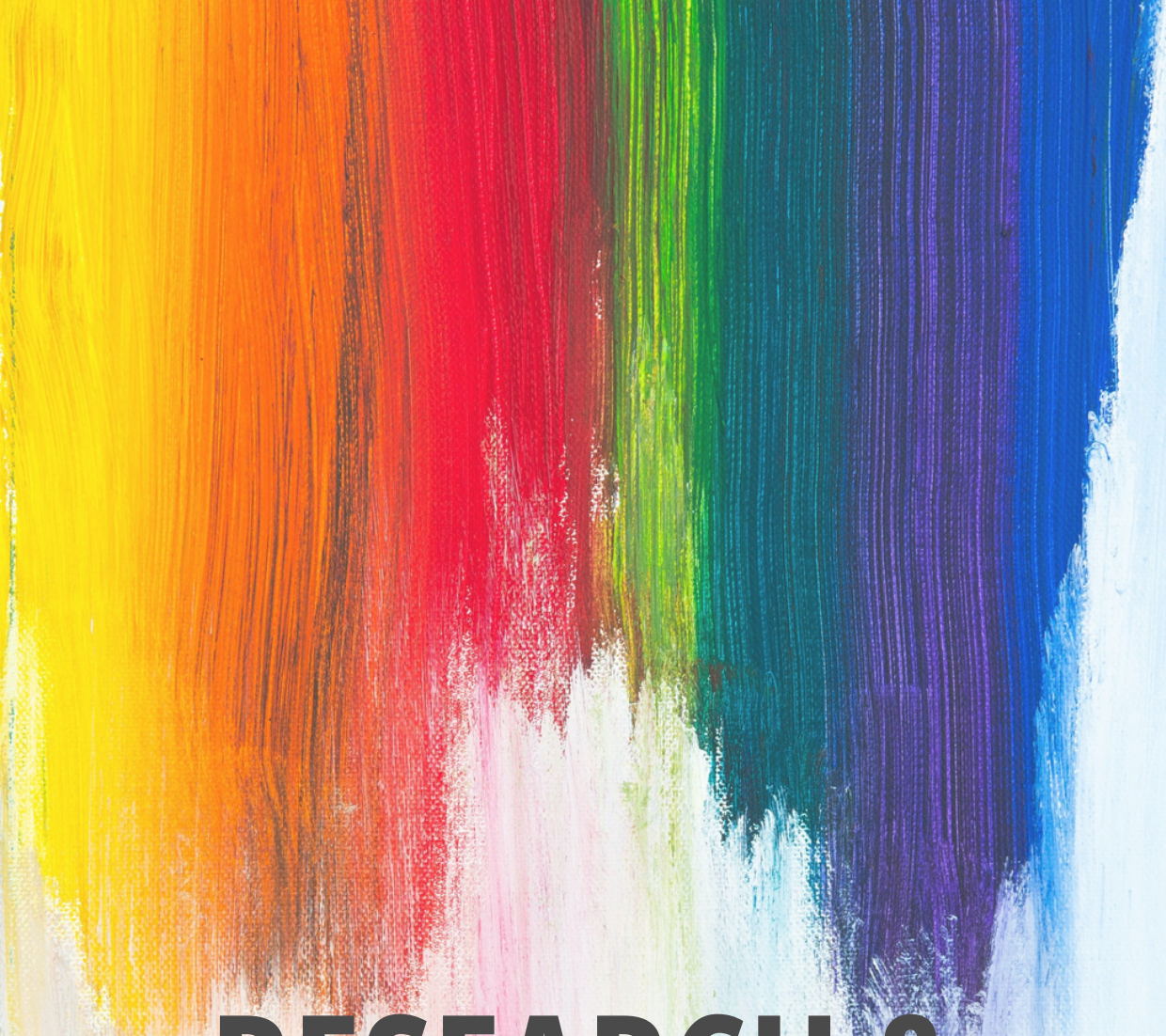

RESEARCH & EVALUATION IN CHILD, YOUTH & FAMILY SERVICES

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2022 | Volume 4 (Special Issue).

We acknowledge the University of British Columbia Vancouver campus is located on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueum) peoples and the Okanagan campus is located on the traditional, ancestral, and unceded territory of the Syilx Okanagan Nation.

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Journal Aims

Research and Evaluation in Child, Youth and Family Services seeks to advance the principles of social justice and transformative child welfare through robust inquiry. It achieves this by fostering collaborative partnerships among researchers, agencies, and communities to highlight evidence-informed policies, programs, and services that aim to enhance the well-being of children, youth, and families within diverse social contexts.

Preface

In 2011-2012, the University of British Columbia (UBC) and the Ministry of Children and Families Development (MCFD) established a Sponsored Research Agreement to fund and offer a full academic year graduate level research course that enables Masters of Social Work (MSW) students to conduct applied research. This University-Ministry partnership is based on mutual benefit: for students, the ability to learn about research processes and to conduct research projects on timely, relevant and actionable issues, for MCFD to enhance organizational research capacity and that meets MCFD research priorities and needs. Since then, MCFD have continued to commit annual funds and resources to offer a MSW research and evaluation course through UBC.

The Research and Evaluation in Child, Youth, and Family Services e-Journal is a compilation of the research completed in my tenure as the instructor for the MSW research and evaluation course since 2018-2019. Working in small research teams, MSW students receive guidance and support from MCFD research sponsors, MCFD research coordinators, and the course instructor to propose/refine the research questions, create a research design, acquire UBC and MCFD research ethics approval, recruit participants, collect and analyze data, and produce a final presentation and report for MCFD. Year-after-year, high-quality research is produced but is not published or available beyond UBC and MCFD. As a Knowledge Exchange and Mobilization (KxM) Scholar at UBC, I aimed to provide an open access format to disseminate the research beyond UBC and MCFD to enhance the child welfare empirical literature in British Columbia, Canada, and beyond. With support from the Centre for the Study of Services to Children and Families (CSSCF), we now have a platform to mobilize this knowledge.

This creation of this e-journal is made possible through the support from the following:

The Province of British Columbia through the **Ministry of Children and Family Development** annual funding via the Sponsored Research Agreement. The research projects would not be possible without the contributions from the **MCFD Research Sponsors** who proposed the research topics and the **MCFD Research Course Coordinators** who provided support to the MCFD Research Sponsors, MSW Students, and the course instructor.

The **University of British Columbia, School of Social Work (Vancouver)** provided support in administrating the Sponsored Research Agreement and offering the MSW Research and Evaluation in Child, Youth, and Family Services course. The **University of British Columbia, Library** provides access to the Open Journal System (OJS) software and server space for the e-journal.

The **Centre for the Study of Services to Children and Families** provided additional resources by way of committed staff that contributed to the develop of the e-journal. **Michelle Bellivue** was the initial lead format editor who assisted with developing the layout design and converting the research reports into journal format. **Olive Huang** continued as format editor by attended to all the formatting details to ensure the e-journal was well presented. **Dr. Sarah Dow-Fleisner** and **Michelle O'Kane** are the journal editors who helped oversee the editorial and production process.

I want to acknowledge the **MSW student researchers** for their hard work and diligence in learning and producing rigorous research that informs social policy and practices. Finally, immense gratitude to the **individuals, teams, agencies, and community partners who participated in the research** and shared insights and recommendations for how to better support the children, youth, families, and communities in British Columbia.

Barbara Lee, MSW, PhD
Editor-In-Chief
Assistant Professor, School of Social Work, University of British Columbia
Director, Centre for the Study of Services to Children and Families
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Editor's Note

Research and Evaluation in Child, Youth, and Family Services seeks to advance the principles of social justice and transformative child welfare through robust inquiry. It achieves this by fostering collaborative partnerships among researchers, agencies, and communities to highlight evidence-informed policies, programs, and services that aim to enhance the well-being of children, youth, and families within diverse social contexts. Volume 4 is comprised of three journal articles completed by a total of 13 MSW. One journal article completed by Claire McMillan, Joanna Wan, and Jisu Yoon is not published in this issue because it is part of my ongoing study examining Asian-Canadian children and families involved in the child welfare system.

Indigenous Wise Practices was conducted by Simrit Birk, Hannah Cho, Levi Duong, Hardeep Gill, and Sim Kooner. This research study aimed to understand how Child Youth and Mental Health (CYMH) clinicians integrate Indigenous Wise Practices and culturally safe approaches when working with Indigenous clients. The study utilized trauma-informed, strengths-based, and decolonization theories and involved interviews with Indigenous Elders and CYMH clinicians. The interviews with Elders identified five key themes: 1) The holistic understanding of self, 2) Listen to understand, 3) Creating a safe space, 4) The Medicine Wheel, and 5) Spirituality and ceremony. The clinician interviews identified nine themes: 1) Clinicians' understanding of Indigenous Wise Practices, 2) Journey towards incorporating Indigenous Wise Practices, 3) Clinicians' willingness to learn and remain open-minded, 4) Cultivating whole system relationships, 5) Time and patience for fostering a genuine connection, 6) Barriers in relationship building with Indigenous communities, 7) Indigenous-led Service Delivery that brings Change to Practices and Policies, 8) The need to increase culturally sensitive practices, and 9) Acknowledgement of past and current harm created by the system.

Lessons Learned From MCFD Youth Housing Models: Using Appreciative Inquiry to Understand the Successes and Needs of Youth Transitioning out of Ministry Care was conducted by Khadija Hammuda, Amina H. Ibrahim-Mohamed, and Amanda Rose Schellenberg. This research project focused on housing models for young adults transitioning out of the Ministry of Children and Family Development (MCFD) care in British Columbia, Canada. The study utilized an Appreciative Inquiry approach in their interviews with MCFD frontline staff to identify successful aspects of existing

housing models and recommend improvements. Thematic analysis using the SOAR framework revealed: Strengths such as partnerships with housing agencies and social workers' passion, Opportunities like extending support beyond age 19 and addressing financial barriers, Aspirations included MCFD-owned housing programs and tailored life skills, and Results emphasized long-term housing and youth feedback incorporation. The study suggested future research, policy, and practice recommendations based on its findings.

The Benefits and Challenges of Using Virtual Technology was conducted by Athina Lai, Hoi Ching Kwok, Priya Verma, Tanya Theriault, and Yat Chau. During the COVID-19 pandemic, British Columbia's Ministry of Children and Family Development (MCFD) allowed child protection response workers to use virtual technology for family meetings and other tasks. This research explored the benefits and challenges faced by these workers when using virtual technology and identified tasks that could continue virtually post-pandemic. Data was collected through an online survey through UBC Qualtrics. The study found that a majority of child protection response workers supported a hybrid model that combined virtual and in-person interactions. However, some tasks, such as intake risk assessments and working with younger children, were not recommended to be completed virtually. Tasks that were generally supported to continue virtually were larger external and family meetings, and court proceedings. The study highlighted the need for policy clarification, managerial support, digital accessibility, and training for both workers and service users.

The conclusions, interpretations and views expressed in these articles belong to the author(s) as individuals and may not represent the ultimate position of the Ministry of Children and Family Development. We hope you enjoy this volume of research articles and that it can help inform research, policies, program development, and practices. If you have any questions about any of the research projects, please contact me at b.lee@ubc.ca.

Sincerely,

Barbara Lee, MSW, PhD
Editor-In-Chief
Assistant Professor, School of Social Work, University of British Columbia
Director, Centre for the Study of Services to Children and Families
Knowledge Exchange and Mobilization (KxM) Scholar

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Indigenous Wise Practices

Birk, S., Cho, H., Duong, L., Gill, H., & Kooner, S.

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Abstract

The Indigenous Wise Practices research study emerged for the Ministry of Children and Family Development (MCFD) to understand the journeys of Child Youth and Mental Health (CYMH) clinicians in integrating Indigenous Wise Practices and culturally safe approaches in their work with Indigenous clients. Through this research, MCFD intended to explore the areas in which additional support could be provided on structural levels, including policy changes, for CYMH clinicians to seamlessly integrate Indigenous Wise Practices and culturally safe approaches. Moreover, this research study anticipated discovering which Indigenous Wise Practices are currently being implemented in the practices of CYMH clinicians. This research study aimed to explore the various barriers, gaps, and challenges that hinder the ability of clinicians to integrate such practices in their interactions with Indigenous clients. In this final report, there will be an introduction to discuss the goals and purpose of this research study. The research study and the methodology were guided by trauma-informed, strengths-based, and decolonization theories. Although the report provides a more thorough explanation, this research study utilized non-probability research methods inducing selective and convenience sampling methods. Indigenous Elders and CYMH clinicians were interviewed to gain in-depth insight regarding the most effective practices with Indigenous children, youth, and families. Through these interviews, student researcher's derived similar themes that emerged from Elders and clinicians. The meeting with the Elders offered five key themes including, 1) The holistic understanding of self, 2) Listen to understand, 3) Creating a safe space, 4) The Medicine Wheel, and 5) Spirituality and ceremony. Moreover, the clinician interviews provided nine themes including, 1) Clinicians' understanding of Indigenous Wise Practices, 2) Journey towards incorporating Indigenous Wise Practices, 3) Clinicians' willingness to learn and remain open-minded, 4) Cultivating whole system relationships, 5) Time and patience for fostering a genuine connection, 6) Barriers in relationship building with Indigenous communities, 7) Indigenous-led Service Delivery that brings Change to Practices and Policies, 8) The need to increase culturally sensitive practices, and 9) Acknowledgement of past and current harm created by the system. In this research study, it was discovered that developing meaningful relationships with no time constraints and increasing Indigenous-led services is a pertinent practice that should be incorporated largely into the MCFD services. These findings were explored in the context of the literature utilized to support the development of this research study. The limitations of this research study included a small sample size with a discredited ability to generalize the findings, time constraints for clinician interviews and circle meetings, and the strictly virtual setting of this study. The final section explores implications for future areas of research, policy implementation, and changes in practice.

Keywords: Indigenous, Elders, Wise Practices, Cultural Safety, Children and Youth Mental Health (CYMH)

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Introduction

The Ministry of Children and Family Development (MCFD) is the governing child protection body throughout the province of British Columbia (BC). MCFD currently uses six Structured Decision Making (SDM) Tools to assess child protection concerns. The safety assessment is one of these six tools. It is designed to provide guidance through the use of clear descriptors to social workers when determining the immediate safety of children. This information guides the decision regarding whether the child may remain in the home without safety interventions, may remain in the home with safety interventions in place, or must be placed out of the home to ensure safety.

The purpose of this research study is to identify whether the safety assessment tool is being completed as intended by child protection teams across BC. Teams within the Vancouver/Richmond SDA have been engaged in a model fidelity approach (using the tools when and how they were intended) using the SDM Tools over the past year. This project has included providing refreshers on each of the tools to teams within the SDA. One issue that has been identified by workers who use the safety assessment tool is that social workers are not always gathering information about every question on the safety assessment. This issue was raised by social workers during SDM Tool refresher training. The safety assessment is a crucial portion of the SDM Tools, as it determines if a child may remain in their home. In order to ensure that the safety of children is assessed thoroughly and consistently across all families, it is critical to understand if the safety assessment tool is being used as intended. If the tool is not being used as intended, supporting staff to increase their capacity to use the tool properly is warranted. This shift in practice is important to ensure that all social workers are modeling best practice approaches in child welfare. The questions associated with this research are as follows: 1) Are social workers asking or gathering information for all the questions in the safety assessment, regardless of the reported concerns? 2) If not, why not? What are the challenges and barriers? 3) How can staff be better supported to use the safety assessment as intended? The goals of this research include identifying how social workers are completing the safety assessment, current gaps within the safety assessment practice across BC, and recommendations on how practice can be improved to support model fidelity and align with best practice approaches within the child welfare system.

Additionally, researchers should be aware of the traumatization of the Western approach to research with Indigenous communities (Windchief & Cummins, 2021). It is essential to not appropriate and generalize Indigenous ways of knowing, and to approach knowledge with curiosity and respect (Windchief & Cummins, 2021). In an attempt to not further perpetuate colonial practices, the principles of OCAP (ownership, control, access and possession) need to be upheld throughout any research process (First Nations Centre, 2007). These principles recognize the necessity for Indigenous peoples and communities to determine how research studies will be conducted, used, safeguarded and shared at every stage of a study (First Nations Centre, 2007). Thus, decolonizing the approach to conducting research is a fundamental component when engaging with Indigenous communities.

Before researching Indigenous Wise Practices, it is essential to understand what this term entails. Indigenous Wise Practices are approaches that acknowledge the traditional knowledge and the contextual nature of Indigenous communities' experiences (Aboriginal Policy and Practice Framework, 2015). Indigenous Wise Practices harbour decolonization, reconciliation, and anti-racism towards Indigenous communities (Wesley-Esquimaux & Snowball, 2010). It is also important to note that Indigenous Wise Practices are unique to each community, and practices should not be generalized to all communities. Indigenous Wise Practices are grounded in traditional knowledge of the Kwantlen First Nations' Seven Laws, storytelling, the Medicine Wheel, and the Circle. The seven laws, spirits entrusted by the Creator to watch over humanity, shared seven values. These values include humbleness, forgiveness and understanding. Next, storytelling is a vital component for many Indigenous communities. Storytelling is an essential aspect of

Indigenous culture that provides connections to ancestral experiences, new experiences, guidance on becoming a better human being, and preserving culture (Lawrence & Paige, 2016). Moreover, the Circle is used by Indigenous Elders to share important teachings through listening and sharing by creating a space where everyone is treated with respect and equality (Raven Speaks, 2012). The Circle is a way to begin the healing process, promote understanding, prevent or solve problems, build trust, share common experiences, create connections, learn from others, and identify ways to grow (Stevenson, 1999). Indigenous cultures approach health, wellness, and healing through the medicine wheel. The balance of all four spheres of humanity is required: the mental, physical, emotional, and spiritual (Kemppainen et al., 2008).

For Indigenous communities in Canada, the most fundamental definition of sovereignty stems from "the natural right of all human beings to define, sustain and perpetuate their identities as individuals, communities and nations" (Report of the Royal Commission on Aboriginal Peoples, 1996, p. 105). Sovereignty is an innate human characteristic that can be expressed through the principle of self-determination for Indigenous peoples to find power in the freedom to make their own choices (Report of the Royal Commission on Aboriginal Peoples, 1996). The strong connection that Indigenous peoples maintain with their homelands and territories existed long before Canada formed as an independent country.

Through this literature review, recommended practices, gaps in the literature, limitations, and implications for future research emerged. An essential recommended practice by Richardson and Murphy (2018) included training non-Indigenous staff to practice Indigenous Wise Practices. That is, non-Indigenous staff should be thoroughly educated and trained on the history of colonization, its impacts on Indigenous communities, Indigenous traditions, practices, and trauma-informed theory.

The implementation of Indigenous Wise Practices should be implemented in collaboration with Indigenous communities. Collaboration could encompass aspects such as hiring Indigenous staff for all levels of an organization, elevating Indigenous voices when developing programs, and incorporating Indigenous traditions in consultation with Indigenous communities (Richardson & Murphy, 2018).

Researchers must learn about Indigenous traditions and practices, and they must involve Indigenous members in all stages of the research process (Maar et al., 2019). Due to the belief that Indigenous ways of practice are not scientific and scholarly, there is limited research available on the implementation of Indigenous research frameworks and Indigenous Wise Practices (Mercer et al., 2010). As reflected by Wesley-Esquimaux and Snowball (2010), Indigenous Wise Practices enhance Western approaches by fostering culturally sensitive practices that are utilized by clinicians when engaging with Indigenous communities. At the conclusion of this research study, the results will attempt to inform and navigate the implementation of Indigenous Wise Practices.

Theoretical Framework

Throughout this research study, various theories informed and guided the research methodology. To begin, trauma-informed theories ensure safety, collaboration, choice, and empowerment to share the individual's interpreted narrative (Levenson, 2017). Trauma-informed practices highlight the significance of collaboration to ensure a reduction in power imbalances between the client and the clinician (Levenson, 2017). Moreover, this research is guided by strengths-based theories in social work practice. The strengths-based theory emphasizes an individual's inherent strengths that allow them to overcome challenges (Askew et al., 2020). The strengths-based theory disentangles the beliefs that individuals are responsible for the deficits in their situation and shifts the focus on the individuals' resiliency (Askew et al., 2020).

The decolonization theory is utilized to inform the implementation of effective practices with Indigenous populations. Decolonization detaches colonial practices when engaging with Indigenous and racialized communities (Gaudry & Lorenz, 2018). Decolonization provides space for self-determination, and economic and cultural freedom (Gaudry & Lorenz, 2018). The

theories outlined above guide this research by providing frameworks to incorporate in research question development and analysis. The theoretical frameworks offer insight into how the methodology could be constructed to answer our research questions.

