous section, these challenges may have been delineated by participants due to their knowledge of and frequent interaction with supportive systems.

Challenges Impacting the Delivery of CBM: Funding Constraints

Funding constraints, including temporary funding agreements, dependence on donations, and lack of funds for youth over 19 were identified by service providers as significant barriers to the sustainable delivery of mentorship services. According to service providers, these constraints impact program longevity, scope, and number of services offered, as well as promoting competition between organizations over limited funds. For the youth participant, funding constraints, including timelines on tuition exemptions and deficient monthly funding allocations, impacted their ability to afford housing and other daily necessities.

These challenges experienced by participants may be indicative of larger fiscal constraints as well as contemporary governance strategies, priorities, and decision-making processes, which prioritize short-term interventions and funding arrangements, but disregard the long-term implications and costs of not funding preventative and supportive services. Additionally, it suggests a lack of responsibility taken by ministries such as MCFD, for the well-being and support of care leavers.

Improving Positive Outcomes for Youth In Care and Care Leavers

The literature review outlines a plethora of challenges confronting youth who have transitioned to adulthood, as well as the perspective and paradigm shifts of researchers and child welfare systems on aging out priorities, including emphasis on interconnectedness and relational

permanency. However, explicit recommendations on improving outcomes for youth transitioned from care to adulthood have not been identified.

In contrast, service providers proposed many recommendations to augment outcomes for youth, including, but not limited to, ensuring youth transitioned from care have relational permanency; increasing supportive services to address critical needs, including housing, mental health, and life skills; expanding supportive service age limits; providing earlier transition planning; having a natural fit transition date for care leavers versus preordained dates based on age; and, increasing transitional supports and funding.

Many service providers directly engaged with and supported youth in and transitioned from care. Subsequently, they were able to aptly identify reoccurring system limitations and gaps in supportive services which youth frequently face. As such, service provider recommendations were tangible, practical, and explicit to the basic needs of care leavers.

Youth Recommendations on Relational Permanency and Mentorship

Whether the result of stringent research guidelines and recruitment processes, or being part of a vulnerable and marginalized population, the perspectives and recommendations of care leavers on improving relational permanency and mentorship for youth in and transitioning from care is absent in relevant and available literature.

In contrast, this research study had a youth participant who shared several recommendations on improving relational permanency and mentorship for youth in and transitioned from care. Similarly aligned with the service provider recommendations, the youth participant suggested increasing the availability of mentorship programs and mental health services for youth, as well as having consistency and continuity of supports. The youth participant made these recommendations from personal experience with systemic gaps, deficient supportive networks, and limited relational permanency and mentorship opportunities while in and after transition from care.

Significantly, these recommendations contribute to the broader purpose of this study, which is to explore the impact of relational permanency and mentorship on care leavers in B.C. These recommendations suggest that youth in and transitioned from care experience substantial challenges in the acquisition of relational permanency and/or mentorship, therefore making it difficult to ‘explore’ the impact of relational permanency and mentorship, as it is currently unattainable by youth. Thus, these findings imply that youth in and transitioned from care are required to face adulthood and its incumbent challenges exclusively on their own.

7.6 Theoretical Implications and Recommendations

The purpose of this study was to explore the impact of relational permanency and mentorship on care leavers in B.C., due to existent gaps in available research. This was done through the completion of a policy and literature review, as well as 11 opened-ended qualitative interviews with CBM service providers and one youth participant.

Findings consistently indicated that youth in and/or transitioned from care are not achieving relational permanency and/or mentorship. In B.C., although MCFD has policies and practices on permanency and relational permanency, youth are not acquiring or retaining relational permanency while in or following transition from care. As such, MCFD may need to review and revise existent policies on relational permanency for youth in and/or transitioned from care to ensure consistency between policies and that their priorities are being achieved. Additionally, MCFD may need to consider alternative policies and/or accountability structures to address existent barriers preventing youth from retaining and/or obtaining relational permanency while in and following transition from care.

Although these barriers may be addressed by practical adjustments made by MCFD, they are more likely indicative of broader systemic issues inherent to child welfare systems rooted in colonization (Barker et al., 2014). These issues, including divisive practices which predominantly impact Indigenous (Government of Canada, 2019; John, 2019) and other racialized and marginalized groups entrenched in poverty (Klassen et al., 2020; Esposito et al., 2017; Esposito et al., 2013; Trocme et al., 2004), remove children and youth from their homes and communities (Esposito et al., 2017). Instead of emphasizing prevention, family preservation, and early intervention to support struggling families, as suggested by study participants and in congruence with consensus amongst scholars and activists (Child Welfare League of Canada, 2021), MCFD relies on several permanency policies to meet its obligation of ensuring that children and youth retain relational permanency while in and following transition from care. Thus, practical adjustments to MCFD policies and practices may be helpful; however, there are more substantive changes that must occur on a macro scale, to challenge oppressive discourse and practice.

System barriers preventing the acquisition of relational permanency by youth in care signify that many youths transition from care to adulthood alone, while facing a slew of challenges (Mendes et al., 2014a, 2014b; Mendes & Moslehuddin, 2006), which are exacerbated by insufficient and/or non-existent supportive services. Congruent with relevant literature, study participants proposed that mentorship may be a practical way to address existent gaps in supportive services, providing youth in and/or transitioned from care with a positive adult role model to support them through these challenges. However, for this to be viable option, additional research would need to be conducted on the efficacy of CBM programs, standardization of CBM programs, and accountability structures to meet necessary program criteria. Further, additional funding allocations would be needed to support CBM programs and/or initiate others. Finally, although mentorship may be useful in addressing gaps in relational permanency and supportive services, it does not address the lack of responsibility taken by MCFD for the outcomes of care leavers.

7.7 Revisiting the Conceptual Framework

This study utilized a CCRF, adapting the personal, ecological, and institutional dimensions outlined by Chouinard and Cousins (2009) and further explained by Chouinard and Cram (2020). These dimensions were selected, applied, and interwoven throughout this research study to critically deconstruct the researcher's positionality, the historical context of the B.C. child welfare system, as well as institutional structures underpinning present child welfare practices. This was necessary to ensure that the exploration of relational permanency and mentorship on

care leavers in B.C. was accurately positioned within the broader contextual, historical, and institutional realities which have and continue to shape the circumstances and outcomes facing care leavers.

Thus, a CCRF supported the amalgamation of these interconnected dimensions within the collection, evaluation, and discussion of relevant literature and data, and also provided a foundation from which to posit recommendations.

7.8 Research Limitations and Future Research Opportunities

There were two main research limitations in this study, which should be used to inform future research. First, this study had a small sample size of 11 participants, who were purposefully selected based on inclusion criteria. As such, insufficient sample size impacted the ability to draw valid and generalizable conclusions. Second, the global pandemic, COVID-19, had a significant impact on the timely recruitment of youth participants, which resulted in fewer youth participants than had been planned. Unfortunately, limited youth participation means that this study primarily reflects the perspectives of CBM program service providers. These perspectives, although valuable, may not accurately capture or portray the realities faced by care leavers in B.C. in relation to relational permanency and mentorship. Therefore, to reduce and/or eliminate these study limitations, future research should include a larger participant sample size and more youth participants.

Furthermore, although this study highlighted the overrepresentation of Indigenous children and youth in care, as well as the legacy of white settler discourse in child welfare practices, due to its scope, it did not include research specific to the impact of relational permanency and mentorship, or the lack thereof, on Indigenous care leavers. As such, future research should focus on the impact on and acquisition of relational permanency and mentorship by Indigenous care leavers.

7.9 Conclusion

This chapter revisited the research questions of this study; summarized and analyzed policy review findings; synthesized interview key findings, including themes and relationships deduced; highlighted unanticipated results, contrasted with relevant literature; and outlined the theoretical implications of research findings and subsequent recommendations. Additionally, this chapter re-examined the conceptual framework underpinning and guiding this study; identified study limitations; opportunities for future focus; and provided a brief conclusion.