Conceptual Framework

This research study aims to explore pivotal components of Indigenous Wise Practices in the development and implementation of CYMH services for Indigenous children and youth in British Columbia (BC). Specifically, the term Indigenous is deliberately used throughout the research study about this population group over the synonymous term Aboriginal. Although both are similar terms, Indigenous is associated more with activism, whereas Aboriginal is related more with legal discussions in government policy (University of British Columbia, 2021). The negative affiliation that historical and present government policies often possess for many Indigenous peoples has led to the use of the term Indigenous (University of British Columbia, 2021). The application of Indigenous resonated more strongly for this research as it is a collective term that refers to First Nations, Métis, and the Inuit in Canada. This research study uses Indigenous as it does not focus on any specific community, rather, it is applied as an inclusive term. However, it is essential to be aware that each Indigenous community has their own unique Indigenous Wise Practices that this research study may not be able to address. The methodology section presents the process for conducting interviews with CYMH clinicians, DAA clinicians, and Indigenous Elders.

This research study aims to increase knowledge of the tools and resources utilized by clinicians with Indigenous children and youth in their transition from Western models to wise practices. Additionally, it will be used to inform the continued integration of successful models of wise practices for clinicians.

Research Methods

The student researchers used non-probability (i.e., selective and convenience) sampling methods for this research. The Elders were selected for their knowledge, teachings, leadership in the Indigenous communities and willingness to participate. The purpose of speaking to Elders was to obtain information that is connected to Indigenous cultures. As Elders have a connection to cultural roots and lived experiences of Indigenous cultures before forced assimilation, it was critical to directly converse with Elders to gather learning that is authentic and respectful of traditional knowledge. The teachings provided by Elders aided student researchers in verifying, correcting and incorporating information regarding Indigenous cultures and practices within MCFD. The clinicians were selected for their knowledge and application of wise practices in their work, willingness to participate and availability during the scheduled interviewing period. Criteria for inclusion were: Current CYMH and DAA clinicians who self-identified to incorporate wise practices in their work. Those who do not meet the criteria described were not included in this research study.

The Elders were invited by Marlena Kaltsidis, the Aboriginal Policy and Program Analyst of the MCFD Aboriginal Policy and Program Team (APPT). Five Elders participated in the Elder Circle. In consultation with APPT, student researchers appropriately obtained consent, generated respectful interview questions, presented Elders with suitable honorariums and gifts and harboured cultural safety during the Elder Circle. The clinicians were recruited through an Invitation to Participate email sent by a student researcher and forwarded by Kali Love, through the internal MCFD email contact list. Kali is a MCFD Program Evaluation Analyst. Interested clinicians contacted student researchers via email and then were sent a link to provide consent and fill out the demographic survey. Student researchers then proceed to arrange the meeting. There was no response from DAA, therefore, only CYMH clinicians were interviewed. Seven clinicians participated in the interviews. There was minimal risk for the research participants. The clinicians had varying cultural backgrounds, years of experience with MCFD, and educational levels (see Appendix A).

Six out of seven clinicians had Master's degrees and one clinician had their Bachelor's degree. The clinicians had varying levels of experiences with MCFD. The most experience one clinician had was twenty-two years. The clinician with the least

experience was five years. The remaining clinicians had varying experience from five to fifteen years.

For data collection, student researchers spoke with the Elders and CYMH clinicians. The circle with the Elders and interviews with the clinicians were held over Zoom due to COVID-19. The circle and interviews were also recorded and transcribed through Zoom, with one interview being professionally transcribed. Student researchers manually omitted all identifiers from the transcripts. The circle with the five Elders was four and a half hours long, and student researchers asked the Elders three questions.

Student researchers used semi-structured interviews for consistency and validity. The interviews with clinicians were about 45 minutes each, and clinicians were asked eleven questions. As part of the research process, student researchers met with the MCFD sponsors bi-weekly for support throughout. These meetings were also used for student researchers to gain knowledge on how to best engage with the Elders most respectfully and appropriately. In consultation with APPT, especially with Marlena Kaltsidis, student researchers received guidance on protocols for engagement with Elders.

The primary qualitative data for this research study was obtained through interviews with clinicians and the circle with Elders. Student researchers utilized triangulation methods with collaborative group meetings to collect data, analyze the interviews and circle meetings, and code the themes.

Triangulation in qualitative research involves the use of multiple methods or data sources to establish validity and credibility (Peersman, 2010). Data, investigator, and theory triangulation methods were used in this research study. Data triangulation is the use of a variety of data sources (Peersman, 2010). Student researchers used the data from the circle with the Elders and interviews with clinicians. Investigator triangulation involves using multiple researchers in collecting and analyzing data (Peersman, 2010). All five student researchers were involved in collecting, coding and analyzing data. Theory triangulation uses various theoretical perspectives in the research (Peersman, 2010). Additionally, trauma-informed practice, strengths-based theory, and decolonization theory guided this research and the findings.

An inductive approach was used for coding and codes were generated as data was analyzed. The NVivo program was used to code the data. To begin, structural coding was used in the initial coding stage to break down the data of the interviews by each question. The student researchers then continued with line-by-line descriptive coding, summarizing data by using a few words that capture the theme from the data. The student researchers then grouped the codes together that have similarities, and looked for patterns to emerge. After the individual student researchers completed the coding for their interviews, the group met together to conduct intercoder reliability to find the central themes from all the interviews.

The last step in gaining data was the optional closing circle where the five Elders and even clinicians were invited to reconnect as a group with the student researchers so that student researchers could share the research findings from the circle and interviews before the final presentation and report. The purpose of this circle was to verify findings and receive. It was also an opportunity to give thanks and close these relationships. This component is critical to closing relationships in good ways while instilling decolonizing methods.

Findings

Findings from Elders Circle

During the circle with the Elders, the student researchers had the opportunity to ask three questions (Appendix B). There were five key themes that emerged from the knowledge shared by the Elders. The themes were: 1) The holistic understanding of self, 2) Listen to understand, 3) Creating a safe space, 4) The Medicine Wheel, and 5) Spirituality and ceremony.

The Holistic Understanding of Self. The Elders spoke about the importance of clinicians and clients having a holistic understanding of self. This means having self-awareness, self-love, and self-care. Starting with self-awareness, it is not only important for clinicians to recognize who they are and where they come from, but also to ensure they are creating safe spaces for clients to do the same. Elder E3

suggested asking these questions, “How can I be the person that I want to be? How am I damaged and what does my trauma look like?”

Knowing the answers to these questions and understanding oneself enables healing, which leads to self-belief and self-love. The Elders emphasize having love for oneself to prioritize mental well being. As one Elder stated:

> We need to first love ourselves. The thing about mental health is that we first have to, when we're working with someone, make sure that they have a good grasp of love for themselves, and a good sense of self worthiness. The difference for me from the time was youth right up to the Elderhood, or walking that path, was… learning to love myself, I was learning to care for myself, protect myself and share it right taking healthy chances (E3).

A way to love oneself is through self-care as it is a protective factor. When an individual is fatigued, it affects how they think, feel, and behave. Elder E4 said:

> It dawned on me that in those low periods, where I get mad and do things, because I'm hugely tired, and those dark entities come into me and make me feel that way, making me become irrational, not true to who I am, and not balanced (E4).

Elder E2 said, “When you embrace yourself with something that's healthy, it’s gonna get you to different places.” In speaking with all Elders, it was evident that taking care of oneself is important when providing support to clients but also for clinician’s mental well being.

Listen to Understand. Next, the Elders highlighted the importance of listening to understand. Elder E3 said, “A person can really make a difference in someone’s life by listening to them, by paying attention to them, and not just once but time and again, until finally when they finish telling their story.”

To support a client, the clinician must have the ability to patiently and carefully listen to the client talk about where they are from, what their culture is, and what their story is. Elder E3 suggested:

> Looking at a drug addict, one must ask, why is he or she a drug addict? There's pain, there's trauma. They're using drugs as a band aid. They're using sex as a band aid. If they’re working all the time, they use work as a band-aid. We need to go back, find out where the issue is through their story (E3).

Creating a Safe Space. It is integral for clinicians to create a safe space in order for the clients to share their stories. For Indigenous clients, clinicians must provide a space that is welcoming for Indigenous clients. If clients have not shared their stories, perhaps it is because they have not felt safe.

Clients will not open up and start the healing process until they feel comfortable and safe. Elder E2 said, “All we were there is to create a safe place for them to do what they need to do for themselves. They're doing the work.” Elder E4 shared an example of an unsafe space. They said, “Too many times a child is taken out of the classroom to be interviewed by a social worker. They’re put into an office. How scary is that? How much more trauma are we creating because of that?”

The Medicine Wheel. Another key component highlighted by all the Elders was the Medicine Wheel. The Medicine Wheel represents balance. Elder E5 said, “If we were to look at the medicine wheel, as a tool of self-reflection, we look at defining health as a balance between mind, body, spirit and emotions.” Elder E4 shared that they ground themselves in the Medicine Wheel through balancing all the quadrants. Elder E2 stated that the medicine wheel can help one understand where they actually come from. Elder E2 also asked, “How many of you guys actually have your wheel with you? [laughs] I’m just kidding, I’m just kidding. It’s inside you, it’s inside you. So whatever you get from here [points to heart], is good medicine.”

Spirituality and Ceremony. Finally, the Elders emphasized spirituality as it has been neglected and dismissed in the mental health and healthcare fields. Elder E3 said, “You need to include spirituality into the healing practices if you are working with Western medicine. If you don't include spirituality, you're missing the mark.” Many practice spirituality through ceremony. Elder E3 said,

> We have many tools in the sense of ceremony. Ceremony is what will help save people. What is the spirituality of these people? The tool is going and attending functions like a pow-wow or going to a sweat lodge, or going to a drumming circle, or learning how to sing and dance for that particular culture that you're living at, or doing a full-moon

ceremony.

Other ceremonies the Elders spoke about included praying, fasting, taking spirit baths, and smudging.

Findings from Interviews with CYMH Clinicians

The interviews with clinicians included eleven interview questions (Appendix C). The clinicians were of various ethnic backgrounds. Five clinicians identified as Caucasian, one identified as Asian, and one as Indigenous (Appendix A). With these diverse cultural backgrounds of clinicians, it should be noted that there is an element of cross-cultural work. Nine themes emerged from the analysis of data from the information provided by the MCFD clinicians: 1) Clinicians' understanding of Indigenous Wise Practices, 2) Journey towards incorporating Indigenous Wise Practices 3) Clinicians' willingness to learn and remain open-minded, 4) Cultivating whole system relationships, 5) Time and patience for fostering a genuine connection, 6) Barriers in relationship building with Indigenous communities, 7) Indigenous-led Service Delivery that brings Change to Practices and Policies, 8) The need to increase culturally sensitive practices, and 9) Acknowledgement of past and current harm created by the system.

Clinicians' Understanding of Indigenous Wise Practices. When speaking with CYMH clinicians about the term Indigenous Wise Practices, some clinicians had not heard of this specific term, while others had various definitions. However, the common understanding was that Indigenous Wise Practices referred to the use of traditional ways of healing. The clinicians shared their awareness that these traditional or Wise Practices were most effective when supporting Indigenous clients. One clinician stated, "My definition of Indigenous Wise Practices is essentially Indigenous-led practices, where it should be and needs to be informed by Indigenous Elders, leaders, members, in that particular area, in the land, in the territory" (P03). Clinicians were also aware that every client is unique, and their needs will be different. Clinicians use creativity and flexibility to support clients in accessing traditional ways of healing.

Journey Towards Incorporating Indigenous Wise Practices. While all the clinicians had differences in their journeys towards incorporating Indigenous Wise Practices, there were common elements. A few clinicians acknowledged their lack of knowledge about Indigenous people and their history in Canada. However, these same clinicians found themselves gaining valuable insight from Indigenous-led training taken at the workplace. The San'yas training was felt to be very effective for a few clinicians. One clinician stated "well the San'yas as I mentioned that was life altering, there's no other way to put it for me" (P06). Another clinician also stated "the biggest one would be the San'yas training through" (P03).

Other clinicians started their journey of learning about Indigenous Wise Practices when they enrolled in Indigenous courses in post-secondary, while others had their interest peaked when travelling abroad and engaging with Indigenous people in different countries. There were commonalities for all clinicians when speaking about their journey and use of Indigenous Wise Practices.

A similarity found across all clinicians was the continued interest in learning and their openness to work with Indigenous people in the most supportive and culturally safe way. Every clinician shared a passion and interest through their openness to engage with every article, training or community activity that could progress their journey. There was also a shared attitude and perspective from all clinicians when incorporating Indigenous Wise Practices, and the importance of relationships was highlighted which will be spoken about next.

The Clinicians' Willingness to Learn and Remain Open-Minded. Clinicians shared that being open to learning about Indigenous ways can lay the foundation for incorporating Indigenous Wise Practices in CYMH practice. Being curious will lead to better initiation. One clinician noted the art of questioning and listening while listing some examples, "approach it in a more peaceful manner, to be quiet more, to be able to ask questions and kind of know when not to. Because there's various, there's really subtle things that can be really disrespectful" (P02). As first impressions are crucial and potentially lasting, it is essential to attempt engagement using a suitable approach that comes from a place of respect in the eyes of Indigenous communities.

Cultivating Whole System Relationships. As differences exist between every Indigenous

community, researchers have been mindful not to perceive each community in a generalized context. In spite of this, the emphasis on valuing community and family, and viewing situations through a holistic lens appeared to be a consistent shared value. The dynamics of an intervention will inevitably differ when working with a single individual versus a group or more than one client. Hence, many Western-based interventions may not be as suitable if they were designed for practice with an exclusive focus on the client. To quote a clinician in their interview, they said:

> I've been encouraged to use a different approach when you're working with an Indigenous family because they're not going to necessarily want to fill out a checklist online. Instead, it may involve meeting over a cup of coffee or going for a walk or throwing rocks into the river or any of those ways of engagement. It's going to be based on what they are needing, and it could look like five meetings before we get actual concrete assessment data gathered (P06).

This particular approach towards gradual relationship building is relevant to the subsequent themes as well.

Time and Patience for Fostering a Genuine Connection. Clinicians have noted timeline constraints as a presenting systemic challenge within the current colonized system they are embedded. For clinicians to provide the space to foster a genuine connection with Indigenous clients, time and patience in building trust are important. It is often the case that this cannot be done meaningfully within the expectation of within the expectation of time which many Western-based assessments and interventions are limited. There must be a shift in focus on valuing the relationships more than capturing the objectives and numbers of system-led designs. A clinician shared an example that taught her to recognize the differences in what Indigenous clients value when engaging with the system:

> We have a really laid out intake process that is meant to sort of, like, do a quick snapshot of where people are at and determine their criteria for services. And um, for some folks that feels like that process takes forever when it's like, you know, could be up to two hours appointment. But, um, the message that I hear a lot through my work, front and center or out in community is that- that actually is no time at all… for somebody to warm up and open up and feel comfortable talking about their deep struggles (P04).

Barriers in Relationship Building with Indigenous communities. During the interviews, several MCFD clinicians identified the need to implement outreach services and engage with Indigenous people by meeting clients in their home communities to promote a sense of safety. This can strengthen the relationship with Indigenous clients and families. Indigenous children and families often do not come to MCFD offices due to the lack of culturally safe services. A clinician stated that “it could be that you're going to meet clients at the friendship center because the MCFD building is terrifying” (P07). The clinicians have identified the need for MCFD leaders to connect with Indigenous leaders as they need to learn about how to appropriately integrate wise practices within the MCFD framework. Additionally, clinicians spoke about the need to foster ongoing relationships with Indigenous communities. The purpose of these ongoing relationships is to promote Indigenous-led changes or the development of policies and procedures.

Indigenous-led Service Delivery that Brings Change to Practices and Policies. Practices, policies, and frameworks are shaped from a colonized, Western, and medical model approach. Clinicians have identified the need to have Indigenous-led practices and service delivery shaped and formed by Indigenous Elders, leaders, and community members. A clinician stated, “I would say that kind of goes back to what I was saying earlier about if our leadership, our leaders in the ministry are connected to the [Indigenous] leaders in communities that would have a big impact” (P07). It is also vital to ensure that Indigenous children, youth, and families are involved in developing practices and policies as well. The partnership is essential to promote the self-determination of Indigenous communities and demonstrate how to integrate wise practices appropriately and safely by clinicians.

Clinicians shared that they do not have the flexibility to work with Indigenous clients in ways that go outside the parameters of current policies and practices. As shared by a clinician, “I find that I value

our structure and I value our process and I value our policy. But I also know that we need flexibility to work outside of that and be creative" (P06). For instance, sharing food and drink together is a part of the ceremonial aspects of Indigenous cultural values, so it is an accommodating and organic way of engaging with clients in the community. This includes critical aspects such as building relationships with clients. There is a lack of policies and procedures that encourage and support clinicians in their journey towards learning how to use Indigenous Wise Practices.

Need to Increase Culturally Sensitive Practices. Practices within CYMH should focus on traditional ways of healing. Clinicians shared that there are not enough opportunities for them to learn what Indigenous Wise Practices would look like and how they can use them in their practice to better support Indigenous clients. Clinicians should be provided opportunities to learn what traditional ways of healing are and how they can be implemented. These teachings should come directly from the Indigenous communities the clinicians are working in. Current practices should move away from checklists and standardized procedures and look to what the client needs. There should be an opportunity for clients to access cultural support and for clinicians to have the knowledge to assist with this. As one clinician shared, "we need to do more than learning about it… we need the capacity and the flexibility and the resources to implement it" (P06).

Acknowledgement of Past and Current Harm Created by the System. Lastly, clinicians spoke of the need for MCFD as an organization to acknowledge the harm that has been caused. There needs to be an acknowledgement of how the organization has caused harm in the past, and how in some ways the continuation of that harm. When interacting with Indigenous individuals, CYMH clinicians should be aware of the intergenerational trauma experienced by Indigenous peoples. There is a real fear of Indigenous children being taken away and MCFD is not the first place many Indigenous people turn to for support. A clinician stated, "They wouldn't come to us for help because we haven't done the bridging. We haven't acknowledged our mistakes, we haven't acknowledged our impact on them enough. We haven't… essentially we haven't repaired the damaged relationship" (P03). To conclude, steps need to be taken toward repairing relationships and cultivating ongoing relationships between MCFD and Indigenous communities. Additionally, there is a dire need to create space for Indigenous leaders and elevate Indigenous voices.

Discussion and Limitations

The findings of this study indicate the need for the ongoing shift from Western-based models of practice to integrating Indigenous Wise Practices into CYMH services. In learning about sharing from Elders and each clinician's journey in incorporating Indigenous Wise Practices into their practice, various aspects of what encouraged their learning were identified. The results are informed by a trauma-informed lens, strengths-based theory, and decolonization theory. An analysis will be provided to explain how the literature supports our findings.

In this manner, there were firsthand encounters in recognizing how the circle transcends into a healing process by sharing common experiences, creating connections, and a sense of community (Raven Speaks, 2012). Many teachings related by the Elders through means of storytelling centered on messages of self-love and self-care for guidance on becoming a better human being (Lawrence & Paige, 2016). The medicine wheel is a prominent tool that can be utilized to visualize wholeness and self-reflection, as well. This can be used in part with storytelling for an Indigenous client to reflect on every four quadrants of the wheel in how it impacts their life, and identify which aspect may be off-balance. The medicine wheel can also be seen as an educational tool for the Indigenous belief that striving for balance in all four spheres – mental, physical, emotional, and spiritual – is necessary for healing (Kemppainen et al., 2008). In consideration of Indigenous children and youth attempting to access mental health services for various needs, such teachings that highlight the wellness of the whole person are a valuable source in aiding their healing journey. Moreover, clinicians who are open to using healing circles as a space for

storytelling provide a suitable environment where they can purposefully listen to understand the finer details of their client's lives. Indigenous clients identify the circle as an outlet where, through intimate sharing, they can build trust and share common experiences (Stevenson, 1999).

The notion of what characterizes a safe space for an Indigenous client may differ in ways from that of a non-Indigenous client. A trauma-informed lens can impart understanding to clinicians that simply upholding professional values such as confidentiality, competence and a non-judgmental attitude are not enough because of the damaging impact caused by system-led professionals in the past towards Indigenous clients and their families.

Within the framework of Indigenous Wise Practices, facilitating ways of engagement that are Indigenous-led resonate with the value of sovereignty and self-determination (Report of the Royal Commission on Aboriginal Peoples, 1996). For this reason, collaborating and involving Indigenous Elders as part of therapeutic interventions are a means of creating a safe space for Indigenous clients.

Spirituality and ceremony are key components that Indigenous Elders advocate for to integrate as part of Indigenous Wise Practices. In accordance with Mercer et al.'s (2010) findings, spiritual practices may differ from what can be derived in a scientific and scholarly manner which attests to the lack of existing research in this domain. Subsequently, there may be a lack of therapeutic interventions that pertain to spirituality and ceremony today. Therefore, future implementation of Indigenous Wise Practices in CYMH organizations should consider incorporating more diverse approaches that entail these components in engagement and delivery. The varying definitions of what Indigenous Wise Practices could mean based on each clinician's interpretation of the term showed a lack of uniform theory coupled with a foundational knowledge of the decolonized practice. This research aims to add to the understanding of what Indigenous Wise Practices are by collaborating with Indigenous community members such as Elders, which is part and parcel of decolonizing research practice (Windchief & Cummins, 2021).

Adopting an open-minded willingness to learn is a key theme that participants expressed in encouraging the incorporation of Indigenous Wise Practices. Possessing this mindset in seeking to learn about Indigenous ways and knowledge that participants may not have previously been aware of is recognized as a significant contributor to building relationships the right way. This is an important step towards steering away from colonized ways of practice. A narrative approach can be utilized in practice with Indigenous clients to allow space for storytelling, sharing of history, learning about Indigenous perspectives, and being mindful of the trauma that is spoken about. As noted by Lawrence and Paige (2016), using storytelling as a form of narrative therapy supports connection to culture and promotes the holistic wellness of an individual. In addition, this theme aligns with some of the values of the Seven Laws of Kwantlen Nation which have been elaborated upon by previously documented learning. Particularly, the virtue of Humbleness in recognizing and valuing the knowledge of another culture and the virtue of Understanding that needs to be upheld is integral for exercising Indigenous Wise Practices as part of this theme.

Building relationships with the community and whole family systems as opposed to a single individual is a vital component of Indigenous Wise Practices. Participants have shared that regardless of which Indigenous community they work with as every community is different, there has been a consistent emphasis on integrating whole systems for an Indigenous client's mental health journey. According to Stevenson (1999), helping professionals such as social workers or counsellors, have been able to provide the necessary support to Indigenous communities and individuals through the usage of healing circles, talking circles, or sharing circles. To effectively engage with members of Indigenous communities, there is a fine-tuned and careful way to approach that needs to come from a place of respect, honouring time and space, and safety. Participants have related how vital it is to not re-traumatize people who are attempting to come to engage in a system that has essentially traumatized them in the

past and had continually done this.

The Aboriginal Policy Framework in British Columbia (2015) stated that components of building strong relationships rely on collaborating and striving for collective decision-making. This relates to how family and community coming together in the circle is part of a restorative process for the Indigenous client. There is also a need to take time and have patience for fostering a genuine connection between clinicians and clients.

Western-based practices tend to be confined by structural limitations such as time constraints that hinder the process of establishing meaningful and trusting relationships with Indigenous clients. This has also been provided as feedback from Indigenous partners as working against meeting the scope of Indigenous Wise Practices. Aligning with the Teachings of the Seven Laws of Kwantlen Nation, virtues such as Understanding, Humbleness and Generosity need to be upheld, and this means allowing the space and time for a sincere therapeutic relationship to be developed in the right way. From a trauma-informed approach, it leads to the understanding that the Indigenous population has suffered from severely damaging relationships in the past with the Western systems as a result of historical events. Therefore, it is imperative that clinicians provide time and patience without conditions to sincerely bridge this gap, and cultivate relationships in a paced and careful manner.

Outreach work and community involvement from the clinicians were identified as common and effective ways to address barriers in establishing relationships with Indigenous clients and communities. Interventions that typically take place within an organization building with the client entering the workplace can be modified and implemented in another place of a client's choosing. Offering Indigenous clients the choice to voice what constitutes a safe space to them and accommodating their needs in this regard, can eliminate some looming barriers in relationship building. In accordance with Wesley-Esquimaux and Snowball's (2010) understanding of Indigenous Wise Practices, they consist of culturally sensitive practices that can work collaboratively towards enhancing Western approaches that already exist. In addition, the discussion that future CYMH program development and revisions should involve collaboration with Indigenous community members and hiring Indigenous staff at all levels of the organization supports the decolonizing theory of this research's framework.

Indigenous communities need to establish Indigenous-led service delivery that can lead to changes in existing practices and policies. Sovereignty and the principle of self-determination is an innate part of Indigenous identity in its expression of freedom in making their own choices for the good of their own community (Report of the Royal Commission on Aboriginal Peoples, 1996). Relating to the strengths-based theory, creating Indigenous-led service delivery is a way of emphasizing an Indigenous community's presenting strengths and sense of resiliency as opposed to deficits (Askew et al., 2020). This also ties into the subsequent theme of increasing culturally sensitive practices. In order to address the dearth of traditional ways of healing, the direction should be geared towards hiring Indigenous staff who can elevate Indigenous voices in aspects such as policy development or necessary practices changes. Moreover, Indigenous-led services can increase the collaboration between Indigenous communities for further guidance on the appropriate implementations of Indigenous Wise Practices.

Acknowledgement of historical wrongdoings committed against Indigenous populations is another necessary step towards incorporating Indigenous Wise Practices in the right way. Beyond this, clinicians need to be mindful in considering how past harm may still persist in the present system. In particular, child protection and child removal characterizes how system-led institutions in Canada had addressed perceived issues within Indigenous families. Among various reasons, this may be one aspect as to why many Indigenous clients retain a deep sense of mistrust and apprehension in engaging with CYMH services. Overall, practice must be trauma-informed to recognize and reduce any power imbalances between the clinician and client (Levenson, 2017).

There were several limitations identified in this research study. The research criteria aimed to survey British Columbian CYMH clinicians working in various agencies across the province. However, limited access in recruiting respondents from DAA means that the sample size consisted exclusively of CYMH clinicians from MCFD. Therefore, this limits the generalizability of the findings and diminishes overall external validity. Another limitation is time constraints and mismatched availability between researchers and participants.

If time constraints had not been a factor, it may have led to an increased sample as there were instances of interested participants responding after the window of time that data collection was completed. Additional participants may have had distinct experiences to share within their own practice that could have contributed to the themes differently. As a result, this research was subject to under coverage bias as it inadequately represented some members of the population within the sample. Another limitation is the purely virtual format of the data collection process which was a shift away from how this evaluation was originally planned to be facilitated. Indigenous Elders were included among our participant sample, and traditional ways of connecting with these Indigenous Elders were unable to be accommodated due to COVID-19-related public health restrictions, timeline constraints, and geographical barriers. This is especially relevant given that many Indigenous Wise Practices pertain to sharing of knowledge and information through traditional ways in the space of a physical circle. Along with technical difficulties that resulted in critical loss of time in the midst of some interviews, the lack of flexibility in options for conducting interviews could have inadvertently influenced the outcome of the provided data and the collection process. In spite of these given limitations, this evaluation has been able to identify what Indigenous Wise Practices are presently integrated into BC CYMH services.

Implications for Future Directions

Provide MCFD Clinicians with Education to Support them with Using Indigenous Wise Practices.

The clinicians acknowledged several training opportunities, such as San'yas Indigenous Cultural Safety Training, Brief Child and Family Interview Intake Training, and the Kairos' Blanket Exercise.

The clinicians found these trainings beneficial and gained information that they could implement into practices with CYMH services. Educational training and classes can be used to support Indigenous clients by providing cultural safety and awareness of how to speak with Indigenous clients with safety and awareness of the trauma and historical challenges they may have experienced. A clinician stated they participated in personal education such as attending workshops outside of MCFD, community events, traditional feasts, and reading books from Indigenous authors (P05, research interview, March 16, 2022). They also recommended, "localized training" which includes learning about Indigenous groups where the MCFD office is located (P05, research interview, March 16, 2022). Education on the historical, and political contexts of Indigenous colonization was important and identified in many of the interviews with clinicians as it shaped their practice with Indigenous clients and families. The need for continuous and ongoing teaching, training, and learning that comes directly from Indigenous communities, leaders and Elders were identified in the research as clinicians expressed that they did not have the knowledge on how to best support Indigenous clients in traditional ways. Being creative and flexible in the opportunities provided for clinicians can support their journey with implementing Indigenous Wise Practices.

Further Research can be Completed to Determine How to Create Partnerships with Indigenous Communities.

Clinicians have identified the gap between the MCFD leadership and the Indigenous leaders in the community. A clinician stated, "if our directors are not connected with the leaders in Aboriginal communities that's a problem. So that to me is a tool like when our leaders and the leaders in those communities [connect] (P07, research interview, March 17, 2022). This demonstrates that the partnership between Indigenous communities and MCFD needs continual improvement. Further

research on how to mend the strained relationship between MCFD and Indigenous communities can be completed to identify areas of improvement to better support Indigenous children and families. As identified from this research, the definition of mental wellness in Indigenous communities is very different from the medical model. To bridge this gap, there must be a relationship that respects the Indigenous worldview, to appropriately implement Indigenous Wise Practices within service delivery. There is limited research in this area, and formal plans to mend the relationship are needed. This must be done using a trauma-informed and community-centered approach which starts with an understanding of trauma and its impact on relationship building with Indigenous communities. The research from the literature review indicated that community participation, collaboration and engagement empowered Indigenous individuals and communities. It promoted self-determination and equitable involvement in Indigenous communities to influence programs and policies using transformative change (Petrucka et al., 2016). This demonstrates the power of amplifying Indigenous voices and valuing their contributions to service delivery.

Further Research can be Completed to Understand Service Users' Perspectives.

There is a lack of research available that is committed to understanding the perspective of Indigenous children, youth, and families in relation to receiving Indigenous Wise Practices within the child youth and mental health service framework. The Aboriginal Policy and Practice Model focuses on supporting the involvement of Indigenous children and families, extended families, Elders, traditional knowledge keepers and communities in decision making, inclusive of Indigenous Wise Practices, values, and traditions (Aboriginal Policy Framework in British Columbia, 2015). Shaping the policy dialogue and service implementation can be done by allowing Indigenous communities to self-direct and be involved in decision-making with a community engagement approach (Ryan et al., 2006). Speaking to the children, youth, and families about what is helpful for them and determining which Indigenous Wise Practices resonate with them is essential to understanding the needs of the service users.

Indigenous-led Service Delivery that Brings Change to Practices and Policies.

Current research indicates the lack of policies and frameworks within Western agencies that directly involve Indigenous communities. Most Westernized models only consult Indigenous Elders, leaders, and communities but do not provide the opportunity to create and implement programs and policies (Ryan et al., 2006). During this research, it was evident that knowledge provided by Elders on the traditions, cultures, and practices can be implemented into service delivery. These include engaging in self-awareness, self-love, and self-care. It is essential to listen to understand, create safe spaces to provide autonomy for clients and integrate spirituality and ceremony within practices. The medicine where provides an opportunity for clinicians to support Indigenous children, youth and families to find balance using the four quadrants. As one Elder stated, "if we were to look at the medicine wheel, we look at defining health as a balance between mind, body, spirit, and emotions" (E5). It can be vital to continue these conversations with Elders and meetings to promote relationship building. The knowledge from the Elders can be used to provide improved services for Indigenous clinicians and could benefit Indigenous children, youth, and families. Research indicates incorporating Indigenous wise practices into agencies has proven benefits for Indigenous people. Using wise practices can encourage connections to Indigenous culture, language, and self-identity. Each wise practice is unique to a distinct Indigenous community, and the cultural practices can be included in a way that reflects the values, beliefs, and desires of the community (Ryan et al., 2006).

Conclusion

Overall, this research study provided significant insight into the current experiences of CYMH clinicians integrating Indigenous Wise Practices. Indigenous Elders offered thorough knowledge on aspects such as the self, relationship building, and traditional and cultural practices. Additionally, CYMH clinicians highlighted the barriers that hinder the implementation of Indigenous Wise Practices and

provided insight into how these challenges could be overcome. Thus, the findings shared by Indigenous Elders and CYMH clinicians can be utilized to inform MCFD policies and practices to encompass the various changes necessary to harbour and cultivate safe spaces for Indigenous clients and CYMH clinicians. MCFD must continue to heal the relationships with Indigenous communities by acknowledging the past and current wrongdoings of the organization. Incorporating the valuable information gathered in this research study can work toward elevating Indigenous voices and providing Indigenous communities with the autonomy to guide Indigenous Wise Practices into MCFD services.

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Appendix A

Clinicians' demographic information

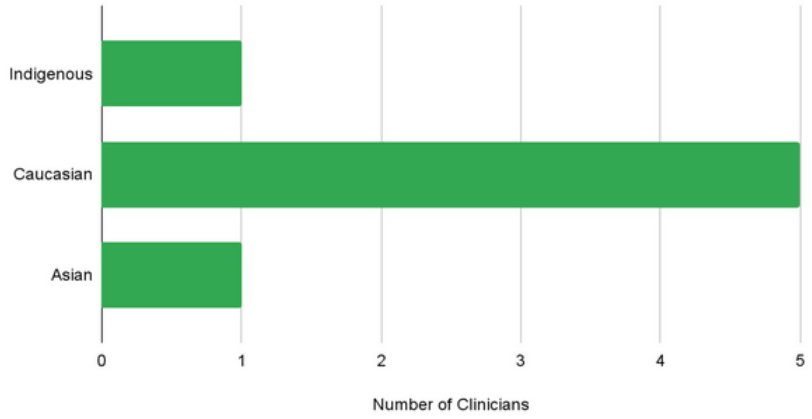

Figure A1. *Clinicians' Cultural Background*

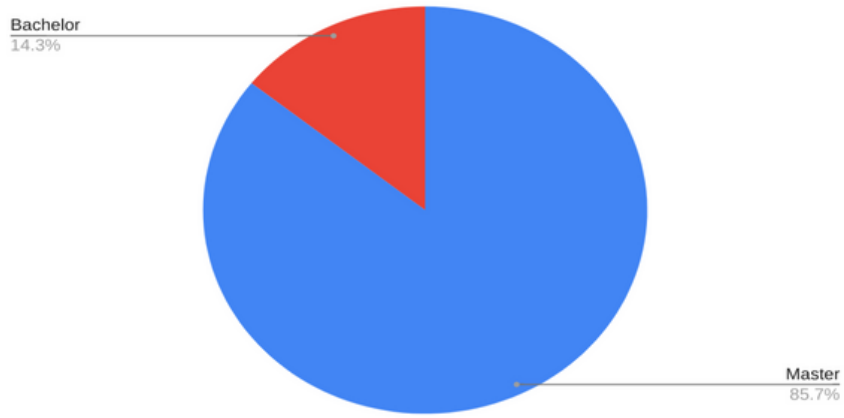

Figure A2. *Clinicians' Education Level*

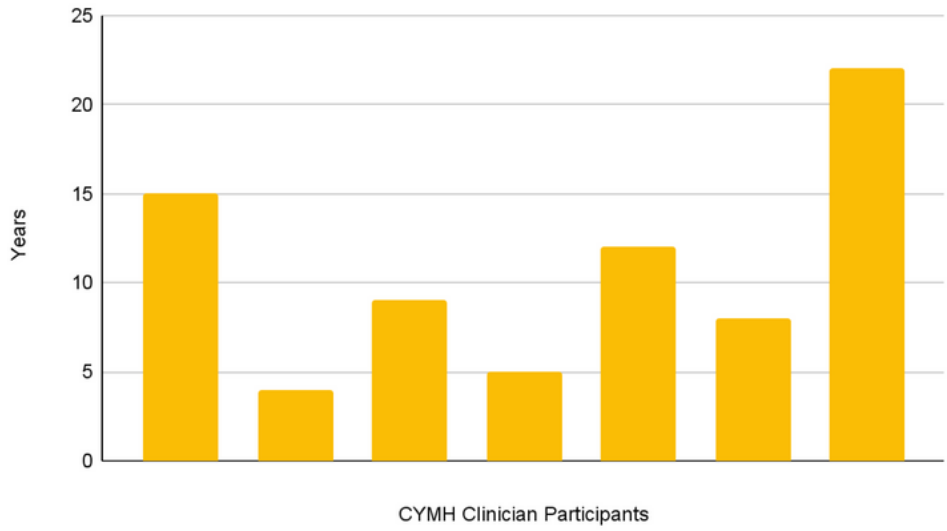

Figure A3*. Clinicians' Years of Experience at MCFD*

Appendix B

Questions for Elders

1. How do you describe mental health and wellness?
2. What are some of the traditional ways or teachings that you or your community use to support mental wellness? What do these look like in your lives?
3. From your perspective, how could clinicians support the inclusion of traditional and cultural ways in professional practice?

Appendix C

Interview Questions for CYMH Clinicians

1. Can you tell me about your role in MCFD?
2. How do you define Indigenous Wise Practices?
3. What were the circumstances that started and led your journey towards incorporating Indigenous Wise Practices?
4. How and why do you incorporate Indigenous Wise Practices?
5. How do you ensure these practices are delivered in a culturally safe way?
6. What training, learning, or connections have fostered the implementation of Indigenous Wise Practices into your work? (for example, specific MCFD training, relationships with Indigenous communities, training outside of MCFD, etc.)
7. What challenges do you experience using Indigenous Wise Practices with children, youth and families? Were there any systemic challenges?
8. What would be some useful tools or further training that would have helped you learn about integrating Indigenous Wise Practices into your work?
9. How did the use of Indigenous Wise Practices provide different outcomes for children, youth and or family?
10. Do you have any additional thoughts about the integration of Indigenous Wise Practices into CYMH that you think would be useful for us to note?
11. Would you like your name stated on the “acknowledgement” section of the final report? The acknowledgment section will be at the end of the report thanking research participants for their involvement by name. You may remain anonymous if you chose to.

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Lessons Learned From MCFD Youth Housing Models: Using Appreciative Inquiry to Understand the Successes and Needs of Youth Transitioning out of Ministry Care

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Abstract

In Canada, young adults are one of the fastest growing homeless populations, with increased vulnerability to youth who have previously been or are currently in Ministry care. This increased risk is attributed to several identified barriers that are unique to youth from care, such as a lack of social support system, lack of affordable housing, discrimination by landlords, lack of basic life skills and more. To support youth in finding housing as they transition out of Ministry care, MCFD has developed partnerships with agencies such as BC Housing, Community Living British Columbia (CLBC), and other non-government organizations in order to provide safe housing for youth leaving Ministry care. This research project was completed by the Lead Investigator and a Student Research Team in a Graduate level course at the School of Social Work at The University of British Columbia, in collaboration with The Ministry of Children and Family Development (MCFD or the ministry). The research project utilized an Appreciative Inquiry (AI) approach to answer two main research questions: (1) what are the successful aspects of existing housing models in BC that transition young people from Ministry care into adult housing programs? and, (2) what recommendations are made to improve current housing models within MCFD jurisdictions? A qualitative research methodology was utilized to gather data. The research interview questions were created using Appreciative Inquiry's SOAR Analysis Matrix. Six interviews with MCFD frontline staff, supervisors and upper management were conducted, coded, and analyzed via thematic analysis. The research project examined MCFD strengths, opportunities, aspirations and results in providing successful housing models in British Columbia to facilitate the transition of youth out of Ministry care into independent living. Research participants were recruited from MCFD staff who currently work in supporting youth who are transitioning out of Ministry care. Participants completed a demographic questionnaire that provided information on aspects such as their role, number of years participants have been working with youth transitioning of care and their education level. Qualitative data was then collected through semi structured interviews. These interviews were conducted via Zoom. The interview questions were broken down to reflect the four quadrants of the SOAR analysis. The data was transcribed verbatim, underwent initial and axial coding and was analyzed using a thematic analysis approach, the four overarching themes being the four sections of the SOAR framework, with sub-themes identified under each theme that reflect patterns that emerged in the data. There were two identified sub-themes under the Strengths theme: (1)MCFD's partnerships with housing agencies and (2) MCFD social workers' individual passion and initiative. There were three identified sub-themes under the Opportunities theme: (1) Extend MCFD's mandate to youth beyond the age of 19, (2) Increase financial support to youth and housing projects, and (3) address barriers to sustainable housing. There were two identified- sub-themes under the Aspirations theme; (1) MCFD owned housing programs, and (2) incorporating life skills that reflect youth's needs. There were two identified sub-themes under the Results theme: (1) Long term housing and connection to community, and (2) incorporating youth feedback into housing programs. This research project had some limitations in relation to the small sample size, instrumentation and sample/selection bias. There were also four recommendations that were identified for future research, policy and practice. This research project aimed to answer the proposed research questions via the Appreciative Inquiry model by providing insight into the strengths of the current housing programs, defining areas of opportunity to leverage success, identifying aspirations for the future and examining results would indicate success in the future of youth housing for youth transitioning out of care.