Chapter 8: Conclusion and Recommendations

8.1 Introduction

This thesis sought to ascertain the impact(s) of relational permanency and mentorship on care leavers in B.C. This topic was selected due to significant disparity in outcomes experienced by care leavers with relational permanency compared to those without. Care leavers with relational permanency are more likely to have augmented self-concept (Greene & Powers, 2007), social connection (Perry, 2006), positive mental and physical health, lessened suicidal ideation (Ahrens et al., 2007), higher educational attainment (Salazar, 2012), and decreased housing insecurity and homelessness (Courtney & Dworsky, 2009; 2006). Those without relational permanency are more likely to experience mental health concerns and “psychological distress” (Perry, 2006, p. 385), lessened social connection, and reduced feelings of being cared for (Perry, 2006).

These disparate outcomes, combined with low rates of permanency acquisition by care leavers in B.C., and existent gaps in research on the availability and efficacy of community-based mentorship programs in B.C., led to the purpose of this thesis which was to: 1) gain a broader understanding of the impacts of relational permanency and mentorship, or the lack thereof, on care leavers in B.C.; 2) identify mentorship programs for youth involved or formerly involved in care; and 3) recommend system improvement opportunities.

8.2 Synthesis and Significance of Key Findings

Policy Review

The policy review elucidated the procedures used by MCFD workers when making temporary and permanent removal and placement decisions, as well as transition and permanency planning preparations.

Several policies outlined the imperativeness of familial preservation, while simultaneously and contrarily delineating criterion for removal and alternative placement, when reunification was not “possible within a reasonable period of time” (MCFD, 2020b, p.38). Notably, these policies failed to indicate what constituted a “reasonable period of time”, who determined it, and why time should be a main determinant in the reunification of families. The inclusion of time as a primary criterion for removal and placement of a child/youth indicates that MCFD may be prioritizing timely interventions, including removal and placement, over familial preservation, and relational permanency. Additionally, these findings suggest that the welfare of children, youth, and families in B.C. has been monetized and reduced to fit within a system of predetermined timelines and financial allocations.

The policy review illuminated discrepancies in procedures pertaining to removal and placement, transition planning, as well as familial and cultural engagement. Several policies outlined the importance of making removal and placement decisions in the best interest of a child/youth; however, the criteria for establishing this was not consistently included or specified. For transition policies, procedures for youth with support needs were overtly more rigorous, emphasizing earlier transition planning and collaboration than those for youth without support

needs. Most policies outlined and highlighted the identification and preservation of relational and cultural connections of a child/youth; however, incongruence existed in procedural specificity, meaning that in some cases, these requirements were left to the discretionary efforts of workers.

Notably, the policy review revealed two significant gaps in removal and permanency policies. First, policies did not indicate the importance of placing a child/youth near their parent (s) and/or community, nor did they include procedures to ensure that workers made placement decisions based on the proximity of a child/youth to their parent or community. Second, policies did not mention the essentiality of continuity between a child/youth in care and their worker, although this may be a significant relationship for a child/youth in care.

Literature Review and Interviews

The literature review exposed the prevalence of trauma (Stein et al., 2001), relational loss (Riebschleger et al., 2015), and instability (Magnuson et al., 2015) experienced by children and youth in care. These compounded experiences frequently result in adverse care leaver outcomes, including decreased mental health, educational achievement, relationship formation, and social connection (FBCYICN, 2010; RCY, 2020a, 2017). According to literature review and interview findings, at a predetermined age, care leavers face these outcomes and an array of challenges, including housing instability and homelessness (Shah et al., 2017; Dworsky et al., 2013), sustained mental health concerns, deficient social supports, low educational attainment, and job acquisition (Courtney & Dworsky, 2006; Mendes et al., 2014a, 2014b; Mendes & Moslehuddin, 2006; Prince et al., 2019; Tweddle, 2007; Woodgate et al., 2017), without the necessary supports to navigate independence and adulthood (Mendes et al., 2014a; Mendes & Moslehuddin, 2006; Woodgate et al., 2017). Additionally, findings emphasized the importance of addressing the absence of “social and emotional supports” (Goodkind et al., 2011, p. 1046), which were identified by interview participants as mentorship programs, mental health supports and services, and continuity of MCFD supports.

Literature review and interview findings on youth in care, care leaver outcomes, and the necessity of additional supports coalesced to reveal three CBM program differences and broader system implications. These differences include CBM 1) availability, implementation, and purpose, 2) practice, and 3) principles. According to available literature, CBM programs are typically NGOs, rely on volunteer mentors (Keller & DuBois, 2021), and have specific structures, goals, and content (Karcher et al., 2006, p.719). By contrast, those discussed by service providers were primarily MCFD funded, required mentees to be involved with MCFD and/or the justice system, matched mentees with paid employees, were instrumentally focused, and sought to address system gaps experienced by youth with complex needs. Furthermore, these programs operated from prevention, intervention, and deterrence frameworks. These frameworks emphasized keeping children and youth out of care and providing mentees with role models to enable positive life choices, trajectories, and relationships. Finally, these programs operated from the principle of respect, including respect for mentee autonomy, readiness and where they are at, values which were reflected in program services, approaches, and expectations.

These program differences have several broader system implications. First, CBM programs in B.C. are addressing system gaps and delivering wraparound services to youth, responsibilities which belong to MCFD and imply that current policies and practices are not adequately meeting

the needs of youth. This suggests a need to conduct an internal review on the operationalization of MCFD policies and practices, as well as determining whether performance indicators for these policies exist, and if so, whether they adequately reflect the needs of youth in and transitioning from care. Second, CBM programs in B.C. are utilizing prevention, intervention, and deterrence frameworks which, although fundamental, are not all reflected in MCFD relational permanency policies or procedures. This implies a need to evaluate MCFD relational permanency policies and procedures, and to determine opportunities to integrate prevention and deterrence frameworks. Third, CBM programs in B.C. operate using the principles of respect for individual autonomy, readiness, and where youth are at, which, although critical, are not included in MCFD transition planning and relational permanency policies. If included, these principles could be utilized to make transition decisions for youth in care and contribute to better care leaver outcomes.

Interview findings revealed several challenges impacting the delivery of CBM programs, which contribute to gaps in available literature and have broader system implications. COVID was identified as the most significant challenge impeding service delivery and placing a substantial strain on an already taxed and insufficient child welfare system. Along with the operational challenges of shifting to virtual service delivery, having to pause and/or stop mentoring services, systemic issues — including overburdened and insufficient number of social workers, underqualified case managers, gaps in accountability structures, acute mental health concerns, and barriers to mental health access — were also identified. These challenges demonstrate the integral need of MCFD to address gaps experienced by social workers and youth in care, who are reliant on unavailable supports and services. These findings substantiate the importance of relational permanency and mentorship in the lives of youth, as systems will inevitably fail to meet the human need for relational connectivity.

Paid care providers and the lack of continuity of care, mental health and supportive services, and funding constraints were also identified as challenges impacting the delivery of CBM and youth outcomes. Interview findings illuminated that youth in and transitioned from care lack unpaid and consistent relationships and available mental health supports. Additionally, funding constraints for CBM programs impact program sustainability, scope, services, and promote a scarcity mindset between organizations competing over limited funds. For care leavers, insufficient funding augmented housing and food insecurity. At a system level, these findings delineate the essentiality of relational permanency, available mental health, and supportive services, as well as adequate funding for care leavers in B.C. They also demonstrate the imperativeness of having MCFD address systemic issues which continue to perpetuate adverse youth outcomes.

While interview findings exposed ongoing CBM, care leaver, and system level challenges, recommendations on improving outcomes for youth transitioning and/or transitioned from care, as well as securing relational permanency and mentorship were identified. These included: ensuring the acquisition of relational permanency, supportive services, housing, adequate mental health, and life skills support for care leavers, as well as expanding supportive service age limits, providing earlier transition planning, having a natural fit transition date for care leavers, and increasing transitional supports and funding. Significantly, these recommendations contribute to the broader purpose of this study, which is to explore the impact of relational permanency and

mentorship on care leavers in B.C. These recommendations suggest that youth in and transitioned from care experience substantial challenges in the acquisition of relational permanency and/or mentorship, and other supportive services, making it difficult to ‘explore’ the impact of relational permanency and mentorship, if it is currently unattainable by youth. Thus, these findings imply that youth in and transitioned from care are required to face adulthood and its incumbent challenges exclusively on their own.

8.3 Recommendations

The following recommendations are based on the findings of the policy review and interview and are substantiated by findings from the literature review.

The first two recommendations are for the provincial government, while the following five recommendations are for MCFD.

Government of British Columbia:

Recommendation 1: Reform the mandate, role, and authorities of MCFD to ensure that its foundational purpose is supporting families and communities in providing a safe, healthy environment for children and youth, rather than removing them.

From its early roots in the late 19th century, the B.C. child welfare system has been removal-focused, allowing for the discretionary use of the term ‘neglect,’ often interpreted to mean poverty, as grounds for child removal and state guardianship. Despite abundant evidence of the intergenerational harm caused by removals, this value-laden practice continues, with MCFD failing to clarify and address the immense range of what could constitute neglect, different categories of neglect, and who is responsible for apparent neglect. This practice has resulted in the disproportionate removals of children and youth from racialized and marginalized families and communities entrenched in poverty, especially Indigenous families (WCL, 2019). As part of its commitment to reconciliation and in an effort to stop “ongoing cyclical colonialism,” the Government of British Columbia should drastically reform the mandate, role and authorities of MCFD, altering its focus from removal and “apprehension-based” to “prevention” to effectively support families and communities in overcoming “disparities in social determinants of health,” which would enable more children, youth, and families to thrive in their homes and communities (WCL, 2019, pp.4&92).

Recommendation 2: Hire and sufficiently train an adequate number of social workers to meet the needs of the children, youth, and families of B.C..

The chronic lack of adequate staffing at MCFD has dire, life-altering consequences for youth in and transitioned from care, and results in immense long-term costs for government and society, as these individuals struggle to establish stable lives as adults. Understaffing may also increase the probability that children and youth in care will not have social worker continuity, creating another significant but unreliable relationship for them. Similarly, training for social workers, as called for by the Truth and Reconciliation Commission (TRC) of Canada (2015), offers a means to reduce the long-term systemic issues, including classism, racism and discrimination that were

embedded in the development of the child welfare system and continue to plague it today. As per recommendations made in the WCL (2019), MCFD social workers should receive community specific training, which reflects and “recognizes the experiences” and needs “of each Nation and community”(p.61). Additionally, as highlighted by WCL (2019), training topics should include: “gender-based violence; Indigenous rights, identities, and cultures; the role of ongoing colonialism on intergenerational trauma; the potential for communities and families to provide more appropriate solutions to family healing; and the importance of culture and connection to a child’s well-being” (WCL, 2019, p.61).

While reducing discretionary decision-making by social workers is vital, circumstances will arise that require discretion or allow for varied responses. Social workers must be equipped with the knowledge and cultural sensitivity necessary to make these decisions in a non-oppressive, anti-racist, unbiased manner.

Ministry of Children and Family Development

Recommendation 3: Establish earlier, collaborative, and comprehensive transition planning processes for youth in care, to ensure their readiness for transition to adulthood.

Research indicates that youth in care often face immense barriers and disproportionate harms as they transition to adulthood. In some cases, these harms are lifelong, as the individual is caught in a cycle of challenges, such as housing instability and homelessness, mental health and substance use concerns, and deficient social supports and poverty. Transition plans should include a natural fit transition date for youth that is based upon the individual’s readiness, rather than arbitrarily predetermined timelines that have been developed to fit the bureaucratic and fiscal needs of the government. These plans should not only ensure that youth will be able to sustain themselves in terms of their financial and other basic needs, such as housing, but also consider and strive to address their relational, social, and cultural connections and supports. Transition plans should not simply be a last-minute check box exercise prior to aging out but should be initiated early enough to address the wide-ranging and individualized supports and services necessary for each care leaver.

Recommendation 4: Establish a reviewer to evaluate removal, transition, and permanency policies to ensure consistent and clear criteria, procedures, and definitions, to eliminate the discretionary practices of workers.

MCFD’s policies provide the foundation for social workers making life-changing decisions for vulnerable children, youth, and families. As explored in Chapter 2, B.C.’s child welfare policies and practices are founded in classist, discriminatory, value-laden perspectives that identify neglect, often due to familial poverty, as grounds for removal and state guardianship, without any regards for the relational and cultural permanency of children and youth. The persistence of inconsistencies, gaps, and contradictions in MCFD policies allow for unpredictable, unverifiable, and potentially biased decision-making (WCL, 2019). These discretionary practices have been unequally applied and have wrought disproportionate harms on Indigenous families and communities, with Indigenous children and youth having 17 times the probability of residing in government care than non-Indigenous youth in 2017 in B.C (RCY, 2020a). Establishing a reviewer to evaluate policies and ensure consistency and clarity could increase equitable

decision-making, the transparency of the removal process, and begin to reduce the drastic over-representation of Indigenous children and youth in government care. This consistency could also simplify and streamline both the reviewing of individual cases in situations where a decision is disputed, as well as evaluating MCFD's performance overall.

Recommendation 5: Establish consistent and rigorous procedures for permanency planning with the familial and cultural communities of a child/youth.

MCFD policies do not consistently clarify the vital importance of placing a children and youth near their parent(s) and/or community, nor do they include procedures to ensure that workers make placement decisions based on familial and/or community proximity. The lack of transparent, consistent, and rigorous procedures for permanency planning are in direct conflict with the TRC Calls to Action and continue the colonial legacy of disregard for continuity and relational permanency. Although MCFD has outlined the importance of making removal and placement decisions in the best interest of the child/youth and highlighted the importance of preserving relational and cultural connections, the lack of a consistent, specific criteria to evaluate 'best interests' and retaining familial and cultural connections allows for continued discretionary decision-making by social workers.

Recommendation 6: Establish a clear definition of a “reasonable time” to prevent discretionary removal and placement decisions by workers.

The lack of clarity in the definition of a “reasonable time,” who is responsible for determining it, and why it is a driving factor is another potential source of unjustified decisions and systemic harm for children/youth in care as well as their families and communities. Based on the research, it is unclear why time should be a main determinant in the reunification of families and whose best interests this is intended to serve. The wellbeing of children, youth, and families in B.C. should not be monetized or forced to fit within predetermined timelines and financial allocations. The legacy of white settler discourse in child welfare practices elucidate that the trauma of unnecessary or pre-emptive removals reverberates over generations, creating harms that have immense cost for individuals, families, communities, and society. To avoid discretionary removal and placement decisions, a “reasonable time” should be consistently defined, while the driving factors that inform this decision should be clearly articulated as well as the situations in which time should not be a deciding factor.

Recommendation 7: Establish consistent criteria for determining removal decisions based on all factors of the “best interest” of a child/youth.

As outlined in Chapter 2, the concept of the “best interest” of a child/youth in B.C. is grounded in classist and racist ideologies that enable social workers to make value-laden, discretionary decisions, often based on the markers of poverty, which are coded as neglect. Additionally, certain factors, which make up the “best interest” of a child/ youth in B.C., as outlined in the CYFSA have been prioritized by legislation, meaning that the importance of familial, relational, and cultural connection and preservation, have been trumped by safety and well-being factors (WCL, 2019). As such, rights of a child/youth may be violated, due to unbalanced decision-

making, which prioritizes certain factors of “the best interest” of a child/youth in B.C. over others (WCL, 2019)

Research shows that the socioeconomic status of families and the neighbourhoods in which they reside has a drastic impact on the odds of state involvement and the removal of children and youth, which in turn disproportionately impacts racialized and marginalized families (WCL, 2019). Rather than supporting impoverished families and communities, culpability is assigned to them for their inability to provide according to an outsider’s standards. Establishing consistent criteria for determining removal decisions based on all the factors of the “best interest” of a child/youth would decrease the likelihood of inconsistency and increase the ability of MCFD to verify and evaluate decision-making. Furthermore, it would ensure that the right of a child/youth “to remain with their family” is appropriately considered and weighted as is the impact that removal would have (WCL, 2019, p.44).