Keywords: youth housing, children-in-care, youth transition, appreciative inquiry

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Introduction

Young adults are one of the fastest growing homeless populations in Canada (Barbic et al., 2017). Within this already marginalized group, people who have been, or currently are, in Ministry care make up a large percentage of those experiencing homelessness (British Columbia Non Profit Housing Association, 2020). This increased risk is attributed to several identified barriers that are unique to youth from care, such as a lack of social support system, lack of affordable housing, discrimination by landlords, lack of basic life skills and more. Children who are in government care experience greater negative physical, mental, social, developmental, and educational problems than the general population which can continue to impact their life into their youth and adulthood (Colin-Vézina et al., 2011). Twenty nine percent of young people who experienced homelessness report that they first experienced homelessness after transitioning out of care (Representative for Children and Youth, 2020). This highlights the specific form of marginalization that youth transitioning out of care into independent living face, and the impact this has on their ability to obtain safe, stable housing.

The aim of this research project is to examine the successful aspects of housing models in BC available to youth transitioning from Ministry care into adult housing programs and provide recommendations for future direction. The project had two primary research questions:

1. What are the successful aspects of existing housing models in BC that transition young people from Ministry care into adult housing programs?
2. What recommendations are made to improve current housing models within MCFD jurisdictions?

Literature Review

Homelessness in Canada: Background and Current Situation

Homelessness impacts Canadians of all age groups, including young adults (Barbic et al., 2017). Homelessness in Canada is said to have reached epidemic levels (Thulien, 2017) with an estimated 240,000 Canadians being affected per year (Kaltsidis, 2020). Indigenous People are over represented among those experiencing homelessness. In British Columbia, Indigenous People constitute 33% and are 13.2 times more susceptible to homelessness than non-Indigenous populations (BCNPHA, 2020). In Edmonton, Indigenous people are only 5% of the total population but constitute 60% of people experiencing homelessness (Salazar, 2020). Young adults are one of the fastest growing homeless populations in Canada (Barbic et al., 2018).

Youth in Care and Homelessness

"Youth in care" is any youth who has been placed under the legal guardianship of the government in different institutions such as foster home, group home, or in an independent living agreement (BCNPHA, 2020). They formally transition out of care when they turn 19 years old (McCreary Centre Society, 2020) which is quite a young age. While young people constitute a large numbers of homeless persons (Barbic et al., 2018) youth with a history of government care are particularly more vulnerable and are exposed to potential risks of homelessness due to anxieties of adulthood and expectations of self-sufficiency, which can easily push them out into the streets (Barker, Kerr, Alfred et al., 2014; Kaltsidis, 2020; Smith et al., 2021). In the 2018 BC annual homeless count, of the 252 respondents, 125 (50%) of homeless youth under the age of 24 reported having previously been or currently are in foster care, a group home, or Youth Agreement (BCNPHA, 2020). These numbers were higher for Indigenous youth reported having been in government care (65%) compared to their non-Indigenous peers (38%) (BCNPHA, 2020).

Furthermore, in 2020, 32% of people in Metro Vancouver experiencing homelessness were or had been, in Ministry care, through foster care, youth homes or independent living agreements (BCNPHA, 2020). The percentage is continuing to rise among Indigenous respondents (53%) (BCNPHA, 2020). Additionally, Annual Homeless Count of Metro Vancouver in March 2020 reported 3,634 people experiencing homelessness in March and of this total, 43% of the respondents who were experiencing homelessness for the first time were under the age of

25 (BCNPHA, 2020). Therefore, the evidence of linkage between youth in government care and homelessness is well founded (Barker, Kerr, Dong et al., 2017; Fowler et al., 2009; Smith et al., 2021).

Barriers to Successful Youth Housing

Young people transitioning from the foster care system face challenges in obtaining housing and the requisite support and guidance needed for independent living (McCreary Centre Society, 2011). These barriers are presented in the social, financial and health fronts.

Lack of Social Support System. Youth who grow up in the care of their parents usually continue to receive some form of financial, emotional and/or material support from their parents after they turn 19 (Fostering Change, 2016). However, youth who grow up in care lose the support of the government once they transition out and do not have a familial support system to successfully get through the transition. Seventy-six percent of youth in transitional housing reported that they would benefit from having adult support to help them navigate housing searches and teach them what their rights as tenants are (TRRUST Collective Impact, 2020). Upon transitioning out of care, they are faced with the harsh realities and legalities of adult tailored housing services which are insensitive to the specific needs of young people (McCreary Centre Society, 2011). The uniformity of adult housing services places youth transitioning out of care at further risk, especially when coupled with lack of family and professional support that other youth outside of foster care usually have (Fostering Change, 2016).

Affordability of Housing. According to a June 2021 report from the popular rental platform PadMapper.ca, Canada's median price for a 1-bedroom rental was reported as $1702, with Vancouver being the most expensive at $1950 (Chen, 2021). Youth transitioning out of care or who are on Youth Agreements (YAG) or an Agreement with a Young Adult (AYA) have reported facing significant barriers to their path of independence and obtaining long-term, affordable housing (Adoptive Families Association of BC, 2014; Smith et al., 2021). A major barrier to obtaining housing that youth transitioning out of care face is the shortage of affordable housing. This is impacted by the high cost of living in many areas and the youth's lack of financial stability (TRRUST Collective Impact, 2020).

Discrimination by Landlords. Youth face diverse challenges due to the strict adult behavioural requirements imposed by many housing programs (Cheng et al., 2013). Young people dealing with addiction, mental health and being unhoused often struggle with managing their behaviour, leading to behavioural outbursts, damaging of property and conflict (McCreary Centre Society, 2011). There are some housing programs/locations that are unsafe for LGBTQ2S+ youth (TRRUST Collective Impact, 2020). Young people may also face discrimination from landlords who do not want to rent to young people or people on social assistance (TRRUST Collective Impact, 2020). This discrimination is further perpetuated by young people's lack of knowledge of their rights as tenants and adult supports to assist them in navigating their legal rights (TRRUST Collective Impact, 2020). Additionally, having no savings, credit history and references of previous tenancy agreements makes the majority unable to easily access the private rental market (Kaltsidis, 2020).

Lack of Basic Informal Life Skills. While in foster homes, youth are not adequately exposed to informal life skills such as cooking, cleaning, budgeting, paying bills, selfcare and well-being, etc., which are critical life skills needed in adulthood (Sonja, 2018). Some of these youths are recovering from addictions, mental health, trauma disabilities and other problems, thus upon leaving foster homes, they risk falling out of professional support systems.

Successful Housing Programs for Youth Transitioning from Care: What Has Worked?

Due to these challenges and dynamics, successful youth housing models have been debated and developed by different organizations and provincial and federal governments in Canada. Transitional housing is one a key model which has been used to provide safe landing for youth from foster homes by provincial governments and NGOs in Canada and even the US (Kaltsidis, 2020; Sonja, 2018). This model has been used over decades (Sonja, 2018) to support the

increasing numbers of families, adults and young persons who were faced with residential instability and required immediate temporary housing to stabilize their situation (Novac et al., 2009; Sonja, 2018). Since then, the transitional housing model has emerged as a priority short-term housing model that offers supportive interphase between crisis shelters and permanent housing for homeless persons (Kaltsidis, 2020). Thus, youth transitioning out of care into independent living are key beneficiaries of the transitional housing programs offered by provincial governments and non-governmental institutions providing a combination of support services towards independent living in the outside society.

What Constitutes Successful Housing Models for Youth from Foster Care?

The ultimate goal of housing for youth aging out of care is a smooth transition into adulthood with a continuum of care programs to prevent them from falling into homelessness. A certain level of prior planning is required in releasing a young person the day they reach 19 years rather than abruptly. Research conducted with street-involved youth in Vancouver indicates that this puts youth in a uniquely vulnerable high-risk position and thus it is critical to ensure continuity of care for youth leaving the child welfare system at the age of 19 (Barker, Kerr, Alfred et al., 2014). Comprehensive professional housing services must be combined with holistic support which goes beyond housing and extends into skills training, mental health support, linkage to employers and facilitating employment (Salazar, 2020). Housing programs should be built around supporting youth in their choices, facilitating connection to community, education, and employment in their transition to independence (Momoh et al., 2018). Other key life skills they need, as indicated through interviews with youth by the McCreary Centre Society, are hygiene management, communication skills to communicate with landlords and community agencies, time management and budgeting (McCreary Centre Society, 2011).

Youth Friendly Housing

Young people have social habits that might not be deemed favourable by adults. However, the services provided to them must reflect their reality and must be tailored to the needs of the youth, ensuring a sense of community and creating trusting relationships among staff and youths. Tenants must feel safe and the house should provide stability of the building/calm atmosphere with limited incidents (BC Housing, 2021). It should also be easy in the provision of other services such as life skills training and privacy for counselling services, addictions support and services aimed at improving their social, medical and psychological health and addictions support service (Lenz-Rashid, 2018). Youth who may be using substances require housing with minimal risk of eviction based on substance use and flexibility in case of relapse. Respondents to research collected by the City of Vancouver indicated that youth would also benefit from housing programs that have invigorated addiction treatment to allow youth to maintain their housing while accessing treatment (City of Vancouver, 2020). Input from youth in care indicates that access to housing Advocates who understand the circumstances of youth in care should also be considered. These advocates can help the youth navigate legal issues and advocate for youth's rights (Child Welfare League of Canada, 2021).

Diversity and Multicultural Support

It is important to accommodate the unique cultural considerations Indigenous youth require (Canadian Observatory on Homelessness, 2021; Momoh et al., 2018). Indigenous youth require a holistic framework, focusing on healing through a trauma-informed lens and offering culturally relevant services and opportunities for cultural reconnection (Momoh et al., 2018). Support towards religious and cultural differences need to be considered in choosing houses.

Overall, the literature reviewed for the purpose of this research project highlights a wide range of markers of successful youth housing programs and various barriers that youth aging out of care face in obtaining safe and stable housing as they transition to independence. The aim of the current research project is to build on the available literature and data, analyze the success and barriers as they relate to youth leaving the care of MCFD in British Columbia and identify any new areas of research that can be

explored further to contribute towards improving housing for youth aging out of Ministry care.

The aim of this research project is to examine successful aspects of housing models in BC available to youth transitioning from Ministry care into adult housing programs and provide recommendations for future direction. The project had two primary research questions:

1. What are the successful aspects of existing housing models in BC that transition young people from Ministry care into adult housing programs?
2. What recommendations are made to improve current housing models within MCFD jurisdictions?

Research Methods

Theoretical Framework

The theoretical framework for this research study drew upon the approach of Appreciative Inquiry (AI). Founded by David L. Cooperrider with the support of his professor and Ph.D advisor, Suresh Srivastva, AI is a model that seeks to engage stakeholders in self-determined change (Cooperrider, 1986). According to Bushe (2013), AI revolutionized the field of organization development and was a precursor to the rise of positive organization studies and the strengths-based movement in change management. An organization might apply an AI approach to best practices, strategic planning, organizational culture, and to increase the momentum of initiatives (Banton, 2021). In the case of this study, the topic for consideration within this theoretical framework was the perceptions for successful housing models from MCFD frontline staff, middle management, and their leadership team.

Conceptual Framework

As a guiding conceptual framework, the Student Research Team implemented a SOAR analysis into the qualitative interviewing of MCFD frontline staff, middle management, and leadership team (see Figure 1). The interview questions (see Appendix A) were framed using the four quadrants of the SOAR Analysis Matrix (see Figure 1). The four quadrants included: 1) *Strengths* - Focusing on what the organization does well, along with key strengths, resources, capabilities, and accomplishments, 2) *Opportunities* - Framed as unique circumstances/ opportunities that the team can leverage for success. 3) *Aspirations* - An expression of what to achieve in the future (ie. a vision of a future state to build on current strengths, provide inspiration, and challenge current circumstances) and 4) *Results* - Tangible outcomes and measures that demonstrate the achieved desired goals and aspirations (GroupMap, 2021).

Figure 1. SOAR Analysis Matrix

(Image retrieved from GroupMap, 2021)

Methodology

Sampling and Inclusion/Exclusion Criteria

The study population of the research study consisted of MCFD frontline staff, supervisors, and leadership team members who have a direct or indirect impact on youth who are currently or soon-to-be transitioning out of care. The targeted MCFD staff representatives were drawn from both rural and urban geographic settings. The research focused on the procedures, successes, and barriers that teams faced in supporting youth in finding independent living arrangements via the various housing programs once they age out of Ministry care. There was minimal risk to interviewees who chose to participate in the research project. The criteria for inclusion was: MCFD frontline workers, supervisors and leadership team members currently working with youth transitioning out of Ministry care into transitional/ permanent housing arrangements.

The sample consisted of 6 participants (n = 6). The goal was to recruit a balanced representation of participants from both rural and urban settings to ensure the participants represent a mix of frontline staff and supervisory staff.

Participant Recruitment

Participants were contacted via an invitation letter. The Student Research Team provided the MCFD sponsor with the invitation letter. The MCFD sponsor distributed the invitation letter to the supervisors and front-line workers that met the criteria of inclusion. The invitation letter was sent to prospective research participants through an internal MCFD directory. Interested research participants were invited to contact the Student Research Team via the email address listed in the invitation letter.

After receiving an email from potential research participants confirming their interest in participating in the research project, the Student Research Team responded to the participant via email confirming receipt of their interest. The Student Research Team attached a consent form to the email for the participant to sign electronically and return to the Student Research Team via email. The participant was provided with a period of at least 2 weeks to review, sign and return the consent form to the Student Research Team. On the date of the scheduled Zoom interviews with each participant, the Student Research Team will request the participants to complete a brief demographic questionnaire (see Appendix B). The Student Research Team conducted a 1-hour interview with the research participants using the interview questions (see Appendix A).

The interviews were recorded and transcribed verbatim via Zoom transcription services. Five transcripts were transcribed by the research team and one transcript was transcribed by a professional transcriber. The transcribed interviews served as the data set that was analysed to establish identified themes.

Data Collection and Method of Analysis

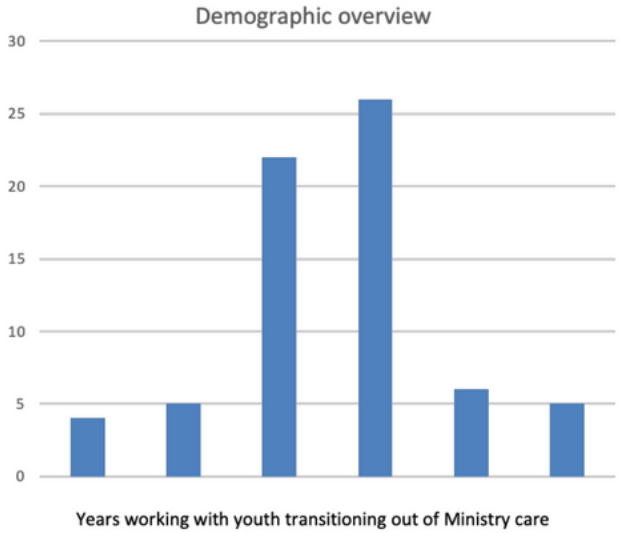
The study utilized non-probability sampling (Tansey, 2007). The data collected from this project is not transferrable due to the small sample size within the context of the qualitative research design. The data collection was done through a qualitative design. Quantitative data was collected via the demographic survey. However, the demographic data collected did not contribute to the data basis or analysis process. The basis for the data collected was done via qualitative design, via the one-to-one interviews. The student researchers completed initial coding individually, then established intercoder agreement by comparing the individual codes and combining them into one list, from which themes were subsequently drawn. The Student Research Team analysed the data using thematic analysis (Braun & Clarke, 2006). Using the thematic analysis method, the researchers examined the data to determine themes from the surveys and qualitative interviews. Based on the identified themes, the Student Research Team interpreted the data and drew conclusions that informed answers to the two research questions. The Student Research Team utilized a reflexive approach when analysing the data by identifying potential personal biases that can hinder the objectivity of their data analysis. This was done through collaboration and consultation with the Principal Investigator and the Student Research Team members.

Results

Participant Demographics

The 6 participants interviewed represented a mix of front-line staff, supervisors and management, all of whom worked on teams supporting youth who are transitioning out of Ministry care. Though the aim of the research project was to recruit participants that represent a mix of urban, suburban and rural areas, all the participants recruited reported that they work in urban areas. The length of time that participants have been working with youth transitioning out of care ranged between 4 years to 26 years (see Figure 2).

Figure 2. Demographic survey: Years working with youth transitioning out of Ministry care



Thematic Analysis.

Four themes emerged from the analysis of data, which were further broken down into sub-themes: (1) Strengths, (2) Opportunities, (3) Aspirations, and (4) Results.

Strengths.

MCFD's partnerships and connections with housing agencies and communities to facilitate youth access housing. All the respondents described MCFD's partnership with other housing agencies as an advantage for successfully youth housing support. More specifically different agencies were mentioned as offering different opportunities. For instance, BC housing was cited as a good model and the most preferred model because of its flexibility in terms of youth age limit (up to 24 years), its two-tiered housing at different levels and more so since at its new modular building which has allocated spaces for youth from care. Additionally, BC housing's new joint initiative with Canadian Mental health Association is another partnership where MCFD can tap into especially for youth with addictions. The advantage of BC housing and MCFD partnership was best summarized by one respondent who said, "I do think there should be more discussions happening with BC Housing I think… every community that's fortunate enough to get BC Housing is kind of creating their own model" (P01).

The MCFD partnership with Community Living BC (CLBC) was cited as another advantageous one because it gives exclusive quotas for youth from Ministry care, guarantees them longer stay and provides them support through its housing staff. MCFD social workers work with these youth for over a year in advance before transition in order to meet CLBC eligibility criteria because CLBC housing offers youth more stability and opportunity to create their own personalized spaces.

Other MCFD housing partnerships such as Three Native Housing, Directions, Kettle, 10K and Broadway Youth Resource Centre (BYRC) were also highlighted as a key Ministry strength by the respondents because they offer housing for more high-risk youth. These agencies have diverse resources to youth who turn 19 as indicated by one respondent "the nice thing about those resources is like when youth turn 19, they (youth) are in their bed, they are in their apartment and like nothing really changes. So, I think… those models are quite well… I call them like, 90% independent,… you don't have like a curfew like you know you are an adult" (P03).

MCFD social workers' passion and individual initiative in facilitating youth to navigate and sustain their housing opportunities. The second key strength MCFD has is its social workers. During the study, MCFD social workers were found to be passionate, self-driven and they take individual initiative to support youth navigate and sustain the housing. They build strong personal relationships with housing agencies as articulated by one respondent "I think that the relationships that the individual social workers make with outside agencies that provide housing is key. But that's not necessarily consistent across the board" (P04).

Another advantage is when social workers use their personal connections to communities and youth hubs to facilitate, intervene and support youth in need including when they are in trouble with landlords. One respondent said "So, we've had to just use a lot of our like connections with other like youth hubs in order to get youth with like in places or get them like a subsidy" (P03). Finally, MCFD social workers' strength is apparent as they advocate for youth voices, issues and needs. One respondent said "MCFD and their social workers, that's a huge role that they play as they transition into adulthood is getting them connected to stable long-term housing post and CFP support" (P05).

Opportunities.

Extending MCFD mandate and legal obligation to youth beyond the age of 19. As a result of the COVID-19 pandemic, MCFD developed temporary support agreements to continue supporting youth past the age of 19. One participant stated that this decision was made due to "recognizing that it's going to be more difficult to secure income" during the pandemic (P01). Several participants indicated that the COVID-19 pandemic identified a need to support youth past the age of 19, that was already there prior to the pandemic. One participant stated that "really I think what's happened is it identified an already serious need to keep supporting youth who are not ready for

a program, are not ready to attend post-secondary, not ready to work full time" (P03). The participants identified the opportunity to continue supporting youth past the age of 19, and expressed that they hope the agreement becomes a standard practice even post pandemic.

More financial support for youth and affordable housing projects. Participants reported that though the monthly financial amount provided to youth in independent living does depend on the living standards of the geographical location the youth are in, the monthly amount does not adequately reflect the rising cost of living across the province. Participants identified an opportunity for MCFD to increase the monthly financial amount provided to youth in independent living to match the cost of living. One participant stated that given the "housing crisis right now, compensation financially for rent needs to be way higher than it is. Kids can't find decent housing for the amount of money they get" (P04).

Participants also highlighted the need for MCFD to provide more financial support to the housing programs that youth access after they transition out of care. One participant stated that it would be beneficial to have "some kind of supported housing…that's lower, but lower cost" (P04). Another participant talked about advocating with other organizations to secure space for youth who are leaving Ministry care in their programs, which the organizations agreed to, but the participant then had to go back to MCFD and to say "look we have them at the table…we need to get some dollars" (P05). Another participant stated that "MCFD does not do enough for housing for young people, 19 and above, because we just really don't have housing" (P03). The data indicates that there is an opportunity for greater financial investment into below market housing programs so that more youth can access them.