8.4 Final Thoughts

Relational permanency has gained acceptance and become a priority due to increased awareness of the experience and impact of relational loss on children and youth in care. In B.C., MCFD has identified the importance of “permanent, stable relationships” as “a major determinant of whether children feel safe and secure and therefore, of well-being overall” (MCFD, n.d.). As such, MCFD has developed policies and procedures to support the acquisition of permanency (cultural and relational) by children and youth in its care; however, only 20% of care leavers currently achieve permanency (GBC, 2019). Although appalling, this is not surprising, when contextualized in the origins of the B.C. child welfare system, as well as MCFD removal, transition, and permanency policies, which are riddled with inconsistent criteria and discretionary practices, illuminating the ongoing legacy of embedded colonial, classist, and discriminative values.

To address gaps in relational permanency, researchers have begun to consider mentorship to meet the relational needs of children and youth in care. In B.C., several Community Based Mentoring (CBM) programs exist and attempt to address system level gaps by delivering wraparound services to youth. Besides fulfilling the responsibilities of MCFD, these programs operate through the principles of respect for children and youth, specifically for their autonomy, readiness, and meeting them where they are at. While crucial, this principle is not reflected in MCFD policies on removal, transition, or permanency. Although impactful, CBM's programs have experienced many challenges, which have impacted their delivery of mentorship supports. COVID-19 was identified as the most significant challenge due to its impact on programs, as well as children and youth in care. Program managers and coordinators emphasized that COVID-19 illuminated MCFD as an overburdened and reactive system.

This research highlights the importance of relational permanency in the lives of children and youth in and transitioned from care, while drawing attention to the reasons that many care leavers do not attain it. Additionally, it demonstrates the effectiveness of CBM programs. Finally, it identifies the need and opportunity for system change, both at the broader provincial government level in B.C. and specific to MCFD. Proposed recommendations provide reasonable and implementable solutions to the gaps and inconsistencies identified. The recommendations

call for a concrete action to meaningfully address a centuries-long cycle of intergenerational harm by foundationally reforming the purpose of MCFD, ensuring an adequate workforce to carry out its functions, and updating policies to promote consistency and transparency and provide children and youth with the support they need. Without foundational reforms, this devastating cycle will continue to cause far-reaching harms that will reverberate for generations to come.

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Appendix A: Program Manager and Coordinator Recruitment Script

Hello XX,

(Introductions)

I would like to invite you to participate in a voluntary interview for a research study entitled *The Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia (B.C.)*. I am the principle applicant of this research study and am conducting research as a component of my master's degree in Public Administration at the University of Victoria, under the supervision of principle investigator, Helga Hallgrimsdottir, professor and dean at University of Victoria, and in partnership with Bruce Nelson, manager at the Representative for Children and Youth (RCY), and the client of this research study.

I am reaching out to Program Managers and Coordinators who work for organizations offering mentorship to youth in and/or transitioned from the care of the Ministry of Children and Family Development (MCFD) or a Delegated Aboriginal Agency (DAA), to participate in a brief voluntary interview so we can gather your experience and perspective.

I am contacting you, as you are identified as a Program Manager or Coordinator on your organization's website. If you do not currently work in this role or have no experience working as a Program Manager or Coordinator, please let me know.

Do you have a few minutes to review a summary of this research study, potential power dynamics that may exist, and eligibility questions?

Research Study Summary

The purpose of this research study is to address the current gap in understanding on the impact of relational permanency (positive long-term relationships) and mentorship (having someone to look up to and go to for support) on youth transitioning and/or transitioned to adulthood from the care of MCFD or a DAA in B.C.

The goals of this research study are to understand: 1) whether MCFD and/or DAAs help youth develop/establish long-term relationships and/or locate mentors before transitioning from care; 2) if so, whether long-term relationships and/or mentors remain connected with youth after their transition from care; 3) whether youth find and/or access community programs and/or services in B.C. that offer relational supports and/or mentors; 4) what the impact of having or not having long-term relationships and/or mentors is on youth transitioning/ transitioned from care; and 5) changes that MCFD or DAAs can make to support youth in establishing long-term relationships and/or a mentors prior to transitioning from care.

Your voice is important, and I want to provide the opportunity for you to share your knowledge and experience regarding mentorship; what is working/not working well; strengths and barriers in the mentorship process; and any additional issues you have identified.

If you choose to participate in this research study, your interview will be conducted using Skype or Zoom.

Potential Power Relationship

There is the potential for a power relationship to exist between you and/or your organization and the RCY, which the client, Bruce Nelson, represents. A power relationship is when someone you have a relationship with can influence your choices, such as participating in this research study. In this case, a potential power relationship may exist because of the role and jurisdiction of the RCY, as outlined in its mandate, or from any pressure you may experience from your organization to engage in this research study.

Consequently, I want to make it abundantly clear that there is no pressure for you to participate in this research study. This is your decision, and it will be kept confidential. Your decision will not impact your employment, your relationship with Bruce Nelson or the RCY, or your employer's relationship with Bruce Nelson or the RCY. Further, data shared with the RCY will be aggregated, stripped of identifiers, and anonymized.

Eligibility Screening

To ensure your eligibility to participate in this research study, please answer the following questions:

1. Are you a B.C. resident?
2. Are you an adult of 19 years of age or older?
3. Are you able to make informed decisions (decision based on facts) and provide informed consent (permission based on facts) to participate in this study?
4. Are you a program manager or program coordinator?
5. Do you work for an organization which offers mentorship opportunities to youth who a) currently reside in the care of the MCFD or a DAA or b) transitioned to adulthood from the care of MCFD or a DAA?
6. Have you experience any pressure to engage in this research study?
7. Do you have any concerns about participating in this research study?

Closing

Thank you for allowing me to review a summary of this research study, potential power dynamics that may exist, and eligibility questions.

Appendix B: Program Manager and Coordinator Follow Up Script

To: Individual Email Address

Subject Title: Interview Request

Hello XX,

I would like to thank you for taking the time to engage in a telephone conversation on my research study, *The Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia*.

As summarized, this research study will focus on addressing the current gap in understanding on the impact of relational permanency (positive long-term relationships) and mentorship (having someone to look up to and go to for support) on youth transitioning and/or transitioned to adulthood from the care of the Ministry of Children and Family Development and Delegated Aboriginal Agencies in British Columbia (B.C.).

I am inviting you, as a program manager or coordinator, to engage in a voluntary interview so we can gather your experience and perspective. However, I would like to emphasize that this is 100% your choice and you are under no pressure or obligation to engage in this research study. Your decision regarding participation in this interview will be kept confidential and will not impact the relationship you may have with Bruce Nelson or the Representative for Children and Youth (RCY), or your organization's relationship with Bruce Nelson or the RCY. Interviews will be confidential, and all data will be aggregated, stripped of identifiers, and anonymized. Interviews will be conducted using Skype or Zoom and will be approximately 1 hour in length.

Your voice is important, and I want to provide the opportunity for you to share your knowledge and experience regarding mentorship; what is working/not working well; strengths and barriers in the mentorship process; and any additional issues you have identified.

If you wish to add your perspective to this research study, please contact me by replying to this email or calling 250-208-8240.

All information will be held in strict confidence and will be anonymized.

Warm regards,

Allyssa

Allyssa Lobbezoo | Student Research Officer, Monitoring

Pronounces: She/her/hers

Tel: 250-208-8240

Research Team

Principle Investigator: Helga Hallgrimsdottir, Professor and Dean, Faculty of Human and Social Development, University of Victoria.

Contact Information: hsddean@uvic.ca, 250-721-8058

Principle Applicant: Allyssa Lobbezoo, Master's of Public Administration student, University of Victoria, and Student Research Officer, Representative for Children and Youth.