Address barriers to accessible and sustainable housing faced by youth transitioning out of care. The participants discussed several barriers that youth leaving Ministry care face in finding housing. There was an identified opportunity for MCFD to examine these barriers and address them to make housing more accessible for youth. The barriers identified by participants include eligibility criteria for housing programs, which exclude any youth who does not meet certain criteria from accessing affordable housing programs. Another barrier is the youths' own behaviour struggles and potential conflict with landlords. One participant indicated that "it doesn't matter how much money you can give a youth for rent. If they're unstable, like in their life and their mental health and their behaviours like they're going to get kicked out" (P02). These barriers are often intersecting with each other, creating difficulty for youth to access housing. This can result in the youth compromising their safety by living in places that may not be safe and secure. One participant indicated that if the youth can't find affordable housing, "they're just going to find crappy places and crappy places means unsuitability, instability" (P04).

Another factor that compromises the youths' safety and creates a barrier to stable housing is substance use. As described by one participant, some youth "that are actively using, if they're drug addicted, alcohol addictions that are so severe that we have nowhere to house them and it becomes really challenging because when they turn 19, there is nowhere for them to go" (P05).

Aspirations.

MCFD to have their own housing programs and affordable housing buildings/units that are MCFD-run and fully funded to meet youth's needs. While many MCFD housing partnerships were reported as strengths, another theme emerged when participants were asked about their aspirations for youth housing models – one where MCFD would adopt their own affordable housing programs that were 100% MCFD-run. One participant suggested, "Buy like buying buildings up like can be devoted to MCFD youth and then have like support attached to it so people are still like checking on youth and can still like you know transition workers or whatever, like still work with them" (P02). When further asked about their aspirations or future vision in the interviews, one participant had trouble articulating their response to such a complex issue and noted the importance of consultation with the youth. This participant expressed, "You know what would be my perfect dream? Or the easiest? I don't know. Is it an entire block of suites that we help pay for? And then is it free

for all? Is it tiered? How do we support the safest approach and how do we ensure we're actually consulting with the young people who are going to be living there?" (P06).

Integrated life skills & supportive housing programs. A common theme that was identified from all the participant interviews was the need for life skills programs to be integrated into MCFD supports before and after youth transition into supportive housing programs or independent living. While current programs exist within current MCFD partnerships (e.g., CLBC, Directions, the 10K Program), participants identified a more pro-active approach for youth living in supportive housing prior to leaving care. One participant recounts a specific model where "[youth] each have their own private space, bedroom, and then they have a communal kitchen, and then shared bathrooms, and they all take responsibility around cooking and cleaning, and such like that. And that way – and there's a house parent there, so it just helps these young people. They are under the age of 19 but it helps prepare them for independence, and then, you know, helping them in looking for housing when they turn 19 and transition out of care. I think we need more of those models" (P01).

As found in the literature, youth in care often lack basic informal life skills such as cooking, cleaning, budgeting, paying bills, and self-care while some are even recovering from addictions, mental health, trauma, disabilities, and other challenges. All these factors put youth aging out of care at further risk of falling out of professional support systems. In an effort of prevention, a participant pointed out the need for on-going support, "Whether there's even an ongoing life skill program that's run every once a week or every month so that they know it's drop-in, you just show up and you might be having a really crappy month, you've lost your job, or, you know, your living arrangement with your boyfriend broke down. But having those built- in connections that are ongoing for these young adults" (P01).

Results.

Long-term stable housing and strong connections to the community. The results under the SOAR Analysis Matrix involve identifying tangible outcomes and measures that demonstrate the achieved desired goals and aspirations. In all of the interviews with participants, none of them were able to identify current or proposed concrete measures to track the progress of their desired goal and/or aspirations, instead participants focused on what they wished to see for their youth once they aged out of care. Consequentially, the sub-theme that emerged was long- term stable housing and strong connections to the community. One participant stated: "I would hope that they live in a safe neighborhood. That they have the ability to make their rent… but also have their other cost of living covered through, whether it is… through employment or are they needing support, right? Because of their – is it through Persons with Disabilities and income assistance? You know. Is it disability? I don't know, but that they – yeah, that they live in a – most importantly that they live in a safe… That their home is safe" (P01).

Another participant emphasized youth safety and connection by saying, "I think success would be seeing those people are those young people – safe - and have somewhere to be safe. And, just like the again that second stage kind of thing of the wraparound supports" (P06).

Systematic and structured youth feedback for improved program results. During the interviews, participants highlighted that when youth feedback is incorporated into housing programs, it would be an indication of successful youth housing. Since MCFD´s goal as well as its human and financial resource investment is to facilitate these young people access safe, secure, and stable housing, then their feedback is especially important to improve services. There are Youth Advisory Councils that get feedback from youth leaders. However, the Ministry's frontline staff and leadership require structured and institutionalized mechanisms for youth to feedback their experiences with housing support. One participant said, "MCFD doesn't do that, we don't track. There's no way to track anything besides like I guess like numbers. How many youths went on youth agreements … like that kind of thing" (P02, research interview (P02).

Discussion

The purpose of this research study was to examine

the successful aspects of and recommendations to improving youth housing for youth transitioning out of Ministry care. Under the theme of Strengths of the SOAR framework, MCFD's collaboration with housing agencies was identified. Through these partnerships, youth transitioning out of care can access low barrier housing, additional resources for youth and the support of housing staff. This theme reflects the identification of housing models that provide additional services to youth as a marker of successful housing models, which was highlighted in the review of the literature. These services can include life skills programs, mental health support and low barrier housing (Salazar, 2020). MCFD's already existing relationship with housing services is a valuable starting point. As such, the relationship between MCFD and housing programs being identified as a strength by the participants of this study supports the previous research as it is through these partnerships that additional supports are facilitated, creating a marker of success.

Previous research also identified the support of housing workers as a marker of success (McCreary Centre Society, 2011). This can also be related to the partnerships with housing agencies as a strength in the current research, since some of these housing agencies have housing workers in their programs. Though previous research indicates housing workers, not MCFD social workers, as a strength, this can nonetheless be linked to the identification of MCFD social workers as a strength in this current study. The participants talked about the advocacy individual social workers engage in with housing programs to obtain housing for youth transitioning out of Ministry care. In this sense, the MCFD social workers can be considered as taking on the role of housing workers, by navigating housing programs, making connections with other organizations and providing support to the youth.

Under the theme of Opportunities in the SOAR framework, three sub-themes to leverage success were identified in the current research. The first of which is the opportunity for MCFD to extend their mandate and legal obligation to youth beyond the age of 19. In previous research it was indicated that youth feel they would benefit from a continuity of care from MCFD (Child Welfare League of Canada, 2021). Furthermore, youth identified the need for building a support system as they transition to independent living (TRRUST Collective Impact, 2020). The participants of this study were clear that the youth need support past the age of 19, and though the current agreement to support them past the age of 19 was a result of the impact of COVID-19 pandemic, the participants felt that the youth's need for support into adulthood was there even before the pandemic. This corroborates the findings of previous research around the youths' need or a support system and continued support from the Ministry into their adulthood. This need, as identified by the participant, is one that will remain even post-pandemic, and there is an opportunity that was created by the pandemic to make support past the age of 19 a permanent mandate of MCFD.

The opportunity to provide more financial support to youth and housing programs was a prominent sub-theme in this research study. This closely reflects findings in previous research that call for more financial support, given the barrier to housing created by lack of affordable housing (Adoptive Families Association of British Columbia, 2021), the high cost of living and the lack of financial stability of the youth (TRRUST Collective Impact, 2020). Participants in the current study reported that the financial amount provided to youth by the Ministry does not reflect the cost of living and cost of rent. This speaks to the continued state of high housing cost across the province, which is likely a contributing factor to the lack of financial stability youth leaving Ministry care face. Furthermore, the lack of affordable housing, as identified in previous research, is reflected in the answers of the research participants who identified a need for MCFD to provide more financial support to affordable housing projects. This opportunity to fund affordable housing is a practical way to address the shortage of affordable housing and can result in creating more financial stability for youth leaving care, as they do not have to spend a large portion of their income on rent.

The identification of barriers that youth face

creates another opportunity to examine these barriers and how to address them in the creation of new housing models. The barriers identified in this research study reflect the findings of previous research. Eligibility criteria create a risk of eviction for youth (City of Vancouver, 2020). The youth's own behaviour can sometimes lead to conflict with landlords, creating another barrier (Cheng et al., 2013). This is made more complicated by strict behaviour requirements of housing programs (Cheng et al., 2013) and landlords' aversion to renting to youth (TRRUST Collective Impact, 2020). These identified barriers are well reflected in the answers of the participants in this study. This consistency is indicative of the urgent need to examine these intersecting barriers more closely and determine how to build housing programs that alleviate these barriers comprehensively.

Under the theme of Aspirations in the SOAR Analysis, a major sub-theme was the aspiration for MCFD to have their own housing programs. This was clearly stated by several participants as a vision for the future that would contribute to the success of housing for youth transitioning out of care. This theme is not one that has been clearly identified in previous research. Though previous research has identified ways to make youth housing for youth leaving Ministry care more successful, MCFD was not identified as the aspired leader of such programs. Participants spoke about a vision where MCFD creates housing programs that reflect the need of youth leaving Ministry care. These needs are still well aligned with what previous research identified as needs, including aspects such as affordability, support, and life skills (Salazar, 2020). The proposition that MCFD have their own program can be explained through the assumption that MCFD is best equipped to know what the needs of the youth are and thus have these needs met in their own housing programs rather than outsourcing to other agencies who may not have as comprehensive an understanding of the needs of youth transitioning out of care.

The second sub-theme in the aspirations theme is the incorporation of life skills and supportive programs that meet the varying levels of support youth need. Participants spoke about how some youth need more support than others. As such, having programs that can provide more extensive life skills support for youth that need it would be beneficial. This aspiration is well aligned with what previous research identified as successful aspects of housing models. There are youth that may be using substances that need more support (Child Welfare League of Canada, 2021) or youth that may need support around employment and life skills (Salazar, 2020). Having housing programs that also provide these supports would make a housing program successful because it provides holistic supports in various aspects of the youth's life. This is well aligned with the aspiration identified by participants in this study as participants spoke about how providing these additional supports would allow the youth to access them as they need to ensure that their needs are met in a more holistic sense.

Under the theme of Results in the SOAR Analysis, the first sub-theme that participants identified as indicative of success in the future is the creation of long-term stable housing and strong connections to community. Participants indicated that long-term stability is a desired goal for youth in their future. Participants also identified the youth's ability to form community connections as a crucial marker of success. This relates to the facilitation of community connections as a successful aspect of a housing program, as identified by McCreary Centre Society (2011). When youth are able to sustain stable housing over a long period of time, they can form meaningful relationships with their neighbours and people in their community.

Lastly, the second sub-theme identified under the Results theme that would be indicative of success in the future is the incorporation of youth feedback to improve housing programs. Participants reported the varying levels of defining success and how success looks different for each youth depending on their circumstances. As such, the incorporation of a wide range of feedback from youth about their housing needs can help MCFD determine the level of success in their housing programs. The existence of youth feedback does not necessarily indicate success, unless

it is actually systemically incorporated into the housing policies and programs that MCFD has on its own, or in collaboration with other agencies. There is a need to determine how well MCFD is incorporating relevant research and feedback from youth into its housing programs, which will be expanded on below, in the section on recommendations for future directions.

Limitations

Even though the study gathered information that can inform MCFD´s policy and programming, there were three main limitations that might affect the impact of the findings. The first two limitations are related to sample and selection bias. First a sample of six respondents is too few given the size of the Ministry staff and the importance of the foster care a program for MCFD and beneficiaries. Additionally, all the interviewees from the MCFD were from urban settings leaving out the sub-urban and rural community settings which further limits the scope of study findings. The second limitation was the risk of the sample bias because all interviewees were from the Ministry and there were other critical players who were not interviewed. The research did not cover representatives from housing agencies, youth themselves or communities making the data biased towards MCFD views. The third limitation was related to the study instrumentation, which refers to the tools utilized to collect data in a research study (Salkind, 2010). In this study, the SOAR Matrix and its questionnaires appeared repetitive to a few respondents. For example, questions on opportunities and strengths were often confused to be enquiring about the same issues. This might have affected some of the responses of the interviewees despite explanations by the researchers.

Recommendations for Future Directions

Recommendation 1: Further research on the specific housing needs of Indigenous youth transitioning out of care

The scope of this study was limited to qualitative interviews of MCFD staff working with youth who are transitioning out of Ministry care. This research study did not examine the specific housing needs of Indigenous youth. However, research indicates Indigenous youth are disproportionately impacted by homelessness in comparison to the general population (British Columbia Non-Profit Housing Association, 2020). There are also more Indigenous children in the care of child welfare agencies today than there were at the height of the residential school system era (BCNPHA, 2020) making Indigenous youth more vulnerable to facing the brunt of the above combined discrimination factors around housing when they transition out of care. As such, it is recommended that further research is done in the future on the specific and unique needs of Indigenous youth transitioning out of ministry care.

Recommendation 2: Research successful housing programs in other jurisdictions

While the scope of our research only included MCFD jurisdictions within the province of BC, the Student Research Team recommends further research on successful housing programs in other provinces and government-led jurisdictions. Future research from successful housing models in other jurisdictions would provide insight for MCFD to incorporate successful aspects that have been found helpful in other jurisdiction into its housing models to better support youths' transition from care.

Recommendation 3: Explore ways in which MCFD can build formal and informal support for youth before the time of transition

The importance of having formal and informal supports for youth was a key takeaway from the interviews. As youth in care often lack traditional family support systems, findings suggest MCFD build in formal and informal supports for youth leading up to their time of transition. As one participant shares, "And so, relationships can change so we usually try and make sure that they like you know have like a couple of unpaid people in their life that they can go to so it's not just having to be workers. That's like a big piece of transition" (P02). Having a Ministry-wide process for establishing these formal and informal support systems would provide a stronger safety net to prevent some of the challenges youth face once they leave Ministry care.

Recommendation 4: MCFD to review housing policies and to incorporate changes from relevant and current research findings

Based off the literature and the research findings, it

has become increasingly apparent that MCFD must start the process of reviewing their existing housing policies and begin to incorporate the relevant and current research findings into their practices when working with youth who are transitioning out of care. Many of the barriers and challenges for youth housing was present in both the results of this study and the review of the current literature. Some of the barriers to successful youth housing that were found both in the research and literature were: a lack of social support system, affordability of housing, discrimination by landlords, and a lack of basic informal life skills. By incorporating the research findings like developing MCFD-run affordable housing programs alongside life skills programs that meet the complex needs of youth, MCFD can begin the process of mitigating some of the housing barriers experienced by youth aging out of care.

Conclusion

In undertaking this research project which is aimed at exploring the lessons from successful housing models for youth transitioning out of Ministry care using an Appreciative Inquiry approach. Six MCFD respondents were interviewed. Four distinct themes emerged from the study findings and analysis of data which were further broken down into sub themes. These were: (1) Strengths, (2) Opportunities, (3) Aspirations, and (4) Results.

The research highlighted key strengths and results that can inform MCFD́s current and future markers of success of youth housing. Furthermore, opportunities to leverage success and aspirations for the future can be utilized as recommendations to improve housing models for youth leaving Ministry care. More research that involves all key players in the sector such as partnership agencies, youth themselves and other key stakeholders for more wholistic support is recommended. MCFD would benefit more from investing in preparing youth to transition out of care gradually, comparing best practice in different regions and reviewing existing policies to reverse glaring housing challenges youth transitioning out of care are facing. In the long term, MCFD needs to undertake analysis of its expenditure on youth housing and make more safe, stable, affordable, and permanent housing. The urgency of having housing programs that meet the needs of youth transitioning out of care can be summed by a quote from one of this study's participant, who stated "MCFD needs just to commit a substantial amount of money to transitional housing, whether that is in partnership with Community agencies or a development of our own, there is no denying the fact that our young people are lacking housing so sorely that they are ending up homeless and in shelters" (P06).

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Appendix A

Data Collection Instrument: Interview Questions (using SOAR Analysis)

Strengths: *What can we build on?*
1. What do the youth you support think about MCFD's role in connecting them well to housing programs during their transition out of care?
2. What key resources give MCFD an advantage when connecting youth transitioning from care into transitional or permanent housing?
3. With the previous questions in mind, what current strengths can be built upon?

Opportunities: *What are our best chances to leverage success?*
1. How do MCFD strengths in transitional/permanent housing programs align with youth needs?
2. How could MCFD develop transitional/permanent housing programs or services targeting these needs?
3. What community partnerships could lead to greater transitional/permanent housing success?
4. What are key areas of untapped potential for supporting youth transitioning out of care?

Aspirations: *What do we care deeply about?*
1. What should the future of youth housing look like for youth transitioning out of care?
2. What current strategies and actions support our vision for this future?
3. Based on your passions for the protection and well-being of the youth you work with, what can MCFD do to advance its plan for sustainable transitional/permanent housing?
4. What changes do you hope to see in youth transitional/permanent housing over the next five years?

Results: *How will we know we are succeeding?*
1. Considering the identified strengths, opportunities, and aspirations, how will you know MCFD is on track in achieving its goals?
2. How might MCFD track the impact or changes that have happened?
3. Imagine it's ten years in the future and you meet one of the youth you are currently working with or have worked with. What do you hope their housing status will be?
4. What have you as a worker, your team, and MCFD as an agency done to support that vision

Appendix B

Data Collection Instrument: Demographic Questionnaire

1. How many years have you been working as an MCFD staff member supporting youth who are transitioning out of care into independent living?
- Numerical field

2. What is your current role on your team?
- Frontline worker
- Supervisor
- Leadership

3. How many MCFD staff do you support, supervise, or report to you?

4. What is the highest level of education you have completed?
- High school diploma or equivalent
- Some college credit, no degree
- College certificate or diploma
- Bachelor's degree
- Master's degree
- Doctorate degree
- Other, please specify: [Text]
- Prefer not to disclose

5. What geographical setting do you work in?
- Rural
- Urban
- Suburban

6. Approximately, how many youth are currently on your caseload?

7. How many connections/partnerships to transitional housing do you currently have available to you?

8. In your own words, and without divulging any case specific information, please elaborate on these connections/partnerships:

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The Benefits and Challenges of Using Virtual Technology

Lai, A., Kwok, H. C., Verma, P., Theriault, T., & Chau, Y.

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Abstract

This research study was completed by the University of British Columbia (UBC) School of Social Work, in collaboration with the MCFD. In March of 2020, BC declared a state of emergency in response to the pandemic. To address the challenges of the pandemic, MCFD child protection response workers were allowed to use virtual technology to meet with families when necessary. A literature review was conducted to obtain existing research on the benefits and challenges of using virtual technology to complete child protection risk assessments. The findings helped form the conceptual and theoretical framework which produced two research questions, (1) What are the benefits and challenges that child protection response workers faced in their practice with families when using virtual technology during the COVID-19 pandemic. (2) What tasks under the child protection response can be continued virtually post-pandemic. This is exploratory research, using an ecological and trauma informed framework. The eligibility criteria included MCFD child protection response workers. Data was collected through an online survey through UBC Qualtrics. Descriptive statistics analysis and inductive thematic analysis were conducted to determine themes and patterns around the benefits and challenges of the use of virtual technology amongst child protection response workers. This study found that majority of child protection response workers supported a hybrid model. Certain tasks were not recommended to be completed virtually, specifically intake risk assessments and working with younger children. Tasks that were generally supported to continue virtually were larger external and family meetings, and court proceedings. Majority of the participants highlighted the need for policy clarification, managerial support, digital accessibility and training for both service users and workers. After analyzing the data there were three key limitations to this research relating to insufficient sample size, selection bias, and errors in instrumentation. Based on this research process, there are three implications for policy and practice, which include, 1) intake child protection assessments are not recommended to be done virtually, (2) a need for specific policy on a hybrid approach for certain tasks and guidelines around the recommended tasks that can be done virtually, and (3) virtual technology training for child protection workers and service users. To enhance existing research, further research should be conducted in rural parts of BC and other provinces of Canada. Additional research needs to be completed to help better understand the experiences of virtual technology use with Indigenous populations, and experiences of service users that utilize child protection related services. Furthermore, this research provides MCFD's Operational Child Welfare Policy Team with significant findings that may be beneficial to guide potential policy development. The findings of this research indicate that there are both benefits and challenges with virtual technology use in child protection response related to work within family support and child safety service line of MCFD.