Contact Information: Allyssa.Lobbezoo@rcybc.ca or allyssalobbezoo@gmail.com, 250-208-8240

Client: Bruce Nelson, Manager, Monitoring, Representative for Children and Youth

Contact information: Bruce.Nelson@rcybc.ca, 778-698-9378

Appendix C: Program Manager and Coordinator Consent Form



**University
of Victoria**

**PROGRAM MANAGER AND COORDINATOR CONSENT
FORM**

You are invited to participate in a research study entitled *The Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia (B.C.)*.

This research study is being conducted by Allyssa Lobbezoo, principle applicant, and student research officer for the Representative for Children and Youth (RCY), as a component of her master's degree in Public Administration, under the supervision of principle investigator, Helga Hallgrimsdottir, professor and dean at University of Victoria, and in partnership with Bruce Nelson, manager at the RCY, and the client of this research study.

Purpose and Objectives

The purpose of this research study is to address the current gap in understanding on the impact of relational permanency (positive long-term relationships) and mentorship (having someone to look up to and go to for support) on youth transitioning and/or transitioned to adulthood from the care of the Ministry of Children and Family Development (MCFD) or a Delegated Aboriginal Agency (DAA) in B.C.

The objectives of this research study are to understand: 1) whether the MCFD and/or DAAs help youth develop/establish long-term relationships and/or locate mentors before transitioning from care; 2) if so, whether long-term relationships and/or mentors remain connected with youth after their transition from care; 3) whether youth find and/or access community programs and/or services in B.C. that offer relational supports and/or mentors; 4) what the impact of having or not having long-term relationships and/or mentors is on youth transitioning/ transitioned from care; and 5) changes that MCFD or DAAs can make to support youth in establishing long-term relationships and/or a mentors prior to transitioning from care.

Importance of this Research

This research is important because it will address the current gap in available literature on the impact of relational permanency and mentorship on youth transitioning and/or transitioned from care in B.C. Further, it will be utilized to inform policy and program recommendations by the RCY.

Participants Selection

You are being asked to participate in this study because you are a program manager and/or coordinator who works for an organization which offers mentorship programs and/or services to youth who currently reside in or have transitioned to adulthood from the care of MCFD or a DAA.

What is involved

If you consent to voluntarily participate in this research study, your participation will include engaging in an interview using Zoom or Skype, for approximately 60 minutes, from your workplace or personal residence. An audio recording, transcription (copy), and notes will be collected by the researcher during the interview.

Inconvenience

Participation in this study may cause potential inconveniences to you such as the total time devoted to engaging in all aspects of the study including but not limited to:

- a) Initial contact and conversations,
- b) Email correspondence,
- c) Developing processes and protocols of engagement,
- d) Ensuring culturally safe best practices,
- e) Setting up an interview or focus group,
- f) Engaging in an interview,
- g) Recruiting youth who may be interested in participating in an interview or focus group, and
- h) Discussing study findings and conclusions.

Risks

There are potential risks to you as a participant in this research study. These potential risks include emotional and/ or mental discomfort and/or distress. To prevent these potential risks from occurring, the following steps will be taken:

- a) The researcher will provide you with a copy of the interview questions prior to conducting your interview.
- b) The researcher will request your feedback regarding any areas of concern you identify as triggering or having the potential to cause emotional and/or mental discomfort and/or distress.
- c) The researcher will adapt and/or exclude questions identified by you as triggering or having the potential to cause emotional or mental discomfort and/or distress.
- d) The researcher will conduct check-ins with you during your interview to ensure your emotional and mental wellbeing, to offer you a break (or breaks), to ask if you would like to skip any questions, end the interview, and/or withdraw from the research study.

Benefits

The potential benefits of your participation in this research study may include benefits to the state of knowledge (research). The identification of existent gaps in relational permanency and mentorship for youth transitioning/transitioned from care is important information that may be used by the RCY to inform their recommendations on necessary changes within the MCFD or DAA.

Voluntary Participation

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw at any time, without consequence, or explanation. If you withdraw partway through the study or after your data has been collected, the researcher will ask for your permission to use your data. If you decline, your data, including the audio recording,

transcription, and notes will be destroyed. If you withdraw after the data and final report has been submitted, the researcher will be unable to remove your data from the database, analysis, findings, or conclusions.

Client's Relationship with Participants

There is the potential for a power relationship to exist between you and/or your organization and the RCY, which the client, Bruce Nelson, represents. A power relationship is when someone you have a relationship with can influence your choices, such as participating in this research study. In this case, a potential power relationship may exist because of the role and jurisdiction of the RCY, as outlined in its mandate, or from any pressure you may experience from your organization to engage in this research study. To ensure that this potential power relationship is not impacting your decision to participate in this research study, the following steps will be completed:

- a) The researcher will discuss the potential power relationship with you.
- b) The researcher will ask you to outline what involvement you have had with Bruce Nelson and/or the RCY.
- c) The researcher will ask you whether you feel pressured and/or have experienced pressure to participate in this research study.
- d) The researcher will emphasize that research participation is voluntary and that you are under no obligation to participate.
- e) The researcher will inform you that your choice to participate (or not) in this research study will be kept confidential.
- f) The researcher will inform you that your choice to participate (or not) in this research study will not impact your employment or relationship with Bruce Nelson or the RCY.
- g) The researcher will explain that all data shared with Bruce Nelson and the RCY will be aggregated (combined with other participant data), stripped of identifiers, and anonymized.

Anonymity

To protect your anonymity, data obtained from your interview will be aggregated and stripped of identifying information and features.

Confidentiality

To protect your confidentiality your data will be stored on a password protected computer, in a password protected file, while paper copies of transcriptions and notes will be kept in a locked filing cabinet. Aggregated data will be stored on the RCY internal data-storage server, accessible only to designated staff.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways:

- a) Thesis and presentation
- b) Published article
- c) Published report

Disposal of Data

Data from this study will be disposed of once this research study has concluded. Interview data including audio recordings, transcriptions, and notes will be destroyed. All audio recordings will be erased, while paper copies of transcriptions and notes will be shredded. **Aggregated data will not be destroyed.** This data will be stored indefinitely on the RCY's internal data-storage server. The indefinite storage of this data is necessary to ensure that Bruce Nelson, the client of this research study, can access and utilize this data to inform work for the RCY.

Research Team

If you have any questions regarding this research study, you may contact the research team (contact information listed below).

Principle Investigator: Helga Hallgrimsdottir, Professor and Dean, Faculty of Human and Social Development, University of Victoria.

Contact Information: hsddean@uvic.ca, 250-721-8058

Principle Applicant: Allyssa Lobbezoo, Master's of Public Administration student, University of Victoria, and Student Research Officer, Representative for Children and Youth.

Contact Information: Allyssa.Lobbezoo@rcybc.ca or allyssalobbezoo@gmail.com, 250-208-8240

Client: Bruce Nelson, Manager, Monitoring, Representative for Children and Youth

Contact information: Bruce.Nelson@rcybc.ca, 778-698-9378

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had an opportunity to have your questions answered by the research team, and that you consent to participate in this research project.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
----------------------------	------------------	-------------

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D: Program Manager and Coordinator Interview Guide



INTERVIEW GUIDE:
For Program Managers and Coordinators
March 11, 2021

Thank you for agreeing to speak with me today. (Introductions.) As you are likely aware from our telephone and email correspondence, I am interviewing program managers and coordinators serving youth who have transitioned to adulthood, specifically those accessing mentorship programs and/or services in British Columbia (B.C.).

Introduction to the Project

About the project: I am currently conducting a mixed-methods research study, with the objective of identifying, evaluating, and improving policies, programs, and services focused on relational permanency and mentorship for youth transitioning or transitioned from the care of the Ministry of Children and Family Development (MCFD) or a Delegated Aboriginal Agency (DAA). This project includes interviews and focus groups to ensure that program and service specific understanding and experiential perspectives are included, while corroborated with literature and data from MCFD and the Representative for Children and Youth (RCY). The results of this research study will be published in a publicly available thesis and in a final report issued by the RCY. Data collected from interviews will be aggregated and stripped of identifiers.

The objective of our conversation today is to discuss your thoughts and experiences regarding the mentorship programs and/or services available through your organization, including specifics on the programs and/or services that are offered, program and/or service participants, challenges and limitations of programs and/or services, and recommendations on improving mentorship for youth in and transitioned from care. I will also note anything interesting or unique in your area related to service delivery or new approaches.

Our discussion will be semi-structured, with a few questions to guide the focus.
Do you have any questions before we begin?

Do you agree to the recording of the audio from our conversation? It will be used for research purposes and to prevent me from having to take too many notes as we speak. Everything you say today will be held in confidence and your identity will remain anonymous.

For transcription and consent purposes, include the following statement prior to the start of the interview: It is “insert date and time” and we are “insert telecommunication method”. I am going to introduce everyone engaging in this interview. I am Allyssa Lobbezoo, the researcher and interviewer in this research study, and today I am interviewing XXXXX. Is that correct? Do I have XXXX consent to participate in this

interview and to use data collected from this interview for the purposes outlined in the participant consent form which you signed?

Context
And Experience
[5 minutes]

1. Can you please take a few minutes to describe your role as a program manager or coordinator?
2. When you responded to our request for an interview, did you think of anything specific that you want to talk about today? **In response to this question, name what is in scope and out of scope, and then move forward with points that are on topic.

Notes:

Program/Service
Specifics
[30 minutes]

Interviewer: For the purposes of the next section, I am interested in hearing about the specifics of the mentorship programs and/or services available through your organization.

1. Can you please take a few minutes to describe your mentorship programs and/or services?

Notes:

Interviewer: Based on the answer to the last question:

2. Can you tell me why these programs and/or services were created?
3. Can you outline who was involved in the creation of these programs and/or services?
4. What geographical area do your programs and/or services cover?
5. Can you explain the primary goal of your programs and/or services?
6. Is your goal being met?
7. What are some changes that your programs and/or services have undergone since its initiation?

Program/ Service
Participants [Users
and Service Providers]
[15 minutes]

Interviewer: In the next section, I am interested in learning more about your programs and/or services participants, both users (those accessing your mentorship programs and/or services) and providers (those providing the mentorship programs and/or services).

1. Can you describe the profile of a typical program/service user?
2. Can you describe the process a program/service user would need to complete to access mentorship through your organization?
3. Can you describe the profile of a typical program/service mentor?
4. Can you outline your program recruitment requirements for mentors?
5. Are mentors paid or volunteers?

Notes:

<p><u>Challenges and Future Focus</u> <u>[10 minutes]</u></p> <p><u>Notes:</u></p>	<p><i>Interviewer: In the next section, I am interested in learning more about your thoughts on the challenges encountered in the delivery of mentorship programs and/or services and recommendations on improving mentorship for youth in or transitioned from care.</i></p> <ol style="list-style-type: none"> 1. Can you outline any challenges and/or limitations that your organization has encountered in the delivery of mentorship programs and/or services? 2. Do you have any recommendations on improving mentorship for youth in or transitioned from care?
<p><u>Closing</u></p> <p><u>Notes:</u></p>	<p><i>Interviewer: We have reached the end of the interview.</i></p> <ol style="list-style-type: none"> 1. Is there anything else that you would like to add?

Appendix E: **Youth Recruitment and Screening Script** *Used by Program Managers and Coordinators*



**University
of Victoria**

Youth Recruitment & Screening Script

Youth Recruitment & Screening Script

To be used by program managers and coordinators

Hello XX,

(Greetings and initial engagement)

I was asked to share information about a voluntary interview opportunity for youth who have resided in and transitioned from the care of the Ministry of Children and Family Development (MCFD) or a Delegated Aboriginal Agency (DAA), and who access mentorship programs and/or services in British Columbia (BC). This voluntary interview is part of a research study titled *The Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia*.

Do you have a few minutes to go over a summary of this research study, the research team, potential power dynamics, and eligibility questions?

Research Study Summary

The purpose of this research study is to understand the impact of relational permanency, having a positive long-term relationship (or relationships), and/or mentorship, having someone to look up to and go to for support, on youth transitioning and/or transitioned from the care of the MCFD or a DAA in B.C. Essentially, the research team wants to understand whether youth had a consistent support person in their life before and after transitioning from care, and if not, why not.

The goals of this research study are to understand: 1) whether the MCFD or DAAs helped youth develop/establish long-term relationships and/or find mentors before transitioning from care; 2) if so, whether long-term relationships and/or mentors remained connected with youth after transition from care; 3) whether youth found and/or accessed community programs and/or services in B.C. that offered relational support and/or mentors; 4) what the impact of having or not having long-term relationships and/or mentors was on youth transitioning/ transitioned from care; and 5) changes that MCFD or DAAs could make to support youth in establishing long-term relationships and/or mentors prior to transitioning from care.

If you choose to participate in this research study, you will be offered the choice to engage in an online interview or focus group using Skype or Zoom. An interview will include you and the researcher, while a focus group (a group interview) will include other youth who have resided in and transitioned from the care of MCFD or a DAA. The interview or focus group will include questions about your gender, race, experience (s) of care planning, setting relational goals,

establishing long-term relationships and/or mentors, challenges confronted when accessing community supports following transition from care, and opportunities for youth to achieve long-term relationships and/or mentors prior to transitioning from care.

Research Team

The research team members include: Helga, Hallgrimsdottir, Professor and Dean at University of Victoria, and principle investigator of this research study; Allyssa Lobbezoo, Master's of Public Administration student at the University of Victoria, student Research Officer at the Representative for Children and Youth, and principle applicant of this research study; and Bruce Nelson, Manager at the Representative for Children and Youth, and the client of this research study.

Potential Power Relationship

There is the potential for a power relationship to exist between you and me because of our relationship. A power relationship is when someone you have a relationship with can influence your choices, such as participating in this research study.

Consequently, I want to make it clear that there is no pressure for you to participate in this research study. This is 100% your decision and it will not be shared with me or anyone other than the researcher. Your choice on whether to participate in this research study (or not) will not impact your access to mentorship programs or services.

Eligibility Screening

To ensure your eligibility to participate in this research study, please answer the following questions:

1. Are you a B.C. resident?
2. Are you an adult of 19 years of age or older?
3. Are you able to make informed decisions (decision based on facts) and provide informed consent (permission based on facts) to participate in this study?
4. Did you reside in the care of the MCFD or a DAA for three or more months?
5. Did you transition from or "age out" of the care of the MCFD or a DAA?

Closing

If you are interested in participating in an interview or focus group, you may contact the researcher whose contact information is in the handout that I sent/gave you (this handout will be "sent" via email if conversation occurs via telephone or "given" if conversation occurs in-person).

Appendix F: Youth Recruitment Flyer



**RESEARCH STUDY: THE IMPACT OF
RELATIONAL PERMANENCY AND MENTORSHIP
ON CARE LEAVERS IN BRITISH COLUMBIA.**

WANTED: YOUTH PARTICIPANTS

Are you a youth who resided in and transitioned from the care of the Ministry of Children and Family Development or a Delegated Aboriginal Agency? Would you like to share your experience of transitioning from care and whether you had someone to support you and/or go to during this time?

Are you interested?

Call Allyssa Lobbezoo at (250) 208-8240
or email allyssalobbezoo@gmail.com
to learn more.

Your voice is important. Join this research study if you would like to share your experiences, perspectives, and recommendations on areas in need of change.

Appendix G: Youth Recruitment and Screening Script *Used by Researcher*



**University
of Victoria**

Youth Recruitment & Screening Script

Youth Recruitment & Screening Script

To be used by the researcher

Hello XX,

Thank you for contacting me (Introductions).

Could you explain what you know about this research study?

Excellent, thank you for sharing that. Do you have any questions for me?