Keywords: Virtual technology, COVID-19 pandemic, child protection work, British Columbia

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Introduction

In March 2020, the province of British Columbia (BC) declared a Public Health and a Provincial State of Emergency in response to the novel coronavirus (COVID-19) pandemic (Government of British Columbia, 2021). To address the challenges of the pandemic and social distancing, MCFD implemented interim COVID-19 Child Protection and Guardianship Practice Guidelines (MCFD, 2021a) to align with the provincial COVID-19. This included making amendments to the Child, Family, and Community Service Act (CFCSA) in fall 2021 to enable the use of virtual technology. This allowed for child protection response workers to meet with families using virtual technology when in-person was not necessary and approved by a director of operations (MCFD, 2021a). Virtual technology includes using social media platforms such as Skype, Microsoft Teams, and telephone to conduct planning, complete assessment, mediation, conferences, and other means of work.

With the lessening of the provincial health order restrictions, MCFD wants to focus on how the use of virtual technology can be incorporated into child protection response work post-pandemic. This research will include responses from MCFD child protection response workers which have been obtained through an online survey. These responses have helped identify the benefits and challenges of using virtual technology in their work during the pandemic. With the responses, recommendations have been developed on how virtual technology can assist with specific tasks in child protection response in a way that expands tools and streamlines workflow post-pandemic. The results of this research and the experiences of participants during the pandemic may provide valuable insight for the Operational Child Welfare Policy Team to help inform potential policy development on which tasks can continue post-pandemic.

Conceptual Framework

With the onset of the pandemic, a paradigm shift had occurred within MCFD where child protection response workers had to change the way they practiced. The term "child protection response workers" is used to incorporate Intake Workers, Family Services Workers, Guardianship Workers, and Collaborative Planning and Decision-Making facilitators as they are involved in executing tasks under MCFD's Chapter 3: Child Protection Response Policies (MCFD, 2021b). They are responsible for conducting assessments for reports pertaining to the safety and wellbeing of children/youth as well as providing ongoing monitoring and support to families. The safety and wellbeing of a child/youth is defined differently across provinces, countries, and jurisdictions, and there is no universal definition that fits best. Within this research, the safety and well-being of a child/youth means having the right to live in an environment free from neglect, physical, emotional, and sexual abuse.

The roles of child protection response workers are heavily involved with in-person contact when there are suspected child safety concerns. This helps to build relationships with families while ensuring that a child/youth is safe to remain in the home environment. While the COVID-19 pandemic was occurring and other professions were working from home, child protection responses workers needed to continue to assess and mitigate concerns related to child/youth safety. MCFD implemented specific COVID-19 guidelines to align with the provincial health orders. This allowed for virtual technology to be used to assist with certain tasks within child protection practices in BC.

We have conducted this research and analyzed the data by using an ecological framework to explore the impacts on the micro, mezzo, and macro levels. This will include incorporating a trauma-informed practice framework, as trauma is often prevalent in child protection and the families they work with.

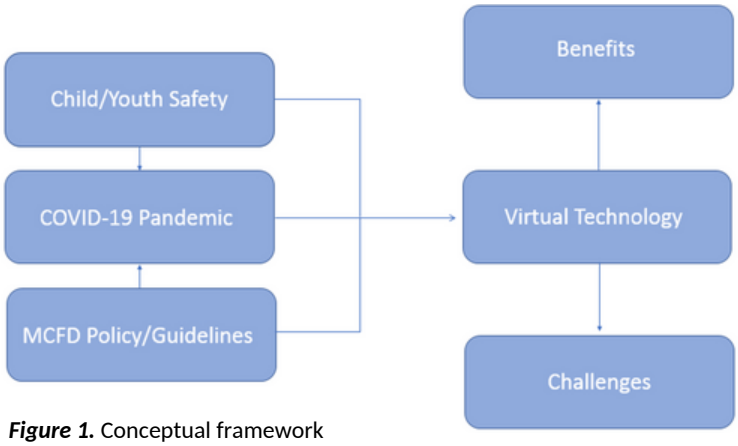

Figure 1. Conceptual framework

Figure 1 shows the conceptual framework for this study. There were multiple factors that influenced the use of virtual technology. MCFD policy/ guidelines, COVID-19 pandemic, and considerations of child/ youth safety were all factors that supported and led to the increased use of virtual technology. COVID-19 pandemic is the main factor leading to increased virtual technology use, and the pandemic led to adaptations in MCFD policy/ guidelines and ways of ensuring child/ youth safety. This research study will explore the benefits and challenges of using virtual technology during the COVID-19 pandemic.

Theoretical Framework

The ecological framework is applied to this study as it expands the interpretation and understanding of child protection work beyond parent-child relationship, but to community and social levels (Stockhammer et al., 2001). In reviewing existing literature, we examine virtual technology use at micro, mezzo and macro levels. At the micro level, we considered the impact of virtual technology use on therapeutic alliance between workers and clients, and the challenges in working with certain populations. At the mezzo level, considerations were discussed regarding organization level such as, the lack of training and support to workers. At the macro level, digital inclusion and accessibility to technology were discussed.

Child protection response workers work with vulnerable populations and may experience secondary trauma. Therefore, this study will incorporate a trauma-informed practice framework and explore how virtual technology may or may not align with trauma-informed practice. Voith et al. (2020) proposed that researchers taking a trauma-informed and socially justice framework must consider power dynamics. It also aims to establish safety, transparency, choice, empowerment, and collaboration at all stages of the research study. The goal is to ensure that the use of virtual technology use will not re-traumatize individuals, with the awareness that trauma is widespread in the population we serve. Through surveys, individuals can participate in our research anonymously and voluntarily. Participants will be empowered to share their experiences with the understanding that their responses may influence the development of new policies for virtual technology.

Literature Review

Limited research has been conducted on how virtual technology has impacted child protection response workers in BC. Due to this gap in literature, a review was completed in other jurisdictions. The majority of the research reviewed was completed between March 2020 to October 2020. Four themes emerged from this literature review including, a) therapeutic alliance, b) accuracy of risk assessment, c) privacy and confidentiality, and d) digital accessibility.

Therapeutic Alliances

Research suggests that technology has enhanced relationships, increased client engagement, and increased client's accessibility for services. The use of virtual technology provided clients a sense of control over the environment which helped create stronger therapeutic relationships and increased engagement from families (Braune et al., 2021; Cook & Zschomler, 2020a; Ferguson et al., 2021). Cook and Zschomler (2020a) suggested that social workers found that technology and text message was an effective way to communicate with youth efficiently. Font (2021), Goldberg et al. (2021), and Seay and McRell (2021) found that virtual court had increased accessibility for parents' attendance as it reduced travel, limited time away from work, or finding childcare. Families felt that attending court through virtual technology was less stressful

On the contrary, Ashcroft et al. (2021) and Cook and Zchomler (2020a) reported that the lack of in-person contact could negatively impact therapeutic alliance, including challenges in establishing new relationships online for social workers. The challenge was related to the inability to read social cues or body language. Additionally, Jentsch and Schnock (2020) and Pink et al. (2021) highlighted challenges in building relationships with young children, under ages of three or four, as children might not engage with a screen or become easily distracted by the surrounding environment.

Accuracy of Risk Assessments

The primary focus of child protective services is to assess abuse and neglect of children and youth. Literature has identified areas where virtual technology might be inappropriate to use in child protection assessments due to a family's vulnerability and risk level. Ashcroft et al. (2021) reported that participants doing assessments over virtual communication had left more room for "errors and misses" (p. 14) and found it challenging to read body language/subtle social cues when conducting assessments. Self-Brown et al. (2020) also found that it was difficult to truly assess a parent's implementation of skills over virtual technology, as the full view of the home was not seen, and the parent could control what was being seen.

P***rivacy and Confidentiality***

Mishna et al. (2020) reported that most of their participants had concerns about protecting the privacy and confidentiality of their clients when using virtual modes of communication, such as text messages, and video calls. Within the research, social workers reported that it was difficult for them to ensure conversations with clients would not be overheard by people in clients' homes (Baginsky & Manthorpe, 2020; Banks, et al., 2020; Cook & Zchomler, 2020a; Cook & Zchomler, 2020b; Mishna et al., 2020). Cook and Zchomler (2020b) added that "in the cases of domestic abuse, workers did not know whether the call was being monitored and if so, whether this would place the caller at additional risk" (p. 405).

Digital Accessibility

Mishna et al. (2020) found that the use of virtual technology enhanced the accessibility of service for clients who experienced anxiety, lived in a remote location, or were dependent on others for transportation. Mishna et al. (2020) also indicated that clients with fewer digital resources and literacy skills experienced barriers to services. In terms of access to digital resources, Jentsch and Schnock (2020) identified that not all families have the equipment necessary for virtual technology communications such as webcams, laptops, phones, or access to stable Wi-Fi. Furthermore, social workers unfamiliar with virtual technology were unable to provide adequate support to families. Cook and Zchomler (2020a) suggested that social workers needed to consider four barriers, digital inclusion, skills, confidence, and motivation.

Recommendations from the Literature Review

Research by Pink et al. (2021) suggested incorporating a hybrid approach in the future to include the use of virtual technology as a means of communication in child protection practice. Several studies recommended that new referrals, initial assessments, and tasks requiring an immediate response or crisis invention required in-person contact (Cook & Zschomler, 2020b; Jentsch & Schnock, 2020; Seay & McRell, 2021). For continuous development of virtual technology use in child protection, the research suggested the necessity to provide the required technology and corresponding training to increase social workers' confidence and competence in using virtual technology in practice (Jentsch & Schnock, 2020; Pink et al., 2021).

This literature review has suggested other areas for research that helped shape a framework that enables child protection response workers to continue using virtual technology for specific tasks when appropriate in BC (Cook & Zchomler, 2020a; Jentsch & Schnock, 2020; Mishna et al., 2020; Pink et al., 2021). These include, 1) new mechanisms for relationship building, 2) understanding the impacts of using virtual technology in risk assessment, 3) limitations and practical solutions safeguarding confidentiality, 4) understanding barriers to digital inclusion, 5) policies/guidelines for a hybrid approach, and 6) training opportunities around virtual technology for child protection response workers. It is evident that there are various gaps in the literature in the subject area of virtual technology use in child protection related work therefore, we have developed the following research questions:

1. What are the benefits and challenges that child protection response workers face in their practice with families when using virtual technology during the pandemic?
2. What tasks under the child protection response can be continued virtually, post-pandemic, to expand tools and streamline workflow with the child protection response?

Methodology

This research study was a class-based project for UBC Social Work Course SOWK 554C 002: Qualitative Methods in Social Work Research: Research and Evaluation in Child, Youth and Family Services. This class-based research was completed with MCFD sponsors Elise Handley, Colleen MacPherson, instructor Dr. Barbara Lee, and five student researchers. This mixed-method study collected quantitative and qualitative data through non-probability sampling. This research obtained approval from MCFD Research Ethics and UBC Ethics Review.

Sampling & Recruitment

This study utilized non-probability, voluntary sampling. The aim was to gather the experiences of workers' use of virtual technology during the pandemic, and the impact on their practice. The first criteria for inclusion were MCFD child protection response workers, who are currently employed and have worked for at least 3 months in the past 1.5 years by the time of participating in the research. This was to ensure that the participants had opportunities to use virtual technology during the pandemic and could provide relevant information in their survey responses. Secondly, as pre-approval was required from Executive Directors of Service (EDSs) for staff to participate in research, only child protection response workers within the participating SDAs were included in this study. Individuals who did not fit the criteria outlined above were excluded from the research.

The MCFD sponsors, Colleen MacPherson and Elise Handley, presented this research project to EDSs in MCFD to recruit participation. Student researchers, Tanya Theriault, Priya Verma, and Athina Lai, extended invitations to their own EDSs for the SDAs that they worked for as part of recruitment effort. Two emails were sent to staff within the identified SDAs with an invitation to participate at the beginning and middle of the data collection period. Interested participants were able to participate in the survey through a web link and review the study information letter included in the email invitations. A consent form was embedded in the beginning of the survey, which participants needed to review and agree to prior to responding to the survey questions. The survey was available for three weeks from February 3 to 25, 2022. The sample size was 62 participants by the end of the data collection period.

Data Collection and Analysis

Data was collected through a 15-minute online survey using the UBC Qualtrics survey platform. The survey consisted of multiple-choice with open-ended text responses with the option to choose multiple answers for some questions (see Appendix A). Student researchers analyzed the quantitative data by conducting bivariate analysis and descriptive statistics analysis. Independent-samples t-tests were conducted to explore if there was a significant difference in the mean score of management support experienced, and the mean percentage of child protection tasks that could be done virtually. This was rated among participants who used virtual technology to complete work tasks more frequently and those who used less. Descriptive statistics analysis was applied to explore participants' experience of using virtual technology to complete child protection tasks and their opinions towards continuous use of virtual technology across distinct roles within child protection response.

For the qualitative data from open-ended text responses, student researchers conducted a thematic analysis by coding the data inductively and identifying possible themes. This research study was exploratory and there were no preconceived themes. Student researchers did anticipate that similar themes might arise as discussed in our literature review, as well as themes specific to challenges and benefits of virtual technology use in BC child protection work.

Findings

Regarding challenges, benefits, and opinions of using virtual technology to complete child protection tasks, similar themes emerged from descriptive statistical analysis of quantitative data and thematic analysis of qualitative data. Therefore, the results of both the quantitative and qualitative data analysis will be presented thematically.

Sample Description

Of the 62 completed surveys collected, participants mainly worked in urban areas (82%), in South Fraser, North Fraser, and Vancouver/Richmond, while some of them worked in combination of urban and rural

areas (12.9%) and only one participant worked in rural area. The sample included child protection workers involved in various roles and a few of them involved in more than one role – intake child protection workers (29%), family services child protection workers (27%), collaborative practice facilitators (8%), guardianship workers (7%), and management and team leaders (27%) (see Table B1).

Use of Virtual Technology of Child Protection Response Workers

Email, text messages, telephone calls, Microsoft Teams, and Skype were the most common forms of virtual technology used by over 98% of the participants, followed by Zoom (77%). Other forms of virtual technology such as social media applications and Virtual Health were also mentioned. Many participants used virtual technology for 2 to 3 hours per day (30.6%) or 4 hours or more per day (40.3%), which varied by the roles (see Figure B1). Intake child protection workers relatively used less virtual technology within their work role than child protection workers whose roles involved more collaboration and partnership. Most intake child protection workers (41%) reported using virtual technology for 2 to 3 hours per day to complete work tasks, while the majority of family services child protection workers (41%), guardianship workers (50%), collaborative practice facilitators (60%), and supervisory role (65%) reported using virtual technology for 4 hours or more per day to complete work tasks (see Figure 2). External agency meetings and family meetings were the tasks for which most of the participants used virtual technology, followed by court proceedings, court mediation, and meeting with a child or youth's care plan team (see Figure 3). Tasks that were mostly reported to remain in-person were child and parent intake interviews, seeing a child/youth in care, and viewing the home environment of clients (see Figure 4).

Concerns or Considerations of Using Virtual Technology

Challenges Related to Risk Assessments. The data shows that there are three key challenges of using virtual technology to complete child protection risk assessments (see Figure 5). The result revealed concerns for privacy and confidentiality (58%), as child protection response workers were never sure who was present or listening during an online meeting. In addition, there were concerns raised about the vulnerability/risk level of the client (47%), especially in cases of domestic violence, abuse, or neglect. Lastly, participants had difficulties with the accuracy (45%) of risk assessments pertaining to the safety of a child or youth. Throughout the qualitative data, participants recognized that using virtual technology posed an ethical issue when it involved discussing sensitive and private client information. One participant shared: "I am never 100% sure if the client is alone and in a confidential space to share (especially a concern with intimate partner violence)". While another spoke to concerns regarding legislation: "Considering the layers of privacy legislation around our work and not being sure if trying to use a new method will accidentally put sensitive information at risk".

Challenges related to relationship building. There were also challenges in shifting from in-person practice to remote practice, around 87% of the participants encountered challenges in relationship building with clients (see Figure 6). The lack of social and physical cues was frequently reported as a factor affecting relationship building (68%). While half of the participants found that privacy and confidentiality was an issue affecting relationship building. Around 55% and 57% of the participants found that shifting to virtual technology affected their ability to build rapport with new clients, and decreased engagement of clients.

Child protection response workers were asked to rate their experience of using virtual technology with various population groups. The mean rating of the effectiveness of using virtual technology to work with young children aged from 0 to 4, school aged children aged from 5 to 12, youth aged from 13 to 19, adults aged older than 19, and clients with developmental or cognitive disability were 1.8, 3.0, 5.6, 6.6, and 2.3, respectively (see Table B2). Child protection response workers generally indicated that virtual technology is more effective with adults aged 19 and over, and its effectiveness declined with age, with virtual technology being least effective with young children ages 0 to 4.

From a trauma-informed framework, it was vital to capture information about whether virtual technology can be done in a trauma-informed manner that would ensure safety and relationship building for the families we work with. One participant identified that work with Indigenous families should not be done virtually at

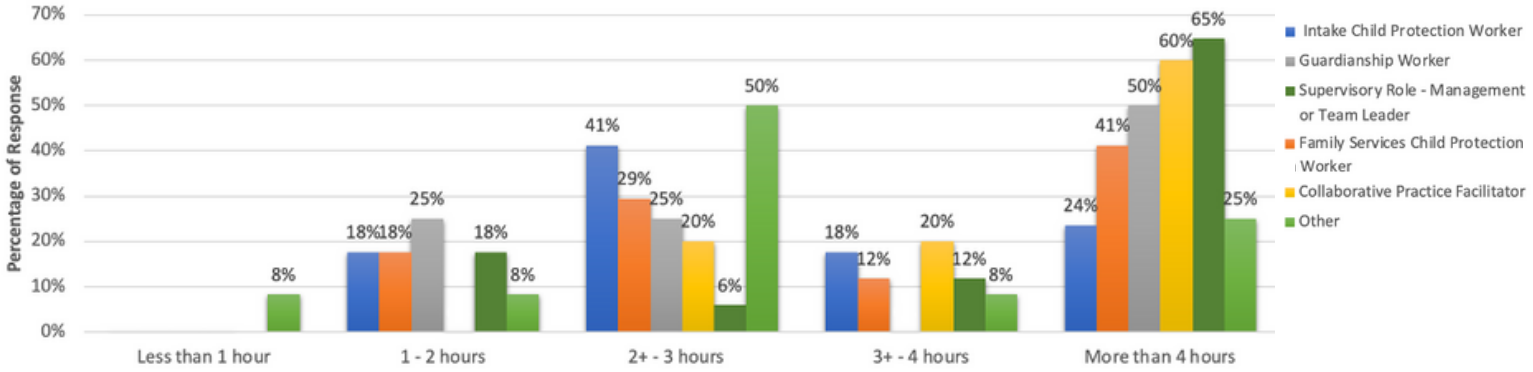

Figure 2. Comparisons of average hours of using virtual technology to complete work task per day among participants in different roles

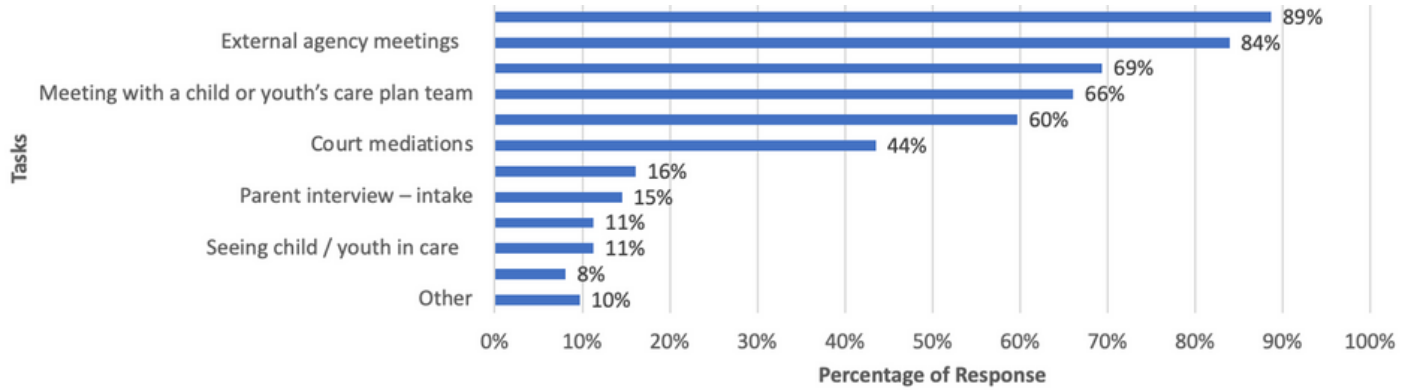

Figure 3. Child protection response tasks for which the participants used virtual technology