I would like to review a summary of this research study, the research team, potential power dynamics, and ask you a few questions to confirm your eligibility to participate in this research study. Is that okay with you? Do you have any questions for me before we begin?

Research Study Summary

In this research study, I am interviewing youth who have resided in and transitioned from the care of the Ministry of Children and Family Development (MCFD) or Delegated Aboriginal Agencies (DAA), and who access mentorship programs and/or services in British Columbia (B.C.).

The purpose of this research study is to understand the impact of relational permanency, having a positive long-term relationship (or relationships), and/or mentorship, having someone to look up to and go to for support, on youth transitioning and/or transitioned from the care of the MCFD or a DAA in B.C. Essentially, the research team wants to understand whether youth had a consistent support person in their life before and after transitioning from care, and if not, why not.

The goals of this research study are to understand: 1) whether the MCFD or DAAs helped youth develop/establish long-term relationships and/or find mentors before transitioning from care; 2) if so, whether long-term relationships and/or mentors remained connected with youth after transition from care; 3) whether youth found and/or accessed community programs and/or services in B.C. that offered relational support and/or mentors; 4) what the impact of having or not having long-term relationships and/or mentors was on youth transitioning/ transitioned from care; and 5) changes that MCFD or DAAs could make to support youth in establishing long-term relationships and/or mentors prior to transitioning from care.

If you choose to participate in this research study, I will offer you the choice to engage in an online interview or a focus group using Skype or Zoom. An interview would include you and

me, while a focus group (a group interview) will include other youth who have resided in and transitioned from the care of MCFD or a DAA. The interview or focus group will include questions about your gender, race, experience (s) of care planning, setting relational goals, establishing long-term relationships and/or mentors, challenges confronted when accessing community supports following transition from care, and opportunities for youth to achieve long-term relationships and/or mentors prior to transitioning from care.

Research Team

The research team members include: Helga, Hallgrimsdottir, Professor and Dean at University of Victoria, and principle investigator of this research study; Allyssa Lobbezoo, Master's of Public Administration student at the University of Victoria, student Research Officer at the Representative for Children and Youth, and principle applicant of this research study; and Bruce Nelson, Manager at the Representative for Children and Youth, and the client of this research study.

Potential Power Relationship

There is the potential for a power relationship to exist between you and the program manager or coordinator who contacted you, shared a summary of this research study, and my contact information. A power relationship is when someone you have a relationship with can influence your choices, such as participating in this research study.

I would like to remind you that you are under no obligation to participate in this research study. This is your decision and it will not be shared with anyone besides me.

The program manager or coordinator who contacted you will not be included in the interview or focus group and the information collected will not be shared with them. It is important to note that due to the group nature of focus groups, I cannot guarantee your privacy. However, I will provide you with guidance on how to protect your identity and personal information when using Zoom or Skype.

Eligibility Screening

To ensure your eligibility to participate in this research study, please answer the following questions:

1. Are you a B.C. resident?
2. Are you an adult of 19 years of age or older?
3. Are you able to make informed decisions (decision based on facts) and provide informed consent (permission based on facts) to participate in this study?
4. Did you reside in the care of the Ministry of Children and Family Development or a Delegated Aboriginal Agency for three or more months?
5. Did you transition from or "age out" of the care of the MCFD or a DAA?
6. Did you experience any pressure to engage in this research study?
7. Do you have any concerns regarding loss of privacy, loss of access to programs and/or services, or changes in relational status, because of participating in this research study?
8. Do you have any concerns about participating in this research study?

With this information in mind, would you like to participate in this research study?

Appendix H: Youth Consent Form



**University
of Victoria**

YOUTH CONSENT FORM

You are invited to participate in a research study titled *The Impact of Relational Permanency and Mentorship on Care Leavers in British Columbia*.

This research study is being conducted by Allyssa Lobbezoo, principle applicant, and student research officer for the Representative for Children and Youth (RCY), as a component of her master's degree in Public Administration, under the supervision of principle investigator, Helga Hallgrimsdottir, professor and dean at University of Victoria, and in partnership with Bruce Nelson, manager at the RCY, and the client of this research study.

Purpose and Objectives

The purpose of this research study is to understand the impact of relational permanency, having a positive long-term relationship (or relationships), and/or mentorship, having someone to look up to and go to for support, on youth transitioning and/or transitioned from the care of the Ministry of Children and Family Development or a Delegated Aboriginal Agency in British Columbia. Essentially, the research team wants to understand whether youth had a consistent support person in their life before and after transitioning from care, and if not, why not.

The objectives (goals) of this research study are to understand: 1) whether the Ministry of Children and Family Development or Delegated Aboriginal Agencies helped youth develop/establish long-term relationships and/or find mentors before transitioning from care; 2) if so, whether long-term relationships and/or mentors remained connected with youth after transition from care; 3) whether youth found and/or accessed community programs and/or services in British Columbia that offered relational support and/or mentors; 4) what the impact of having or not having long-term relationships and/or mentors was on youth transitioning/transitioned from care; and 5) changes that Ministry of Children and Family Development or Delegated Aboriginal Agencies could make to support youth in establishing long-term relationships and/or mentors prior to transitioning from care.

Importance of this Research

This research is important because it gives youth an opportunity to share their experience(s) and perspective(s) on transitioning from care in British Columbia. This information will be shared with the Representative for Children and Youth to inform recommendations on necessary changes within the Ministry of Children and Family Development and Delegated Aboriginal Agencies.

Participants Selection

You are being asked to participate in this research study because you have transitioned from the care of the Ministry of Children and Family Development or a Delegated Aboriginal Agency.

What is involved

If you agree to take part in this research study, you will participate in an interview or focus group (group interview) using Zoom or Skype for approximately 60-90 minutes. The researcher will make an audio recording and transcription (copy) of the interview and take notes.

Inconvenience

Participation in this research study may be inconvenient (a hassle) because of the time needed to:

- i) Have conversations,
- j) Develop rules for the interview,
- k) Ensure culturally safe practices (practices that make you feel safe and respected during the interview) are developed,
- l) Set up a time for an interview or focus group,
- m) Participate in an interview or focus group, and
- n) Discuss study findings and conclusions.

Risks

There are possible risks if you decide to participate in this research study. These possible risks include emotional and/ or mental discomfort and/or distress. This means that that you may feel upset and/or triggered from the interview/focus group questions. To prevent this from happening, the following steps will be taken:

- e) The researcher will give you a copy of the interview questions before your interview/focus group.
- f) The researcher will ask you to share any thoughts and/or concerns you may have about the interview questions.
- g) The researcher will change and/or get rid of questions that make you feel uncomfortable.
- h) The researcher will check-in with you during your interview/focus group to make sure you are doing okay, to offer you a break, to ask if there are any questions you would like to skip, to see if you want to end the interview, and/or leave the research study.

Supportive Services

If you are triggered during or after your interview and would like to access additional supports, these organizations and supportive services are available to you:

- ***Aged Out:*** Offers information and services for adults who have transitioned from government care. Visit <https://agedout.com/about> for more information.
- ***British Columbia Mental Health Line:*** Provides 24/7 telephone crisis support at 1-800-784-2433.
- ***Hope for Wellness Helpline:*** Provides 24/7 counselling for youth at 1-855-242-3310 or <https://www.hopeforwellness.ca/>.
- ***Kids Help Phone:*** Offers online and telephone support to First Nations, Metis, and Inuit youth at 1-800-668-6868 or <https://kidshelpphone.ca/get-virtual-support-with-facebook-messenger/>.
- ***KUU-US Crisis Line Society:*** Provides First Nations and Indigenous crisis support at 1-800-588-8717 or 250-723-2040 (youth line). Visit <https://kidshelpphone.ca/> for more information.

- **SOS Children's Village British Columbia:** Offers an intensive housing program in the Surrey area, for youth between the ages of 16-24. Visit <https://www.sosbc.org/program/transition-to-adulthood-program/> for more details.
- **The Foundry:** Offers support to youth between the ages of 12-24. Visit <https://foundrybc.ca/> for general information and <https://foundrybc.ca/get-support/find-a-centre/> to locate an office near you.
- **YouthSpace:** Provides emotional support and crisis intervention for youth under 30. Text 778-783-0177 for support between 6:00pm and midnight or visit <http://www.youthspace.ca/> for more information.