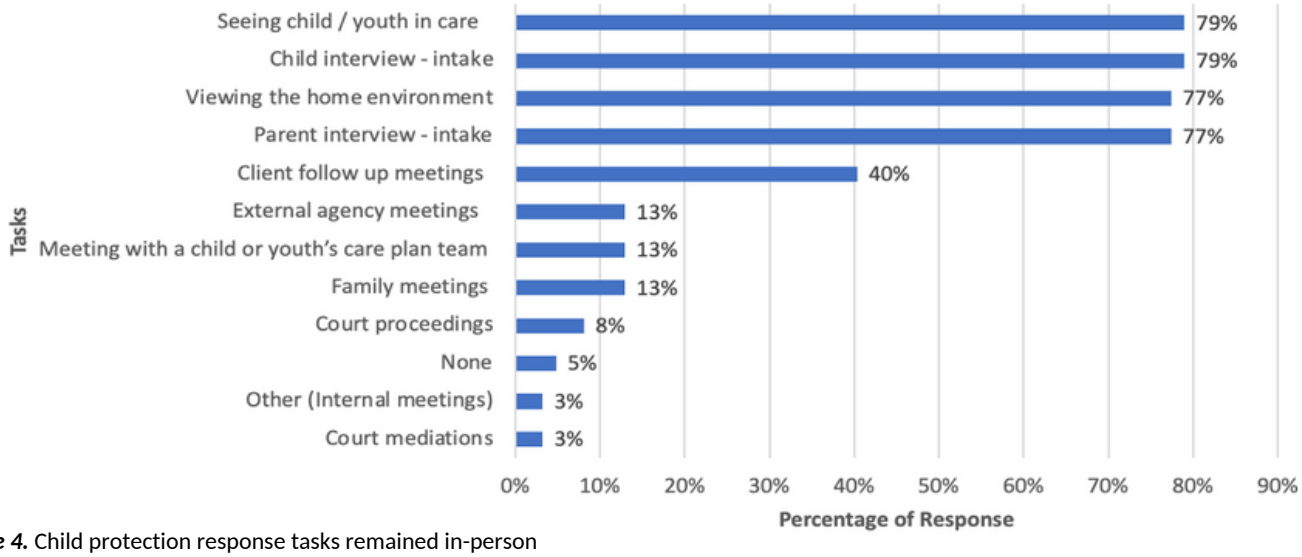

Figure 4. Child protection response tasks remained in-person

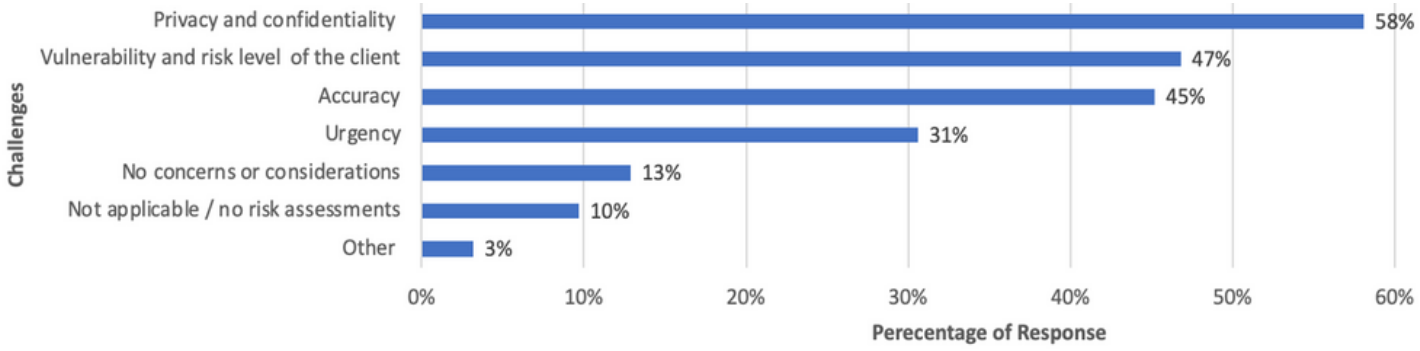

Figure 5. Participants' concerns when using virtual technology to complete child protection risk assessments

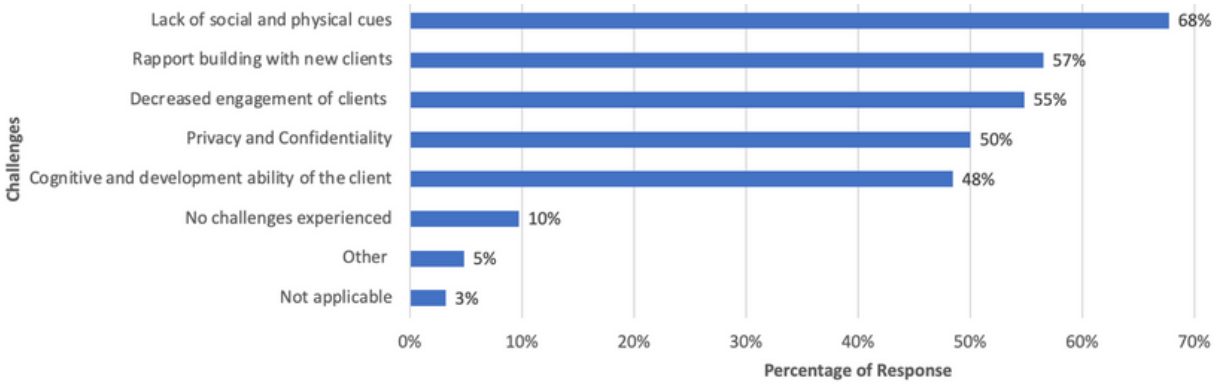

Figure 6. Challenges of using virtual technology to build client relationships experienced by the participants

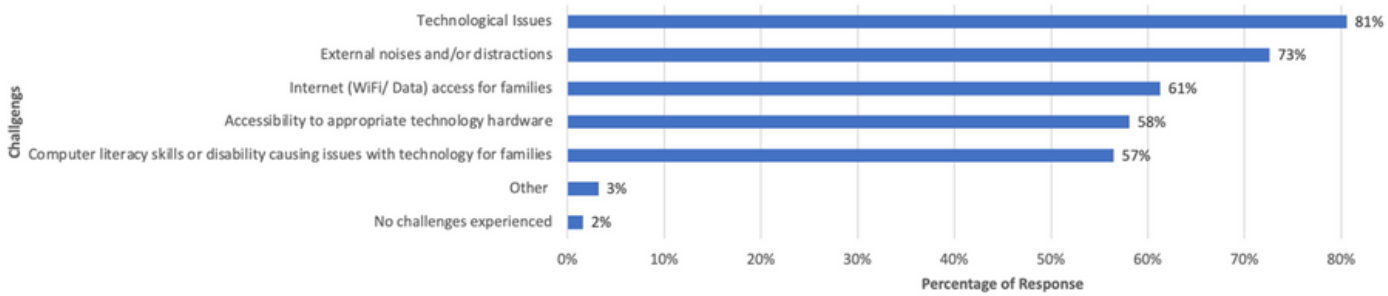

Figure 7. Challenges of digital inclusion when using virtual technology to complete child protection tasks

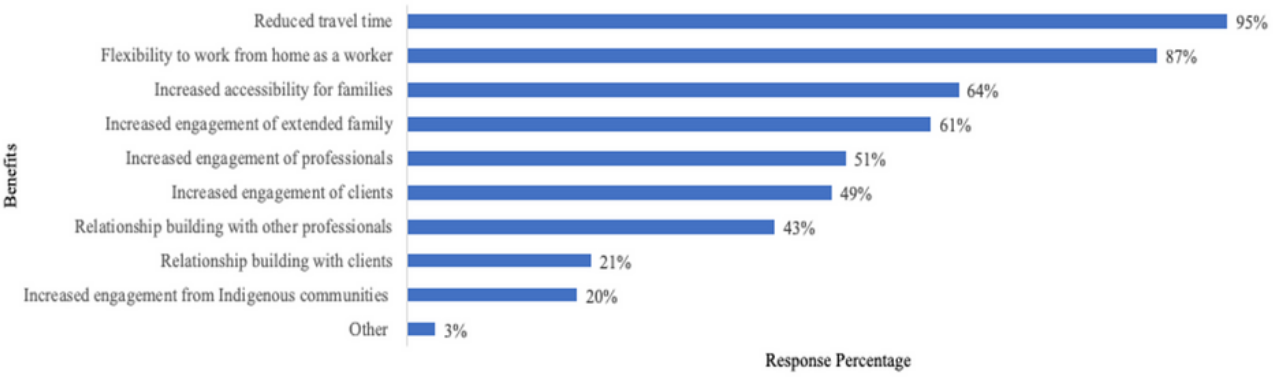

Figure 8. Benefits experienced by the participants when using virtual technology in child protection work

all as it is difficult to build relationships which is paramount when working with Indigenous families. "Indigenous social work cannot be done effectively through digital platforms. I have seen nothing positive grow from this approach. If anything, it has prevented us from moving forward in accomplishing any real change in Indigenous Social Work. I would say that this current state destroys any hope of truth and reconciliation."

Challenges related to digital inclusion

The majority of the participants (95%) reported challenges of digital inclusion when shifting to virtual practice. The major challenge was about technological issues (81%) followed by external noises and/or distractions (72.6%), internet access for families (61%), accessibility to appropriate technology hardware (58%), and computer literacy skills or disability causing issues with technology for families (56.5%). There were similar findings within the qualitative data as one participant wrote: "Our facilitated family case conferences have a 1.5 hour time limit but often the first 30 minutes are geared towards making sure everyone is on the call and addressing tech issues that come up. It takes away very valuable time."

Another participant expressed concerns around decreased engagement for clients, as they stated: "Some clients have not participated in family planning meetings because technology has been inaccessible or hard to navigate and join the call."

Benefits of Using Virtual Technology

The most significant benefits of shifting to virtual technology was reduced travel time and flexibility to

work from home, which was agreed upon by 87% and 95% of participants (Figure 8). A substantial proportion of participants also found that the use of virtual technology in child protection could increase accessibility for families (64%), engagement of extended family (61%), professionals (51%), and clients (49%).

In relation to the benefits of court proceedings taking place virtually, several participants reported higher efficiency and less time involved for all parties. One participant identified the use of virtual technology as helpful in some court proceedings: "For example people who are fleeing violence are able to attend court remotely, without risking their safety by coming out to a public location."

Like the findings for court proceedings, a few participants indicated the benefits of using virtual technology as being able to include parties that are out of town or cannot attend meetings due to distance. It is therefore, consistent with the general benefit of using virtual technology that it can reduce travel time and increase family accessibility.

Opinions and recommendations on which tasks to be continue virtually by participants

On average, the participants supported that 40% of child protection-related work could be done virtually. Participants who used more virtual technology within their work role (> 3 hours/day), recommended a slightly greater percentage of child protection related work to be completed virtually, compared to participants who used less virtual technology within their work role (<1-3 hours/day) [M = 42.50 vs. M = 38.08, $t(56) = -0.97$, $p = .37$] (see Table B3). However, this finding was not statistically significant.

Across distinct roles of child protection workers, family services child protection workers, guardianship workers, and Collaborative Planning and Decision-Making facilitators are inclined to a 50-50 ratio between in-person and virtual practice. However, intake child protection workers and supervisory staff preferred to have fewer tasks being done virtually. Most intake child protection workers suggested 20% to 50% of tasks being done virtually while most supervisory staff suggested 30% to 50% (see Table B4).

Regarding what tasks can be done virtually, 87% of the participants recommended external agency meetings. More than half of the participants also recommended meetings with a child or youth's care plan team, family meetings, client follow-up meetings, and court proceedings could be done virtually. By analysing additional qualitative responses of participants, internal staff meeting was repeatedly recommended by them to do virtually.

From the qualitative data, several participants expressed that viewing the home environment is recommended to be done virtually for low-risk assessments. While a few participants suggested that virtual technology can be used to complete intakes and/or see a child/youth in care if someone in the home is sick. However, there were limited qualitative responses supporting this. One participant mentioned: "Virtual technology has been a lifesaver during the pandemic (literally and figuratively!)."

While participants recommended some tasks to be continued virtually, some participants indicated that virtual work should be considered an option and not a rule. They expressed that the tasks can be done virtually some of the time, but not all the time. For example, one participant expressed that parent interviews, seeing child/youth in care and family meetings can be done virtually, as needed. Within the data, some participants identified the positive outcomes of virtual work and recommended using virtual technology in some tasks but under certain conditions such as, on the need basis or for low risks assessments.

A few responses also expressed that if a hybrid form is maintained, some tasks are recommended to be continued virtually. Consistent with the response that a partial of child protection work is suggested to be done virtually, participants expressed that a hybrid model is desirable with their experience as a participant stated: "Incorporating a balance of technology and in person work was amazingly successful."

Supports Needed to Continue Use of Virtual Technology in Child Protection Work

On an individual level, about half of intake child protection workers, family services child protection workers, guardianship workers, and supervisory staff reported that they had received sufficient training and education in using virtual technology. However, all

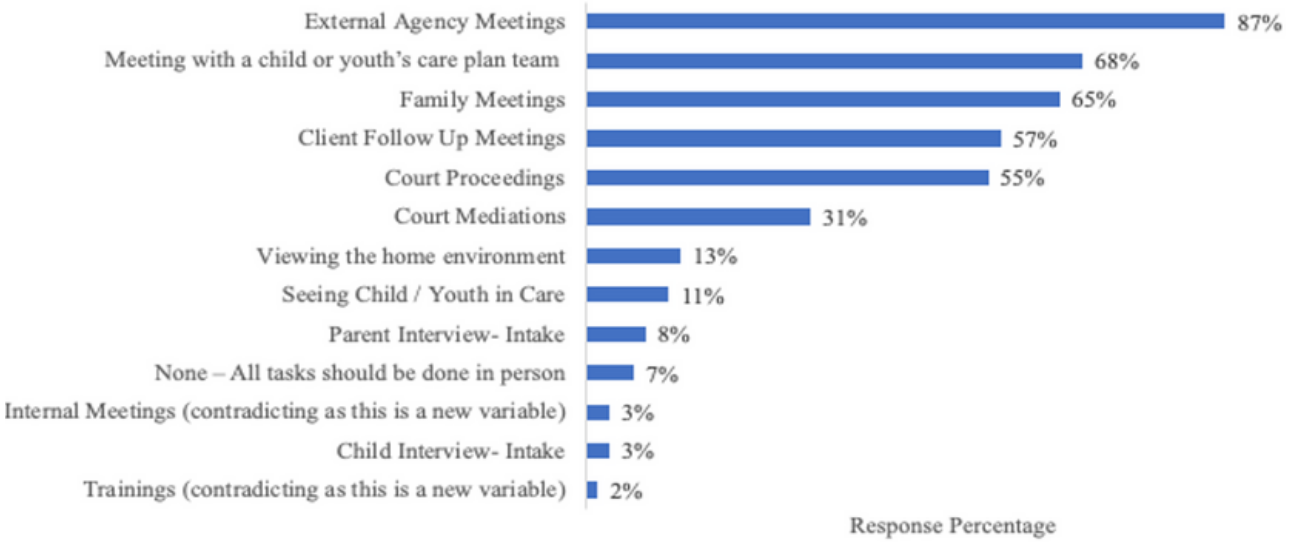

Figure 9. Tasks recommended continuing virtually post pandemic by participants

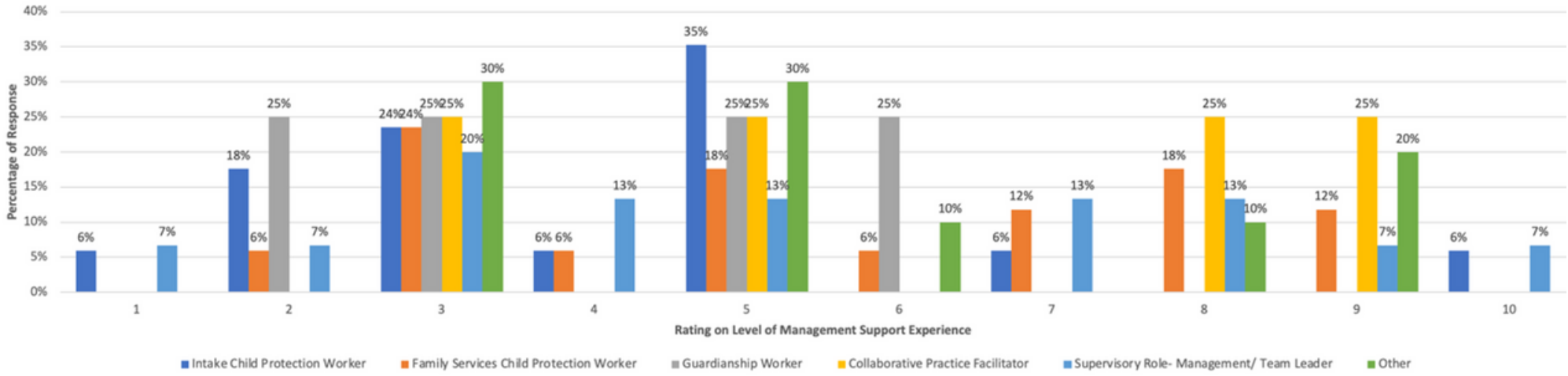

Figure 10. Comparison of level of support from team leader(s) and management to use virtual technology in work experienced among participants in different roles

Collaborative Planning and Decision-Making facilitators reported that they did not have enough training and education. Of the participants who had received training, 62% engaged in self-training while 26% of them received training from employers. The mean score for the effectiveness of self-training was 8 out of 10 while the mean score for the effectiveness of training provided by employers was 4.7 out of 10, which was much lower than that the former.

From the qualitative data, some participants shared that even when training was provided by the employer, it was insufficient and not specific to the child protection work. Some participants shared that it was also unclear which virtual platforms were approved for use and there was no clear policy outlining the parameters to which staff could use the platform. Additionally, participants voiced that there was often minimal to no training provided to use the various virtual platform(s): “Mostly we have been told to use a certain platform for virtual interaction then been expected to learn how to use that technology on our own.”; “…. we're all just "winging it" or trying to figure out the technology as we use it.”

In general, all roles in child protection reported receiving low level support from team leaders and management to use virtual technology in work, except collaborative practice facilitators (Figure 10). Participants who used more virtual technology within their work role rated a slightly higher score of management support (>3 hours/day), compared to participants who used less virtual technology within their work role (<1-3 hours/day) [M = 5.52 vs. M = 5.17, $t(53)$ = -5.3, p = .598] (Table B5). However, this finding was not statistically significant.

On the organization level (see Figure 11), 71% of participants expected more clarity in policy and procedure of virtual technology use whereas 53% of participants had support and openness from management. Sixty percent of participants had education training in the use of communication applications that improved access to appropriate technology hardware for clients.

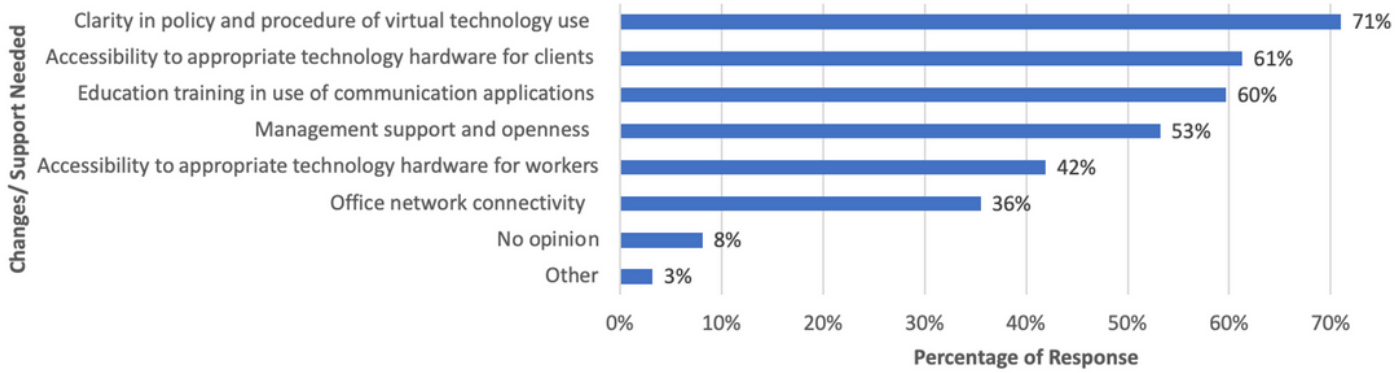

Figure 11. Organizational changes or supports needed to continue the use of virtual technology

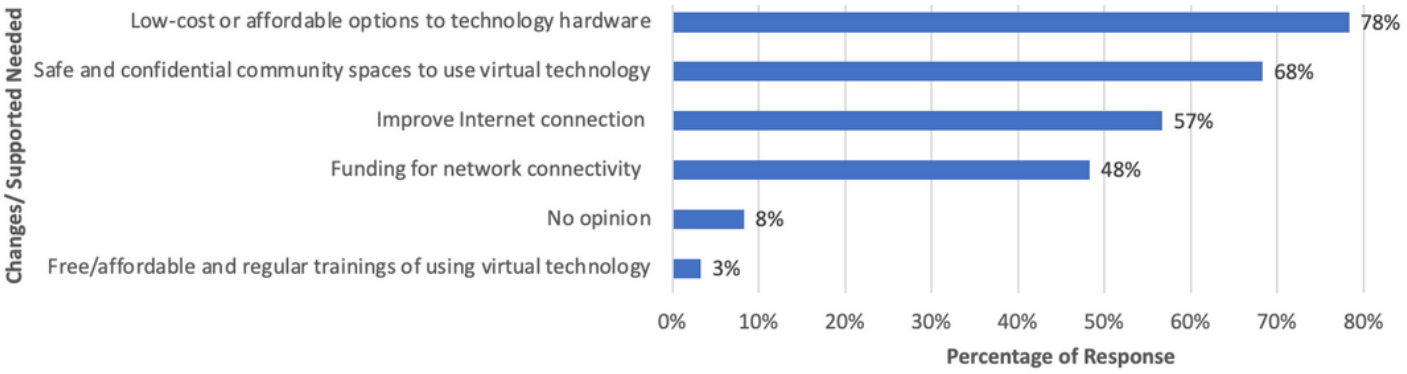

Figure 12. Community level changes or supports needed to continue use of virtual technology

Within the qualitative data, there were similar suggestions from participants that there is lack of support or clear direction from management to allow staff to work from home and continue using virtual technology. Several participants identified that the use of virtual technology supported staff in managing a caseload and work life balance due to the ability to work from home. Some participants identified wanting ergonomic support and ability to print and fax documents from home. “Management does not overly support the ongoing virtual work environment despite it having great success over the course of the pandemic. Work output did not decrease at all and work life balance increased so not sure why they struggle to support their employees to work more often from home. They speak about finding ways to retain and support staff and yet this is not a priority."

On a macro level (Figure 12), many participants supported the need for safe and confidential community spaces to use virtual technology (68%). Majority of participants (78%) identified that low-cost or affordable options for technology hardware is needed to continue virtual technology use. Accessibility to network connection was also identified as a recommendation for future changes, with 48% of participants identifying the need for funding for network connectivity and 57% identified needing improved internet connections.

The qualitative results similarly echoed the need for affordable internet options and technology hardware as several participants highlighted it as a major barrier to families utilizing virtual technology. One participant highlighted that not all former children in care (CICs) are eligible for the Telus discounted phones and internet plans if they did not age out of care: “Many who were former CIC's did not age out of care and so aren't eligible for the Telus phones. A lot of my clients can barely afford market rents, let alone an internet connection.”

Some of the qualitative responses mentioned the need for free technology training for families: “Training sessions for families with regular tech support would be important to include in any kind of tech roll out to MCFD supported families - should not be left to frontline staff to help families navigate, because guaranteed things will get missed and the program will not be working as intended.”

Discussion

This current study examined the benefits and challenges that child protection response workers faced in their practice with families when using virtual technology during the COVID-19 pandemic, and what tasks under the child protection response can be continued virtually. The survey questions and data analysis were conducted utilizing an ecological framework and trauma informed framework, with goals to examine the micro, mezzo, macro systems and ensuring the use of virtual technology will not further traumatize the families they work with.Consistent with findings in the literature, the results found both benefits and challenges in building therapeutic alliances when using virtual technology. This research found the most identified benefit of using virtual technology was the worker’s reduced travel time and flexibility to work from home. Ashcroft et al. (2021) also found that workers experienced positive impacts on reduced commute costs and increased flexibility in work schedules.

Similar to the research conducted by Ashcroft et al. (2021) and Cook et al. (2020), this research highlighted challenges in reading social cues and building new relationships virtually. Virtual technology with young children was also generally not recommended, which is consistent with Jentsch and Schnock (2020) and Pink et al. (2021)’s findings that virtual engagement with young children can be difficult due to their low attention span and distractibility.

We found privacy, confidentiality, vulnerability and risk as major considerations in using virtual technology, similar to discussions in literature (Ashcroft et al., 2021; Baginsky & Manthorpe, 2020; Banks et al., 2020; Cook & Zchomler, 2020a; Mishna et al., 2020). Intake workers who are responsible for completing initial safety and risk assessments generally did not recommend tasks to be completed virtually. This is consistent with literature recommendations that new referrals and initial assessments should remain in person (Cook & Zschomler, 2020b; Jentsch & Schnock, 2020; Seay & McRell, 2021).

The results of this research recommended a hybrid

approach for certain child protection tasks, which is consistent with Pink et al. (2021) suggestion of a hybrid approach in child protection. This research findings primarily recommended larger meetings, such as family meetings, external agency meetings, and care plan meetings be completed virtually moving forward. The findings further suggested that internal team meetings and agency training could continue virtually post-pandemic. While this has not been directly discussed in the literature, we interpret that virtual technology is recommended for these tasks due to the benefits of accessibility, time efficiency, and more control for families virtually as mentioned by studies that have highlighted the benefits of using virtual technology (Braune et al., 2021; Cook & Zschomler, 2020a; Ferguson et al., 2021). Consistent with the literature, our research findings also recommended court proceedings as a hybrid task moving forward (Font, 2021; Goldberg et al., 2021; Seay & McRell, 2021).

This study also examined the suggested use of virtual technology at the mezzo and macro level. There were three key changes needed to continue with the use of virtual technology post-pandemic. First, there needs to be an increase in training for child protection response workers, which was highlighted in previous literature by Jentsch and Schnock (2020) and Pink et al. (2021). Secondly, this research identified the need for management support and policy development. This was like Cook and Zchomler (2020a) who identified four barriers to using virtual technology which is digital inclusion, skills, confidence, and motivation.

Child protection response workers may face similar barriers and may need support from the managerial level and support from policy to overcome these barriers. Lastly, on the macro level, participants identified the need for affordable technology hardware and internet connections. This was consistent with research highlighting the challenges and barriers to virtual technology being internet connection and hardware for clients (Ashcroft et al., 2021; Jentsch & Schnock, 2020; Mishna et al., 2020).

Limitations

There are three limitations impacting the generalizability of this research: 1) insufficient sample size, 2) sampling selection bias, and 3) errors in instrumentation.

Firstly, the independent sample t-test was selected within the methodology to analyze data to see if there were any significant differences between rural and urban communities. However, sample size insufficiency was a limitation of this methodology due to the low response rate of one from rural communities. A comparative study was not completed, and a shift was required within the initial research question to be less specific to rural/urban communities and more comparative towards the use of virtual technology amongst the different roles.

Secondly, MCFD sponsors were able to recruit only three participants who had conveyed an expression of interest. Due to the insufficient sample size, three of the researchers needed to reach out to their own SDA to increase participation rates. As specific SDAs were asked to participate in the survey, this causes selection bias within the research where the responses are subjective to only South Fraser, North Fraser, and Vancouver/Richmond. In addition, the eligibility criteria required participants to be employed with MCFD for 3 months, however, this study did not take into consideration that newer workers would have not worked in a time before the pandemic without virtual technology.

Lastly, there were a few errors in the instrumentation. UBC Qualtrics recorded 70 surveys collected but only 62 of those surveys were completed, 5 had missing data, and 3 were completely blank. This could have skewed the validity where there are changes between the interacting variables such as the number of responses in roles to the benefits/challenges of virtual technology. We were able to address this limitation by excluding the incomplete and blank surveys within the final data analysis. The survey was also missing a question specifically about what tasks should be continued in person. Due to this error, a comparative analysis cannot accurately be completed regarding the recommendations of what tasks can be continued virtually. Participants were also unable to elaborate on the benefits of using virtual technology as an open-ended text box was not provided. This meant that participants were only able to choose the

options that were provided which can create response bias. Despite these limitations, the response rate of participants was higher than expected especially in terms of the written responses. Based on these challenges, recommendations and implications for future practice were made.

Recommendations for Policy and Practice

Based on our research findings, we recommend amendments be made to MCFD's Chapter 3: Child Protection Response Policies to support a hybrid approach of using virtual technology and in-person to complete child protection tasks. Amendments could include listing which tasks and under what circumstances virtual technology could be used, and which tasks must remain in person. Policy amendments could incorporate management's role in supporting virtual technology use, such as listing consultation points and guidelines for best practices using virtual technology based on existing literature and research findings from this study. By developing a policy specifically for virtual technology, it can help highlight virtual platforms/software that can be used while ensuring confidentiality, privacy, and safety.

There is a need for the implementation of child protection specific and comprehensive training for MCFD workers and families. Virtual training for MCFD workers should be incorporated in all new hire trainings and a yearly mandatory refresher training could be offered to all staff on the specific virtual platforms approved by MCFD. It would also be beneficial to provide training and educational resources to service users of child protection services.

MCFD should also consider allocating funding for digital inclusion, such as offering families affordable technology hardware and internet connection options, as this was highlighted as a significant barrier to families using virtual technology. This could be done by extending the eligibility and current arrangement with Telus which already provides youth aging out of care with free refurbished technology hardware, discounted internet plans and digital literacy courses.

Future Recommendations for Research

There are several gaps in our knowledge around virtual technology use in child protection related work in research that follow from our research findings and that would benefit from further research. See recommendations below:

1. There has not been adequate research done in the area virtual technology use in child protection response related work during the pandemic in Canada. Our research study was completed during the pandemic and only focused on the province of British Columbia. Further research could explore the experiences of child protection response worker's use of virtual technology in other parts of Canada.
2. Research in virtual technology use in child protection response in rural parts of BC is scarce. Our research study was unable to obtain a good sample size of participants from rural areas of BC. Therefore, an in-depth exploration of the experiences of child protection response workers use of virtual technology, in rural areas of BC, would be extremely helpful. Researchers could explore the benefits and challenges of the use of virtual technology in rural parts of the province.
3. It would also be helpful to capture more research around virtual technology use in child protection response work and the impacts on working with Indigenous populations, as this was beyond the scope of this research study. Therefore, further research could focus on an in-depth inquiry into the experiences of child protection response workers use of virtual technology with Indigenous populations.
4. This research process was focused on understanding the experiences of child protection response workers and did not include the perspectives of clients using virtual technology when involved with child protection services. Further research might explore the benefits, challenges and the experiences faced by the service users of child protection response services.

Conclusion

MCFD child protection practices were impacted by the COVID-19 pandemic where child protection response workers shifted to using virtual technology to assist with assessing children and youth's safety. Therefore, this exploratory research study used an

ecological framework and trauma-informed approach to explore the benefits and challenges of using virtual technology during the pandemic while making recommendations on which tasks can continue virtually, post-pandemic, to expand tools and streamline workflow in child protection practice.

The research findings recommended a hybrid approach of using virtual technology for certain child protection tasks such as family meetings, external agency meetings, care plan meetings, and court proceedings. However, initial safety/risk assessments and engagement with young children was not recommended to be completed through virtual technology. Implications from this research study include amendments to policy incorporating a hybrid approach, training opportunities for workers and service users, and allocated funding for increasing accessibility to technology hardware and affordable internet options.

In closing, this research project provides MCFD's Operational Child Welfare Policy Team significant information that may be used to inform potential policy development under the Chapter 3 policies and practice changes within the MCFD child protection response. It also provides suggestions on future direction for research to enhance the current knowledge base.

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Appendix A

Survey Questions

1. How many months have you worked in MCFD from March 2020 to present?
- Less than 3 months
- 3 months or more

2. What is your current role within MCFD?
- Intake Child Protection Worker
- Family Services Child Protection Worker
- Guardianship Worker
- Collaborative Practice Facilitator
- Supervisory Role- Management/ Team Leader
- Other

3. What service delivery area (SDA) do you work in? (Open ended)

4. Which demographic are you primarily working with in your position?
- Indigenous population
- Non-Indigenous population
- Both Indigenous and non-Indigenous
- Prefer not to disclose

5. Do you identify as working in Urban or Rural setting?
- Urban
- Rural
- Combination
- Unsure
- Prefer not to say

6. How many hours are you working in a week?
- Full time- 30 hours per week or more
- Part time- less than 30 hours
- Prefer not to say

7. What form of virtual technology did you use since March 2020? (Select all that apply)
- Skype
- Microsoft Teams
- Zoom
- Call via Telephone
- Text message
- Email
- Other (Specify)

8. How often do you use virtual technology on average in a day within your work role?
- Less than 1 hour
- 1 hour – 2 hours
- 2 + hours – 3 hours
- 3 + hours – 4 hours
- 4 hours or more

9. What tasks do you use for virtual technology? (Select all that apply)
- Child interview – intake
- Parent interview – intake
- Seeing Child / Youth in Care
- Viewing the home environment
- Family Meetings (e.g. Family Group Conference, Family Case Planning Conference, Traditional Decision Making, Child Protection Mediation, youth transitional planning)
- Meeting with a child or youth's care plan team (e.g. school, support services, care givers, extended family etc.)
- Client Follow Up Meetings
- External Agency Meetings
- Court proceedings
- Court mediations
- Other (Specify)

10. What tasks of your role remain in person? (Select all that apply)
- Intake - Child interview
- Intake - Parent interview
- Seeing Child / Youth in Care
- Viewing the home environment
- Family Meetings (e.g. Family Gro Family Group Conference, Family Case Planning Conference, Traditional Decision Making, Child Protection Mediation, Youth Transitional Planning)
- Meeting with a child or youth's care plan team (e.g. school, support services, caregivers, extended family etc.)
- Client Follow Up Meetings
- External Agency Meetings
- Court proceedings
- Court mediations
- Other (Specify)

11. When using virtual technology, please select any of the digital accessibility or inclusion challenges that you encountered? (multiple choice with open box after each question)
- Internet (WiFi/ Data) access for families
- Accessibility to appropriate technology hardware (e.g. computers, tablets, phones, etc.)
- Technological Issues (e.g. poor internet connection, application (MS teams, Skype) failure or lag)
- Computer literacy skills or disability causing issues with technology for families
- External noises and/or distractions
- Other – please elaborate
- No challenges experienced

12. In completing child protection risk assessments, what considerations do you have with using virtual technology? (Select all that apply)
- Accuracy
- Privacy and Confidentiality- e.g., lack of private space
- Urgency – response time
- Vulnerability and risk level of the client
- Other – please elaborate
- None – had no concerns or considerations

13. Please identify any challenges that you faced with building client relationships? (multiple choice with open box after each question)
- Rapport building with new clients
- Lack of social and physical cues
- Cognitive and development ability of client
- Privacy and Confidentiality (e.g. lack of private space)
- Decreased engagement of clients (e.g. attendance and participation)
- Other – please elaborate
- No challenges experienced

14. Please rate your experience of using virtual technology with the population groups below (0 – not effective/ not recommended; 10- very effective/ recommended)
- Young children - ages 0- 4
- School Aged Children – ages 5- 12
- Youth – ages 13-19
- Adults – age 19+
- Developmental or cognitive disability

15. Please select all benefits that you experienced when using virtual technology: (Select all that apply)
- Increased accessibility for families
- Increased engagement of clients (e.g. attendance and participation)
- Increased engagement of extended family
- Increased engagement from Indigenous communities (e.g. Bands & Nations)
- Increased engagement of professionals
- Flexibility to work from home as a worker
- Reduced travel time
- Relationship building with clients
- Relationship building with other professionals
- Other – please specify

16. What percentage of child protection-related work do you recommend being done virtually? (Sliding scale percentage)

17. Which tasks do you recommend continuing virtually post-pandemic? (multiple choice with open box after each question)
- Intake - Child interview
- Intake - Parent interview

• Seeing Child / Youth in Care
• Viewing the home environment
• Family Meetings (e.g. Family Group Conference, Family Case Planning Conference, Traditional Decision Making, Child Protection Mediation, youth planning)
• Meeting with a child or youth's care plan team (e.g. school, support services, caregivers, extended family etc.)
• Client Follow Up Meetings
• External Agency Meetings
• Court proceedings
• Court mediations
• None – All tasks should be done in person
• Other – please elaborate

18. Do you feel that you had sufficient training and education for using virtual technology?
• Yes (If selected, participants will go to questions 18a)
• No (If no, please elaborate)
• Prefer not to answer

18a. If participant picked Yes in 18- then they will be asked to answer the following.
What training or education for using virtual technology did you receive and please rate the effectiveness? (sliding scale question- 0: extremely ineffective; 10: extremely effective)
• Employer Provided Training
• Self training
• Others

19. To what extent you feel that you had adequate management and team leader support while using virtual technology ? (Sliding scale question- 0: very inadequate; 10- very adequate)

20. On an organizational level, what supports, or changes are needed to continue virtual technology use? (Select all that apply and provide suggestions if possible) (multiple choice with open box after each question)
• Education training in use of communication applications e.g. MS teams, Skype
• Clarity in policy and procedure of virtual technology use
• Management support and openness
• Office Network Connectivity
• Accessibility to Appropriate Technology Hardware for workers (e.g. computers, tablets, phones, etc.)
• Accessibility to Appropriate Technology Hardware for clients (e.g. Computer, Tablets, phones, etc.)
• Other- please elaborate

21. On a community level, what supports, or changes are needed to continue virtual technology use? (Select all that apply and provide suggestions if possible) (multiple choice with open box after each question)
• Improve Internet connection (e.g. signal towers, high speed cables)
• Funding for network connectivity
• Low-cost or affordable options to Technology Hardware (e.g. Computer, Tablets, Phone)
• Safe, confidential community spaces to use virtual technology (e.g. library study rooms, community center rooms, etc.)
• Other – please specify

22. Please provide any additional information that is relevant for this study- open ended

Appendix B

Additional Tables and Graphs

Table B1. Demographic Characteristics of Participants

	n	%
Weekly Working Hours		
Full-time – less than 30 hours per week	61	98
Part-time – 30 hours or more per week	1	2
Area Setting		
Urban	51	82
Rural	1	2
Combination	8	13
Unsure	2	3
Current Role Within MCFD[a]		
Intake child protection Worker	18	29
Supervisory role – management or team leader	17	27
Family services child protection worker	17	27
Collaborative practice facilitator	5	8
Guardianship worker	4	7
Other	12	19
Demographics Participants Working With		
Non-Indigenous populations	28	45
Both Indigenous and non-Indigenous	23	37
Indigenous populations	11	18

[a] Participants could select more than one option, so sum of percentage might not be equal to 100.

Table B2. Mean and Mode of Participants' Rating on the Effectiveness of Using Virtual Technology to Work with Different Population Groups

	Mean	Mode
Young Children Aged 0-4	1.8	0
School Aged Children Aged 5-12	3	5
Young Aged 13-19	5.6	7
Adults Aged 19 or above	6.6	7 & 8
Clients with Developmental or Cognitive Disability	2.3	2

Note. The rating was on 0-10 scale, where 0 refers to not effective while 10 refers to very effective.

Table B3. Comparing Recommended Percentage of Child Protection Work to be Completed Virtually versus the Average Use of Virtual Technology

	Avg. Use of Virtual Technology a Day for Work Role					
	<1 – 3 hours (n=25)		>3hours (n=32)			
	M	SD	M	SD	*t*	*p*
Percentage of child protection work to be completed virtually	42.5	22.09	38.08	12.18	-0.97	0.37

Table B4. Participants' Recommendation on the Percentage of Child Protection-related work to be Done Virtually

	Intake Child Protection Worker		Family Services Child Protection Worker		Collaborative Practice Facilitator		Guardianship Worker		Supervisory Role – Management or Team Leader		Other		Total Count	
Percentage of Work Recommended Virtually	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
10%	0	0	1	6	0	0	0	0	1	6	0	0	2	3%
20%	5	29	1	6	0	0	0	0	1	6	3	30	9	16%
30%	3	18	3	18	0	0	1	25	4	24	3	30	13	22%
40%	3	18	1	6	0	0	0	0	5	29	0	0	9	16%
50%	3	18	9	53	3	75	3	75	4	24	3	30	17	29%
60%	1	6	0	6	1	25	0	0	2	12	0	0	4	7%
70%	0	0	1	6	0	0	0	0	0	0	1	10	1	2%
80%	1	6	1	6	0	0	0	0	0	0	0	0	2	3%
90%	1	6	0	0	0	0	0	0	0	0	1	0	1	2%
100%	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
													58	100%

Table B5. Comparing Level of Management Support Experienced versus Average Use of Virtual Technology

	Avg. Use of Virtual Technology a Day for Work Role					
	<1 – 3 hours (n=24)		>3hours (n=31)			
	M	SD	M	SD	*t*	*p*
Level of Management Support Experienced	5.17	2.48	5.52	2.35	-5.30	.598

Figure B1. Average Number of Hours that Participants Used Virtual Technology Within Their Work Role Per Day