Benefits

The potential benefits of your participation in this research study may include benefits to the state of knowledge (research). Your information may be used by the Representative for Children and Youth to inform recommendations on necessary changes within the Ministry of Children and Family Development and Delegated Aboriginal Agencies.

Voluntary Participation

Your participation in this research must be completely voluntary. If you decide to participate, you may skip interview/focus group questions, leave the study at any time, with no consequence(s), or explanation. If you leave partway through the study or after your data has been collected, the researcher will ask for your permission to use your data. If you decline, your data, including the audio recording, transcription, and notes will be destroyed. If you withdraw after the data and final report are submitted, the researcher will be unable to remove your data from the database, analysis, findings, or conclusions.

Recruiter Relationship with Participants

There is the potential for a power relationship to exist between you and the program manager or coordinator who contacted you, shared a summary of this research study, and my contact information. A power relationship is when someone you have a relationship with can influence your choices, such as participating in this research study. To prevent this potential power relationship from impacting your decision to participate in this research study, the following steps will be completed:

- a) The researcher will discuss the possible power relationship with the recruiter.
- b) The researcher will ask the recruiter to explain what their relationship with you has and currently is.
- c) The researcher will make sure that the recruiter has not engaged in any mentorship work with youth.
- d) The recruiter will explain that your choice to participate in this research study will not be shared.
- e) The recruiter will explain that your choice to participate in this research study will not impact your access to mentorship programs or services.
- f) The researcher will explain that the interview or focus group will not include the recruiter.
- g) The researcher will inform you that information collected in an interview or focus group will not be shared with the recruiter.

Anonymity

If you choose to participate in a focus group (group interview), your anonymity (making sure no one knows who you are/your experiences) **cannot** be guaranteed because other youth will also be participating. **Please only share information that you are comfortable sharing.**

Confidentiality

To protect your confidentiality (privacy/identity), the researcher will ask you to sign a non-disclosure agreement and confidentiality form, outlining that you agree to respect the privacy of focus group participants, meaning that you will not share any information discussed in the focus group with anyone after the focus group is finished. **Remember to only share information during the focus group that you are comfortable having other focus group participants hearing.** To further protect your privacy during the focus group, the researcher will ask you to use a nickname or fake name, turn off your camera, and mute your microphone (when you are not talking). To protect your identity after the focus group, the researcher will remove your personal information from the data collected. Your data will be stored on a password protected computer, in a password protected file, while paper copies of the interview and notes will be kept in a locked filing cabinet. Your data will be stored on the Representative for Children and Youth's internal data-storage server and only certain people will have access to it.

Sharing of Results

The information and results of this study will be shared in the following ways:

- d) Thesis and presentation
- e) Published article
- f) Published report

Disposal of Data

Data from this study will be disposed of (gotten rid of) once this research study has concluded. Interview and focus group data including audio recordings, transcriptions, and notes will be destroyed. All audio recordings will be erased, while paper copies of transcriptions and notes will be shredded. **Data with personal information removed, will NOT be destroyed.** This data will be stored on the Representative for Children and Youth's internal data-storage server.

Research Team

If you have any questions regarding this research study, you may contact the research team (contact information listed below).

Principle Investigator: Helga Hallgrimsdottir, Professor and Dean, Faculty of Human and Social Development, University of Victoria.

Contact Information: hsddean@uvic.ca, 250-721-8058

Principle Applicant: Allyssa Lobbezoo, Master's of Public Administration student, University of Victoria, and Student Research Officer, Representative for Children and Youth.

Contact Information: Allyssa.Lobbezoo@rcybc.ca or allyssalobbezoo@gmail.com, 250-208-8240

Client: Bruce Nelson, Manager, Monitoring, Representative for Children and Youth
Contact information: Bruce.Nelson@rcybc.ca, 778-698-9378

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had an opportunity to have your questions answered by the research team, and that you consent to participate in this research project.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix I: Youth Interview Guide



**University
of Victoria**

INTERVIEW GUIDE:
For Youth
March 11, 2021

Thank you for agreeing to speak with me today. (Introductions.) As you are likely aware from our telephone and email correspondence, I am interviewing youth who have transitioned to adulthood, specifically those accessing mentorship programs and/or services in British Columbia (B.C.).

Introduction to Project

About the project: I am currently conducting a mixed-methods research study, with the objective of identifying, evaluating, and improving policies, programs, and services focused on relational permanency and mentorship for youth transitioning or transitioned from the care of the Ministry of Children and Family Development (MCFD) or a Delegated Aboriginal Agency (DAA). This project includes interviews and focus groups to ensure that program and service specific understanding and experiential perspectives are included, while corroborated with available literature and data from MCFD and the Representative for Children and Youth (RCY). The results of this research study will be published in a publicly available thesis and in a final report issued by the RCY. Data collected from interviews will be aggregated and stripped of identifiers.

The objective of our conversation today is to discuss your thoughts on and experiences of relational permanency and mentorship. Specifically, I will be asking questions regarding your engagement in care planning, continuity of relationships, access to mentorship following transition to adulthood, benefits of relational permanency and mentorship, and recommendations on improving relational permanency and mentorship for youth in and transitioned from the care.

Our discussion will be semi-structured, with a few questions to guide the focus.

Do you have any questions before we begin?

Do you agree to the recording of the audio from our conversation? It will be used for research purposes and to prevent me from having to take too many notes as we speak. Everything you say today will be held in confidence.

For transcription and consent purposes, include the following statement prior to the start of the interview: It is “insert date and time” and we are “insert telecommunication method”. I am going to introduce everyone engaging in this interview/focus group. I am Allyssa Lobbezoo, the researcher and interviewer in this research study, and today I am interviewing XXXXX. Is that correct? Do I have XXXX consent to participate in this

interview/focus group and to use data collected from this interview/focus group for the purposes outlined in the participant consent form which you signed?

Care Planning and Process

[10 minutes]

1. Can you describe your engagement in care planning on the topic of relational permanency and/or mentorship while in care?
2. Can you outline the planning process and how it was implemented?
3. When you responded to our request for an interview, did you think of anything specific that you want to talk about today? **In response to this question, name what is in scope and out of scope, and move forward with points that are on topic.

Notes:

Goals and Experience

[25 minutes]

Interviewer: For the purposes of the next section, I am interested in hearing about your experience with relational permanency and/or mentorship.

4. Did you have relational permanency and/or mentorship goals while in care?
5. If so, can you outline how these goals were established, what they meant to you, and whether they were achieved?
6. If goals were not achieved, what barriers existed to prevent their attainment?
7. Can you describe the relational supports and/or mentors that you had while transitioning to adulthood from care?
8. Did you retain these relational supports and/or mentors following your transition to adulthood from care?

Notes:

Access to Supports and Mentors

[15 minutes]

Interviewer: In the next section, I am interested in learning more about your experience accessing relational supports/ mentors following your transition to adulthood from care.

9. Could you please describe your experience accessing relational supports/mentorship following your transition from care?
10. Can you please describe the process you completed to access the mentorship program/service that you are now connected to?
11. Can you outline any challenges and/or barriers which you encountered while attempting to access your mentorship program/service?

Notes:

Recommendations and Reflection

[10 minutes]

Interviewer: In the next section, I am interested in learning about any recommendations you may have on improving relational permanency and/or mentorship for youth in care or who have transitioned to adulthood from the care of MCFD or a DAA.

12. Do you have any recommendations on improving relational permanency and/or mentorship for youth in or transitioned from care?

Notes:

13. Looking back, is there anything that would have supported you in securing relational permanency and/or mentorship while in care or following transition to adulthood?

Closing

Interviewer: We have reached the end of the interview.

14. Is there anything else that you would like to add?

Notes:
