

RESEARCH & EVALUATION IN CHILD, YOUTH & FAMILY SERVICES

CSSCF | Centre for the Study of
Services to Children and Families

RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2020 | Volume 2 (Special Issue).

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



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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.



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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

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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 2 is comprised of five journal articles completed by a total of 15 MSW students.

Where is the Magic in Counsellor Training? Thematic Analysis on the Self Reported Learning Experiences of CYHC Counselling Interns was conducted by John Badger and Kassie Maxwell in collaboration between the MCFD and the Chilliwack Youth Health Centre (CYHC). The study focused on evaluating the CYHC Drop-In Counselling Program which provides on-demand counseling for youth aged 12 to 26 by counseling interns under supervision. Ten interviews were conducted using a Critical Incident Method (CIM) as it allowed participants an opportunity to volunteer information on 'critical incidents' they felt was impacting their experiences as interns at the CYHC. The analysis revealed several themes, leading to recommendations such as program orientation, maintaining the current supervision model, and providing ongoing educational opportunities.

Identifying Barriers and Accessibility Recommendations for Individuals of the Vancouver's Downtown East Side Community in Accessing End-of-Life Care was conducted by Tara Azizi and Sylvana Soto in collaboration between the MCFD and May's Place, a hospice in Vancouver's Downtown East Side (DTES) community. This qualitative study focused on examining barriers to accessing end-of-life care for marginalized and vulnerable individuals in the DTES community. The study used biopsychosocial-spiritual theory and trauma-informed practice frameworks to gather insights and recommendations for improving accessibility to end-of-life care services. Through interviews with six professionals in the field, the study identified barriers such as trust issues with healthcare providers, a lack of appropriate services, and substance use. It also highlighted the strengths of May's Place and recommended further implementation of harm reduction practices, increased collaboration among healthcare providers, and inclusive care to ensure a dignified end of life for DTES community members.



Youth Gangs in the British Columbia (BC) Lower Mainland was conducted by Amanda Steeves, Anastasia Kuechler, Teodora Jotovic, and Madison Maher. This research focused on the unique gang landscape in British Columbia, aiming to understand preventive measures, gaps in services, and the reasons why youth join gangs. The study used social-ecological theory and dislocation theory as theoretical frameworks to analyze gang behavior. Through micro-focus groups and thematic analysis, four major themes emerged: program collaboration, program provisions, community involvement, and youth and families. The research highlighted the need for improved coordination among various service systems, emphasized the importance of addressing youth's lack of connection and belonging, and called for a collaborative community approach to better support youth at risk of gang involvement.

Youth Transitioning from Care: Key Considerations for the Development of a Collaboration Model was conducted by Emily McClocklin, Alexis Fisher, and Manprit Chutai. The study focused on identifying collaborative approaches in Canada, New Zealand, and the U.K. for supporting young adults transitioning out of the child welfare system. It aimed to provide recommendations for British Columbia based on best practices from these jurisdictions. The study gathered qualitative data through a Qualtrics survey, analyzed it thematically, and identified five key themes related to transition support and collaboration: transition, extended care support, advisory group, strengths of collaboration, and challenges. These themes inform recommendations for future research and for the development of a collaboration model for MCFD to best support youth transitioning from care.

Creating Effective Family Plans was conducted by Madeline Meikle, Mahtab Janjua, Hailey Pitman, and Iosefina Para. The study aimed to evaluate the use of the Family Plan Structured Decision-Making (SDM) tool in child protection work. The research findings highlight themes such as the need for transparent guidelines, barriers to collaboration, and the importance of training and mentorship. The project offers recommendations to improve the tool's effectiveness and suggests further research areas, particularly in the context of Aboriginal families and resource mobilization.

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

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RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2020 | Volume 2 (Special Issue). Pages 4-19

Where is the Magic in Counsellor Training? Thematic Analysis on the Self Reported Learning Experiences of CYHC Counselling interns

Badger, J., & Maxwell, K.

Citation: Badger, J., & Maxwell, K. (2020). Where is the magic in counsellor training? Thematic analysis on the self reported learning experiences of CYHC counselling interns. *Research and Evaluation in Child, Youth and Family Services*, 2, 4-19. <https://doi.org/10.14288/recyfs.v2i1.197567>

Abstract

This project was completed in partnership between the Ministry of Children and Family Development (“MCFD”), The Chilliwack Youth Health Centre (“CYHC”), and The University of British Columbia School of Social Work (“UBC”). The CYHC Drop-In Counselling Program is a unique program in which youth aged 12 through 26 can receive on-demand, solution-focused counselling by counselling interns. Interns provide counselling and receive supervision from licensed counsellors and psychologists to aid in their learning. The service is well-utilized, with consistent demand from the service-using population. While research on the effectiveness of the program for service users has been completed previously, there is no research on the experience of the interns practicing at the CYHC. The evaluation of this program includes a literature review of effective group and internship learning strategies designed to inform thematic analysis and recommendations. The research itself was shaped by Social Learning Theory and Ecological Systems Theory. All participants were either counselling interns at the CYHC, regardless of internship duration or length, or interns providing supervision to those conducting counselling sessions with clients. A total of ten interviews with ten participants were recorded over a two-day period. Data was collected in semi-structured interviews utilizing the Critical Incident Method (CIM) as it allowed participants an opportunity to volunteer information on ‘critical incidents’ they felt was impacting their experiences as interns at the CYHC. All recordings were transcribed verbatim, coded using both descriptive and structural methodology, then analysed using thematic analysis technique (Braun & Clarke, 2006). In looking to the future, the content of these themes should be used to inform the development of the CYHC Drop-In Counselling Program or similar programs in other jurisdictions. However, there are limitations to the research associated with sampling bias, socially desirable behaviour, confidentiality, and lack of representation from all intern educational levels. The research yielded a number of recommendations: (a) having a greater orientation to the program to clarify previously uncovered areas, (b) continuing to offer the current model of supervision, and (c) continuing to offer both in-service and external educational opportunities.

Keywords: Ministry of Children and Family Development (MCFD), Chilliwack Youth Health Centre (CYHC), interns, counselling, Enhanced Critical Incident Method



DOI: 10.14288/recyfs.v2i1.197567

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Introduction

Youth Mental Health Care in BC

There are a number of provincial ministries that come together to provide youth mental health services in BC. There are services delivering hospital-based services such as the Ministry of Health, the Health Authorities and the Provincial Health Services Authority. MCFD also offers community mental health support services to children, youth, and families in British Columbia (BC) (Legislative Assembly of British Columbia, 2014).

In the Interim Report: *Youth and Mental Health In British Columbia*, the Legislative Assembly of British Columbia (2014) identifies a number of gaps in youth mental health care. One gap highlighted is that access to youth mental health services ends after a youth turns 19. This has created a gap, with youth and families complaining of difficulties when transitioning between youth and adult mental health services at age 19. Navigating a transition from youth services to adult services, especially in the middle of an initial assessment or treatment, creates further barriers to accessing appropriate and timely care. Gaps are also identified with respect to wait times for initial assessments with even longer wait times following the assessment for treatment. Literature suggests that the best outcomes for people who are experiencing mental health difficulties is early intervention (Legislative Assembly of British Columbia, 2014). Some people are waiting up to several months for mental health services. A further complication of this is that if there are several months between assessment and treatment, youth become less likely to engage in that care (Legislative Assembly of British Columbia, 2014).

Chilliwack Youth Health Centre

The Chilliwack Youth Health Centre (CYHC) is a low barrier, on demand counselling for diverse youth and young adults aged 12 to 26 funded primarily by MCFD in partnership with the Division of Family Practice and others to provide this service to the community (Legislative Assembly of British Columbia, 2014). It operates four drop-in locations for youth with counselling provided by interns at all levels of education including undergraduate, master's, and doctoral levels (Chilliwack Youth Health Centre, 2019).

Services like the CYHC exist to address these gaps in mental health care provided to youth and young adults in several ways. One of the ways they do this is by providing care throughout the transitional age between youth and young adults, offering service well beyond age 19. They also provide free, on-demand service with little wait time and offer multiple health care services at one place.

What is unique about the CYHC model that differentiates it from other models is that the counselling offered is run primarily by unpaid counsellors-in-training, also known as interns allowing this service to function with limited funding. There are currently 26 counselling trainees composed of baccalaureate, master's, and doctoral students who rotate between all sites (R. Lees, personal communication, October 3, 2019). No research has yet been conducted related to the experience of interns, and as they are the primary service providers, this necessitates research into what is working for the interns and what is required for effective counsellor training. The following questions have been used to guide this research: (1) What type of training, supervision, and peer to peer support helped or hindered the experience of counselling trainees placed at sites providing low barrier, on demand counselling for diverse youth and young adults aged 12 to 26, (2) How do trainees feel that their experience prepared them to practice professionally and provide counselling services to a diverse population, and (3) How can the current experiences of trainees contribute to future program development and training?

Study Aim

At its core, this research project seeks to gain insight into the experiences of the interns at the CYHC and utilize these experiences to make recommendations for improvement. On a macro scale, the need for a model like the CYHC speaks to the gaps that exist at the provincial level to address the needs of people, particularly youth, who are experiencing difficulties with their mental health and no access to appropriate or timely care. However, in order for a model such as this to have longevity, it relies heavily on interns being drawn to this program

for their practicums. The methodology section outlines how the student researchers engaged participants in this qualitative study and how it will utilize the enhanced critical incident technique in its approach to interviews. The hope was that understanding the experiences of the interns could lead to clear and achievable recommendations that are able to be used to sustain the program at CYHC as well as implement changes for growth and improvement.

Theoretical Positioning

The theoretical underpinning of our research is founded on Social Learning Theory (SLT) as understood by Alberta Bandura. As a behaviourist theory, SLT posits that learning happens through observation and imitation, and is maintained by repetition (Orak et al., 2020). Given this, modeling and supervision are key to learning new skills, as well as providing students an opportunity to practise these new behaviours. In the context of this research on counselling internship experiences and related training, SLT holds great potential as a theoretical tool. A contemporary approach to SLT is also constructivist in nature, recognizing the role of the learner in taking in the information, interpreting it, organizing it, and reproducing it (Owen, Ferguson, & McMahon, 2019). The research on the counselling internship focussed heavily on this learner perspective and how the interns experienced the program and the training offered through said program. This is reflected in our research questions, which are designed to further explore the interns' positive and negative experiences as well as the interns' understanding of their practicum. Given that the CYHC program is training tomorrow's counsellors, it is essential that program development and research on their learning is responsive to not only their demonstrated skills, but also their understanding and construction of the training they're receiving.

Building on this behavioural and constructivist theoretical position is the Ecological Systems Theory ("EST"), which focuses on the position of the individual as acted upon by the different systems, social and otherwise, that impact their life. Central to this theory is that people, including the interns, do not develop in isolation. There is interaction feedback between the

individual and the micro, mezzo, and macro systems that surround them. They are all involved in the creation of each other, with changes on one level impacting another. This is important when considering students and their learning (Fearnley, 2020). For example, the interactions between professionals and students take place on the mezzo level. These interactions and relationships inform how the student sees and engages with macro level entities, such as institutions with which they are involved. These relationships also change how the student sees themselves and how they will interact with their practicum and other professionals going forward. Contemporary counselling and social work education also places emphasis on the intersectional nature of existence, and how all people live at the intersection between various domains of privilege and oppression (Greene & Flasch, 2019). Counselling interns are familiar with this and consider the positionality of both themselves and their client when conducting a counselling session. As such, the combination of our research questions (Appendix A) and data provided by the intern lends itself to interpretation through our SLT, EST, and behavioural constructivist understanding of the research.

Literature Review

Defining Counsellor Training

While the interns at CYHC are receiving direct supervision by MCFD sponsors and counsellors, the research highlights a number of other ways in which counsellors could receive training. In this review, counsellor training will include baccalaureate and graduate level coursework, professional development conferences, direct supervision, case studies, role playing, and tool-specific training (e.g., trauma informed practice). The broad scope allows for the integration of multiple training methodologies to be evaluated for their efficacy and how their inclusion could augment dominant training modalities.

Engagement

Essential to counsellor training is the establishment of what trainees engage with and how engagement with training can be fostered. Allan (2019) identifies evidence-based practices (EBP) as being essential for

trainee engagement, as fostering critical discussions of skills results in “an increased ability to engage in more nuanced discussions about EBPs” (p. 211). Mutual intimacy between trainees and supervisors has also been identified as a way of increasing engagement with training (Merrell-James, Douglass, & Shupp, 2019). Training conducted individually or in small-group sessions helped to improve trainee participation, especially when conducted over a series of sessions. Trainee engagement has also been fostered by simultaneous community engagement with the populations they are serving (Celinska & Swazo, 2016). In their study, students were required to volunteer in some capacity with the demographic they were responsible for working with, such as volunteering at a homeless shelter when training for counselling the homeless population. Their results showed that the student population that did so became more open to the experiences of the relevant population and engaged with the associated training more strongly.

Another way of generating engagement with training was through requiring students to reflect on what they are learning. Shuler and Keller-Dupree (2015) found that students taking courses on counselling that required them to reflect in writing on their experience had greater development of their counselling skills than those who had not. That same study found that reflecting on their learning contributed to trainees “ability to accept personal responsibility... and awareness of personal impact on others” (p. 159). Students began to see challenges in counselling sessions as something worth overcoming while also increasing their belief in their capacity to grow. A separate study found that students asked to reflect on what they had learned from their coursework helped students glean better insight on their positionality and how that would impact their practice (Love, Hale, & Sindlinger, 2019). Along with the importance of self-reflection, two articles recommend that using Feedback Informed Treatment, a tool used with clients, in counsellor training and education as an effective format for not only improving client outcomes but also the outcomes of counsellor training (Esmiol-Wilson et al, 2017; Yates et

al., 2016). Yates et al. (2016) further discussed the ways in which this model of feedback can be incorporated by promoting that “the counsellor-in-training can receive feedback from the client, site supervisor and academic department supervisor which has the potential to maximize student learning and growth” (p 27). The combination of feedback, critical evaluation, self-reflection, and relationship with supervisors has a marked effect on how students engaged with the training offered to them.

The Role of Supervision

While there is much that students can do to deepen their understanding of practice, the quality of supervision comes up repeatedly in the research as a contributing factor. Gazzola and Theriault (2007), note that “counsellors internalize, accumulate and continue to draw from early supervisory experiences that they consider meaningful throughout their counselling careers” (p. 190). Further, they discuss two key concepts in describing the experience of supervision among counsellors-in-training: broadening and narrowing. Broadening describes the characteristics that allow a trainee to experience positive growth within supervision and narrowing describes the characteristics that could hinder or negatively impact their experience. Gazzola and Theriault (2007) also identify the power innate within the supervisory role and discuss the ways that a supervisor can create a safe and respectful space in order to provide challenging feedback in a way that positive growth can take place. Costa and Dewaele (2019) found that supervision was important not only for reducing the potential harm to patients, but also to “identify constraining features which disable rather than enable open exploration... when working therapeutically across race, culture and language” (p.235). Supervision that involved challenging these barriers rather than just the content of sessions was found to promote growth in trainees and increase their confidence (p.236). This additional accountability was found to be essential in the development of counselling best practice (Asempapa, 2019). The same study found that this style of supervision also promoted greater self-efficacy and gave trainees a better understanding of their role as counsellor. The research also found that

ongoing supervision in the form of mentorship while employed as a counsellor was equally significant in improving counsellor outcomes. This research reinforces the outcomes found while exploring the role of engagement, that supervisors who challenge their students to think critically had better outcomes than those that did not. The research did demonstrate a difference in outcomes between individual and group supervisory techniques. One article specifically spoke to the greater value of having both individual and group supervision combined as opposed to one or the other (Ray & Altekruze, 2000).

Training Considerations

Given the diverse population with which counsellors work as well as their relevance to the CYHC, literature suggests that trainees would benefit from teaching related to culturally informed counselling and the evaluation of their unconscious biases. The research identified training experiences that can open trainees to alternative worldviews. Williams et al. (2013) identified training in ecological systems counselling to be an effective means of opening trainees' awareness to cultural supports that can be significant to the client. They also found that it is more effective when trainees are exposed to cultural competency training early-on in their career as it is correlated with trainee openness. In research by Selinska and Swazo (2006), both their research and literature review pointed to significant gains in culturally competent counselling skills when trainees are expected to complete any number of established multicultural counselling courses. Paynter and Estrada (2009) also found that immersive cultural experiences can be extremely useful in helping trainees to become culturally competent. It was shown that students benefitted from culturally competent supervisors who could assist with interpreting unknown cultural cues. As communication styles are culturally embedded, teaching trainees "the ability to accurately and appropriately send and receive ... nonverbal messages is an essential skill for effective cross-cultural counselling" (p. 218).

Professional Development

Research identifies a number of training methods and counselling interventions that are generally of use

to counselling trainees. Land (2018) identifies training in trauma-informed practice as essential for counselling trainees given their relative lack of experience and the degree to which patients can be re-traumatized by inappropriate interventions. Trauma-informed practice is also significant when teaching ecological systems theories to counsellors as care for "the needs of individuals, families, communities, organizations, and the broader society... are often overlooked and undertreated" (p.232). Role-playing as a teaching method has been shown to improve counsellor's ability to engage with learning (Shurts, Cashwell, Spurgeon, Degges-White, Barrio, & Kardatzke, 2006). They found that role-playing gave trainees an opportunity to evaluate each other in a way that promotes safety in learning. The research also found that role-playing correlated with a willingness to accept feedback and an increase in trainee's connection with their therapeutic community.

Counselling trainees also benefit from critically evaluating the role of gender in their evaluation of clients and viable solutions. Research by Trepal, Wester, and Shuler (2008) showed that trainees form impressions of clients very quickly and that these impressions often fall along gendered lines. This can lead counselling trainees to direct care toward inappropriate services and impede their ability to work with gender non-conforming clients and non-traditional families. In line with the other research, they highlight the significance of training counsellors on gender early-on in their studies. They also place emphasis on the role of self-reflection in developing awareness and alternative ways of counselling gender-diverse populations. This research is significant given the prevalence of children and youth in need of gender-affirming care and applies to the CYCH's evolving mandate.

Recommendations for Practice

There are a variety of themes that show up repeatedly in the research that should inform the training of counselling students. These themes can be broadly summarized as follows: (1) practices that foster engagement with the process should be incorporated when possible, (2) supervision should be supportive

while still challenging the trainee, (3) trainees must be encouraged to develop competency in working from a multicultural perspective, and (4) multiple educational techniques should be used to promote trainee openness to alternative ways of learning and knowing. The research also highlighted the significance of ongoing reflection and feedback as a reliable way to improve the practice of both trainees and established clinicians.

Methodology

All data collected was qualitative in nature and was collected using semi-structured, in-person interviews. Interviews were limited to interns or supervising interns of the CYHC, with our sample of all potential participants provided with an invitation to participate. Researchers were supported in contacting potential recruits by the employees of the CYHC program. The research project was conducted by two student researchers through the University of British Columbia's School of Social Work.

Sampling

A purposive, non-probability method of sampling was chosen for this research (Schutt, 2014). The population under study were the counselling interns or counselling supervision interns of the CYHC Drop-in Counselling Program. Researchers received approval from MCFD Ethics and the University of British Columbia Office of Research Ethics.

Recruitment

Recruitment was limited to those who met the qualifying criteria: (a) Counselling interns at the CYHC, regardless of internship duration or length, and (b) Interns providing supervision to those conducting counselling sessions with clients. The researchers provided Dr. Robert Lees, the program director, with an electronic copy of the invitation to participate. Dr. Lees then contacted eligible participants with an electronic copy of the invitation to participate via email. Those that did not meet the selection criteria were excluded from the study and did not receive a letter of invitation. The CYHC staff were informed of the inclusion and exclusion criteria. Participants who received the invitation to participate and were interested in being research participants were invited to initiate contact with student researcher Kassie

Maxwell via email or phone. Following this, they would be provided with the study information letter and given an opportunity to join the research study.

Unfortunately, the researchers only received response emails from two potential participants after initial contact. Following this, an additional invitation email was sent by Dr. Lees that resulted in zero respondents. It was decided upon the advice of Dr. Lees that researchers would attend the CYHC program in Chilliwack and sit-in on the counsellor waiting area. Researchers then met with potential participants to explain the research and to interview them privately if they were interested. It was at this point participants were given a copy of the consent form to review and sign before data collection began. Utilizing this approach, the researchers were able to interview a total of eight additional interns, bringing the sample size to ten. Participants were given until March 13, 2020 to request their data be expunged from the study, with no participants electing to do so.

Data Collection

Data was collected through in-person, semi structured interviews with the research participants designed to obtain information on the intern's experience of training they received and of the CYHC program in general. Being semi-structured, the researchers spoke with participants about whatever they brought up following each question and asking clarifying questions to aid in interpretation. Researchers utilized the Enhanced Critical Incident Technique ("CTI") approach which generally used to find out what helped, what hindered, and what was hoped for from each participant (Butterfield, Borgen, Maglio, & Amundson, 2009). As the interns are experts of their own experience, the qualitative data gathered will form the basis for improving the program to better meet the needs of future internship cohorts. The semi-structured nature of the interviews also gave the participants an opportunity to volunteer information that may not have been uncovered through exclusively answering the questions posed alone. No questions of a sensitive nature were included, and researchers determined there was little to no risk to the interviewees.

All interviews took place in person and were

digitally recorded using a Sony IC Digital Recorder. They were conducted at the CYHC, either in a private room or in a location of the subjects choosing. Interviews ranged from approximately 15 to 38 minutes in length and included 15 questions. Following these interviews, the digital recordings were transcribed verbatim by the student researchers and used as data for coding and thematic analysis. All participants and transcripts were anonymized and given an ID number, with all potentially identifying information expunged from the recordings during transcription.

Analysis

After data collection was complete, we engaged in a coding process that was both descriptive and structural. We did structure our interview such that the information provided related to a specific topic (training, supervision, etc.) would show up together through the coding process, helping us to categorize the data. From this we engaged in descriptive coding, where we drew on words or concepts that were repeated throughout the data and sorted data out into subheadings (Saldaña, 2013). We started this process by initially coded the same document so as to improve inter-rater reliability, then coded the remaining nine transcripts separately, placing relevant codes with the proper groups. Once coding was complete thematic analysis was used to interpret the data and discuss a number of themes that emerged (Braun & Clarke, 2006).

Results

Thematic Analysis

Of the 10 participants who were interviewed, they varied in their education, previous experience and length of time spent at CYHC. As a result, their responses were also varied, however, there were also many commonalities and clear themes that emerged. There were four main themes that identified from the data that we will be exploring in-depth. They are as follows: (1) breadth of training and practice opportunities, (2) positive learning environment, (3) multi-layered supervision, (4) scope of work: roles and responsibilities

Breadth of Training and Practice Opportunities. A common theme throughout was that participants were

satisfied and engaged with the learning opportunities, both taught and in practice. Participants spoke to the differences in the nature of education, such as the multi-day DBT course or the auditorium presentation. Participants felt that there was an ample amount and that the variety in content and length helped improve learning: “Groups, individual counselling, children, adults, adolescents, young adults... Different diagnosis, different goals, just a lot. Oh and a lot of training opportunities as well because he [supervisor] has outside service providers come and provide training throughout. Again, it just added to the breadth of training opportunity” (P8, research interview, February 19, 2020).

Participants commented on how the program was able to accommodate the different skills and counselling modalities with which they came. This helped contribute to their understanding of their skills as counsellors and the populations with which they were most comfortable counselling. Through the solution-focused approach, participants felt they were able to improve upon whatever approach they took or were educated in: “It's excellent. Really good knowledge base and they always sort of cater their responses to you and your modality, which is very cool because, you know, like any field there's so much information that it can be kind of hard to sift through. But these people are so knowledgeable, they already know [snapping fingers] instantly! ‘This article, use this!’. I don't have anything bad to say about that, really, really good” (P6, research interview, February 18, 2020).

When discussing practice opportunities, participants stated that the clients, their background, and their presenting concerns were so varied that there wasn't one particular approach that could be taken to meet all of their needs. This also meant that participants had opportunities to practice with a diverse population they may not have had much experience within the past, providing them with more chances to improve their skills. The necessity of having different skill sets coupled with the positive learning environment pushed the participants to take initiative and responsibility for their own learning: “... you get to hear and learn about other modalities and other

things that people are doing and sort of mentally incorporate that into your own style” (P6, research interview, February 18, 2020).

Given the variety in service user demographics, some participants felt that they may have benefitted from additional training opportunities when it comes to working with different demographics that they had not had experience within the past, such as Aboriginal populations or the LGBT community. Participants brought their strengths, but acknowledged that they had weaknesses in other areas they wish education was present to address: “one of my classes had a presentation about HIV positive people, which I didn’t know I didn’t know very much about until I had the presentation, I was like ‘Wow okay, I knew very little about this’” (P5, research interview, February 18, 2020).

Positive Learning Environment. In the interviews, many participants spoke about the environment in which they learned and practiced at the CYHC and how it improved their overall experience. All 10 participants reported feeling supported by all involved in the CYCH, including staff and peers: “... When someone comes in the room with an issue or feeling like they’re underperforming or whatever or weren’t sure, I remember in the early days everyone would just like pick them up like crazy. Like everyone would feel so much better in having conversations with one another. And everyone’s like, very open with one another with their concerns, with their own performance, or questions they might have” (P7, research interview, February 19, 2020). These relationships were generally seen to be supportive to their learning and encouraged the participants to ask questions and engage with their learning. Given the difference in length the participants had spent in the program and previous education, the freedom to ask questions helped newer participants feel more comfortable and capable. The comfort with asking questions and availability of staff also had the effect of improving the ability of participants to solve problems as they arose; “I can always ask anyone anything at any time, more or less. Or someone, there’s always someone there to ask questions, even

if they’re stupid. So I don’t feel like I’m in over my head, which is nice.” (P3, research interview, February 18, 2020).

Many participants cited the extensive learning and education opportunities provided to them as a reason they felt supported by the CYHC. This aspect of the program helped to create an environment where learning was as important as practicing skills. Participants welcomed the volume and content of the learning provided, reporting that these enhanced their overall learning and counselling skills. Participants were aware of the positive reputation of the CYCH and its internship program in the community and had positive impressions of the program prior to applying as one participant identified, “...I was looking for a practicum placement, and she said ‘oh! This place is so great and wonderful’ so she was telling me about it and gave me [Name] contact information” (P5, research interview, February 18, 2020).

Those that did not have prior knowledge or engagement with the program reported feeling wanted by the program and felt welcomed in their initial and subsequent interactions with the program and staff. While the environment was considered generally conducive to learning, a few areas came up that participants felt did not aid in their learning or their experience with the program, mostly related to workflow and expectations. Participants felt that there was competition between interns to complete their hours that took their mind off of learning. Participants were also confused by the differences in hours between different practicums: “One of the things we have to get on our own is make sure we’ve fulfilled requirements for licencing. And my school could not care less if I do that or not. And the practicum, I mean individual people care I guess, but it’s all up to me... So that means... you might have to get hours outside of practicum” (P4, research interview, February 18, 2020).

There was also the challenge associated with the clients waiting for specific counsellors despite the drop-in nature of the program and clients not fully understanding this expectation of the program.

Participants reported feeling stressed about this and were distracted by the knowledge that clients were waiting: “And it's not always bad, it's just maybe one youth chooses to wait or come back in an hour or like when that counsellor's available, but I think that I mean, they say it's drop-in but sometimes it doesn't feel like drop-in.” (P1, research interview, February 18, 2020).

Multi-Layered Supervision. Participants felt that the 10-minute supervisory meeting near the end of each counselling session provided them with the expertise they needed to support their client and apply their skills to the clients' situation. They also appreciated that different clinicians would be there and that they could receive feedback from more than one clinician at a time. One participant spoke about how this form of supervision helped interns feel secure working with clients who may be in crisis: “Like that last 15 minutes, sitting and presenting the case to the counselor, that's very helpful because you don't wait to the end of the week to talk about the cases, it's just really in the moment. And then all the information is very clear to [the intern], and then [the client] can get new feedback and support from your counselor right away” (P7, February 18, 2020).

Participants felt that this complemented the supervision they received from their personal mentors in one on one supervision as well. Interns recognized the need to have immediate supervision in the bullpen but felt glad that they had an opportunity to think over their experiences of the week and share it more in-depth with another professional. At the same time, interns were glad they did not have to remember all issues from their week before seeing their mentor and appreciated the immediacy of the supervision in the bullpen. Individual mentors were seen as the cornerstone of intern development as the long-term nature of the relationship allowed interns to focus on areas of practice for a longer period of time with someone they trust: “So that is more like my reflection of the day, or my, I feel like, struggles or the parts that I'm not very sure about how people do, that's kind of like the topics that I talk with my mentor by the end of the week” (P3, research interview, February 18, 2020).

Some participants also spoke to the supportive relationships they had with their peers and how that impacted their service provision. Support with counselling skills usually occurred informally, with interns talking about shared clients in the bullpen and helping each other with their approaches. These relationships were useful and helped the interns navigate the expectations of the program when they were unsure. While not officially a part of the supervision offered by the CYHC, it became a regular feature of the intern experience: “... by the end of the session, a couple of peers will talk about a case, we understand we may not be able to see the same client, but I look at it as a learning opportunity. It's kinda like case based, and 'This is what I did' and my peers will say 'oh, interesting'. Maybe there's some parts that I overlooked. And then we can still talk about it” (P3, research interview, February 18, 2020).

Scope of Work: Roles and Responsibilities. All participants understood their role to be counselling with youth in a drop-in counselling setting. However, they all had different interpretations of what this looked like, in terms of the freedom and flexibility they are given within that. Some participants felt that this was a hindrance in a way as they identified the lack of a clarity something that caused them confusion and stress. While on the other hand, others identified the freedom to take initiative and have some control over their own learning was part of what drew them to this experience and have found it incredibly valuable.

Further, there were a number of participants who discussed the challenges of continuity of care with the youth they serve. While some felt this was valuable, they also struggled to balance this continuity of care within the context of the drop-in model. Some reported that this has led to issues such as clients having to wait a long time to see the specific counsellor they want to see. “From the beginning, there's been this shared understanding that if the counsellor's available when the youth comes back next week, and there will be returning youth, and they kind of become regulars, that they always try to match them up with the same counsellor if they're available. But that sets up a false expectation that now that

youth is like almost a pseudo client to that counsellor and when that counsellor isn't available or maybe they have a couple of youth they see regularly and those two youth come at the same time, there becomes conflict as well" (P2, research interview, February 18, 2020).

Lastly, among many participants, there was an acknowledgement of the different levels of education and practice experience on the team of interns. When asked whether they felt the training they received prepared them to work with the population they serve at the CYHC, a number of the interns reported that it was due to knowledge and skills they already had which allowed them to feel prepared for this while others expressed a more significant learning curve due to lack of practical experience or knowledge. While many participants drew attention to this issue of many different education and experience levels which can significantly change the learning needs of each intern, one participant thought it might be helpful for those that do not have any previous practical experience and are not getting it through their programs to have a counselling skills 101 type course available to them.

Discussion

The Social Learning theory and Ecological Systems theory were used to inform our analysis of the data and will be used to further discuss the four themes. We also look to the literature review to aid in our discussion and analysis of the four themes identified in the research.

Much of the literature reviewed did have relevance for this study's results. One area that was very clear with this link was in what we learned about best practices in supervision models. Both in the literature reviewed and in the research findings, supervision was an important piece in counselling training. This is further supported by the theoretical lens of social learning theory as it is often supervisors who are looked to for modelling and mimicking in the social learning process (Orak et al., 2020). Some of the literature points to the efficacy of a supervision model that includes both individual supervision and group supervision as opposed to one form over the other (Ray & Altekruze, 2000). This benefit of having both on demand supervision in an immediate way as well as

ongoing weekly scheduled one to one supervision was very clearly expressed in participants responses.

What was found among the participants was such varied responses to what sort of training, supervision and experiences they felt was most relevant or important to them in preparing them to work with youth. The literature review touches on and highlights some of the areas that were discussed by participants, however, there were differences in what was found in the literature and in the results. For example, the literature focuses on the importance of trauma and multicultural education, whereas the participants focused less on this and more on practical skills needed to support the youth. While the participants appreciated the training they received that prepared them for diverse youth, many felt they already had the attitudes, experiences and education needed to work with a diverse population.

Although this research focuses on the interns' experience, it is important to remember that their experience is directly related to the experience of the client. How the intern is prepared, trained, and supervised directly impact the level of care that the clients receive. What we heard from many participants is that there is a mix of skill and knowledge and there is not one standard for when people arrive to practicum. The literature does identify certain areas that need to be highlight in training for counsellors to be responsible to clients, such as multicultural training, trauma, etc. However, the differences we see between the literature and the participants' responses are contextual in nature. Due to the specific context of the CYHC program and unique circumstances that exist around this type of counselling training where the interns are essentially in a role where they are providing a service, not just there as a learner this may be where we are seeing some gaps in the literature. There does not appear to be any literature existing on this type of service model that the CYHC employs. Without any literature on this specifically, interpreting this through an ecological systems lens was helpful in understanding the way that all of these systems are impacting one another, including understanding that the unique nature of the program will greatly impact the experience of the interns.

Limitations

The researchers identified a number of limitations that had the potential to impact the internal and external validity of the research. The limitations include a lack of representation from all intern levels, possible sampling bias, and social desirability.

Due to the nature of our recruitment process, we did not have participants from all three intern levels. The lack of data from some of the demographics that do their internship at CYHC makes generalizing the experience of interns to the general population of counselling interns at the CYHC difficult, especially in the areas of training and education. While student researchers initially reached out electronically to all potential participants, researchers ultimately decided to attend the CYHC program located beside the Chilliwack Senior Secondary School given its size and availability of interns. It was here that researchers were able to meet with all ten participants. While some interns move between sites, this is not the case for all of them. Given that there are now four sites across the CYHC program, our data is biased towards the experience of interns practicing beside the Chilliwack Senior Secondary School and may not reflect the experience of interns at other sites.

Some issues arose during data collection when attending the CYHC program at Chilliwack Senior Secondary School. While researchers initially understood that a room could be made available for interviewing, the number of counsellors and clients meant that the program's need for counselling space exceeded our own. As such, researchers had difficulty finding a quiet, private space for interviews. This resulted in some participants being interviewed in the atrium of the building. While participants stated they were okay with this and acknowledged it made confidentiality difficult, if not impossible to ensure, they may not have felt comfortable declining the interview and their answers may not have reflected their authentic feelings on the program. As such, the inclusion of this data may impact the internal validity and generalizability of the research project.

Another issue that occurred in data collection was the involvement of the research project sponsor in recruiting participants. The sponsor was actively

involved in encouraging interns to participate in the research project when researchers were on-site. This may have made participants feel uncomfortable declining to be participants and the data provided may not accurately reflect their experience as interns. Given the involvement of the sponsor, the data provided by some participants may reflect a social desirability bias, answering research questions in a way that may be viewed favourably by the researchers or reflect positively on program personnel. To address these challenges, informed consent was discussed at length with all participants. Participants were aware that any participation was voluntary including where and when the meeting would occur. Those recruited in person were given the opportunity to schedule an alternative time and location to participate in the event that they were disquieted by the inability of the researchers to ensure confidentiality in their participation. Regardless of these efforts to mitigate the concern, social desirability remains a significant limitation to the validity of the research results.

Recommendations and Future Directions

Recommendations

After thematic analysis of the data, there were three domains where suggestions for improvement were most frequently made. They are as follows:

Recommendation 1: The program should have a larger orientation to ensure clarity in programming and program/role expectations. Many participants reported being confused about different clerical and practical aspects of the program and felt that an orientation could serve as a source of clarity. A number of participants stated that they were confused as to the relationship between the CYHC and the CYMH. Some were unsure as to whether or not they shared clients or counselling interns. Another was unsure if they were different programs reporting, "a training that would be helpful is learning more about the actual organization of CYHC and the differences between that and CYMH. For the longest time I thought they were the same thing" (P1, research interview, February 18, 2020).

Related to this is confusion around hours, clients, and the organization of the CYHC. As stated above, there were times when clients would be waiting for a

specific intern to be free, sometimes for over an hour. here was confusion as to whether or not the program was drop-in, if meetings were scheduled, and if there were different expectations between the CYHC and CYMH with regards to this standard.

As reported above, participants expressed stress around meeting their hours for their practicum and for registration. They also felt that there were times when interns were competing for hours and by extension counselling space. As the hours required by each school are different, interns with more required hours would have difficulty taking enough clients and were motivated to compete for additional space. They also were unsure of any formal process of extending the internship if they needed additional hours to register or complete their practicum. Going forward, participants would benefit from a discussion around the role of workplace experience hours, their role in the practicum, and their role in the inters' career: "I think that having more rooms would be nice, that we're not vying for rooms... But it can be kind of tough at certain times of the year when there's not a lot of clients or youth coming in. People are like, "yeah, I need these hours badly", and they're struggling for rooms" (P6, research interview, February 18, 2020).

There were also a number of comments related to being unclear as to the structure of the program leadership. Participants felt very supported but were not always sure whether or not a supervisory comment made by an employee of the CYHC or CYMH was a suggestion or a request. Furthermore, if it was a request, participants wanted to know whether or not the requesting clinician was their direct supervisor who could direct them. This was made more difficult if there were different instructions given between clinicians: "And then sometimes I'll also be told suggestions like "oh, maybe you should do this with a person" ... or sometimes its less of a suggestion, more like a "you should be doing these things". And sometimes I get confused between the two. Like does this fit with my style, and am I supposed to be doing this" (P5, research interview, February 18, 2020).

Recommendation 2: The program should continue the multi-layered supervision. The supervision model

at the CYMH was considered by participants to be one of the most important aspects of the program and all expressed hope that it would continue as such. Participants felt that the 10-minute supervisory meeting near the end of each counselling session provided them with the expertise they needed to support their client and apply their skills to their situation. They also appreciated that different clinicians would be there and that they could receive feedback from more than one clinician at a time. One participant spoke about how this form of supervision helped interns feel secure working with clients who may be in crisis: "Just in case if I feel like I'm... and we're encouraged to be able to leave whenever, if we feel like, 'Oh my goodness, I have no idea what I'm dealing with!' or whatever. Which, I mean, or have questions about something or need o know what to do next, or if there's some sort of crisis" (P5, research interview, February 18, 2020).

In terms of other recommendations, interns felt that clients suffered when counsellors had to wait their turn for supervision in the bullpen. Interns felt that asking a client to wait an additional ten minutes for their counsellor to return could damage rapport or their willingness to come back for further sessions. That being said, interns were thankful to have an additional supervisor to prevent this from happening: "Maybe that sometimes you have to wait. They do supervision one at a time, but even then, if there's more than one supervisor there and they're both helping somebody, one will break off and help you. Because youth are waiting for us, right? So that can be kind of challenging sometimes" (P6, research interview, February 18, 2020).

Recommendation 3: The program should continue to place an emphasis on education and offer diverse education sessions with the addition of a basic counselling skills competency training. Interns felt that they benefited from the emphasis the program placed on education and the education services offered by the CYHC. All interns reported appreciation for the training was offered weekly during the in-services on Tuesday. These sessions were perceived as being worth attending and a source of schooling on

practical elements of counselling not necessarily covered in their classes. They were seen as a way of including domain-specific voices (mental health, additions, LGBTQ issues, etc.) to their counselling education that they would not get in school. This variety was seen as a strength of the program, as expressed by one participant who said "... then also we have a weekly theme that you know, a different presenter comes here to present different topics... I found it really helpful" (P3, research interview, February 18, 2020).

Interns were equally happy to take part in the more intensive sessions, such as the all-day conference with Scott Miller. These sessions served as a way of complimenting the regular in-services by keeping the educational experiences and learning environments novel. These intensive sessions were perceived as being more relevant to their counselling careers as they provided in-demand skills, such as DBT, or increased participants' ability to teach others, as in the HCEP program. Training sessions that were indicated to be particularly helpful to participants were the DBT training and the Safety and Risk Assessment training. There were some suggestions as to how to improve the educational component of the CYHC internship. As interns come to the program with different experiences and education, not all educational sessions are new material for all the interns and balancing needs can be hard, however, some of the suggestions provided by participants based on what they would like to see included training on more in demand therapy training such as Emotion Focused Therapy, as well as an intro level counselling skills training, specifically for those interns who may not be coming into the program with these skills already.

Future Considerations

Although extant research supports a multi-layered approach to supervision, there is a uniqueness in the model of supervision delivered at CYHC with its commitment to individual supervision and mentorship along with supervision in a group where their peers can watch and learn from this as well within the 'bull pen'. There may be some validity in further research into this unique approach to supervision given the value placed on it from all participants in the study.

This study adds to the growing body of literature on what makes counselling internships successful for the intern, their program, and the service users they work with. Interns were engaged with and benefitted from supervision at every level and credited this supervision with their success as counsellors. They also benefitted from the continuation of education from the classroom to the field placement and felt this created a positive learning environment in which interns could try new things and learn from mistakes. Further research in this field should explore the sustainability of programs utilizing student interns as service providers and the feasibility of running similar programs in other jurisdictions. There is strong macro-level interaction between Government Services and the Interns, with questions around the ethics of relying on unpaid counselling interns as service providers remaining unexplored in the research. Additional research is needed to establish the experience of the intern-as-counsellor rather than the role of intern-as-student as explored in this research.

Conclusion

The role of student interns in the CYHC is complicated. As both student and service provider, they have complex educational and practical needs that need to be addressed in order to ensure the absorption and synthesis of new material and that their clients receive the care they need. Through interviews with CYHC interns with various levels of experience and educational attainment, the student researchers explored and developed four main themes that informed their intern experience. The intern experience was perceived as generally positive and interns spoke highly of the training and supervision they received. They reported feeling prepared for their professional careers by the program and appreciated the support of CYHC staff in becoming practitioners. The wide array of counseling skills taught, and opportunities given to put them into practice with supervision were seen as the main reasons behind intern satisfaction. Interns felt that supervisors were knowledgeable and available to help them develop their own counselling style. They also spoke on their hopes for changes in the future as well as speaking on aspects they hope remain unchanged, as they wished

much of the program would continue on as is. We hope these results give the CYHC and MCFD useful information as to the state of their program and the experience of the interns under their tutelage, as well provide actionable suggestions to improve upon an already well-received and highly successful program.

Acknowledgement

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

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Appendix A

Data Collection Instrument: Interview Questions

Questions:

- What is your educational background?
- What drew you to completing an internship at CYHC?
- What do you understand your position as an intern at CYHC to mean? What does your internship look like?
- What training by the CYHC has been most helpful to you?
- Has there been any training that you felt was not helpful?
- What additional training opportunities do you feel would benefit you and your colleagues?
- How do you feel about the supervision you are receiving at the CYHC?
- What has been most helpful to you in supervision?
- Are there any parts of supervision that you do not find helpful?
- What does peer to peer support look like among you and your colleagues?
- What is helpful about this support?
- Is there anything that is not helpful about this support?
- What is your understanding of the population you serve?
- How do you feel you have been trained in the skills you need to work with that population?
- Do you have any other recommendations for the counselling internship through CYHC?
- Upon the completion of research would you like to be provided a final report through email?

RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2020 | Volume 2 (Special Issue). Pages 20-36

Identifying Barriers and Accessibility Recommendations for Individuals of the Vancouver's Downtown East Side Community in Accessing End-of-Life Care

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Citation: Azizi, T., & Soto, S. (2020). Identifying barriers and accessibility recommendations for individuals of the Vancouver's Downtown East Side community in accessing end-of-life care. *Research and Evaluation in Child, Youth and Family Services*, 2. 20-36.
<https://doi.org/10.14288/recyfs.v2i1.197568>

Abstract

Overview: End-of-life care for the individuals of Vancouver's Downtown East Side (DTES) community is an essential area of health care practice that aims to bring dignity to highly marginalized and vulnerable individuals. This study was completed in conjunction between the University of British Columbia's (UBC) School of Social Work and May's Place, a hospice operated by The Bloom Group located in DTES. The purpose of this qualitative study was twofold: to examine the barriers individuals of DTES community face in accessing end-of-life care, particularly at May's Place, and to identify recommendations on making end-of-life care services more accessible to the same population. This study utilized the frameworks of biopsychosocial-spiritual theory and trauma-informed practice to ensure the information collected reflected all aspects of individuals' lives, and held the values of collaboration and transparency. Previous literature showed the main categories of barriers marginalized and vulnerable populations experience in accessing end-of-life care: a lack of trust in health care providers caused by previous negative experiences, a lack of appropriate services, a highly vulnerable lifestyle where survival needs are prioritized, and substance use. **Methodology:** The target population included professionals within British Columbia's Lower Mainland who are currently employed or have been employed within the past five years, for a minimum of six months, in either the field of end-of-life care or with an organization servicing the DTES community. Due to their high vulnerability, service users and Indigenous individuals were outside of the approved ethics clearance and excluded from this study. The recruitment method utilized was non-probability sampling, more specifically, purposive and snowballing. The study had a sample size of six participants, all of whom consented to participate in audio-recorded semi-structured interviews (five in-person; one via telephone). There were no foreseen risks with this study; however, a list of supportive resources was available to participants upon request. At the end of each interview, participants received an honorarium for sharing their time and knowledge. To analyze the data, the student researchers employed the use of thematic analysis (Braun & Clark, 2006). All transcripts were transcribed verbatim before two rounds of coding were completed (descriptive and thematic coding; Braun & Clark, 2006; Saldaña, 2013). The student researchers developed the final themes through consensus in using an inductive and semantic approach (Braun & Clark, 2006). **Results:** The data yielded five major themes: Barriers to Accessibility, Strengths of May's Place, Accessibility Recommendations, Sense of Responsibility, and Other Organizations and Cities. Participants corroborated existing literature in identifying previous negative experiences with health care staff, a lack of appropriate services, and substance use, as obstacles in individuals accessing end-of-life care. Participants also identified a range of personal barriers that could contribute to one's ability to access appropriate end-of-life care. In terms of current strengths of May's Place, participants provided positive feedback regarding its physical location, policies and practices, and staff. As for recommendations, participants highlighted the need for the further implementation of harm reduction practices, appropriate training and staffing levels, increased collaboration between health care providers, and offered specific suggestions for May's Place. Of note, all participants demonstrated a sense of responsibility in creating solutions to better serve this patient population. Lastly, participants provided information of other organizations and cities that are working from harm reduction approaches in serving marginalized and vulnerable populations during the end of their lives. **Discussion and Limitations:** The student researchers believe the results of this study demonstrates that these chronic barriers are consistent across multiple geographic locations and are not being addressed by current health care systems. Despite the strong sense of responsibility displayed by health care providers, they continue to work in conditions that cause moral distress by not being able to provide appropriate care to their patients. Limitations of this study includes concerns with the research design, reliability, and validity, particularly with section bias and instrumentation. Therefore, it is recognized that these results may not be transferable outside of May's Place or DTES community. **Future Directions and Conclusion:** The student researchers believe it would benefit May's Place to continue implementing more robust harm reduction practices, and to give further thought on how to increase collaboration among health care providers, perhaps through the use of a blended model. In closing, this research study demonstrates the vital need for further research and changes to current practice to ensure individuals of DTES community have access to inclusive care and a dignified end of life.

Keywords: End of Life Care, Hospice, Vancouver Downtown East Side (DTES), May's Place



DOI: 10.14288/recyfs.v2i1.197568

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Introduction

In 2013, the Ministry of Health released the Provincial End-of-Life Care Action Plan for British Columbia, which examines the priorities and actions for the provincial health care system in providing end-of-life care. End-of-life care refers to the support an individual receives when they are terminally ill, and their death is imminent; it often focuses on respecting individuals' decisions within the last three months of their life and emphasizes providing comfort care as opposed to concentrating on medical treatment (Ministry of Health, 2013). End-of-life care is intricate and diverse, but when a person has a higher level of marginalization and vulnerability, appropriate care can become even more challenging to deliver. End-of-life care is particularly relevant to the field of social work, as it is an area practice in which social workers are often involved, especially when it pertains to marginalized and vulnerable populations receiving just and fair treatment.

This qualitative research study aims to delve into the complex reality that the individuals of Vancouver's Downtown East Side (Vancouver's DTES) community are facing in accessing appropriate end-of-life care. Situated in Vancouver, British Columbia, May's Place Hospice (May's Place) has been providing end-of-life care to individuals of Vancouver's DTES and other surrounding areas since October 1990 (Vancouver Coastal Health, 2017). May's Place, which is the first freestanding hospice in Western Canada, aims to provide physical, emotional, and spiritual care to individuals who are suffering from advanced and terminal illnesses, specializing in providing care to individuals who are facing challenges with mental health and substance use disorders (i.e. alcohol and/or illicit substance addiction) (The Bloom Group, 2019; Vancouver Coastal Health, 2017). The hospice works from a harm-reduction approach by having a needle disposal box available in each bedroom and allowing individuals to use substances off of the hospice grounds (Li, 2014). Currently, May's Place is hoping to expand its facility from a six-bed to a ten-bed resource in partnership with Vancouver Coastal

Health, who presently provides some operational funding (Li, 2014). This research study was completed in conjunction between the University of British Columbia's (UBC) School of Social Work and The Bloom Group as part of a masters level research course; all funding for this study was provided by The Bloom Group. The research team included the student researchers, a UBC professor acting as the primary investigator, and The Bloom Group project sponsors. The purpose of this research study was twofold; it aimed to examine the barriers individuals of Vancouver's DTES community face in accessing end-of-life care, particularly at May's Place, as well as attempted to identify potential recommendations on how to make services more accessible for this same population.

Conceptual and Theoretical Framework

For the purpose of this research report, "end-of-life care" refers to the medical care a person receives once they have received a palliative diagnosis and is within an estimated three months of their death. This definition was chosen to reflect the time in an individual's life when they are typically able to access hospice care. The population of interest is defined as the "individuals of Vancouver's DTES community" as a way of using a person-centered approach to encapsulate all individuals' who identify Vancouver's DTES as their home community, regardless of where they are on the housing continuum or if they live transiently. The term "marginalized and vulnerable" is used to reflect the complex social locations of the individuals of Vancouver's DTES community (i.e. possible low socio-economic standing, substance use, mental health) that create barriers for individuals to access care. Lastly, the student researchers use the term "harm reduction" to encompass all practices that focus on reducing risks associated with substance use and do not require individuals to be abstinent.

Biopsychosocial-spiritual theory and trauma-informed practice were the two primary theoretical frameworks used to conduct this research study. These two approaches were intentionally chosen to honour the values and mission of May's Place, as well as stay true to the student researchers' practice

orientation. Utilizing a biopsychosocial-spiritual theory, the student researchers hoped to gather information regarding multiple areas of individuals' lives that may impact their ability to access end-of-life care (Saad et al., 2017; Sulmasy, 2002). Using trauma-informed practice as a guide for this research ensured the values of safety, transparency, and collaboration were present at every point in the research process (Fallot & Harris, 2008; Purkey et al., 2018; Raja et al., 2015).

Literature Review

To narrow the research reviewed for this report, the student researchers chose to focus on literature that spoke of the barriers individuals who are experiencing homelessness encounter when accessing appropriate end-of-life care. The literature included scholarly, peer-reviewed articles, which were primarily qualitative research studies utilizing semi-structured interviews and focus groups, as well as Canadian provincial and federal legislation. Explored below are the four main identified categories of barriers to care, along with how this research study aims to address gaps in knowledge, ending with the research questions for this study.

Health Care Experiences: Contributing to a Lack of Rapport and Trust

A lack of rapport and trust between patients who are homeless and their health care providers can be a significant obstacle to overcome. It has been expressed that individuals who are homeless often feel disempowered, disrespected, and discriminated against during previous experiences within the health care system (Hudson et al., 2016; McNeil & Guirguis-Younger, 2012a). Individuals who are homeless have also expressed fears of judgment, alienation, and stigmatizing attitudes from health care workers regarding their lifestyle (Håkanson et al., 2015; Klop et al., 2018; McNeil et al., 2012; Reimer-Kirkham et al., 2016; Stienstra & Chochinov, 2012). Furthering this, it was suggested that even though health care providers recognize individuals who are homeless have a high level of vulnerability, there appears to be a lack of acknowledgment and validation of their patients' complex situations (Stajduhar et al., 2014). This has led to feelings of shame, which resulted in

individuals choosing not to seek medical care at the end of their life (Hudson et al., 2016; Stajduhar et al., 2019). It is also essential to recognize that many individuals who are homeless have faced previous trauma, which may have included negative experiences within the health care system. For example, Indigenous individuals may have a lack of trust in institutions from the trauma and legacy of the residential school system and Indian Hospitals (Stienstra & Chochinov, 2012).

Lifestyle: A High Level of Vulnerability

Individuals who are homeless regularly experience compounding social disadvantages and oppressions which can limit their ability to access necessary health care (Stajduhar et al., 2019). A unique aspect of providing end-of-life care to an individual who is homeless is the understandable tendency of that person to need to focus on survival needs, such as finding daily nutrition and shelter (McNeil, Guirguis-Younger & Dilley, 2012; Song et al., 2007); this could realistically make it difficult for someone to concentrate on receiving health care for a terminal illness. A terminal illness may also not be a pressing concern for individuals who are homeless, as death is often normalized due individuals witnessing many deaths of their peers (Hudson et al., 2016).

Intersectionality with Substance Use: A Harm Reduction Approach

Delivering appropriate end-of-life care to those who are homeless requires compassionate and flexible thinking in order to fill identified gaps of knowledge (Shulman et al., 2018). In completing the literature review, the student researchers recognized there is a gap in the literature regarding the amount of research exploring this topic in the context of Vancouver's DTES community, as well as limited discussions about how to improve end-of-life care for this same population. At the request of May's Place, this research study was completed in the form of a program evaluation, with the further goal of gathering information on their current services to fill an additional, specific gap in knowledge. Therefore, in hoping to add data to this niche area, the following research questions were created:

1. *What barriers are individuals of the Vancouver's*

Downtown East Side community facing in accessing end-of-life care at May's Place?

2. How can end-of-life care at May's Place become more accessible to the individuals of the Vancouver's Downtown East Side community?

Methodology

The student researchers would first like to acknowledge that the primary investigator, UBC Professor Barbara Lee, received approval for the completion of this research through the UBC Office of Research Ethics; the research was approved for the category of low-risk.

Sampling

For this research study, the target population included all professionals within British Columbia's Lower Mainland who were employed in the field of end-of-life care or in Vancouver's DTES community. The sampling frame is the list of individuals from the target population who were initially contacted regarding the study (Schutt, 2014); this included professional contacts at: The Bloom Group - Cottage Place and May's Place; Vancouver Hospice Society; Vancouver Coastal Health - Vancouver General Hospital, North Shore Hospice, Three Bridges Community Health Centre Clinic, Pender Care Clinic, Robert and Lily Lee Community Health Centre, and Raven Song Community Health Centre; Fraser Health - Surrey Memorial Hospital, Burnaby Hospital, and Royal Columbian Hospital; Providence Health Care - St. Paul's Hospital and St. John's Hospice.

Recruitment

The recruitment method utilized was non-probability sampling; more specifically, the study employed purposive sampling and snowballing. In using purposive sampling, participants were selected based on their knowledge about the study topic, their willingness to share their expertise, and their ability to represent a range of points of view (Schutt, 2014). Through the use of snowballing, additional potential participants may have been identified by other participants, as participants were encouraged to share information about the study with colleagues and contacts that may wish to participate in the study (Schutt, 2014). The student researchers are aware that some of the initial contacts from the

sampling frame forwarded the study information to further professionals.

The recruitment phase of this research study occurred approximately over a month. During this time, key contacts from the sampling frame were contacted directly by student researchers and the project sponsor, both in-person and electronically. The project sponsor then redistributed the study information approximately two weeks after the first round of distribution to foster further interest in participation. The prospective participants were provided with a study information package that included a copy of the Invitation to Participate, the Study Information Letter, and the Consent Form. Participants were instructed to directly contact the student researchers to express their interest in participating. When the student researchers were contacted by prospective participants, indicating voluntary interest, the student researchers electronically re-provided the study information package to ensure the prospective participants received all of the pertinent information. The student researchers then coordinated with the prospective participants to arrange interviews with explicit instructions to review the Consent Form prior to the interview.

Sample Size

Upon the completion of the recruitment period there were seven identified potential participants. However, due to time constraints and conflicting schedules, only six of these potential participants were interviewed. The participants came from four different professional backgrounds and had a range of experience in providing end-of-life care and serving individuals of Vancouver's DTES community. It was explained to the student researchers that the professional community who care for this population is relatively small, and therefore, out of the respect of the participants and their confidentiality, no further demographic information will be provided. All six participants met the inclusion criteria to participate in the research study, in that participants had to be currently employed or employed within the past five years, for a minimum of six months, in either the field of end-of-life care or with an organization servicing

the Vancouver's DTES community. Due to a high level of vulnerability, service users and Indigenous individuals were outside of the approved ethics clearance, and therefore, were excluded from this study.

Data collection

Student researchers conducted semi-structured interviews with participants that lasted an average of forty-five minutes. Of the six interviews, five were completed in-person and one was completed via telephone. All interviews were audio-recorded with the written consent of the participants. Prior to commencing each interview, the student researchers verbally reviewed the signed Consent Form with participants, which included information regarding the participants' ability to withdraw their consent at any time without consequence until a given date. The interview had nine questions, focusing on collecting information regarding professional experiences, barriers to accessibility, strengths of May's Place, accessibility recommendations, and promising practices including other organizations and cities; the interview guide can be found in Appendix A. While there were no foreseen physical, emotional, and/or physiological risks associated with partaking in the study, the student researchers acknowledged the subject may be sensitive and prepared a list of supportive resources that were available for participants upon request. At the end of each interview, the participants received a \$5 gift card to Starbucks as an honorarium to show appreciation for sharing their time and knowledge.

Analysis

Thematic analysis was used as the overarching analysis framework for this research study, with the student researchers completing all six phases of this process (Braun & Clark, 2006). As the act of transcription has been identified by some researchers as a key phase of data analysis, the student researchers first familiarized themselves with the data by transcribing all interviews verbatim (Braun & Clark, 2006). The student researchers then completed two rounds of independent coding that examined each line of the data as a separate

segment. The initial round of coding is often described as the phase in which a general list of ideas regarding what is said in the data is created (Braun & Clark, 2006); to complete this, the student researchers used descriptive coding in which each line of data was summarized by assigning the segment with a word or short phrase that identified the topic of the data (Saldaña, 2013). In the second round of coding, the student researchers used thematic coding as a way to categorize and synthesize the amount of information collected (Ayres, 2008). This second round of coding allowed the researchers to move away from describing the topics identified in the data to establish common themes and ideas throughout the data (Ayres, 2008).

After the completion of two rounds of coding, the student researchers began to independently search for themes by refocusing on broader concepts and sorting codes into potential themes (Braun & Clark, 2006). The themes identified were founded on an inductive approach, which is characterized by the themes being linked directly to the data (Braun & Clark, 2006). At this point in the process of analysis, the student researchers came together with the data they had individually collected and coded, and continued to review the data to define concrete themes. These two phases included deciding which themes had enough data to support them and which could be combined, as well as naming subthemes (Braun & Clark, 2006). The final themes were derived using a semantic approach, meaning all themes were taken explicitly from the data, and not from examining underlying assumptions and conceptualizations (Braun & Clark, 2006). Lastly, the student researchers engaged in the final phase of thematic analysis, which is identified as writing the research report.

Results

This study yielded five main themes: Barriers to Accessibility, Strengths of May's Place, Accessibility Recommendations, A Sense of Responsibility, and Other Organizations and Cities; the student researchers would like to acknowledge the first three themes that have several subthemes that allow for a greater in-depth exploration of the data.

Barriers to Accessibility

Health Care System.

Past Negative Experiences. Many participants shared that numerous individuals from Vancouver's DTES community have had previous negative experiences in institutions or facilities that prevents them from wanting to seek medical care, including going to a hospice. One participant articulately stated "a lot of marginalized patients... have had bad experiences with health care providers, and feel... not necessarily that the health care team has their best interest at heart". Another participant noted that if a person avoids accessing health care they will not be able to access end-of-life care, as this process requires being regularly connected to a medical professional or accessing hospital services. A further participant explained the overall mistrust of the health care system contributes to the creation of biases about what a hospice setting may be like, such as losing choice, freedom, and independence. Participants also took the time to highlight the unique, increased trauma Indigenous populations' hold that stems from colonization, residential schools, and previous harm from medical professionals. This results in a fear "where, you know, they've had these incredibly traumatic experiences in institutions and so anything that reminds them of that... they just don't want anything to do with."

Coordination. Several participants expressed concern that multiple health care providers are seeing the same individuals, but are doing so in silos. When a participant expressed concerns about the amount of communication May's Place has with other health care organizations servicing the same population, they also noted that: this isn't a May's alone issue, it's more of a question of why don't we have a more coherent system from the hospital that's in the Downtown East Side, with the hospice that's in the Downtown East Side, with all the providers and clinics that are in the Downtown East Side - it's not as coordinated at all as you would expect, as you may expect from the outside.

A further worry was voiced that this lack of coordination meant many individuals of Vancouver's

DTES community do not receive the planning they deserve around their end-of-life care, with numerous patients being discharged from hospitals to return to the streets or a line-up shelter without any sort of plan for follow up care.

Mainstream System for Non-Mainstream Clients.

It was expressed by a participant that the health care system, policies, and regulations have been created by mainstream, middle-class individuals, without taking into account the values and needs of marginalized and vulnerable populations. From this, many services have been created, but are not necessarily what individuals of Vancouver's DTES community need.

Housing. Individuals living in Vancouver's DTES community often have to relinquish their housing, such as a bed in a shelter or unit in an SRO building, to be able to enter hospice. This can be a difficult decision for individuals to make, as it means they have to forgo the safety and comfort of their own home without having the opportunity to return. Participants provided feedback that May's Place can be off-putting to individuals, which creates further hesitancy in the choice to leave their own home. Unlike other hospices, participants reported that the exterior of May's Place can feel institutional, as it does not have the appearance of a home and is situated in a multi-level residential building; it also requires individuals to press multiple buzzers for entry, meaning patients residing there cannot have free access to their living accommodations.

Lack of Home Care. Several participants raised concerns about the lack of access individuals of Vancouver's DTES community have to home care during the end of their life. This includes access to resources such as shift care nursing, which are nursing staff that are responsible for providing the final acute care to individuals in the last 120 hours of their life when they are actively dying. This barrier was reportedly created by health authorities and agencies deeming homes in Vancouver's DTES community, SROs in particular, as being "not always the safest environments for health care workers" to attend. The safety concerns included bed bugs, general violence both inside and outside of the building, violence directed at staff, as well as unsafe

and unsanitary home conditions.

Finances. In particular, participants were troubled that when individuals are receiving income from the Ministry of Social Development and Poverty Reduction (MSDPR) “most of their cheque goes towards the hospice except...about... a hundred dollars they get back each month”. This leaves individuals with little money to purchase items they may want, “including things...related to addiction, but also like just the regular, you know, stuff that...a person might want to buy like food they choose to buy instead of the food they are given at the hospice”. It was also noted individuals have expressed wanting to have some available monetary funds, even if they do not spend their money.

Barriers from Personal Life. Several personal concerns were also identified as creating further obstacles to accessing appropriate end-of-life care. First, individuals may be discouraged by the routine implemented in hospice, as the expected schedule for meals, medications, and visits is often vastly different than their usual lifestyle and can be challenging to adjust to. Second, participants expressed that individuals of Vancouver’s DTES community are often concerned about their pets, and are not willing to go to hospice until a plan has been made for them. This is further complicated as May’s Place, similar to other hospices, does not allow patients to bring pets with them. As a participant stated, the “people that [they] come across in the Downtown East Side, they’re quite lonely, they don’t have many, like, supports and their pets become, like, a really big source of comfort....especially if [a person is] dying”. Third, individuals of Vancouver’s DTES community have previously told participants that they believe moving into hospice is signifying “giving up” or that “death is near”. This fear is compounded by the requirement to complete paperwork that clearly states a person is within three months of death, as many individuals may be in denial or may not want to know the extent of their prognosis.

Substance Use.

Health Care. When an individual, struggling with

a substance use disorder presents for health care, it was noted “getting people to understand their end of life in the context of their addiction can be quite difficult, so...there’s a lot of barriers around the health care providers that they meet and the kind of care they’re even offered”. This referred to the notion that individuals who use substances, whether that is alcohol and/or illicit substances, are not necessarily receiving specialized care; this can include physicians not being familiar or comfortable with palliative care in the context of a substance use disorder, which then may result in the under-prescribing of pain medication for symptom management.

Subsequent Behaviours. In recognizing that some patients require “a very high amount of opioid use or substance use, [the problem then becomes] the disruptive behaviours that go with that and whether that’s manageable in a hospice setting or not”. Participants raised the concern that it can be difficult to inform a hospice of expected behaviours, as individuals often act differently depending on their setting and whether they are actively under the influence of substances. In relation to the ability of May’s Place to be able to care for behaviours caused by substance use, a concern was raised that “[May’s Place] should have the expertise for that patient population and it feels like they don’t, and therefore, aren’t really offering anything that is unique to the patients”. However, while “there is a lot of push back around managing behavioural issues [at May’s Place]”, a participant felt it is for “very practical reasons”, referring to the hospice’s shortage of staff and security. There were further questions about how individuals could access their substances if they are immobile while in hospice, noting there may be concerns with “dealers or other people who [the hospice] may not want frequently coming to supply”, in addition to visitors wanting to use substances with patients.

Strengths of May’s Place

Physical Location. Participants shared that May’s Place is physically situated “exactly in the right place”, as it keeps patients connected to their community

and is located “right within the neighbourhood”. In addition, a participant stated they felt the inside of May’s Place provides a home-like environment that is clean, safe, and comfortable.

Policies and Practices. First, the hospice is a low-barrier facility that incorporates some harm reduction practices, including allowing patients to smoke cigarettes and tobacco on the patio. If patients would like to use additional substances, staff will reportedly assist individuals in getting outside. May’s Place has also seemingly formed an alcohol-management type program where nursing staff can help manage and supervise a patient’s alcohol access if needed. Second, the hospice provides short admissions for respite, which is a two week period where an individual can reside at the facility with the ability to come and go as they please. Third, participants appreciate the financial flexibility May’s Place extends to clients of the MSDPR. To provide context, an example was shared of individuals being admitted to May’s Place but choosing to leave shortly after their admission. When the individuals had to return to hospice in the following week, May’s Place reported the individuals’ official admission date as the second admission in efforts to allow them time to adjust financially. Lastly, May’s Place makes a conscious effort to promote their facility in the community via an online video tour that can be shared with individuals, arranging “visits for [individuals] to just tour the facilities and meet some of the staff beforehand and get an idea whether they want to go there or not”, and have previously provided a drop-in lunch on a referral basis for individuals with a terminal illness who may require future hospice services.

Staff. Staff were reported to possess strong psycho-social skills, are “quite open and creative”, and will work with patients to address their personal concerns. The following feedback was provided regarding staff members: [staff] actually do a marvelous job of welcoming people who aren’t necessarily socially appropriate or have good social

interactive skills... [staff] certainly don’t balk at the fact that people may look scruffy and might arrive with bugs on, [staff] are very good at sort of arriving and managing the bug situation so that it doesn’t spread to the entire facility and yet managing the person and helping them feel welcome. [Staff] do very good at relational building once the person’s there....they’ve got a wide...tolerance...for people who like I said don’t necessarily have good social skills.

In addition, the staff accommodate different lifestyles and behaviours through their de-escalation skills, including the ability to allow visitors who may be disruptive. May’s Place staff communicate with community partners, such as arranging debriefing meetings. The hospice staff takes time to build rapport with patients, including visiting potential patients in hospitals and building relationships with patients who have a prognosis longer than three months. The staff are also flexible with allowing patients to have some control of their daily routine.

Accessibility Recommendations/Solutions

Implement More Harm Reduction Practices in Hospice. Several participants highlighted the need for further implementation of harm reduction practices in hospice settings, including May’s Place, naming that “harm reduction onsite is a general [mindset], a general awareness, and a general preparedness”. Participants cited limiting the spread of disease, providing safe spaces to use, and preventing deaths caused by overdose as some of the reasons why harm reduction practices are needed. Most notably, participants spoke about how the goal at the end of an individual’s life is often not to gain sobriety, and recognized “if the person is at the end of life [and] they’ve had an intractable addiction problem, that is not going to go away at end of life”.

One recommendation, in particular, was to ensure marijuana is allowed to be consumed on hospice patios or balconies. A participant was “surprised to find out there’s no accommodation at this point for pot smoking... it’s legal and if you can smoke on a balcony, cigarettes and tobacco, licensing needs to

get on board there....because otherwise some of our guys are going to [leave]”. To potentially implement further harm reduction practices at May’s Place, participants recommended looking at the models of Insite and Crosstown Clinic, two harm reduction organizations within Vancouver’s DTES community. Participants suggested hospices create a designated safe space to allow for onsite substance use, such as a room with clean supplies aided by the development of signals among staff to represent when individuals are in the room. Alternatively, a participant felt that it may be more “realistic” for hospices to provide opioid replacement therapy, where individuals would receive medical-grade doses of the opioids that match their current level of substance use at regular intervals. While participants recognized there would need to be appropriate staffing levels and specialized training to achieve either of these practices, participants continued to speak at length about the importance of implementing further harm reduction practices.

Health Care Professionals. As previously stated, there were concerns expressed with the lack of training May’s Place staff appear to hold, which had participants calling for the need for specialized training, especially in the areas of harm reduction and behaviour management. Further advocacy for the improvement of trauma-informed care, particularly relating to Indigenous individuals, was provided, with one participant articulating the importance of this by stating the following: the whole awareness of how troublesome the health care system has been, you know, from Indian hospitals, which is painful to just even say, where people were literally tied down because the white system thought they were infectious and children, it was...it’s just so awful and it’s not too far in our past, it’s not like a 100 years ago, it really is just a few years ago.

In addition to appropriate training, participants noted it is vital for health care providers to have a passion for this area of practice. Participants identified what separated the staff attitudes were their beliefs in harm reduction, their ability to “walk beside the individual and support them with what

they need or what they recognize as their needs”, as well as their ability to problem solve and generate creative solutions to work around structural barriers. Participants also recommended having lower patient to staff ratios and security in hospices, if needed, to ensure staff and patient safety. In addition, they suggested having a staff member who is readily available to attend to a person’s individual needs, such as getting items from their home, completing banking, and sorting out legal affairs.

Larger Health System Coming Together.

Participants advocated for increased collaboration between health care providers in order to better serve the individuals of Vancouver’s DTES community. Seemingly apparent suggestions, such as increasing communication between the community health care workers, hospitals, and May’s Place, were heavily reiterated. Participants also suggested that health care providers should have earlier conversations with individuals about what end-of-life resources are available in their community and stressed the importance of including the individual in their health care planning process by “making plans... not around them, but engaging them into the whole thing”. An additional suggestion was to ensure health care providers who frequently provide care to an individual identify when that person may need end-of-life care and notify other health professionals to become involved. Another provided recommendation to increase the collaboration between health care providers was through the use of a blended model. Participants identified that individuals should receive an overlap of care in hospice from their previous community and hospital care providers for a set period of time, as a way to utilize the existing therapeutic relationships as a bridging tool in building trust with patients’ transitioning to hospice. Finally, multiple participants called on the larger health care system to subsidize the cost of receiving care at a hospice for individuals who receive their income from the MSDPR, as a way to ensure they do not have to forgo nearly their whole cheque to receive care. Participants felt individuals should be offered more “a respectful experience... of life, where they don’t have to pay all of their cheque to die to be in a place that is

safe”.

For May’s. Participants provided the following recommendations specifically regarding accessibility at May’s Place. A participant suggested ensuring May’s Place is well marketed in Vancouver’s DTES community, as currently, it appears “clients have heard from other people, like in the neighbourhood and friends and whatever, that [May’s Place is] where you go to die” instead of believing it is somewhere “where you can be addicted and still get really great care and...where you don’t have to give up your whole monthly cheque, that type of thing, and maybe just a place you can rest and recover”.

Another recommendation was to encourage health care professionals from hospitals and the community to attend a tour of May’s Place as a way to strengthen relationships and guarantee that professionals properly know how to describe the hospice to their patients. Participants identified that providing community partners, including hospitals, with clear boundaries regarding what May’s Place can handle in terms of an individual’s substance use and behaviours would be useful to lessen the number of inappropriate referrals.

In terms of admissions criteria, some participants felt it could be valuable for May’s Place to look at widening their admissions criteria. The suggestions came in the form of allowing a wider range of prognosis (i.e. up to six months instead of three), offering general short stay admissions that only last for a few days, and having a few stabilization beds that would act as a step-down from acute care in the transition from hospital to home. Participants hoped the process for short stay would be made easier for individuals, including having no cost associated with their stay and a simpler paperwork process, as a way to encourage individuals to try the service. Participants would ideally also like to see a simpler paperwork process for all admissions.

Participants queried about the ability of May’s Place to allow patients to bring their pets on a case-by-case basis based on the type of pet, size, maintenance, behaviours, and allergies. If this is not possible, participants suggested allowing patients to have visiting hours with their pets as long as

someone is responsible for their care or implementing a pet therapy program run by volunteers.

The last recommendation for May’s Place was to connect with Indigenous communities, particularly Elders, as a way of building “like a sort of connection between May’s and some of our [Indigenous] clients”, as “First Nations awareness is an area of growth [for May’s Place]”. A participant suggested an Elder could facilitate “healing circles which are kind of like support groups, but, like, in a more like culturally... relevant sort of set up”.

Sense of Responsibility

All participants articulated a deep sense of responsibility in wanting to understand how to best serve the individuals they work with and stated this field of research was a vital part of that understanding. One participant spoke of preliminary research showing how marginalized and vulnerable populations do not wish to partake in Medical Assistance in Dying, noting that “their life is so hard, they spent so much energy trying to live, why would they want to die?” and that this population is “also a lot more comfortable with suffering”. Building on this, another participant stated the unmet need of providing appropriate end-of-life care to individuals of Vancouver’s DTES community has increased because “we’ve done such a good job of extending people’s lives..., and we’ve got an aging population in the Downtown East Side and we’ve got... a sicker population down there because of all the...brain injuries and things like that due to the opioid crisis”. A third participant shared they are currently “a little bit paralyzed about not knowing how to fix the problems” and they suspect their colleagues would “agree that [they] are not doing a good job in the big picture sense of serving [their] patient population”. Overall, participants continually expressed that they believe “everybody should have the option of dying with dignity... and [there’s] many examples of where that wasn’t the case in the Downtown East Side”.

Other Organizations and Cities

Several participants provided information on other organizations and cities that are providing unique care to their marginalized and vulnerable populations.

In Vancouver, British Columbia, participants named organizations such as St. Paul's Hospital, the Hazleton, Dr. Peter's Centre, the Portland Hotel, and the Community Transitional Care Team as organizations that are either currently or have previously provided end-of-life care to this population. Of importance, the participants chose to highlight these local organizations for their ability to implement harm reduction strategies in caring for their patients. Further cities were mentioned without participants providing information about the particular programs; these included Ottawa, focusing on the work of John Turnbull, Calgary, and Dalhousie. Additionally, one participant shared information regarding a low-barrier hospice in Toronto for individuals experiencing homelessness, which has flexible admissions criteria. Lastly, a participant spoke about the outreach services doctors are providing in Victoria, British Columbia.

Discussion

As expected by the student researchers, some information examined in the literature review was corroborated by the data collected in this research study. In particular, substance use, negative experiences with health care providers, and a lack of appropriate services were confirmed as barriers for individuals of Vancouver's DTES community in accessing end-of-life care. This demonstrates these systemic barriers are consistent across multiple geographic locations, are longstanding and chronic, and are not being addressed by current health care systems. The bigger question then becomes, if the barriers are being consistently identified, why are they not being resolved? It is the student researchers' opinion that underlying these barriers, there is a concern of othering, disconnection, and lack of understanding from the larger mainstream society towards this population. This notion is derived from the data collected in this study that was further supported by existing literature; both acknowledge there are many health care professionals who lack an understanding on how to appropriately care for marginalized and vulnerable populations, further maintaining the mistreatment of this population by the larger health care

system and perpetuates feelings of being misunderstood, disrespected and discriminated against (Hudson et al., 2016; McNeil & Guirguis-Younger, 2012; McNeil, Guirguis-Younger & Dilley, 2012a). Perhaps this is further echoed by the controversy in the broader society regarding whether more time, effort, and resources should be spent improving end-of-life care for individuals of Vancouver's DTES community.

Unlike the existing empirical literature, this research study provides more specific information directly relating to the barriers individuals of Vancouver's DTES community face in accessing end-of-life care, and also some unique recommendations that are tailored to this community and the services being provided. Specific to Vancouver, the research findings for this study highlights the lack of collaboration and communication among many health care providers who serve the same individuals. This is particularly concerning as Vancouver has a large marginalized and vulnerable population who may not be receiving appropriate and essential care, which as the data suggested, could result in many individuals dying either in their homes or on the street without care. Building on this notion of not receiving appropriate care, there are further concerns with how interacting systems, such as health care/home care, welfare, and housing are not meeting the basic needs of individuals of Vancouver's DTES community particularly in relation to end-of-life care. This was highlighted in the collected data among the reoccurring conversations regarding the lack of home care available to individuals of Vancouver's DTES community, as well as financial expectations of entering hospice that leaves individuals with little personal monetary funds. Surprisingly to the student researchers, there were also a number of personal barriers identified by participants. This feeling of surprise speaks to the tendency to view end-of-life care as part of a larger, homogenized system, while perhaps being ignorant to the fact that death is a very individual experience. This demonstrates that the need for end-of-life care is robust and cognizant of an individual's biopsychosocial-spiritual needs ranging from the

micro to macro level.

The student researchers were pleased to see resemblances of the biopsychosocial-spiritual theory and trauma-informed practice interwoven in the accessibility recommendations offered by participants; notably these recommendations also ranged from micro to macro levels. Of the recommendations offered by participants, the student researchers particularly believe the further implementation of harm reduction practices is critical in creating an inclusive end-of-life care system that acknowledges and supports individuals' preferences and needs. The worthiness of further harm reduction practices was demonstrated by every participant in this study mentioning its effectiveness, and is echoed among existing literature that demonstrates how incorporating harm reduction practices in end-of-life care can foster open communication and trust, as well as elicit higher levels of satisfaction by care receivers and their families (McNeil et al., 2012; McNeil & Guirguis-Younger, 2012b; Podymow, Turnbull & Coyle, 2006).

Limitations

There were several limitations to this study that impacted both the internal and external validity, as well as the reliability of the results. Regarding internal validity, both student researchers independently conducted semi-structured interviews, which created a concern of instrumentation (Lee, 2020; Mertens & Wilson, 2012); the student researchers acknowledged they likely asked questions in different manners which may have altered how participants responded, and therefore, could have impacted the data that was collected. This could have been amplified in the interviews that occurred in-person versus via telephone. In terms of participants, there was a significant limitation with regards to selection bias. As previously noted, service users and Indigenous individuals were excluded from the sampling pool due to having a higher level of vulnerability than approved by the ethics clearance for this study. The student researchers recognized this is a significant limitation to the study, as it is missing two important voices in Vancouver's DTES community. In addition to this, there was a notable

limitation in that no professionals employed at May's Place participated in the study, meaning their perspectives are not represented in the data. Furthermore, the unique attributes voluntary participants may possess, such as having a strong viewpoint they want to share, created an additional selection bias in this study (Lee, 2020; Mertens & Wilson, 2012). When completing the interviews, the participants may have modified their answers based on the knowledge that they are part of a research study, also known as the reactive effect (Lee, 2020; Mertens & Wilson, 2012). With regards to external validity, the student researchers acknowledge their own expectations of this research study may have created a limitation, which is referred to as researcher bias (Lee, 2020; Onwuegbuzie & Leech, 2007). In order to help mitigate the concerns mentioned above, the student researchers incorporated the process of member checking (Lee, 2020; Onwuegbuzie & Leech, 2007). This was accomplished by asking clarifying questions, as well as inquiring if the participants wanted to add anything further before ending the interview. The student researchers also provided the anonymous quotes used in this report to participants who requested this on their Consent Form, as a way to ensure the student researchers were accurately representing the data. In addition, the student researchers engaged in reflexivity as a way of critically analyzing the assumptions and biases they may have held throughout the study, both independently and collectively (Lee, 2020; Nobel & Smith, 2015).

In terms of limitations of reliability, with both student researchers participating in the coding process, there could be a concern of inter-rater reliability. To minimize the effects of this, the student researchers reviewed the emerging themes and reached agreement by consensus, in which both student researchers had to agree to each theme (Engle & Schutt, 2017).

Despite the attempts to lessen the limitations of this study, the small sample size added to the restriction of the generalizability of these results. With this, the student researchers acknowledge the

results of this study may not be applicable outside of May's Place or Vancouver's DTES community.

Future Directions

An implication of this research study for the field of social work, similar to other health care professionals, is that social workers are often placed in situations that create moral distress and ethical dilemmas by not being able to provide adequate care to individuals. This means that care providers are often aware of what the right decisions may be, but they are unable to act on them due to structural constraints. A potential impact, both at the micro and mezzo levels, is that all research participants expressed wanting a copy of the report, with multiple participants stating they would like to share this research with their colleagues as a way to start conversations regarding their practice. The student researchers hope this research can assist in starting conversations within agencies, but also between organizations about how best to collaborate to properly serve individuals of Vancouver's DTES community in their end-of-life journey.

While there are many avenues of future research, the student researchers focused on two particular topics that may be of interest to May's Place. First, the student researchers recommend gathering additional information on how to further implement harm reduction practices into May's Place, starting with connecting with local community partners who are already practicing this approach, and inquiring how these practices could be utilized in a hospice setting. Second, the student researchers recommend examining how a blended model of practice could be implemented at May's Place. As previously noted, this model of practice, suggested by participants, recommends that individuals should receive an overlap of care in hospice from their previous community and hospital care providers for a set period of time, as a way to utilize the existing therapeutic relationships as a bridging tool in building trust with patients' transitioning to hospice. The student researchers believe this may be a worthwhile venture to increase collaboration among health care providers, and wonder if a blended model could assist in increasing patient capacity at

May's Place. The student researchers suggest collecting information from local, national, and international sources to determine if this model of care is implemented elsewhere and how successful it can be in assisting individuals in transitioning to hospice. The student researchers also provide the two following recommendations to May's Place. First, as a shorter-term goal, the student researchers recommend May's Place invests time in connecting with community partners, including local hospitals and community agencies, about how to improve working relationships and coordinate services. As previously noted, other health care providers are hoping to receive clarification from May's Place regarding their current capacities as a way to mitigate inappropriate referrals. Multiple participants also called for May's Place to review their admissions criteria and process to see if it could be more flexible and simplified as a way to increase patient capacity. In saying this, the student researchers also believe if May's Place is going to have wider admissions criteria, it is vital for all staff members to be appropriately trained in specialty areas, such as substance use, behaviours, harm reduction, and mental health, in order to provide appropriate care to this patient population. Second, in recognizing this will take more work and time, the student researchers recommend May's Place incorporating further harm reduction practices onsite as a longer-term goal. As a way to begin this process, the student researchers suggest connecting with local community partners who are already practicing from this approach as a way to identify how current models of practice could be modified to a hospice setting.

Examining the wider scope, student researchers hope to see this research topic evolve from the micro-level of looking at how a hospice, such as May's Place, cares for individuals of Vancouver's Downtown East Side community, to a more mezzo and macro level. This would include examining how the health care agencies in Vancouver, British Columbia, including hospitals and community organizations, care for the same population, with the further hope that the larger health care systems in Vancouver will improve upon their attitudes and

ideologies while caring for this same population.

In upholding a trauma-informed approach, the student researchers recognize that service users and Indigenous populations need to be included in all future directions, as it could be extremely harmful to implement practices that are not formed in the true spirit of collaboration. This could include community based research methods, as well as adhering to the Ownership, Control, Access, and Permission principles, which is a guide to research created by First Nations to ensure colonization is not further perpetuated (First Nations Governance Center, 2014).

Conclusion

End-of-life care for individuals of Vancouver's DTES community is a critical area of practice that aims to bring dignity to highly marginalized and vulnerable individuals. Regardless of this being a fundamental service, multiple systemic barriers inhibit individuals in receiving appropriate end-of-life care, such as past negative health care experiences and lack of coordination between health care services, the inapplicability of mainstream systems to marginalized and vulnerable populations, as well as a limited understanding on how to adequately provide health care to individuals with a substance use disorder. Outside of these systemic barriers, individuals may also have personal obstacles that impede their ability to access care. Despite this, many health care providers in this field are dedicated to finding creative solutions on how to make end-of-life care more accessible and appropriate for the individuals of Vancouver's DTES community. Participants advocated for the further implementation of harm reduction practices in hospices, specialized training and appropriate staffing levels, and increased collaboration between health care services. Lastly, participants also offered recommendations specific to May's Place. In closing, this study highlights the need for further research in this area of practice as a way to ensure all individuals have access to inclusive care and a dignified end of life.

Acknowledgement

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

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Appendix A

Interview Template

Before starting:

Review the consent form verbally. Inquire whether they would be willing to provide anonymized quotes and if they would like a copy of the final report upon completion. Below are 9 questions with possible follow up questions if the answers were not already covered.

Questions:

1. Can you please summarize your professional experience with either: May's Place and/or providing end-of-life care for the individuals of the Vancouver's Downtown East Side community OR working with individuals of the Vancouver's Downtown East Side community?
2. What are the key barriers for people who live in Vancouver's Downtown East Side in accessing End of Life Care?
 - a. How do these barriers relate to May's Place?
3. Through our literature review, we have identified a lack of harm reduction practices, mistrust of health care providers, lack of appropriate services, and having highly vulnerable lifestyle, as key barriers for the homeless population in accessing end-of-life care. What are your thoughts on this?
 - a. What is your take on harm reduction?
4. What strengths do you believe May's Place have in how they provide end-of-life care?
5. What are some potential recommendations that would make end-of-life care more accessible for people who live in Vancouver's Downtown East Side to access, especially at May's Place?
 - a. What are some obstacles for implementing these recommendations?
6. In the literature review incorporating harm reduction and collaborating with community resources have been some of the suggested recommendations to increase access to end-of-life care to people who are experiencing homelessness. What are your thoughts on this?
7. Are you aware of any promising practices being implemented elsewhere?
 - a. If so, please describe these to us
8. On a scale of 1-10, with 10 being the highest priority, please describe how important do you feel it is to spend time and resources in creating an accessible end-of-life care in Vancouver's Downtown East Side?
9. Is there any information you would like to discuss or add?

RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2020 | Volume 2 (Special Issue). Pages 37-54

Youth Gangs in the BC Lower Mainland

Steeves, A., Kuechler, A., Jotovic, T., & Maher, M.

Citation: Steeves, A., Kuechler, A., Jotovic, T., & Maher, M. (2020). Youth gangs in the BC Lower Mainland. *Research and Evaluation in Child, Youth and Family Services*, 2, 37-54. <https://doi.org/10.14288/recyfs.v2i1.197569>

Abstract

This research was funded and supported by the Ministry of Children and Family Development (MCFD) and the University of British Columbia (UBC) School of Social Work. The gang landscape in British Columbia is unique in comparison to the broader Canadian and North American contexts. To understand these differences, three research questions were used to guide the research: (1) what preventative measures are useful in deterring youth from joining gangs? (2) what gaps do service providers identify in services directed towards youth at risk of joining gangs? (3) what do service providers identify as themes leading to youth joining gangs? A literature review completed on youth gang behaviour revealed two theoretical frameworks that would be beneficial to use when examining the research: social-ecological theory and dislocation theory. The youth gang development in this region poses a unique challenge to service providers, as gang violence in British Columbia's (BC) Lower Mainland has been steadily increasing. Statistics show that in 2016, BC's gun violence was responsible for 44.3% of homicides - a staggering increase of 29.5% since 2015 (The Mayor's Task Force on Gang Violence Prevention, 2017). Addressing gang violence in the Lower Mainland has now become a matter of public safety. Police and community support services are seeking to understand risk factors leading to youth gang involvement in the Lower Mainland to deter young people from this lifestyle. A social-ecological framework will be used to understand the complexity of risk factors impacting youth in this region through examining the social geography of the Lower Mainland, distinct family systems and community organization (Kuechler, 2019). Purposive non-probability sampling was utilized in this research as directed by the MCFD research sponsor, Preetpal Basanti. Youth were excluded from the research interview process due to the vulnerability of the population. There were two micro-focus groups with four participants in each group that took place through teleconference, which were audio-recorded for later analysis. The micro-focus groups aimed to obtain data specific to the participant's roles while working with youth involved in gang activity, as well as to gather professional insight to guide future service provision for youth gang prevention. Following the focus groups, the data was transcribed, coded, and analyzed using thematic analysis. Four major themes emerged from the data: program collaboration; program provisions; community involvement; and youth and families. Some of the limitations identified in this research were: volunteer and selection bias; participant diffusion; restrictions on interviewing youth gang members; time limitations; small sample sizes; changes of questions and loss of non-verbal and contextual data. Two qualitative micro-focus groups took place with MCFD employees and affiliates. A thematic analysis of the transcripts indicated four major common themes that could benefit youth, their families, and service providers when aiming to answer the above research questions. Ultimately, the research identified the need for increased connection amongst the various systems that are working with youth who are at risk or are presently involved in gangs. Additionally, this research indicated that youth join gangs for a variety of reasons. Lack of connection and belonging was noted as a primary indicator of gang involvement. The research called for a collaborative community approach to better meet the youth and their family's needs.

Keywords: Youth Gangs, factors for involvement, prevention, service gaps



DOI: 10.14288/recyfs.v2i1.197569

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Introduction

The purpose of this research is to gain further understanding of youth gang involvement in the BC Lower Mainland. In particular, what preventative measures are useful in deterring youth from joining gangs? What gaps do service providers identify in services directed towards youth at risk of joining gangs? What do service providers identify as themes leading to youth joining gangs?

Youth gang behaviour is an important scope of research to examine, as the number of youth becoming involved in gangs is increasing, and the age of onset is becoming younger (The Mayor's Task Force on Gang Violence Prevention, 2017). It is essential to explore how youth services and resources can be effectively utilized in gang prevention and what service gaps are present. The research questions were analyzed through the lens of theorist, Urie Bronfenbrenner's social-ecological theory and Bruce Alexander's dislocation theory. The literature review, in combination with the data collected through the micro-focus groups, provided significant information and insight into the proposed research questions.

Literature Review

British Columbia's Lower Mainland has an unusual youth gang landscape. Youth gang involvement in the BC Lower Mainland region poses a unique challenge to service providers as typical risk factors such as poverty, inadequate housing and involvement in foster care are not present in most cases. The youth participating in gang activity in the Lower Mainland are from diverse socio-economic and multi-ethnic backgrounds, and many individuals belong to affluent or middle-class families (Kane & Smart, 2019). Gangs that were identified as specific to the Lower Mainland by MCFD sponsor, Amarjit Sahota were: Hell's Angels, Wolf Pack, Brother's Keepers, Red Scorpions, Kang Group, United Nations and Independent Soldiers (see Appendix A). In the literature review, social-ecological theory and dislocation theory were used to understand the complexity of risk factors, attributes to social isolation, distinct family systems and community organizations impacting youth in this region. The Surrey Mayor's Task Force on Gang Violence

Prevention (Mayor's Task Force) noted that youth in BC gangs appear to come from a mix of affluent, middle class and low-income households (2017). According to Totten (2008), ethnic and racial minorities dominate gang membership in BC; however, the gangs are not exclusively made up of one ethnic background. The Mayor's Task Force (2017) reported that gangs in BC operate less like traditional gangs and more like businesses focussed on drug trafficking, firearm sales, and sex trade. In an article for the Globe and Mail (Kane & Smart, 2019), a spokeswoman for the Combined Forces Special Enforcement Unit of BC (CFSEU), Brenda Winpenny, describes how youth begin working at a low level "dial-a-dope" lines where users can order drugs by phone for delivery. She describes this position as dangerous because of close communication with dealers and users and notes that it is rare for young people to be involved in sophisticated organizations such as Hell's Angels. Gang entrance in BC is quite different from others in that there is no formal entry.

Social Geography

In the last few decades, Canada's social landscape has drastically changed due to immigration policies. In 1967, Canada reformed the Immigration Act to include family reunification, non-discrimination, concern for refugees, and the promotion of Canada's economic, social, and cultural goals (Statistics Canada, 2017). Changes to the Immigration Act led to a surge of immigration primarily from Asia, East Africa, and other developing countries. According to Statistics Canada (2017), in 2016, immigration accounted for 40.8% of the Vancouver population. Ethnically diverse children of immigrants are a relatively new and developing demographic to Canada, leading to a gap in present research. Research has indicated that children of immigrant families experience various unique challenges while attempting to acculturate to the dominant culture. These children are vulnerable to alienation and depression and experience a lack of community and family connection. These all contribute to potential gang participation (Sumartojo, 2012). The under-development of relevant research is a strong indicator that support services and policies are not yet informed enough to serve this rapidly growing population.

The Role of Attachment

Attachment is defined as the “affections and emotions one holds for significant others and social institutions in one’s life. Involvement refers to the amount of time one spends in conventional activities” (Huebner & Betts, 2002, p. 127). Huebner and Betts (2002) found that a secure attachment to their parents, schools and peers reduced the severity of their delinquent behaviours. There is a need to have ties or bonds to society or to other people. Without those bonds, individuals are more likely to be emotionally detached or feel little affection or love for others (Brownfield, 2010). Gangs are meeting the unmet needs, especially the need for attachment – a sense of belonging, unity, attention, protection, and love (De Vito, 2019).

Middle-Class Youth Involved in Gangs

For some immigrant youth in the BC area, their parent’s lack of ability to speak English can result in families being isolated from the broader surrounding community (Sersli, Salazar, & Lozano, 2010). Other than economic opportunities, gangs provide the chance to form a sense of identity, protection from other gangs, perceived well-being and a way of solving social adjustment problems (Howell, 1998). Research conducted on youth gangs within Canada indicates status-related reasons for gang involvement (Sersli et al., 2010). Despite these youth coming from middle-class environments, they can also suffer from feeling marginalized by their communities, culture, and family.

The Role of Cultural Connections

Sersli et al. (2010) found an enormous strain was placed on families adjusting to cultural expectations while trying to maintain the values from their place of origin. There is a notion that parental control becomes lost when immigrants come to Canada, as the parent’s and children’s roles shift. Parents become dependent on their children to help navigate a new culture and language. Howell’s (1998) observations of youth involvement in gangs recognized gangs as products of the breakdown of social institutions that is brought about by rapid social change. Research shows that “within youth culture, race appears to be a basis for clique

formation, but the cultural patterns learned to appear to transcend their own ethnic cultures” (Bankston, 1998, p. 41). Gangs serve as carriers of community traditions and culture. During cultural exchanges, youth aim to re-establish their own culture (Howell, 1998). In Canada, the likelihood of immigrant youth becoming part of a gang increases over their time spent in the country (Sersli et al., 2010). Gangs form “social and cultural bonds which attracted individuals to organizations and that addressed their sense of ethnic and cultural marginality in a predominantly Euro Canadian environment” (Gordon, 1994, p. 6).

Social Organization

Interactional theory indicates social factors that lead to gang membership are “negative peer relationships, poor social structural environments, weak relationships, and an environment that is supportive of crime” (De Vito, 2019, p. 3). An additional risk factor is increased gang violence and public exposure to violence. In 2017, 983 gunshots were fired in densely populated areas in the BC Lower Mainland (The Mayor’s Task Force on Gang Violence Prevention, 2017). Smith, Gomez Auyong, and Ferguson (2019) state that a “perceived lack of safety in the community, neighbourhood disorganization, concentrated disorganization (e.g., lack of resources, high crime, access to drugs, etc.) and low neighbourhood attachment/involvement” are all factors that contribute to further gang involvement (p. 724). Risks associated with community disorganization and peer relationships have been found to have a more significant correlation to gang involvement than individual factors (Smith et al., 2019). In the pursuit of deterring youth from gang violence, the focus must be placed on developing social organization that considers the multicultural development of the Lower Mainland.

Protective Factors

It is important “to promote the development of positive identities and to achieve a healthy sense of belonging [for youth] at home, at school and in the community” (Dunbar, 2017, p. 16). As “positive non-parental adult figures in schools and neighbourhoods are important potential sources of

social support for youth living in unsafe neighbourhoods” (as cited in Merrin et al., 2015, p. 525). For youth whose parents/caregivers are unable to provide guidance and support, having another positive adult figure can be crucial (Jotovic, 2019). “Having positive role models can help ‘strengthen youths’ bonds to their schools and communities, and these youth are [then] less likely to become involved in gangs and criminal activities” (as cited in Merrin et al., 2015, p. 525). Another protective factor is “that youth who reported being treated fairly from teachers and other adults in school were more likely to stay out of gangs. In addition, youth who reported a sense of belonging in school are also more likely to resist gang membership” (Merrin et al., 2015, p. 531).

Methodology

Ethics

Prior to commencing research, an ethics protocol was created and approved by the MCFD Research Ethics Board. A course-based Behavioural Research Ethics Board approval was also obtained by the University of British Columbia. With this approval, permission was granted to begin conducting research in the area of youth and gang involvement in the BC Lower Mainland.

Recruitment

Student researchers adhered to the Facilitated Contact protocol of MCFD when they contacted participants. The MCFD sponsor distributed an electronic invitation to participate to potential participants to determine interest in the research. Interested participants then contacted a student researcher via email. Prior to commencing the micro-focus groups, participants were provided with an electronic consent form via email to complete and return to the researchers. Optional dates were provided to allow for participants to schedule adequate time to partake in the 90-minute micro-focus groups. The micro-focus groups took place on March 5th, 2020 and March 12th, 2020. Each micro-focus group included four participants, yielding a total of eight participants.

Data Collection and Analysis

Qualitative research was utilized to gather and understand the experiences of service providers in

working with youth gang members. Research in this field is largely uncharted and still developing. This research aimed to explore and identify variables that lead to youth becoming involved in gang and criminal activity in the Lower Mainland. Exploratory data was collected through micro-focus groups via teleconference calls in a private room at the UBC School of Social Work. The calls were audio-recorded using a digital recorder provided by UBC. Each micro-focus group was approximately 90-minutes in duration, consisting of eight questions (see Appendix C and D). The questions were slightly altered in the second micro-focus group based on feedback provided by those participants during the first micro-focus group. The audio recordings were then transcribed and analyzed using NVivo to identify common themes that arose from the data.

During the focus groups, two members of the research team were responsible for noting impressions and ideas that emerged from the interviews. After the focus groups were held, the student researchers proceeded with transcribing the recordings and familiarizing themselves with the data and taking notes of ideas and patterns that they observed from the interviews. One member of the research team then began the first cycle of coding and produced codes based on repeating patterns, reoccurring words, and ideas that helped the researchers understand the operationalization of youth gang behaviour in the Lower Mainland; this researcher then organized and grouped data systematically into similar codes. The student researcher then began to search for themes and gathered data pertinent to the potential themes and placed the codes into relevant themes. The student researcher had another member of the research team assist with the second cycle of coding and data organization. The student researcher’s member checked their themes and codes to increase the research validity and had another student researcher review the themes and codes that were produced to ensure the data organized was appropriately connected. The final step of the thematic analysis was the creation of a thematic map (see Figure 1) that was designed to reflect the researcher’s analysis of the data gathered from the focus groups. The thematic

map contains central themes derived from the focus groups and the subthemes within the major themes (Braun & Clarke, 2006).

Thematic Analysis

Four themes emerged from the analysis of data: 1. Program Collaboration: information sharing, program partnership. 2. Program Provisions: lack of intervention, motivation to access services, engaging activities. 3. Community Involvement: location and access to services/lack of outreach, connection to services/high risk youth work, continuity of care, community involvement. a. Youth and Family: youth risk factors/social dislocation, family care, culture.

Demographic Survey

Prior to the micro-focus group, a demographic survey was emailed to those interested participants (Appendix B). We had a total of eight participants (Range of years of experience: 3-27). The agencies involved included: Youth Custody Centres, MCFD, a Non-profit Organization, Youth Probation, Corrections, Youth Custody, Youth and Family Support, and a Youth Initiative Program. The participants had varying educational backgrounds in psychology, criminology, and social work.

Results

Program Collaboration

Program Partnership. Program partnership was one of the most prominent themes that emerged during data analysis. Service providers noted multiple barriers in engaging and collaborating with other programs to address the growing youth gang population in the Lower Mainland region. One of the barriers identified was the lack of connection amongst service providers and the rapid turnover reported among frontline staff. Lack of trusting relationships and communication between service providers created challenges in building rapport among professionals and providing collaborative program provisions.

Participants reported that current systems lacked communication and coordination, making programs less efficient and unable to reach their full potential. Information sharing and communication was identified as being critical, particularly in keeping the youth and service providers safe. One participant recognized that “there is no one program that is going to be

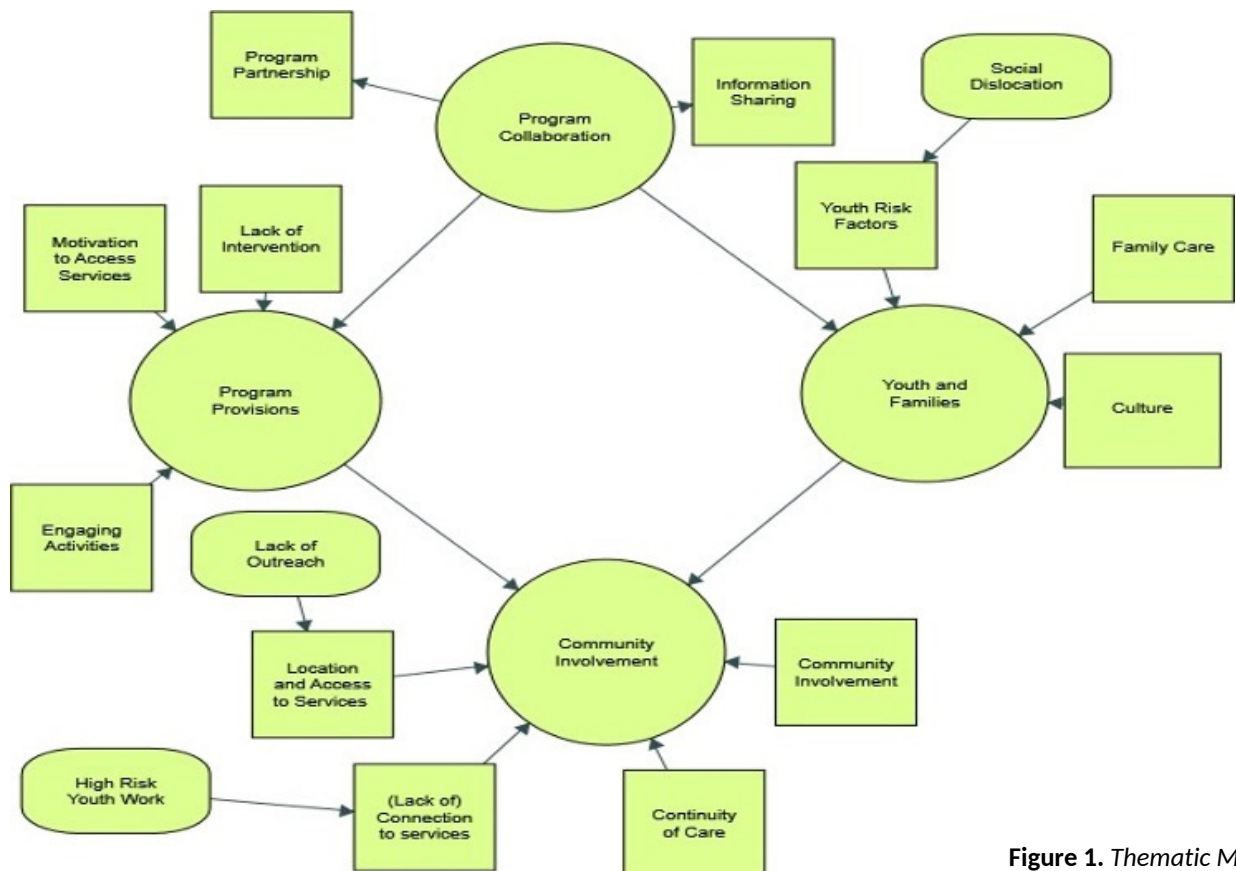


Figure 1. Thematic Map

successful; it has to be a collaborative effort if anything is going to be successful” (P03). Barriers to information sharing were found, particularly with the Youth Criminal Justice Act (YCJA). There were limits identified around information sharing and confidentiality, which inhibits valuable information from being shared among service providers working interdependently. Almost all participants discussed feeling little to no program coordination between other interdependent agencies, or within their current agencies. Despite this, it has been recognized that having collaborative services and program provisions will increase safety and minimize risk for both youth and service providers. The Children and Youth At-Risk Table (CHART) in Surrey, BC and Integrated Case Management Meetings (ICM) were identified by participants as being the most successful tools in building professional relationships and providing consistent and collaborative client care.

Information Sharing

The second most common sub theme recognized in the data analysis was information sharing. A common concern voiced by participants was that relevant and timely information was not being shared among federal, provincial and community levels, which impacted the development of potentially beneficial policies and programs. Participants found round table meetings to be most effective in information sharing. The round tables are effective as it allows for the development of trusting professional relationships between agencies while sharing up to date information “I always notice that where there are situational tables or integrated case management meetings... people are not feeling overwhelmed because they’re only taking a piece of this situation” (P07). Effective information sharing allowed professionals to coordinate services, identify youth's needs, and allocate appropriate services and resources. Most importantly, it was responsible for increasing work safety and minimizing risk. Participants noted that communication among service providers is “getting better,” particularly in determining risk factors of working with some of the youth and trying to ensure

the safety of youth and workers. It is not always timely, but “compared to what we were getting six years ago, which was nothing... it is getting better” (P04).

The gang populations in the Lower Mainland currently flow between districts, making coordination amongst service providers in the BC Lower Mainland critical. Greater service coordination between districts will reduce barriers with accessing services and safe access to services for youth (many youths must access services outside of their catchment for safety reasons). Some agencies such as CFSEU are volunteer-based, which has resulted in inconsistent engagement from youth.

Program Provisions

Lack of intervention. Participants mentioned that since the YCJA has come into place, there is minimal action taken by law enforcement, “police have unlimited power now, well, even then before” (P04). Participants reported that law enforcement had low engagement and intervention with youth involved with criminal or high-risk activities and frequently gave warnings or cautions to young people despite continuous law enforcement contact. Lack of service interventions was recognized within the research results, specifically for those youth who were deemed to be higher risk. This was mainly due to policy level restrictions that prevented service providers from working with youth if a safety concern was present. A participant noted: “the fact that they [youth] pose a safety risk and we [service providers] kind of distance ourselves from these youth, and we don’t get to do much work with them other than just seeing them at our police department and then we are restricted as to how much contact we can have or even put in the place for them” (P08). Additionally, the youth were determined to be increasingly violent and of higher risk to work with due to the lack of early intervention from law enforcement, schools and other community service providers.

Participants shared that there should be more attention placed on early intervention with younger children, particularly in the elementary school age range. Increased focus on relationship building and education was suggested as a method of gang prevention. Participants described a lack of response

to youth at risk of gang participation within schools. Youth that were frequently demonstrating high-risk behaviours in the school environment would often be punished in the form of suspension, rather than being provided with a positive form of intervention. Participants believed that alternative intervention from schools could have positive results for at-risk youth, as a way of “supporting them in turning their pathways” (P08), especially if educators are able to recognize and act on early signs of vulnerability.

Motivation to Access & Engage in Service. The YCJA introduced changes to the way information was shared and the repercussions for youth involved in gang behaviour. Participants unanimously agreed that once the YCJA came into legislation, law enforcement took minimal action towards referring or sanctioning youth to programming or extrajudicial services. As a result, many participants reported that youth do not access these services voluntarily. It was found that: “one of the biggest challenges is that 99% of these services are voluntary, and none of these kids want to do it. The parents are not reinforcing it, and we don’t have legislation to make them do it. You know, the YCJA changes a lot for us, a lot of the kids were mandated to do services. That gave them [youth] a small window of clarity, and maybe they would take some of these services, but now, it’s all voluntary” (P02). This makes it challenging to assist youth who may need services for mental health, substance use, trauma, homelessness, or other factors that may keep them vulnerable to gang violence. Participants noted that services should be more youth informed and designed around areas of development that youth would benefit from.

Youth and Families

Culture. There is a strong disconnect between service providers and ethnically diverse families. This disconnect can be attributed to racial stigma and a misunderstanding by service providers of the youth and family’s cultures. It was identified that service providers are not receiving adequate cultural training. This lack of cultural competency has resulted in a lack of awareness around the barriers that ethnically diverse families experience. Assumptions around culture are being made, causing

a grouping of cultural experiences. Collaboration with families was identified as being important. Service providers should work with families to receive input around cultural and resource needs.

Additionally, the data highlighted that due to language barriers and racial stigmatization, immigrants and refugees experience a lack of trust towards government and community services. Participants discussed “shame-based culture” (P07) and the desire for family privacy in many communities in the Lower Mainland. As one participant stated, “there’s ah, you know a shame factor that sort of stuff... you know people knowing their business that sort of stuff for their failings” (P02). Another participant also mentioned, some “cultures may not even want help because they want to keep it private” (P05). Participants stated that programs must address ways to positively build relationships with diverse families while reducing the stigma, fear and shame around accessing services. A common suggestion was to meet families within their homes so that families feel safer and less afraid. As one participant mentioned: “families are very different in their homes than they are in an office—just the way they present. I mean, a lot of cultures have skepticism of government and police and all that kind of stuff, to begin with, so again, just getting out to the families rather than having them come to you” (P05). The research indicated that ethnically diverse youth often experience dislocation from their parental culture and mainstream culture. As one participant mentioned, “they get stuck in that culture gap between the western culture and then their, you know, Indian culture” (P08). Religious and cultural workers were identified as vital resources to decrease social dislocation experienced by youth. First, second, and third-generation refugees and immigrants experience a significant cultural adjustment. As such, it was identified that programs need to be adapted to support this growing demographic in order to help individuals adjust and navigate the Canadian system.

Family care. Participants called for more one to one outreach work with families to help increasing

the service provider's understanding of the individual, family, and cultural needs. Low income and immigrant families were identified as high-risk and, in turn, required additional support in accessing services. When vulnerabilities in communities were discussed that made youth susceptible to youth gang violence, one participant stated that "I think, um, poverty, it is a big one" (P01). A lack of communication with family members resulted in their unawareness of the potential risk to their families and their children involved with gang activity. As one participant noted, "I think a lot of families, due to communication, do not even understand what's going on with their youth and what they can do to support them" (P09). Without an awareness of gang risks or the circumstances that families were in, parents were unable to intervene or provide appropriate support and supervision. Another participant noted, "if youth don't have a connection with their family or friends, then they are out looking for that connection, making them more prone to being part of gangs" (P08).

Participants noted a lack of family cooperation due to a mistrust of authorities or a fear of discovery of their children's criminal involvement. As two participants noted, "you could see families that are, um, not amenable or amenable to accessing services because they might inherently distrust them" (P01) and "I mean, a lot of cultures have skepticism of government and police and all that kind of stuff to begin with" (P05). Another participant noted, "the parents know these kids are committing crimes drug dealing and stuff, it's the cost of doing business. They need income, they know that these kids are pulling in" (P04).

Youth risk factors. The research demonstrated a lack of information being shared among service providers. environment. A disconnect with services was caused by service providers not being able to understand and connect with the youth's cultural experiences. The media was considered to influence youth with the "show off culture" (money, cars, drugs), and the competitive need to display their status. Service

providers noted that youth actions mimicked what they see in the media in music videos, music lyrics, and social media. Youth being exposed to more overt violence was noted as another risk factor; with the overexposure of violence, the behaviour becomes normalized, and youth imitate this. Participants often mentioned younger children as more vulnerable to gang recruitment, as that there is a lack of police involvement, community intervention, and enforced consequences.

Participants also discussed the significant role of poverty in youth gang involvement as youth may be financially responsible for their families. Changes in gang structures were identified as a risk factor impacting youth safety as gangs are no longer organized with a rule-based system. Family members are no longer off-limits for violence, and youth are frightened to leave gangs as this puts their family members in danger. Participants identified family involvement as being key. Without family support, it is difficult to supervise and successfully implement interventions for youth. Homelife (domestic family abuse, sexual abuse, etc.) and geographical location were listed as risk factors.

Community Involvement

Community Care. Community involvement was another primary theme among the participants. Under community involvement, there were four subgroups: community care, continuity of care, location and access to programs, and lack of connection to services. During the focus groups, participants expressed the need for an approach to gang prevention and intervention that utilized the community as a whole. A successful program noted by one participant was the Junior Youth ambassador program where "we collaborate with police, we collaborate with the city and a lot of service providers and the outcome of those programs is [the youth] really forge relationships with healthy adults" (P03). Community Care requires participation and collaboration that encompasses law enforcement, schools, MCFD, culture, community, family and religion. Participants suggested that law enforcement create a more relational role with youth, one that is focused around safety, connection, and support to improve youth's perspective of the police.

One participant stated, "having a community police

officer that's just there to hang out with them, play basketball, it really helps them feel connected to the community and have a different understanding of what police are there for" (P05). Fear of authority is a major deterrent that prevents youth from accessing services. Improving youth perceptions of law enforcement is vital. Many participants mentioned programs that focus on connection, such as the wilderness program at Centre Creek that reduce risk by improving communication, relationship building, positive mentorship, safety, and collaborative service approaches. The data also indicated that youth feel rejected by religious and cultural groups, especially after gang involvement. Participants noted that "community leaders... have washed their hands of a lot of the gang affiliated kids" (P02). Participants suggested the involvement of cultural leaders to improve youth's perception of their cultural environment. Immigrant children and youth are tasked with balancing between their family's values and beliefs and those of the mainstream culture. One participant noted that "indicators for [a] high degree of criminality at any community is income disparity" (P02).

Continuity of Care. Participants reported that youth lacked long-term care or consistent case management. To combat this, they suggested continuity of care and long-term case management, starting from a young age. One participant referred to a program in Denmark where "as soon as the kid was born, they were assigned a social worker" (P02). Participants also recognized the high turnover of staff that prevents consistent and long-term case management. In addition to increasing length of care, participants suggested more focus on youth transitioning out of programs or out of care. In the current system, participants noted that services did not meet the long-term needs of youth and cut access to service prior to their readiness. One participant stated, "So, it's not just "we get them from A to B." It's 'we get them from A to Z" (P05).

Location and Access. Location and access to programs was identified as a major barrier to service accessibility for youth and their families. In the focus groups, participants discussed that many

programs end in the summer or are short term. When youth aren't in these programs, they are vulnerable to gang recruitment. Another barrier to services is the restriction of access to programs if youth are deemed to be high risk, particularly if they have a duty to warn. Additionally, youth often refrain from accessing services in their local catchment in order to avoid violence or retaliation from other gang members if they are seen interacting with gang prevention programs. Due to this, participants stressed the need for access to services outside of their catchment area and noted that they should be provided transportation to these services. Families are often unaware of how to access services and are fearful of the consequences of using them. As mentioned earlier, outreach was stressed as vital to effective intervention. Participants also recommended after school care for low-income families who can't afford it in order to increase levels of supervision and provide an additional point of intervention. One participant discussed the lack of access to positive services, while at the same time having easy access to gang involvement. "The ease of connection to this world [gang involvement] is there and... but it's not something that necessarily searches you out, but it's around you" (P07). When youth face barriers in accessing positive resources, but easily access connections through gang involvement, they are more likely to choose the latter.

Lack of Connection with Service Providers. Participants discussed that workers do not understand youth culture, which is affecting their ability to connect with the youth on a personal level. One participant noted, "if you are a worker and you are not able to engage young people and speak their culture, their language, it doesn't matter who you are, you're not going to be successful in supporting them" (P03). Additionally, large caseloads make it difficult to meet regularly enough for building connections with youth. One participant discussed a youth's thoughts about short term programs: "why would I connect with you because you're gonna leave in six months and then I'm gonna have someone new, and I'm gonna have to tell my story all over again" (P05). Intervention that is directed by youth is essential. Participants also discussed how programs

are selected for the youth without their input and engagement. One participant discussed a case where the service provider selected an intervention that was not meaningful to the youth. "[The service provider] just look at a youth and they're like: 'Oh, he's 12, he's 5'9', he would be a great football player'. Yeah, except he's not into sports so that's not really a meaningful intervention. So it has to be meaningful to the youth and individual focused and it needs to be relevant... it can't be something that they would consider to be lame" (P05).

Without youth buy-in, the services were viewed as essentially useless. Language was repeatedly listed as a barrier in connecting with the youth, but more specifically, in connecting with the youth's caregivers. Participants discussed the lack of languages provided by support workers despite the diverse population in Surrey, BC. As identified in the findings, family involvement in intervention is essential, and this cannot be done if service providers are not connecting with families in their own languages. "So, I think obviously language and culture would be the most obvious barriers [to accessing services]" (P01). In addition to the dialectical differences, the law enforcement jargon presents as another barrier in connecting with youth and their families. "A lot of officers that I talked to say that... families don't cooperate with them to help the family or the youth; however, I think the families and youth themselves are struggling with understanding. They don't understand the language, they don't understand the legal terms" (P08).

Discussion

This research aimed to explore why youth in the BC Lower Mainland are joining gangs, what preventative measures are useful in deterring youth from joining gangs, and what is working for services providers. The themes found in the research were: (1) program collaboration, (2) program provisions, (3) community involvement, and (4) youth and family involvement.

Youth joined gangs for a variety of reasons; however, a lack of connection and belonging was noted as a primary indicator of gang involvement. One particular reason for this lack of connection was described as the result of competing cultural views.

Social media creates a platform where income disparity is extremely apparent and show off culture was mentioned in both interviews by participants as a draw to gang lifestyle. Gang members utilize social media as a way to display their wealth, status and prestige. This portrayal of lavish spending and social status draws in vulnerable youth. Beyond the material appeal, data from the micro-focus groups revealed that youth often feel obligated to provide for their families. Gang involvement offers quick and easy access to financial gain and allows youth to support their families. On top of these enticements, youth are recruited from a young age and are not yet equipped with information about the dangers of gang involvement, signs they are being recruited, and how to respond when being recruited.

The data from the focus groups provided a variety of suggestions in response to how youth can be deterred from joining gangs. As mentioned above, a lack of connection was identified as the main reason for gang involvement. Conversely, youth can be deterred by increasing connections available to the youth. The focus groups determined that essential connections include family, community, culture, school and social services. Family connection was identified as being essential to prevent gang involvement. To increase family connection, services should be family focussed in an accessible and culturally sensitive manner. Community connection can be improved by helping youth identify interests and hobbies that are meaningful to them (e.g., recreational programs, sports, art, etc.). Cultural connection was discussed in the findings as being a primary method of intervention. By improving cultural relations, youth are more likely to seek out these connections rather than resorting to gang involvement. Early intervention programs in schools, particularly in elementary grades, were suggested to address young recruitment. Finally, service providers that are trained in anti-oppressive practice were also deemed essential for gang deterrence. The collaboration of these systems would ultimately eradicate many of the risk factors for youth gang involvement.

Participants reported that when agencies work collaboratively, effective care can be provided for

the youth. To do this, CHART and ICM meetings were suggested in order to share information, build professional relationships, track youth and break problems into manageable pieces. The participants noted that in many cases, this is not happening. As a result, care for youth is fragmented and restricted.

The themes were supported by frameworks of the social-ecological and dislocation theory: The social-ecological model, founded by American Psychologist, Urie Bronfenbrenner, suggests that human development should be examined as a joint function of the individual and the broader environment (Mizokawa & Komyia, 2014). Youth are demonstrating a sense of wanting to belong somewhere. A social-ecological framework assisted researchers in understanding the risk factors impacting youth through examining the social geography of the BC Lower Mainland. In particular, it is crucial to understand the impact that this may have on second-generation immigrants and their families. According to census Canada, in 2016, immigration accounted for 40.8% of the Vancouver population (Statistics Canada, 2017). Various ethnic groups have been over-represented in gang violence in BC's Lower Mainland (The Mayor's Task Force on Gang Violence Prevention, 2017). Immigrant children are also in the unique predicament of creating new cultural narratives while being pulled between dominant western culture and traditional cultural values (Sumartojo, 2012).

Psychologist, Bruce Alexander's (2012), dislocation theory states that when an individual feels isolated or is exposed to repeated traumatic events, they can experience society as void of connections. As a result, sustained dislocation is so unbearable that they search for ways to cope with the isolation by gaining acceptance or approval. The research data indicated that youth search for acceptance and belonging by working their way up the chain in gangs. The literature on dislocation theory states that service providers should shift focus away from behaviours, cognitions and individual factors to give more consideration to social conditions such as colonization, childhood trauma and the free-market society that place economic and psychological strain

on families (Alexander, 2012). Youth experience alienation and lack of belonging, coupled with a poor connection to the dominant culture and deterioration of parental relationships, which creates a loss of self-esteem (Sumartojo, 2012). Social dislocation is also being experienced between parental culture and mainstream culture. As a result, they often experience exclusion from both cultures. Therefore, it is important "to promote the development of positive identities and to achieve a healthy sense of belonging [for youth] at home, at school and in the community" (Dunbar, 2017, p. 16). Communities partnering together will largely contribute to a reduction of community disorganization, which will, in turn, reduce violence and crime. Smith et al. (2019) notes that "concentrated disorganization and low neighbourhood attachment/involvement," are all factors that contribute to further gang involvement (p. 724).

The research on youth gang behaviour sheds light on social isolation and how it breeds vulnerability. It provides several methods for increasing belonging with a focus on improved connection through services, family, community, school and culture. In addition to the suggestions on improving social connection, the data revealed a need for improved collaboration and communication between service providers in order to effectively engage with youth. If agencies introduce open and effective communication streams through integrative case management teams, they will be better able to prevent gang involvement and provide interventions to youth already engaged in gang behaviour.

Limitations

There were eight limitations that was identified by the student research team: (1) Volunteer and Selection Bias: The reasons for voluntary participation or why they were selected to complete the research may have influenced how they responded to the questions; (2) Population Validity: Student researchers only had access to second-hand information due to ethical restrictions on interviewing youth gang members; (3) Participant Bias: Participants may have shielded their answers

Sample Size: Due to the small sample size, research team cannot generalize the findings to the actual population; (5) Phone Interviews: There could be potential for loss of nonverbal and contextual data in phone focus groups; (6) Change of Questions From the First Interview to the Second Interview: As a result, the opportunity for common themes between first and second interview to be identified was lost. (7) Time Limitation: Due to a delay in ethics approval and the approaching class end date, individual interviews were eliminated from the data collection methods; (8) COVID- 19 Restrictions: The research group was unable to meet during the coding process due to COVID-19. This could present threats to internal validity. With only one person coding the interviews, there is opportunity for biased coding.

Recommendations

The research team identified six recommendations for improved service delivery. The recommendations are as follows:

ICM Meetings. As mentioned in findings, program partnership was identified as a main theme in the data, particularly relating to information sharing. In order to share information effectively between professionals, approach cases collaboratively and to break big problems into manageable pieces, ICM meetings were recommended

Increased Outreach & Transportation Programs. Participants noted a variety of reasons why youth are unable to attend services in offices (risk of being seen speaking with professionals by other gang members, lack of transportation, etc.). To provide accessible services, outreach and transportation, when necessary, is essential.

Transition Programs for Youth. Participants noted that services were disrupted, and information was lost when youth were ageing out of a program. Many programs were short term, and if youth knew that they were going to be short term, they wouldn't engage in a relationship.

Culturally Appropriate Services Directed to Reach Immigrant and Ethnically Diverse Youth. Surrey's population is exceptionally diverse, and many participants reported that a large number of youth gang members come from immigrant families, yet

services are not yet accessible in terms of language and cultural knowledge by service providers.

Early Intervention for Youth as Young as 10. Gangs are recruiting youth as young as 10 years old, yet intervention and education in schools are focused on teens. These teens are already gang involved. In order to provide proactive intervention, services need to be put in place for younger children.

The Inclusion of Families in Intervention. Some participants identified family intervention as being essential for effective intervention.

Future Directions

Student researchers recommend future research in the following four areas: (1) Research directly from youth gang members or youth gang members that have successfully exited from gangs; (2) Exploring services in other regions that are effective. (3) Inclusion of the perspectives of family members. (4) Research specifically to immigrant and ethnically diverse youth.

Conclusion

Utilizing a qualitative research methodology, two micro-focus groups were completed with MCFD employees and affiliates. A thematic analysis brought forward four major themes: program collaboration, program provisions, community involvement, and youth & family. The findings provided valuable data regarding the three research questions that guided this study. The research showed that there needs to be increased communication, strategic program partnership and collaboration and effective information sharing amongst those service providers that work with youth. Services, policy, and training need to be culturally competent to those service recipients. Service providers also need to work at increasing support and services that meet the youth's individual needs and values, as well as their families. More focus is required around the continuity of care and relationship-building, with increased involvement from schools and law enforcement agencies. Taking steps such as these can help reduce some of the identified risks found in this and other research.

Future research around this area should include

the perspectives of current youth gang members, exited youth gang members and family perspectives. Future research should also be explicitly tailored to ethnically diverse youth. In addition, exploring services in other regions that have been proven effective would allow for greater knowledge building.

With these findings, the research team hopes that MCFD employees and affiliates will have a better understanding of youth gangs in BC's Lower Mainland, what is luring youth to gangs, and what effective measures could deter youth from becoming entrenched in gang involvement. Service providers, family members, youth, and communities need to work cohesively in order to see effective prevention and change.

Acknowledgement

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

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Appendix A

Key Terms

- **Brother's Keepers:** A gang with most members previously connected to Red Scorpions. Organization most active in Metro Vancouver (Bolan, 2019).
- **Duty to warn:** Deemed unsafe for community partners to be with the youth in public, as they are 'targets' for rival gang members.
- **Gangs:** Groups who are street-oriented with a shared identity and territory who come together regularly to engage in illegal criminal activity (De Vito, 2019, p. 2).
- **Hell's Angels:** The Hell's Angels are considered by police a "top-echelon criminal organization" (Combined Forces Special Enforcement Unit of BC, 2015).
- **Independent Soldiers:** Organization located in the Lower Mainland, Fraser Valley and lower Vancouver Island. Members are Fijian, Malaysian, Singaporean, and Indo-Canadian. Involvement in the drug trade, sex trade, gun smuggling, kidnapping, home invasions and cross border human trafficking (Totten, 2008).
- **Kang Group:** Closely aligned with the Red Scorpions and was formerly part of the Brothers Keepers. This organisation is mainly based in Burnaby (Totten, 2008).
- **Lower Mainland:** Located in the southwestern corner of British Columbia, the Lower Mainland
 - encompasses Vancouver and its surrounding area and the Sunshine Coast (B.C.'s Lower Mainland, 2018)
- **Red Scorpions:** A multi-ethnic violent drug-trafficking criminal organization formed in the early 2000s, operating in Burnaby, Coquitlam, New Westminster and Port Moody. A common identifying mark is the letters 'RS' tattooed on the wrist, neck or shoulder (Totten, 2008).
- **United Nations:** A multi-ethnic gang that operates out of the Fraser Valley (CFSEU, 2018). It is made up of youth and adults involved in drug trafficking from various backgrounds: Iranian, Indo-Canadian, Caucasian and Asian (Totten 2008).
- **Wolf Pack:** A coalition of members of the Hells Angels, Independent Soldiers and Red Scorpions originating in the Lower Mainland (Petruk, 2016).
- **Youth:** individuals aged between 12-17-years-old.

Appendix B

Data Collection Instrument (1 of 3): Participant Demographic Questions

Questions:

1. How many years have you been working in youth gang prevention in the Lower Mainland?
2. How many years have you been working with your affiliated organization?
3. Have you completed specialized education and/or training related to youth justice and/or gang activity?
4. How would you summarize your professional experience working with youth gangs?

Appendix C

Data Collection Instrument (2 of 3) Micro-Focus Group #1 Questions

Questions:

1. Can you summarize your professional experience as a community partner to MCFD?
2. What ways could BC's Lower Mainland criminal justice and community support programs be adapted to respond to an increasingly multicultural and ethnically diverse population?
3. What are the barriers key informants observe ethnically diverse youth face in accessing community support services?
4. What are the youths that are currently in gangs or have engaged with criminal gang activity indicated as service needs in their community, or vulnerabilities in their community that made them susceptible to gang violence?
5. What program do you feel has been most successful?
6. Are you aware of any promising practices being implemented in BC?
7. Are you aware of any promising practicing being implemented elsewhere?
8. Upon the completion of research would you like to be provided a final report through email?

Appendix D

Data Collection Instrument (3 of 3) Micro-Focus Group #2 Questions

Questions:

1. How would you describe youth gang behaviour in the Lower Mainland?
2. In what ways could service providers respond to youth involvement in gangs? How can they support families of these youth?
3. What barriers do ethnically diverse youth face in accessing community support services?
4. What are the vulnerabilities in communities that make youth susceptible to gang violence?
5. What programs do you feel have been most successful in engaging youth who are involved in gangs in the Lower Mainland?
6. What programs and interventions are you aware of that are successful in deterring youth gang involvement in other areas?
7. What barriers are present in communicating with other professionals involved with youth gang members?
8. What are the deterrents that prevent service providers from engaging with youth?

RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2020 | Volume 2 (Special Issue). Pages 55-69

Cross-Government Collaborative Approaches to Supporting Youth Transitioning From Care: Key Considerations for the Development of a Collaboration Model

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Citation: McClocklin, E., Fisher, A., & Chutai, M. (2020) Cross-government collaborative approaches to supporting youth transitioning from care: Key considerations for the development of a collaboration model. *Research and Evaluation in Child, Youth and Family Services*, 2, 55-69. <https://doi.org/10.14288/recyfs.v2i1.197570>

Abstract

This research study was completed in partnership between the Ministry of Children and Family Development (“MCFD”) Strategic Priorities Branch and the University of British Columbia (“UBC”) School of Social Work. The two research questions were: (1) Which jurisdictions within Canada, New Zealand, and the U.K. are taking an intra-agency collaborative approach to provide supports and services to young adults leading up to and after they transition out of the child welfare system, and (2) What can British Columbia do to leverage existing best practices or implement practices from other jurisdictions. Transitioning out of care is known as a risky and vulnerable period (Sulimani-Aidan & Melkman, 2018). As outlined in the report Ministry of Children and Family Development 2019/2-2021/22 Service Plan, MCFD has committed to improving “collaboration and communication across government, with communities, external organizations and contractors to better support youth and young adults” to successfully transition into adulthood (Ministry of Child and Family Development, 2019, p. 6). This is a qualitative research study that utilized a Qualtrics survey to collect qualitative data. Recruitment of prospective participants was completed in consultation with MCFD Sponsors, where MCFD internal contacts and Child Maltreatment Research List were used as platforms for recruitment. The participants were asked to share their knowledge of the development and use of collaboration groups to support youth transitioning from care. There were three research participants that participated in this research study. The responses from participants were transferred into datasets and were coded and analyzed using a thematic analysis methodology (Braun and Clark, 2006) in NVivo 12. Following the data analysis, researchers established five themes: transition, extended care support, advisory group, strengths of collaboration, and challenges. These themes inform recommendations for future research and for the development of a collaboration model for MCFD to best support youth transitioning from care. This research study has limitations related to the use of purposive non-probability sampling, limited sample size and lack of representation from all identified key informants. Limitations are detailed further in the report. The research presented four recommendations for future research: (1) additional research is necessary, (2) change participant inclusion criteria to allow for larger sample size, (3) gather a larger sample size, (4) use of interviews to gather detailed information. The research also presented three recommendations for practice: (1) Collaboration models need to utilize an inter-agency approach, (2) Need a platform to allow for open information sharing, (3) the use of technology to enhance collaboration. Despite the lack of literature related to the functional foundation of cross-government collaborative advisory groups, the data contributes to an understanding of how communication, use of technology and fostering working relationships, through collaboration, has played a role in delivering services more relevantly and efficiently to youth.

Keywords: Children in Care (CIC), Youth Transition, Supports, Collaboration, Cross-government



DOI: 10.14288/recyfs.v2i1.197570

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Introduction

The Provincial Perspective on Governmental Collaboration

MCFD has committed to strengthening transition services and supports for youth and young adults ageing out of care, as outlined in the report, *Ministry of Children and Family Development 2019/2-2021/22 Service Plan* (Ministry of Child and Family Development, 2019). MCFD has recognized a need to “improve collaboration and communication across government, with communities, external organizations and contractors to better support youth and young adults” (Ministry of Child and Family Development, 2019, p. 6). A successful transition requires the collaboration of multiple governments and community agencies/programs to support youths' needs in the areas of financial assistance, continued education, housing, and life skills (Sulimani-Aidan & Melkman, 2018). Thus, the research study will reflect on reviewing existing collaboration models through a systems lens.

This research seeks to explore current methods of collaboration utilized in governmental child welfare agencies, in order to understand the development of an intra-agency collaborative approach. Findings from this research are intended to support British Columbia's efforts to facilitate support for youth transitioning out of the child welfare system. This project has two primary research questions: 1. Which jurisdictions within Canada, New Zealand, and the U.K. are taking an intra-agency collaborative approach to provide support and services to young adults leading up to and after they transition out of the child welfare system? 2. What can British Columbia do to leverage existing best practices or to implement practices from other jurisdictions?

The scope of the present study is limited to survey responses from key informants, as the student researchers did not explore the community or youth's perspectives. Based on the key informant responses, the research findings provide recommendations and key considerations for a collaboration model in The Ministry of Child and Family Development (MCFD) in British Columbia.

Youth Transitioning Out of Care

The Province of British Columbia has outlined that the primary goal of child welfare agencies is to provide children with permanency (2019). Permanency assumes that youth leave the foster care system and have a long-lasting, safe, and stable living arrangement and connections with their guardian (Sulimani-Aidan & Melkman, 2018). Regrettably, many youths in foster care do not attain permanency (Sulimani-Aidan & Melkman, 2018). According to the Child, Family and Community Service Act (1996), youth transition out of care once they reach the age of majority, at 19 years old in British Columbia. The period of youth transitioning is known as a risky and vulnerable period because it requires youth to cope with complex developmental tasks with minimal support, guidance, and monitoring from a parental figure (Sulimani-Aidan & Melkman, 2018). Unfortunately, youth formerly in care have a higher likelihood of experiencing homelessness, addictions, mental health concerns, unplanned pregnancy, unemployment, lower education, and involvement with police (Brown & Wilderson, 2010).

Literature Review

Beneficial Services for Transition Age Youth

Stoner (1999) compiled a list of necessary services that should be made available to foster care alumni to support their success post-care including: transitional housing and independent living skills, substance use services, disability services, and health care and support for youth involved in probation services. Woodgate, Morakinyo, and Martin (2017) list similar suggestions in their research findings and found mentorship programs to be helpful, but there was a need for interventions that “aim to enhance existing relationships rather than creating new ones” (p. 295). Stoner (1999) identified essential services for youth leaving care and divided it into tangible and intangible skills that are necessary to improve life outcomes for former youth in care. Tangible skills are locating housing, education, money management, housekeeping, personal hygiene, understanding law, job seeking, parenting, emergency, and safety capacities (Stoner, 1999). Intangible skills include

decision-making, problem-solving, planning, and interpersonal relationships (Stoner, 1999). Several Canadian provinces have adapted extended care and maintenance (ECM) agreements, which allows youth to continue in care until their 21st birthday (Flynn & Tessier, 2011). Hook and Courtney (2011) found that each year, the youth remained in care from age eighteen to twenty-one was positively associated with employment and higher wages, as a result of youths' positive education attainment. ECM is utilized in Ontario, Manitoba, Alberta and the United States of America and provides youth transitional living and allowances to meet needs in attaining employment or attending post-secondary education (Flynn & Tessier, 2011). The ECM agreement is in response to the number of youths leaving care ill-prepared to transition into adulthood, and ECM agreements have positive influences on youths' ability to practice life skills, expand knowledge, and rapid access to resources if problems present (Flynn & Tessier, 2011). Jones (2019) indicated a reduction in potential risks to youth through this extended agreement since it is associated with the supervision of youth and the ability to connect youth to resources if problem presents.

Collaboration Methods

In their report, *Improving Outcomes for Children Programme*, the Ministerial Advisory Group (MAG), in Wales, consists of senior membership stakeholders from critical agencies that are involved in the care of children (Ministerial Advisory Group, 2019). This group reports to the Deputy Minister for Health and Social Services with recommendations as to how to improve outcomes of services (Ministerial Advisory Group, 2019). One of the priorities of the MAG is regarding youth in care transitioning into adulthood. Under MAG, one example of an outcome is a new joint Social Services and Housing Group has been established to develop accommodations for youth leaving care to prevent homelessness (Ministerial Advisory Group, 2019). Gaetz (2014) calls for strategic government responses to youth homelessness to have clear objectives, targets, and use of evidence-based information. The evidence base would inform the information and data

management systems for service integration/collaboration purposes (Gaetz, 2014). Gaetz (2014) further posits that the purpose of these collaborative systems would be to support "service integration, case management, and monitoring progress" (p. 100). Unfortunately, even though Gaetz's study is showing a need for this service, such a process is not currently available.

Hudson et al. (1999) identified various barriers to overcome intra-government collaboration through the development and use of information systems. These barriers include structure, financial, procedural, professional, status, and legitimacy. These barriers emphasize the need for clear structure meaning boundaries and purpose for collaboration, adequate funding, and for teams to strive for the same mission, values, and priorities.

Larson (2011) discusses insights gained when working with two organizations collaborating together, in two different cultures and time zones. Gratton and Erickson (2007) provided an outline of eight factors that can enhance the success of a collaboration. The eight factors include: "encouraging collaborative behaviour through investments like open floor plans, senior management demonstrating collaborative practices, mentoring and coaching to build networks, building a sense of community, incorporating team leaders who build relationships and are task-oriented, building relationships within the teams, clearly defining roles and tasks to enable cooperation, providing employees the right skills in building relationships, communicating, and resolving conflicts that impede collaboration" (Gratton & Erickson, 2007, p. 213-214). The collaborative teams in the organizations used technology to their advantage and thus data sharing "was simple due to the same standards and formats being used" (Gratton & Erickson, 2007, p. 219). Larson (2011) cited areas that attributed to the success of the collaboration, integrated teamwork was one of the areas. Within the integrated teamwork, roles and tasks were clearly defined, management strived to create a sense of community, and, lastly, an emphasis was placed on creating relationships among the teams (Larson, 2011).

Theoretical Positioning

Two main theories inform the research study: the systems theory and structural social work theory. Systems theory was initially conceptualized by Herbert Spencer and Emile Durkheim in the 19th century (Schirmer & Michailkakis, 2019). It had two main assumptions: a variety of interrelated systems influences individuals and all systems connect and influence change with one another due to this connection (Schirmer & Michailkakis, 2019). Systems theory informs this research study as it addresses the interrelated system structures in place regarding youth transitioning out of care. A systems theory approach to this research produces an analysis of the impact of functioning interrelated systems and the effectiveness of the collaboration between the systems supporting youth transitioning out of foster care.

An additional foundational theory for the present research study is the structural social work theory. Maurice Moreau conceptualized structural social work, it addresses the socio-economic and political aspects of society that have created unequal relations, distribution of resources, and oppression of various groups (Mullaly, 1997). This approach focuses on the interplay between individuals and structures, and how they create barriers and limitations for those who are disadvantaged; based on class, race, gender, sexual orientation, age, and religion (Mullaly, 1997). Structural social work theory influenced the development of our research questions, as youth transition out of foster care faces a multitude of systemic and socio-economic barriers. The research study utilizes this lens to acknowledge the socio-economic and political aspects of society that impact youth transitioning out of care.

Goals of Research

The research explores critical components of collaboration in order to understand how intra-agency collaboration can mitigate multiple level systems issues faced by youth while transitioning out of care. By exploring existing collaboration models through systems and structural lenses, this research aims to establish a comprehensive understanding of the range of necessary elements to create a systemic

collaboration model. This evaluative research aims to establish a knowledge base of existing models of collaboration within Canada, the United Kingdom, and New Zealand, which will help inform MCFD on how to create an effective structural governmental collaboration model to support youth transitioning from care.

Methodology

The research was conducted by three UBC Masters of Social Work student researchers. The researchers utilized a semi-structured questionnaire facilitated through Qualtrics to generate data to answer the research questions. The research collected qualitative data through purposive non-probability sampling in order to reach the identified informants. The informants in the field were contracted by the MCFD Sponsors.

Sampling and Recruitment

The present study used purposive non-probability sampling. The research study population consisted of key informants who were selected through consultation with MCFD Sponsors and student researchers and were located within Canada, the United Kingdom, and New Zealand. The key informants were primarily recruited from MCFD prior contacts. In an effort to gain a larger sample size the student researchers also recruited through the Child Maltreatment Research List (CMRL). This is an international and interdisciplinary online community network of researchers and scholars in the area of child maltreatment. Additionally, student researchers utilized their personal contacts to recruit eligible key informants from Newfoundland and Labrador and Saskatchewan. A course based Behavioural Research Ethics Board (BREB) approval was obtained by the University of British Columbia in addition to receiving approval from MCFD Research Ethics, Privacy, and Security, facilitated by Melissa Nauta.

The inclusion criteria for the research study are (1) Currently employed by a Child Welfare Organization as Regional Manager or equivalent position, and (2) English speaking. Individuals who did not meet the inclusion criteria were excluded from the research. Participants were contacted according to the "MCFD Sponsored Research Courses - Facilitated Contact:

For Students” protocol. Student researchers provided an electronic *Invitation to Participate* letter and a UBC Qualtrics Survey link, which included a research information letter, consent form and survey questions to Clare Whelan-Sadique, Manager, Strategic Initiative Branch. Clare Whelan-Sadique sent the Invitation to Participate letter and Qualtrics link directly to prospective research participants through an internal MCFD directory. Additionally, in an effort to recruit additional participants, Dr. Barbara Lee, Principal Investigator sent the Invitation to Participate letter to the Child Maltreatment Research List. The research sample size was three participants.

Data Collection and Analysis

The student researchers invited prospective participants to participate in a semi-structured telephone interview within an outlined time frame or complete a UBC Qualtrics survey. Participants interested in completing a phone interview were to contact the researchers directly via email, however, no participants responded within the designated time frame to complete this method of data collection. The three participants completed the UBC Qualtrics online survey that was provided in the initial invitation to participate in an email from Clare Whelan-Sadique. The primary data collection tool is the Qualtrics online survey where participants were asked to share routine information and knowledge associated with their agency. The survey was formatted to be completed using the data collection instrument: Questionnaire (Appendix A), to allow for validity and consistency in the data collection.

The data collected from participants' responses obtained in this research study was utilized to generate a qualitative data set. The participant's responses were assigned an ID of the province or country in which they are employed. The data sets were then transferred into Nvivo to complete coding. Researchers created an inter-coder agreement, to triangulate analyses and strengthen the student researchers' analysis. In order to triangulate the analysis, each student researcher first read all participant responses and conducted thematic coding independently. After the first round

of independent coding, researchers met and reviewed each researcher's thematic coding, collectively developed shared codes and coded participant responses with the agreed-upon codes to ensure inter-rater reliability. The student researchers completed a total of three rounds of coding, where each participant data set was reviewed and coded three times by each student researcher. Through this methodological approach, researchers identified themes that emerged from the dataset to analyze the results.

Results

Thematic Analysis

Five themes emerged from the data analysis: (1) Transitional Support, (2) Extended Care Support, (3) Advisory Group, (4) Challenges, and (5) Strengths and Lessons.

Transitional Support. The participant in Manitoba indicated that youth transition out of care at the age of 18, the age when they become adults. The youth are eligible for an Agreement with Young Adults (AYAs) from the ages of 18 to 21, which provides individuals with financial and emotional support. The participant noted two main programs are offered to youth while in care to provide support towards transitioning into adulthood: (1) a Youth Employment Mentor Program and, (2) Youth Engagement Program. The Youth Employment Mentor program is “funded through the Children Aid Foundation and RBC” as an effort to support any youth age 16 to 29 who are in care or were previously in care “to work on life skills necessary for employment and independence.” Additionally, youth in Manitoba who are currently on AYA's become eligible for the Youth Engagement program.

The participant in New Zealand noted that youth transition out of care at the age of 18 and planning for transition begins at the age of 15 if the youth has been in care for a continuous three months. The services offered to support the transition in this jurisdiction are divided into three stages, (1) prepare to transition, (2) respond to the transitional needs and, (3) post-transition support. The participant indicated youth begin to transition from the age of 15 to 18 and provide services, assessment and support

through a holistic lens. This jurisdiction uses a model where one social worker becomes the main contact for the youth. The youth is either transferred to a transition worker that continues to support the youth from age 16-21 or the primary social worker is asked if they would assume the role of transition worker and continue to support the youth until they reach age 21. The support provided includes continuous check-ins, delivering a transition plan and strengthening relationships with family, family group and indigenous communities. The participant indicated youth can be transferred to a transition support worker who will provide support to the youth until the age of 21. The participant shared “young adults with higher needs may require more proactive support for longer periods of time”, thus “young adults can access advice and assistance through the Transition Support team in the National Contact Centre” until the age of 25.

The participant in Nova Scotia indicated that youth transition out of care at the age of 19 in the following ways: “reunification with family, an alternate family plan, adoption, and reaching adulthood.” In some circumstances, youth can be placed on a number of extended care agreements to provide additional support to the young adult. While youth are in care, “they will have a plan that is continually focused on their goal for permanency and brings together the child’s care planning team as often as required, but minimally on an annual basis to review objectives and associated tasks.” The support that is provided to youth in response to their transitional needs is completed by their primary worker and completed at a local level to support the successful transition of youth.

Extended Care Support. The student researchers also inquired if the participants’ agencies provided extended care supports or post-transition support to youth transitioning from care. Post transition supports are defined as “supports that prepare and support children and youth in care for adulthood” (Post Transition Supports, n.d.). Each participant provided a multitude of options available to youth in their respective service delivery areas.

In Manitoba, youth leaving care are eligible for an Agreement with Young Adults (AYA) from the age of 18 up to and including 21. Under an AYA, youth can access financial and emotional support in the form of a designated social worker, bus passes, and finances for housing, groceries, clothing and educational needs. Tuition waivers are also available for a number of universities and colleges in Manitoba for youth in and from care. Additionally, youth can access a Youth Employment Mentor that “can support any youth in or previously in care ages 16 to 29 work on the skills needed for employment and other independence goals”. Similarly, the Manitoba agency also has a Youth Engagement Program that offers activities for teens and young adults who are on AYA’s so they can “get together for support, learning and fun activities”.

In Nova Scotia, youth transition from care at 19 years old. Youth can have their “permanent care custody order extended beyond their 19th birthday only if they have been assessed as having a disability that requires the support of our Disability Support Program (DSP)”. The DSP program is available up until the youth’s 21st birthday and offers support and services that “respond to their assessed needs”. In addition to the DSP, this agency offers youth who are pursuing their secondary education the option to “enter into post-care and custody agreement” which covers living expenses and the cost of education up to and including 21 years of age. Youth previously in care and/or who are transitioning out of care at 19 years old also have the option of post-care and custody agreement which covers the cost of one post-secondary program as well as living expenses up to and including the age of 24.

The New Zealand participant explained that the final state of transition in their agency is called “Post Transition (21-25),” where proactive support ends but young adults “can access advice and assistance through the Transition Support team in the National Contact Centre.” New Zealand also provides an opportunity for “higher needs” young adults to access the additional proactive support they may need past the age of transition.

Advisory Group. Two of the participants (one from New Zealand and one from Manitoba) indicated that they do not have a committee/advisory/work group to support youth transition out of care, while the participant from Nova Scotia indicated they do have an advisory group.

The participant from Manitoba indicated there is an advisory group in the community that was initiated by a community agency, which includes representatives from community agencies, community programs for youth, RBC and the Child welfare agency. The advisory group “meets about 4-5 times per year to provide support primarily to the Youth Employment Mentor” program, however, the group “discusses other issues related to youth ageing out of care”. The participant indicated the child welfare agency has maintained “good working relationships with most of the community stakeholders that are working with youth.”

A participant indicated a Nova Scotia child welfare agency has an advisory group collaborating on methods of supporting youth transitioning out of care. This advisory group is currently internal and includes representatives of program coordinators, departmental members, front-line staff and subject matter experts hired for the purpose of this committee. This advisory group is in the developing stages and plans to engage stakeholders and community stakeholders. This advisory group has been able to provide assistance to issues that have arisen regarding care for youth by identifying a point person within each department as a means to support complex cases, and to be responsive to a young person’s needs. One of the outputs of this advisory group was the action of “contracting an organization to increase youth engagement and mobilization”. Thus far, this advisory group meets in person and through video conferencing approximately every two weeks, however, they are able to meet more frequently as needed. The method of disrupting the information presented and discussed in this group is still under construction, however, at this time, internal information is shared electronically.

Challenges. Two out of the three participants, Manitoba and Nova Scotia, expressed encountering challenges throughout the collaboration process.

A common theme among the two participants was the difficulty of a government agency collaborating with non-government agencies due to differences in each system.

Manitoba stated, “some of the government departments don't have enough flexibility to work in collaboration with community partners the way private agencies and groups are able to collaborate together.” They provided the following example, “we have not been able to do much collaboration with some of the government departments like Income Assistance which some of the youth need to transition to if they aren't able to gain employment to support themselves after their AYA agreement is done.” When an Agreement with Youth Adults is complete, some young adults are unable to obtain adequate employment to support themselves, so they turn to Income Assistance. Currently, collaborating with Income Assistance and similar programs in a smooth and efficient manner is a challenge for the Manitoba Participant.

In addition to staff changes, Nova Scotia reported there was “a difference noted in approach and expectation” by contracted agencies who “expressed a conflict in their style and fit for this work.” Nova Scotia reported that this is currently under review.

New Zealand did not report experiencing any challenges or barriers throughout the collaborative process between their agency and other agencies. The absence of challenges was attributed to legislation that requires the agency to “seek to develop strategic partnerships with iwi and Maori organizations to ensure we are working with our Indigenous groups.”

Strengths and Lessons of Collaboration. All three participants indicated that collaboration allowed for a better understanding as to how to best work together. It was also enhanced by sharing information and keeping departments and agencies informed to support alignments with their purpose.

One participant from New Zealand reported “joint funding bids” have helped support collaboration and understanding of each other as an agency. This participant stated, “understanding agencies culture

and risk appetites helps agencies understand how to best work together.”

The participant from Nova Scotia emphasized the importance of sharing information directly from the working group: “I would just highlight the importance of sharing information as possible across departments so the information is coming directly from us.” This participant also reported that information sharing “has been very well received and it has also allowed other departments to provide services/funding that aligns with the work.” This participant further indicated collaboration between departments allows for input from diverse perspectives and “the ability to identify barriers and elevate concerns in this regard.” Collaboration has expanded their ability to identify “point people within each department” to address complex cases as they arise.

The participant from Manitoba reported that working together “makes everyone’s work easier and helps our youth clientele if various groups can keep informed and collaborate together on how to support a particular individual or to make services more relevant to the needs in the community.” The collaboration helped agencies to understand how to support a particular individual or to make services relevant to the needs in the community.

Discussion

In this research study, we sought to understand what intra-agency collaboration models exist and are utilized by other jurisdictions in their work to support youth transitioning out of care into adulthood. Furthermore, this study intended to identify best practices found in the data to answer the second of the two research questions – what B.C could do to leverage or implement best practices from other jurisdictions. There is minimal literature available related to how cross-government collaboration is accomplished with relevant stakeholders to facilitate programs and services between the child welfare and adult welfare systems, in order to support youth transitioning out of care. This study, while limited in its sample size and data saturation, has endeavoured to fill this knowledge gap.

Each of the three participants indicated transition planning occurs prior to the youth aging out of care in some capacity. Through the process of transition, each jurisdiction engages in a plan for transition and facilitates a response to the needs in transition differently. The two models presented in the data were utilizing the youth’s primary worker as the main contact to support youth’s transition, or the use of additional programs and workers within their ministry to respond to the youth’s needs of transition. The participants in this research study spoke to the methods of facilitating support for the youth and did not speak to the services and type of support necessary for youth transitioning out of care. Thus, the literature review presents information related to the common barriers youth experience when transitioning but does not speak to the best method to facilitate support in order to respond to youth’s transition needs.

All of the participants report their jurisdictions offer youth aging out of care extended care agreements or alternative programs to respond to transitional needs. The literature indicated there are positive links between longer time in care, post-care supports and higher standards of life for youth who have transitioned out of care (Rome & Raskin, 2019). The programs and extended care agreements highlight the use of government agencies, without or minimal use of non-government agencies. These programs are crucial to ensuring youth and young adults are adequately supported up to and past the age of transition; therefore, doing so in collaboration with other agencies could further ensure the youth attain the support they need and deserve after transitioning out of care.

The participants of this study referred to two advisory groups that were collaborating to provide additional support to youth transitioning out of care. The two groups were developed in two different contexts, one was created in the community and the other was developed in the government ministry. Despite the differences in these groups, all of the advisory groups emphasized the importance of collaboration between community and government organizations to provide effective support for youth

transitioning out of care. Although literature does not reflect the importance of an intra-agency collaboration model, it does indicate that youth experience complex barriers in their transition out of care (Sulimani-Aidan & Melkman, 2018). In addition, Stoner (1999) notes a comprehensive list of necessary services that should be available to youth leaving care, including transitional housing, substance use services, health care support, and independent living skills. The services that Stoner (1999) notes incorporate support from both community and governmental organizations, as such it could be interpreted that the use of government and community resources are effective in supporting youth transition successfully out of care. The literature and research findings support a notion that intra-agency collaboration will provide an avenue to respond to the needs of youth transitioning out of care and the use of this approach will create easier access to support for the youth.

The participant from Nova Scotia noted the use of different technology in their advisory group enhanced their collaboration. The participant reported the advisory group who supports youth transitioning from care currently meet approximately every two weeks either in person or through video conferencing. This group is also able to meet more frequently if a complex case arises. Additionally, the information related to the advisory group's discussion and decisions is shared internally through their electronic platform. Larson (2011) discussed enabling the use of technology as an integral part of effective communication in groups. Thus, it can be interpreted that collaboration models should consider the use of technology, including online video calling platforms and an electronic information sharing portal to enhance a group's collaboration.

Two of the participants, the ones from Manitoba and Nova Scotia, referred to challenges that arose during collaboration to support youth transitioning out of care. The data collected from the participants suggests there are a few distinctive challenges in the collaboration between government agencies and non-government agencies. The participant from Manitoba indicated that government agencies do not

have the flexibility to collaborate afforded to non-government agencies. The participant from Nova Scotia's response provides further insight into the barrier in collaboration, stating the two agencies contracted to work together encountered a conflict with the rightness of fit for the type of work. Hudson et al. (1999) states barriers to intra-government collaboration include professional values, including ideology and values. Thus, the challenges presented in the research findings from Nova Scotia and Manitoba are associated with differences in professional ideologies and values as outlined in the literature. These challenges warranted further research and analyzes of the barriers created due to differences between approaches, ideologies and expectations of intra-agency collaboration. Two of three participants responded with similar challenges, this leads the researchers to believe this is a persisting barrier impeding collaboration between government and non-government agencies. However, the participant from New Zealand shared that no challenges have been encountered in the collaboration process due to legislation that mandates the agency to work collaboratively with one another. New Zealand does not provide details on exactly how and why the collaboration runs smoothly but the lack of presenting challenges may indicate collaboration is a useful and effective model to work from.

Each participants referred to positive outcomes of working collaboratively, which were themed in this study as "Strengths and Lessons of Collaboration." Through the process of collaboration, teams and agencies were able to learn about the other agencies' cultures and understand how to best work together. Collaboration also highlighted the importance of information sharing directly from the collaborative working group. The direct sharing of information and keeping each other informed was valuable for the respective teams and departments in aligning their services and funding with their noted priorities, thus utilizing their resources more effectively and having services be more relevant to the needs of youth. Gratton and Erickson (2007) also indicated important factors that enhanced the

success of the collaboration include building a sense of community, building relationships within the teams, clearly defining roles and tasks to assist cooperation and communicating. Additionally, Lasron (2011) indicates the success of collaborating is attributed to integrated teamwork within a group. The research findings indicate there was a sense of team building and open communication within the participants reported collaboration groups. Therefore, the research findings and literature present successful collaboration required elements of connection and team building within the group to facilitate open communication and integrated work essential to successful collaboration.

Furthermore, the participant from New Zealand cited collaboration in regard to youth transitioning out of care was a legislative mandate. This mandated collaboration was found to aid in facilitating with external Indigenous groups and was seen as a positive measure to ensure collaboration among identified groups/stakeholders. The student researchers were unable to attain additional information about how mandated collaboration facilitated positive collaboration. Thus, this presents an interesting perspective to be explored in additional research.

The two theories informing this research study are systems theory and structural social work theory. Systems theory assumes all systems are interrelated and changes in one system will influence a change in another (Schirmer & Michailkakis, 2019). When youth transition out of care, they face multiple complex situations without the guidance of a guardian or parental figure (Sulimani-Aidan & Melkman, 2018). A few complex situations youth must navigate independently are pursuing education, employment, housing, managing finances, navigating the healthcare system, and obtaining mental health or substance use support. These complex situations identify the multiple systems youth leaving a care are impacted by. It is essential to recognize youth transitioning out of care face barriers from multiple systems and since systems are connected, barriers in one system will subsequently create barriers in another system.

Furthermore, Stoner (1999) found that youth who transition out of care experience additional negative outcomes when compared to their counterparts who did not transition from care. Thus, the outcomes for youth transitioning out of care could be improved if they receive the proper support to mitigate the challenges they experience in transition (Stoner, 1999). The findings of this research study indicate child welfare agencies are providing extended care support through programs and agreements to mitigate the systemic barriers youth experience when transitioning from care. The findings of this research study aligned with the recommendations in the literature to support youth transitioning from care through a system's theory lens in order to mediate possible adverse outcomes later in life.

The second theory informing this research study is the structural social work theory, which emphasizes how socio-economic and political aspects of society influence the oppression, marginalization and unequal distribution of resources (Mullaly, 1997). Youth transitioning out of care are at a disadvantage as they are more susceptible to oppression and marginalization by society. The findings of this research study indicate legislation can have a positive effect on facilitating collaboration for youth as a disadvantaged population. The participant from New Zealand reported no challenges or barriers to the collaboration process as it is mandated through legislation to collaborate with additional organizations to support youth transitioning out of care. Thus, legislation enforcing additional, positive support for a historically disadvantaged population has influenced a reduction of oppression and marginalization of this population. The findings indicate structural social work theory is essential in the analysis of collaboration models to ensure youth transitioning out of care have an improved quality of life and support system.

Although the data set is limited in the present study, the findings present four main implications for research. Firstly, collaboration models need to be created through an intra-agency approach, where

representatives of the ministry and representatives of community organizations and programs have a seat in the advisory group. The research shows that the involvement of the community and governmental agencies may be able to better support youth transitioning out of care. Secondly, advisory groups need to maintain open communication with all organizations involved in the collaboration. It is essential to have an open channel of communication outside of this advisory group to ensure the information shared and decisions made are easily accessible to all the departments within the ministry and to the community agencies involved in the collaboration.

Thirdly, the advisory group should be flexible in the matters presented for collaboration. It is important that the advisory group is able to discuss issues that transitioning youth commonly experience, and discuss single complex cases experienced by youth to facilitate the support needed for each unique person. The final implication of this research is the need to use technology efficiently to enhance the collaboration model. Since the advisory group should be flexible in the content that is discussed for problem-solving, technology should be incorporated into this group to enhance this flexibility. The use of an online video calling platform is the main important piece of technology to utilize as it provides a platform that will create flexibility in the frequency of meetings and the ability to meet urgently to address urgent matters.

Limitations

Student researchers identified four evaluation limitations in the course of this research study: 1. Impact of purposive non-probability sampling, 2. Small sample size, 3. Lack of representation from all identified key informant jurisdictions, 4. Qualitative research data collection tools.

These limitations impact the generalizability of our research findings and will be detailed further in this section. In this research study, the student researchers utilized purposive non-probability sampling to identify potential key informants which has impacted our findings. Student researchers and MCFD Sponsors collaborated on the jurisdictions to be represented in this study and the *Invitation to*

Participate letter was sent to contacts that MCFD sponsors had developed prior to this research study. This purposive sampling technique may have led to a sampling bias, which is a threat to the internal validity of this research study.

The small sample size may also impact the validity of this study. The initial recruitment phase included contacting nine potential key informants from the agreed-upon jurisdictions. In an effort to increase validity through increasing the sample size, the student researchers attempted additional recruitment through the CMRL and by facilitated contact through co-student researchers within the 554c Program Evaluation Course, to Saskatchewan and Newfoundland and Labrador. An additional component of the limited validity is the lack of representation from all jurisdictions. Of the original identified key informants and additional recruitment efforts, only three participants responded within the data collection time frame. Within the participating jurisdictions, each jurisdiction only had one respondent, thus, further limiting representation.

While the initially intended data collection method was to engage with participants in a semi-structured telephone interview with a questionnaire (the data collection tool), time constraints impacted the student researchers' decision to create an optional online Qualtrics survey, to provide text-based responses to the data collection tool. Unfortunately, there were no requests to conduct telephone interviews within the identified available time frame. The participants that engaged in this study did so through the online Qualtrics survey response option. The benefit of this method was to allow for an extended period of data collection through the online survey and more flexibility in terms of the participants' time to complete it. However, this posed limitations on the student researchers' ability to clarify, ask follow-up questions to the responses provided, and to clear potential misinterpretations in the data.

Recommendations for Future Directions

This research has identified recommendations for future research and methodologies to create a model for intra-government collaboration. Further research of this topic will address gaps in current

knowledge as to how other child welfare jurisdictions collaborate across government and with relevant stakeholders to support youth transitioning out of care.

Recommendation 1: Further research to gather additional information regarding this topic

The literature review has indicated that there is little to no existing research for models of intra-governmental collaboration with respect to youth transitioning out of care into adulthood. Therefore, it is recommended to undertake further research to expand the existing literature regarding this topic for purposes of enhanced collaboration for all jurisdictions striving to support positive transitional outcomes for youth transitioning to adulthood. It is suggested to continue with exploratory qualitative studies to gather additional contextual information as there is little evidence regarding this subject.

Recommendation 2: More participants are needed

The limited number of participants in this research study creates barriers in interpreting the data and creating recommendations. In future studies, the research population should be greater in size to improve the validity of the results. The student researchers recommend MCFD establish additional connections with external jurisdictions to designate and identify key informants who are able to share knowledge with respect to the topic of this research study, if they wish to participate in such a study in the future. The student researchers were also contacted by additional participants who met the inclusion criteria from the identified jurisdiction(s); however, they did not express interest in the data collection phase of this research study. This indicates that there is continued interest in individuals participating in a research study similar to this one. More participants in future studies will further expand on the research questions of this study and expand the understanding of existing models of intra-government collaboration.

Recommendation 3: Inclusion criteria should be inclusive of a larger prospective sampling frame

The limited number of prospective participants in this research study negatively impacted the research study response rate. The inclusion criteria should be reviewed in any following research study to

encompass a larger prospective sample size. The inclusion criteria were broad in this research study however, purposive sampling was completed in consultation with the MCFD Sponsors and their prior contacts in different jurisdictions. A review of which positions in child welfare organizations should be included in a study such as this one should be completed to create new inclusion criteria.

Recommendation 4: Telephone interviews are ideal to allow for clarification and more detailed information

There were benefits and challenges to conducting an online survey for the collection of data in this study. In future studies, telephone interviews are recommended as a way to collect information with the added flexibility to gather additional context and clarification of the information received. Not only does this allow for added context and clarification, but it also facilitates communication between the researcher and the participant. This allows the participant to clarify their understanding of what is being asked and allows the researcher the ability to verbally clarify any misconception or understanding of the research purpose, study, and survey tool/data collection method.

Recommendation 5: Collaboration models need to utilize an intra-agency approach

As previously identified in the discussion section, collaboration models need to be created with an intra-agency approach. It is essential that members in a collaboration model include representatives of the important departments in the ministry, and representatives from community organizations and programs. The research shows that the involvement of the community and governmental agencies may be able to better support youth transitioning out of care.

Recommendation 6: Platform to allow for information sharing

It is essential for advisory groups to share information discussed and decisions that have been made with all employees in the child welfare agency and the community organizations involved in the collaboration model. Unfortunately, the data obtained from the participants did not discuss a platform that was utilized to share information

across government and community agencies. This should be further looked at in additional research.

Recommendation 7: Use technology to enhance collaboration in the collaboration model

The advisory group should be flexible in the content that is discussed for problem-solving, therefore technology should be incorporated into this group to enhance its flexibility. Specifically, using online video calling services is important to ensure all parties have the ability to join in the collaboration model which will provide flexibility in meeting if an urgent matter arises.

Conclusion

The research study explored current methods of collaboration utilized in governmental child welfare agencies, in order to understand and implement the development of an intra-agency collaborative approach. The data obtained through the qualitative Qualtrics survey established five themes: transition, extended care agreements, advisory groups, strengths and lessons of collaboration and challenges. A preliminary literature review found information on collaboration strengths and challenges, but the student researchers were unable to directly link this literature to the research questions regarding collaboration between child welfare agencies and other governmental and non-governmental agencies. Although limited in the richness of its data, this study has filled a current gap in knowledge for an understanding of how communication, use of driven. These practices are particularly important to reduce power imbalances when the relationship between the CPSW and family is contentious and highly conflictual. This recommendation was informed by the strength-based theories and trauma-informed social work approaches that guided our research.

Effect of Research on Policy and Practice

In terms of potential impacts, our team is hopeful that the recommendations will be a useful guide for MCFD to improve the use of Family Plans. Further, we hope that our research affects policy by creating an increased awareness regarding the use of the Family Plan and the need for collaboration with families when technology and fostering working

relationships, through collaboration, has played a role in delivering services more relevantly and efficiently to youth transitioning from care. The literature indicates that needs youth have after they have aged out of care. In terms of structural and systems social work theories, it is imperative to address the negative outcomes that youth who have transitioned out of care experience. A willingness to collaborate is required of all agencies and stakeholders, to create a collaborative system/model before implementing the programs, plans, and services which youth need when transitioning out of care.

Acknowledgement

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

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Appendix A

Data Collection Instrument: Interview Questions

Questions:

1. How are services to youth in care/foster care delivered within your jurisdiction?
2. At what age do the youth “transition out of care” into adulthood?
3. Is there a committee/advisory/working group for the purpose of collaboration between government stakeholders to support positive transitions for youth leaving care? **Yes/ No**
 - a. If Yes,
 - i. How did this group come into existence?
 - ii. Which organizational role is a member of this collaborative group?
 - iii. How is the group structured? Are there specific members assigned to specific areas or tasks?
 - iv. In what manner (i.e. in person, video conferencing, etc.) does the group meet?
 - v. How often does the group meet?
 - vi. How is information shared? Example: a shared database or information system?
 - vii. Are support staff hired specifically for the function of this group?
 - viii. Is the purpose of the collaboration temporary or time-limited? Y/N?
 - ix. Does the collaboration between support all youth transitioning out of care?
 - x. Does the collaboration process only focus on one group of youth transitioning out of care? If so, what specific population is the primary focus?
 - xi. What were the strengths that arose from working together?
 - xii. Were any structural challenges present that disrupted the ability to collaborate as a working group?
 - b. If No:
 - i. In the past, has there been such a group for the purpose of intra-government collaboration?
 - ii. Has your agency/organization considered this approach to collaboration before?
4. Are there barriers present to collaborating with government and non-government stakeholders?
5. Is there any advice or lessons learned from cross government collaboration you wish to share?

RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2020 | Volume 2 (Special Issue). Pages 70-87

Creating Effective Family Plans

Meikle, M., Janjua, M., Pitman, H., & Para, L.

Citation: Meikle, M., Janjua, M., Pitman, H., & Para, L. (2020). Creating effective family plans. *Research and Evaluation in Child, Youth and Family Services*, 2. 70-87. <https://doi.org/10.14288/recyfs.v2i1.197571>

Abstract

This research project has been a partnership between the Ministry of Children and Family Development (MCFD) and the University of British Columbia (UBC) School of Social Work. In recent years, MCFD's policies and processes have shifted towards collaborative and participatory approaches. The Family Plan Structured Decision-Making (SDM) tool is a document (Family Plan) used to address child protection concerns as identified by the Family and Child Strengths and Needs Assessment. The Family Plan was also developed with the intention to involve families in identifying needs and goals. UBC-MCFD research proposals provided by MCFD sponsors Terry Leiko and Selena Cheng suggested some discrepancies in how this tool is used among child protection social workers (CPSW) and offices, and there is also a lack of research that looks at how CPSWs are and should be using the tool. Our evaluation research project seeks to answer the following three questions: 1. What are child protection social workers' understanding of how to utilize the Family Plan tool? 2. What do child protection social workers find useful and challenging when using the Family Plan tool? 3. How are child protection social workers using the Family Plan as a tool to engage and collaborate with families? This project evaluation highlights key areas for practice consideration regarding the use of the Family Plan. In order to better understand the importance and effectiveness of the Family Plan in practice, this research starts with an in-depth literature review that informs the theoretical frameworks, a comprehensive methodology section followed by findings and limitations to this research, as well as implications and recommendations for future research and directions. Our research team discovered that there is a lack of literature on the Family Plan, and other than the documents presented by MCFD. However, the following themes were highlighted in the literature: barriers to building a participatory worker-client relationship, facilitating family engagement and collaborative case planning. Our team considers the following theoretical approaches to be fundamental to our research study: strengths-based social work through promoting client empowerment and self-determination and trauma-informed social work practice (Darlington, Healy, & Feeney, 2010). This qualitative research study used a purposive sampling intentionally choosing participants on an inclusion criterion we created. Recruitment was conducted through MCFD sponsors facilitated contact procedure, and it focused mainly on three service delivery areas (SDA): Vancouver/Richmond, Coast/North Shore, and South Vancouver Island. The data was collected through six semi-structured phone interviews and six online surveys. The qualitative data was then coded and analyzed using the Thematic Analysis (Braun & Clarke, 2006) approach to identify themes and relationships. Following data analysis, student researchers identified five themes: clear and transparent reference guide, creativity in collaboration and empowerment, barriers, training and continuing education, and mentorship and collaborative practice. This evaluation project has limitations which are related to history, selection bias, reactive affect / social desirability, limited time frame, research bias, and differences in interviewing styles. This research has also highlighted five future recommendations to be considered by MCFD, and they are as follows: offer mentorship and ongoing training, increase awareness that the Family Plan is a collaborative tool, offer training in conflict management, incentivize training and continuing education by addressing what CPSWs consider as gaps in their knowledge of the plan, and draw upon collaborative practices such as FCPCs (Family Case Planning Conferences) to facilitate family engagement and reduce power imbalances. For future research, this team of student researchers also suggest to MCFD to examine the use of the Family Plan with Aboriginal families and the potential colonial aspects of the plan as well as how to effectively and collaboratively integrate resource mobilization into the plan. In closing, our research project was an outcome of MCFD's shift towards collaborative and participatory approach to child protection work. Furthermore, this team of student researchers believes that through this evaluation research project, we identified themes and specific recommendations that will help promote practice that is grounded in the principles of collaboration and empowerment.

Keywords: Family and Child Strengths and Needs Assessment, Structured Decision-Making (SDM), Child Protection, Collaboration, Vancouver/Richmond Service Delivery Area, Coast/North Shore Service Delivery Area, South Vancouver Island Service Delivery Area



DOI: 10.14288/recyfs.v2i1.197571

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Introduction

The purpose of our research is to help inform and articulate what makes an effective Family Plan and how this tool can be used more effectively in practice. Our team goal is to gather information on what the understanding of a Family Plan is amongst CPSWs, pinpoint current practices among CPSWs across different offices and SDAs on how the Family Plan is being used, identify how CPSWs use the Family Plan to engage and collaborate with families to develop relevant and tangible goals as well as identify barriers to collaboration.

MCFD Policy

MCFD in British Columbia (BC) is responsible for protecting the safety and well-being of children when families are suspected of abuse and/or neglect. When concerns are identified within a family, CPSWs are responsible for engaging the family in developing a plan to address the concerns. For this purpose, the Family Plan was developed to identify goals and categorize the goals into indicators, which refer to how the CPSW will know that goals are being met, and strategies which refer to how goals will be attained. MCFD's policies and processes have shifted towards collaborative and participatory approaches. Therefore, the purpose of our research is to understand whether the implementation of the Family Plan aligns with MCFD policy that states that the tool is intended to be used in a collaborative case planning process (MCFD, 2004).

Relevance to Social Work and Theoretical Frameworks

Our research on creating effective Family Plans highlights the importance of creating trusting, respectful, and collaborative relationships with clients as the basis to effective social work practice. In terms of theoretical frameworks, our team considers that strengths-based social work through promoting client empowerment and self-determination, and trauma-informed social work practice have guided and informed our research project (Darlington et al., 2010).

The Family Plan is intended to provide CPSWs with an opportunity for relationship building, client

engagement, and collaboration. The Family Plan provides the opportunity for clear and honest communication regarding the child protection concerns, which can contribute to positive relationship building when conveyed in a transparent, strength-based, and collaborative manner. When the Family Plan is used collaboratively, it has the potential to be empowering and promote client self-determination, since clients are involved in identifying goals that they view as realistic and meaningful. This is opposed to an approach where social workers independently develop the goals for clients and direct them to attain these goals. Furthermore, when used effectively, the Family Plan provides an opportunity for strength based social work practice. Social workers can acknowledge client strengths, capacities, and resources, and support clients to use these strengths when developing goals. The incorporation of strength-based practice into development of the family plan supports client empowerment, increases engagement, and facilitates more sustainable goals (MCFD, 2004). Trauma informed practice and strengths-based social work are consistent with one another since they promote the same values and principles. The purpose of using trauma informed practice when working with families on a Family Plan is the hope of decreasing the likelihood of re-traumatization which may affect engagement and goal attainment. These theoretical lenses inform our research because they provide a perspective that strengths-based, trauma informed, collaborative social work on the Family Plan may produce better outcomes and experiences for families.

Literature Review

This literature review discusses intersecting factors affecting use of the Family Plan such as techniques for collaboration between CPSWs and families and its barriers, and the use of FCPCs. There was limited literature on the Family Plan. This literature review was conducted by analyzing MCFD policies and practice standards, non-governmental agency reports, scholarly, peer-reviewed articles, and Doctoral and Master level dissertations.

Barriers to Building a Participatory Worker-Client Relationships

Building on the challenges on a system level, Horwitz and Marshall (2015) argue that child protection system has transformed the role of the CPSW from a case worker to a case manager, limiting the capacity to engage and build relationships. According to Horwitz and Marshall (2015), case workers have historically built relationships to gather information in regard to family safety, whereas case managers are more concerned with “using assessment tools to objectify safety and need, making service referrals, and monitoring compliance with these referrals” (p. 291). While the researchers recognized the efficacy of this model, they also highlighted that this form of “computer driven case management” reduces the amount of time CPSWs spend with the families and, as a result, work against the fundamental principle of family engagement (Horwitz & Marshall, 2015, p. 291).

Much of the literature on parental engagement focuses on the barriers that CPSWs face in completing tasks to promote engagement. Despite limited literature being dedicated to the Family Plan, much of the literature focused on parental engagement in assessment and planning services and could therefore be translated into facilitating engagement in family plans. Venables and Healy (2018) define interventions with parental agreement as child protection responses where parents agree to intervention without a court order. This concept shares similarities with MCFD’s Family Development Response, which favours engagement (Ji, 2015). These concepts appear progressive on paper; however, when work is crisis-driven and caseloads are unmanageable, these approaches become less viable in practice (Venables & Healy, 2018). Vålba, Toros, and Tiko (2017) explain that due to low worker motivation from burnout and high caseloads, parent engagement can become unachievable, despite the worker initially having positive intentions to accommodate engagement. In addition to an unmanageable workload and its accompanying stressors, CPSWs are expected to meet performance indicators where families must fit into categories,

limiting their ability to individualize services (Munro, 2009). Similarly, Stokes (2009) states “by avoiding examining the complexity of the decision making through a contextual lens, and reducing practice to a set of procedures, the clinical judgement in social work decision making is once again essentially made invisible” (p. 52).

Facilitating Family Engagement

To mitigate the innate power-imbalance between client and CPSW, the worker should avoid accusatory language and unrealistic expectations and instead explain to the parent why their expectations could be beneficial (Damiani-Taraba, Dumbrill, Gladstone, Koster, Leslie, & Charles, 2017). Schreiber, Fuller, and Pacey (2013) noted that clients appreciated their worker “explaining the necessity of what may seem like intrusive or unnecessary questions...” (p. 711), because although the CPSW could not avoid the questions, an explanation as to why the questions were being asked created a comforting space during interviews. Platt (2012) applies a set of principles put forth by Trotter (2002) to engage with involuntary clients. The principles are (1) social worker role clarification, (2) collaborative problem solving, (3) pro-social modelling and reinforcement of client strengths, and (4) challenge and confrontation through the worker being transparent of their authority and when they may act in an authoritative role.

In relation to racial and ethnic differences, Chenot, Benton, Iglesias, and Boutakidis (2019) examined the approach of matching families of color with workers who might share certain characteristics such as race, ethnicity, or language, as a way to enhance family engagement. The child protection workers interviewed in the study conducted by Chenot et al. (2019) reinforced that ethnic matching in child protection system can have benefits as workers might be able to understand the unique needs of their clients in order to facilitate family engagement in the decision-making process.

Collaborative Case Planning and the Family Plan

The benefits of collaboration with clients in child welfare have been well documented in the literature. For instance, “Parental involvement in decision

making has been linked to improved rates of family restoration”, and it “supports children’s attachment relationships”, while conversely a lack of parental involvement “increases the trauma associated with separation and reduces children’s resilience and self-esteem” (Darlington, Healy, & Feeney, 2010, p. 1020). Furthermore, Littell (2001) examined how within family preservation services collaborative planning and client “compliance” with the agreed upon goals affects outcomes in child welfare (p. 103). Littell (2001) found that collaborative “treatment planning” leads to improved “compliance”, and greater compliance was related to a “reduction in the likelihood of future reports of maltreatment and out of home placements” (p. 103). However, Littell (2001) points out that compliance tends to influence CPSW’s decision making despite whether or not compliance is directly related to safety issues for the child(ren) or if the parent has genuinely participated and benefited from programming. Thus, “compliance” or “engagement” is viewed as a goal or indicator of child safety, which demonstrates the level of importance the perception of compliance has in the child protection system (Littell, 2001, p. 112). Moreover, Cheng and Lo (2019) found that collaboration enables clients to receive services, fosters progress on case plans, fosters permanency outcomes, and reduces the likelihood of substantiated future reports. Overall, the body of research examined highlights that collaborative practice in child protection has positive outcomes for families, which leads to a focus in the literature on how CPSWs foster a collaborative alliance in a non-voluntary and adversarial system. Our program evaluation research project aims to answer the following research questions: 1. What are child protection social workers’ understanding of how to utilize the Family Plan tool? 2. What do child protection social workers find useful and challenging when using the Family Plan tool? 3. How are child protection social workers using the Family Plan as a tool to engage and collaborate with families?

Methodology

Sampling and Recruitment

The research study used purposive non-probabilistic

sampling to determine participant eligibility based on an inclusion criterion (Schutt, 2014). The inclusion criteria for this study required the research participants to be: 1. C6 Delegated Child Protection, Social Workers working for at least six months with MCFD, 2. Child Protection Social Workers who are currently using the Family Plan in their practice.

The study underwent review and received ethics approval from the MCFD Ethics Review Committee, a process facilitated by the MCFD Research Analyst and Research Course Facilitator, Melissa Nauta. A course based Behavioural Research Ethics Board (BREB) approval was obtained by the University of British Columbia. Student researchers utilized the MCFD Sponsor Facilitated Contact protocol to seek research participants for the study. The research sponsors, Selena Chang and Terry Lejko, were provided with both an Invitation to Participate letter and a link to the online survey. The Invitation to Participate letter identified that the research study included online surveys and individual phone interviews. Research participants were informed that, if interested, they may only participate in either the survey or the phone interview, in order to avoid duplication in the data.

The research sponsors distributed the Invitation to Participate letter along with a link to the online survey to SDAs in the Interior Region, Coast Fraser Region, Vancouver Island Region, and Northern Region. For the purpose of the study, the main focus SDAs included Coast North Shore, South Vancouver Island and Vancouver/Richmond. Research participants interested in the phone interview contacted the student researchers directly through their email. If further interest was demonstrated, student researchers determined a date and time for the phone interview and provided the research participants with a consent form and a Study Information Letter, as an email attachment. Student researchers requested the interested research participants to sign and return the consent before the interview was conducted. In total, there were six participants who participated in the semi-structured phone interviews (n = 6). As for the online survey, hosted on the UBC Qualtrics Survey platform, the consent form and the Study Information Letter were

embedded within the survey. Participants who were interested in the online survey were required to sign the consent form before beginning the survey. The online survey was completed by six research participants (n = 6).

Data Collection and Analysis

Student researchers utilized both semi-structured phone interviews and online surveys to gather data for the study. The semi-structured phone interviews were conducted in the privacy of the student researchers' homes, with no other individual present in the room during the interview process. The phone interviews consisted of twelve questions (see Appendix B) and ranged from 20-50 minutes in length. All six of the semi-structured phone interviews that were conducted included research participants from the focus SDAs — Vancouver/Richmond, Coast/ North Shore, and South Vancouver Island. The online survey was hosted on the UBC Qualtrics survey platform, which is a secure data collection platform. The online survey contained eight questions, and there were six responses to the survey. The research participants responding to the survey included participants from the study's focus SDAs, as well as one response each from the Interior and the Northern Region.

The semi-structured phone interviews were recorded and transcribed verbatim. Research participants and their corresponding transcripts were given an ID number (P01, P02, etc.) as a measure to anonymize the data. In addition, the student researchers redacted all identifying information from the transcripts before proceeding to the next step. The student researchers used the software program, NVivo, to code the qualitative data generated from the phone interviews. The first cycle of coding involved the structural coding framework, whereby sets of questions that shared the conceptual domain of inquiry were grouped together and assigned a code (Namey et al., 2008). In this case, the first three interview questions were grouped together, as these questions addressed the demographic factors of the interview participants. Similarly, questions 5, 6 and 10 were assigned one code, given that they shared a similar concept, and

questions 11 and 12 were also grouped under one code. Questions 4, 7, 8, and 9 were each assigned a separate code, as each discrete question examined a separate concept. In total, there were seven codes that were generated at this stage of structural coding. During this cycle, student researchers first coded independently and then collectively analyzed these codes to develop codes that the group agreed upon. This process was incorporated to reach inter-reliability and to ensure that the student researchers had a uniform and agreed upon data set.

Following this, the student researchers, as a group, conducted a cycle of descriptive coding to summarize the primary topic of each section of the text into short phrases (Saldaña, 2013). At this stage, the research group met via video conference and identified six main codes. The codes were (1) Understanding of the Family Plan, (2) Engagement, (3) Barriers, (4) Successes, (5) Training, and (6) Promising Practices. Once structural and descriptive coding was complete, the student researchers then utilized the Thematic Analysis approach to organize the codes into potential themes and collated all the relevant coded sections of the data within the identified themes (Braune & Clarke, 2006). After this phase of searching for themes, student researchers then collectively reviewed these themes to ensure that each theme had enough data to support it, and the data within themes fused together to form a coherent pattern. It was also determined that if any of the themes consisted of sub-themes, those could be used to organize and give structure to the more complex themes. A concept map (see Figure 7) was generated to visually represent the relationship between themes and sub-themes, as well as to capture important ideas in relation to the main research questions of the study (Braun & Clarke, 2006). There are horizontal and vertical linkages within the map, where the horizontal linkages demonstrate how the research participants connected and related different themes and the vertical linkages demonstrate the hierarchical relationship between themes and sub-themes.

As for the online surveys, the qualitative data that was generated was anonymized; therefore, the

researchers were not able to link the answers to the identity of the participants once the responses were submitted. The quantitative data was then coded and analyzed using Microsoft Excel. In addition, the demographic information from the qualitative phone interviews and the online surveys was collated using Microsoft Excel. The two demographic components included the MCFD region the child protection workers worked in, as well as the number of years they had been working as child protection social workers. The student researchers utilized Microsoft Excel to create visual representations to illustrate the quantitative data results.

Findings

Demographic Results

Figure 1 demonstrates the regions where the participants were employed. Most of the participants that answered our survey and phone interviews (n = 12) were from the Coastal and Fraser regions.

Figure 2 demonstrates the years participants have been employed as CPSWs. The majority of participants (n = 12) have worked as child protection workers for three to four years.

Survey Results

Figure 3 highlights CPSWs' usage of the Family Plan in the practices (n = 6). Notably, some participants (n = 2) indicated they only sometimes use the tool in their practice.

Figure 4 is a representation of the aspects of the Family Plan that CPSWs found challenging (n = 6). The survey results indicated creating indicators of the Family Plan may be challenging and that families do not usually agree with the Family Plan.

Figure 5 depicts whether CPSWs found the Plan to be effective to achieve family reunification. Answers were equally divided with three participants agreeing and three disagreeing on its effectiveness in practice.

Figure 1. Demographics: Current MCFD Employment Regions (n = 12),

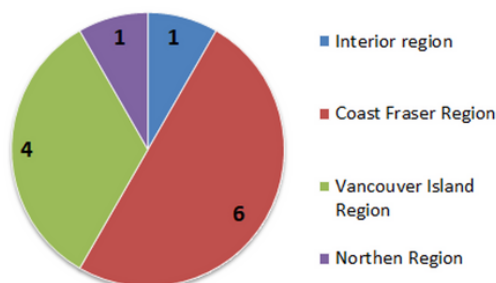


Figure 2. Demographics: Years Working as a Child Protection Social Worker (n = 12).

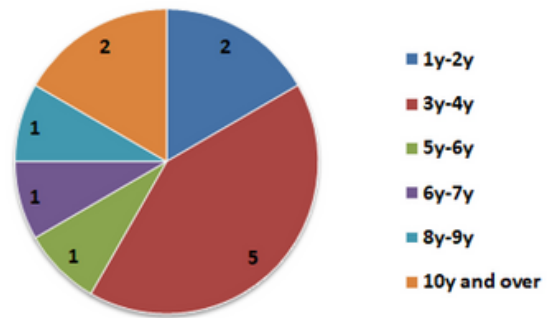


Figure 3. Survey Information: Usage of the Family Plan.

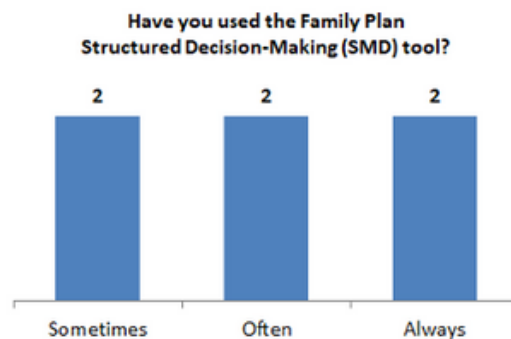


Figure 4. Survey Information: Challenges of the Tool.

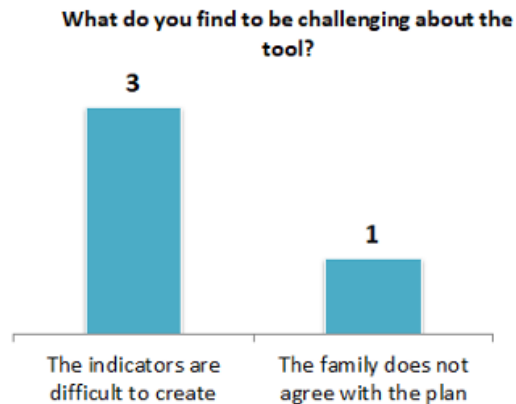


Figure 5. Survey Information: Effectiveness of the Family Plan in Facilitating Family Reunification.

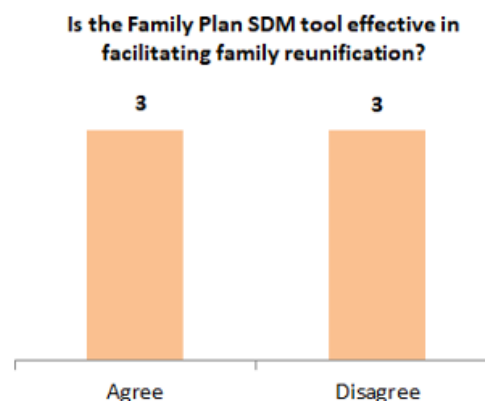
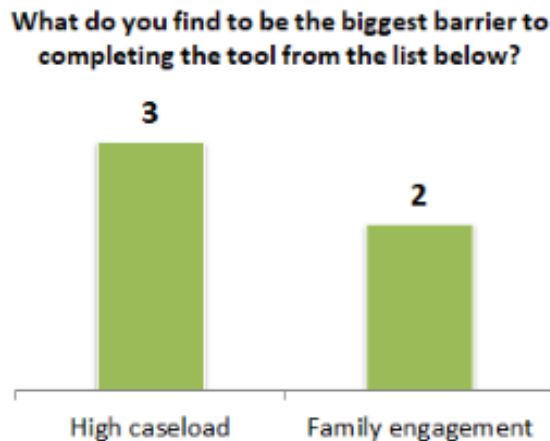


Figure 6 is a representation of what CPSWs found to be the most prominent barriers to completing the tool (n = 5). Identified barriers were the high caseload and family engagement.

Figure 6. Survey Information: Biggest Barrier to completing the tool.



Themes

Seven themes emerged based on our analysis of our data. The emerging themes were as follows: 1. A Clear and Transparent Reference Guide, 2. FCPCs and FGCs as a Process for Completing the Family Plan, 3. Empowerment of Families, 4. Barriers, 5. Training and Continuing Education, 6. Mentorship, 7. Collaborative Practice.

A Clear and Transparent Reference Guide

When asked about the successes of the Family Plan, many participants praised the document for its clarity and transparency for the CPSWs and the family. Furthermore, participants noted that the Family Plan clearly identifies the risks and safety concerns. Participants also expressed that it was helpful to clearly outline the goals that the CPSW and the family can work towards to address the concerns. One participant stated, “My understanding of the family plan is that it's a really transparent, clear, documented plan that identifies the child protection concerns and essentially the strategies we're going to use to resolve them” (P01). Another participant expressed that the Family Plan is “A transparent piece of document that allows them [the parents] to see what our [child protection workers] concerns are” (P02).

Creativity in Collaboration

Many participants noted the necessity of being

creative when creating and implementing the Family Plan. One participant noted that the simple act of being creative with the language and wording that describes the child protections concerns can assist in collaborating with the family. Ultimately, the child protection concerns cannot change; however, the participant indicated the possibility of changing the wording to help parents understand the concerns and what is expected of them. They stated: “As much as we want to do collaborative work, there is still that piece where there are protection concerns, hence why we're involved, and it's just about being creative around how we word these protection concerns when parents don't necessarily agree that this is the protection concern” (P02). Furthermore, another participant acknowledged family's creativity when developing the Family Plan. When a CPSW successfully collaborates with a family, the work being done on the family plan is not the sole responsibility of the CPSW, rather it is up to the family to be creative and come up with ways to address the child protection concerns in a way that is feasible for them and meets the expectations of the CPSW. This participant stated: “People are so creative, and their families and friends might step up and say that they can babysit, and all of these rich ideas come from the family and friends themselves. I could never create a Family Plan that's better than that because there's buy in” (P03, March 11, 2020).

Empowerment

Multiple participants expressed the importance of empowering families to be active in their own family planning. Similar to the above theme where participants emphasized the need for CPSWs to create a platform for families to exercise their own creativity, this theme acknowledged the need for families to be able to build a sense of self-determination within the child protection process. One participant noted: “Really taking a walk alongside someone approach as opposed to me dictating how you're going to [address] your needs because it doesn't work time and time again. There's recidivism, recidivism, recidivism” (P03, March 11th, 2020). Another participant noted that it

is important to exercise this level of empowerment from the beginning the Family Plan process: “I will basically ask them [families] what their sense is about the issue and what should happen and how this should be approached and the issues that we are looking at the protection concerns” (P04, March 13, 2010).

Barriers

When participants were asked about the challenges they encounter when using the Family Plan, many described the challenges as falling into three categories: 1. Engaging and implementing the Family Plan with families is challenging due to barriers such as denial of child protection concerns and unwillingness to participate. 2. The Family Plan template being difficult to use and the format being overly clinical. 3. Child protection social workers experiencing high caseloads, whereby engagement becomes difficult to attain.

One participant noted the following regarding the first two challenges: “One of my main challenges is the format. The format that they have is really clinical, it’s available online, it’s informal and impersonal, and not practical... The other part or the other a challenge is to get the family to the table to actually complete the plan” (P05, March 13, 2020).

This next participant identified how having a high caseload, while managing other requirements of the job, can impinge on CPSWs' ability to engage families: “If you have an expectation to be carrying a high caseload, and mentoring new hires, and mentoring mentoring practicum students, and staying on top of research, it’s just sort of an impossible task. So, I will say that it’s not just about a growth mindset and a willingness to practice collaboratively, but there’s also a systemic barrier around caseload size for social workers to act and interact with families in the way that they would like to do when you are sort of meeting a requirement to put out fires and to really address the highest needs (P03).

Training and Continuing Education

Some participants noted that although training around using the Family Plan would be helpful, training around conflict management with families

would also be helpful when implementing the Family Plan. One participant stated: “But I would say more skills to manage and address conflict would be [helpful]. If there’s training or a focus on that. I think that it’s a glaring area where there’s not enough resources or time or focus put on it” (P03).

Participants mentioned that ongoing training should be offered to seasoned workers to ensure that they are provided an opportunity to re-evaluate how they are using the Plan. Furthermore, it was noted that the breadth and content of the training should be carefully examined by trainers when designing Family Plan training. One participant stated: “And then season workers that may have developed some bad habits. [They] are a little bit jaded, a little bit cynical, and their soft skills are not particularly good” (P06). This participant also suggested that prior to offering training opportunities, trainers should ask CPSWs what knowledge gaps should be addressed in the training: “That should be just an ongoing, like every three or four months. Everybody should have a refresher. And then before you just call the training, a proper trainer would go out and engage the front line and ask what, if any, struggles do you have with these tools? Do you have any? Because we want to customize the training, we don’t want to just assume that you’re having problems, maybe you’re only having problems in one particular area. So, engage the front line to make the training more relevant” (P06).

FCPCs and FGCs as a Process for Completing the Family Plan

Multiple participants expressed the effectiveness of using collaborative planning such as FCPCs to create effective Family Plans. Participants highlighted that FCPCs and can empower families to become and remain involved with the Family Plan. One participant illustrated this sentiment by stating: “Family planning case conferences which are essentially a way to get a family to the table plus anyone else that they feel is necessary to be there, and in those one hour and a half meeting, we can create a Family Plan. And what I love about it is that is completely family driven” (P05).

Another participant explained that FCPCs can be

done in place of creating a Family Plan: “So actually, per policy, FCPCs can be used as family plans without actually doing up the general family plan format that we have. So, like if we have a FCPC, the goals that are put in for the plan from the FCPC can be used as the family plan as well” (P02).

Figure 7 demonstrates the interactions between the identified themes within the creation and implementation of the plan.

Discussion

The present research study aimed to gather information to help inform and articulate what makes an effective Family Plan. The literature on engagement and collaboration within child protection systems identifies the benefits for families when collaborative case planning is enacted (Little, 2001). The literature also recognizes the challenges to collaboration within the adversarial child protection system (Darlington et al., 2010). Our research sought to fill a gap in the literature by increasing our understanding of the successes and challenges of the Family Plan used in MCFD. The theoretical framework that guided and informed our research was strength based and trauma informed social work through respecting and supporting client

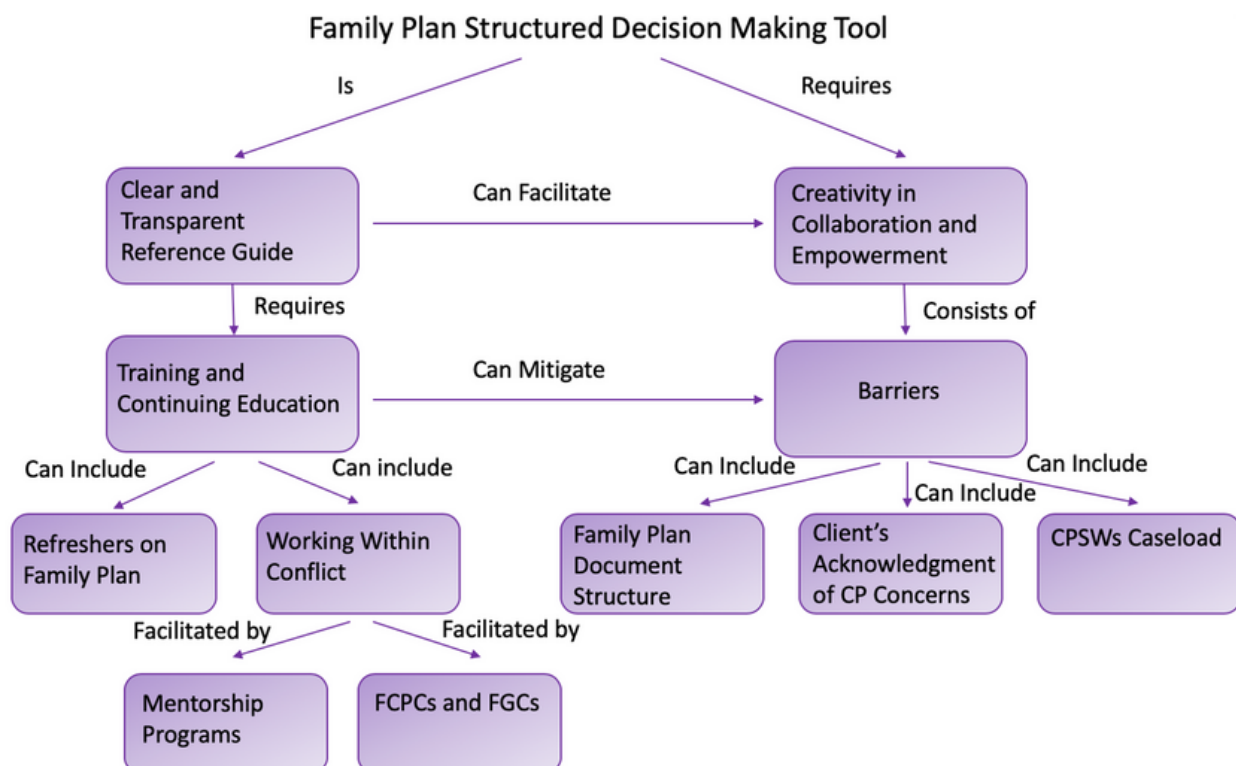
self-determination and empowerment.

Successes with the Family Plan

The results of our study revealed the theme that CPSWs understand the Family Plan as a clear and transparent reference guide. Participants expressed that the Family Plan provides an opportunity for clear and honest communication regarding the child protection concerns, strategies to address the concerns and mitigate risk, as well as how to “measure how people are progressing and making changes” (P03, March 11, 2020). The literature adds to this finding by recognizing that transparency in child protection fosters positive relationship building, which leads to increased engagement and collaboration. Gladstone et al. (2012) found that parents who were more engaged were more likely to report that their parenting had changed since involvement with child protection. The strongest reasons given by parents who identified positive change were that they trusted their CPSW” (p. 116). Thus, the results of our study show that success from the Family Plan comes from using a trauma informed lens where transparency builds trust towards the worker and fosters engagement.

Furthermore, results indicated that the Family

Figure 7. A Concept Map of the Presented Themes



Plan facilitates opportunities to be creative when engaging and collaborating with families, which helps in balancing power differentials between CPSWs and families. We found that effective Family Plans involve creative collaboration on how goals, strategies and indicators are worded to increase engagement. Participants felt that wording can be a barrier if families feel that the wording forces them to admit they were abusive towards their children and when CPSWs use their power to try to obtain agreement on the family plan. Participants expressed that they addressed this barrier by finding language that is strength based and agreeable to both the family and CPSW.

This collaborative process applies the lenses of empowerment, where the CPSW is not enforcing power over clients, rather they are collaborating to come to an agreement and thereby fostering engagement in the plan (P02, March 4, 2020). This approach is consistent with the literature which states that clients that feel power is being used over them rather than with them tend to “oppose cooperation with the CPSW” (Darlington et al., 2010, p. 1023). Thus, from a trauma-informed and strength-based lens, one can assume that families who are in agreement with the Family Plan will be more engaged and have more success in achieving the goals.

Overall, the results indicate that success with the Family Plan involves collaborative, strength-based, and trauma-informed practice. Collaboration on the Family Plan promotes client self-determination and empowerment and leads to more meaningful, achievable, and sustainable goals. The benefits of collaboration with clients in child welfare have been well documented in the literature and align with our results. For instance, “Parental involvement in decision making has been linked to improved rates of family restoration,” and it “supports children’s attachment relationships”, while conversely a lack of parental involvement “increases the trauma associated with separation and reduces children’s resilience and self-esteem” (Darlington et al., 2010, p. 1020). Similarly, Cheng and Lo (2019) found that collaboration enables clients to receive services,

fosters progress on case plans, fosters permanency outcomes, and reduces the likelihood of substantiated future reports (p. 1). Thus, our results indicate that collaboration on the Family Plan would lead to improved outcomes for families.

Barriers to Collaboration with the Family Plan

Despite the successes with collaboration on the Family Plan, the results also show three themes that emerged that relate to the barriers to collaboration. These barriers include, the structure of the Family Plan document, high caseloads, and families’ awareness of the child safety concerns.

First, participants identified that the structure and format of the Family Plan is not accessible to families. Participants referred to the tool as “wordy”, “glitchy” and “too clinical” (P01, February 21, 2020 & P05, March 13, 2020). In addition, participants felt that the different categories in the Family Plan are difficult to understand and differentiate from each other. The lack of understanding on the format of the tool can lead to inconsistencies among CPSWs’ application of the tool as well as limit the family’s ability to engage in a tool that may not make sense to them. The literature expands on this concern by addressing how standardized assessment tools negatively affect client-worker engagement and child safety assessments. Munro (2009) states that CPSWs seem to be expected to meet performance indicators where families must fit into categories, which limits the ability to individualize services and plans. Therefore, the literature suggests that the rigid structure and categorical organization of the Family Plan may negatively affect collaboration and creativity when developing goals.

Relatedly, another participant described the tool as “impersonal” since it is only available online, which leads to workers completing the tool on their laptop during meetings with families (P05, March 13, 2020). The literature argues that “computer driven case management” negatively effects CPSW’s ability to engage and build relationships with families (Horwitz & Marshall, 2015, p. 291). The literature describes this issue as a barrier caused by the system, where child protection has become about case management. A case management approach is over reliant on

formalized assessment tools to determine safety, needs, appropriate referrals, and to monitor compliance with referrals, which takes away from social worker-family relationship building and social worker clinical judgement (Horwitz & Marshall, 2015, p. 291). This involves a shift away from a case worker approach that focuses on CPSW's ability to engage and build relationships with families to gather information on safety and risks (Horwitz & Marshall, 2015).

Therefore, our results align with the literature by recognizing the underlying barrier as the system that is acutely focused on mitigating liability through standardized tools and formal documentation, rather than a system that promotes collaboration and worker creativity and flexibility when engaging with families.

Secondly, participants identified high caseloads as a barrier to collaboration on the Family Plan. The literature supports this finding and expands on these results by including worker burnout as inhibiting motivation for collaborative practice. The literature explains that the system provides limited opportunities for relationship building and collaborative case planning due to time pressures and high caseloads (p. 1024). Gladstone's et al. (2012) research showed that "the less stress, the greater a CPSW is able to engage" (p. 117). Thus, our results also indicate a system barrier, where unmanageable caseloads and crisis driven work hampers collaboration and engagement, despite positive intentions by workers to be collaborative.

Lastly, the results revealed the theme that family's lack of acknowledgement of child safety concerns or their capacity for insight due to mental health issues or substance use issues are a barrier to collaboration on the Family Plan. For instance, one participant stated, "sometimes the parents aren't willing to acknowledge what's really happening or work on it, so it becomes moot whether or not you collaborate. It's very difficult to collaborate with them when they get to that point" (P01, February 21, 2020). The literature echoed this finding and showed that the "client's level of willingness to engage and clients lack of understanding or insight

into child safety concerns creates a barrier to families meaningfully participating in decision making" (Darlington et al., 2010, p. 1023). In our study, participants emphasized this barrier as challenging to overcome; however they explained that using strategies, such as creativity with the language on the Family Plan or involving support networks are effective strategies in overcoming this barrier.

Promising Practices for Collaboration on the Family Plan

Our research demonstrated CPSWs' thoughts on practices to promote collaborative case planning and ways to overcome the barriers to collaboration. Our results revealed four themes in relation to promising practices. The themes are training and continuing education, refresher training for senior staff on how to effectively use the Family Plan, mentorship programs, training in conflict management, and the use of collaborative meetings, such as FCPCs.

Further, more training and continuing education was identified as a theme necessary for effective use of the Family Plan. Participants acknowledged that the Family Plan often elicits difficult conversations because it requires direct and clear identification of the concerns, which when discussed can stimulate conflict. A theme that arose was that new workers are often uncomfortable with this conflict, which inhibits their ability to be confident in their transparency of the child protection concerns. Thus, participants suggested mentorship programs for new workers and training to learn how to deal with conflict delicately, so that engagement and collaboration is not lost. Participants also suggested that regular refresher training be offered to senior workers on how to effectively use the Family Plan. The literature supports these suggestions, in regard to CPSWs' risk of burnout impacting collaborative practice. The literature would suggest that it is relevant to offer ongoing training to reignite motivation for creative and collaborative practice and to avoid practice that becomes habitual and jaded. Therefore, mentorship programs offer dual benefits of newer workers learning how to deal with uncomfortable or conflictual conversations and senior workers remaining fresh on new tools, such as

the Family Plan that offers opportunities for engagement and creative collaboration.

To conclude, the present study fills a gap in the literature by addressing how MCFD CPSWs use the Family Plan and whether or not its effectiveness is optimized through collaborative practice. Our research showed that CPSWs practice with the intention to be collaborative when creating the Family Plan, and in doing so they practice from a trauma informed and strength-based lens. However, there are barriers to collaboration that are recognized in our results and in the literature, which need to be addressed in order to have improved outcomes for families.

Overall, it is clear that the Family Plan is effective when it is used as an opportunity to meaningfully engage with families and build relationships, be creative and collaborative, and to promote client capacities and strengths.

Limitations

The first limitation was the influence of history in our research. The term history refers to any event that influences the outcome of the research. For instance, during the course of this study the Covid-19 pandemic emerged and affected people's health, working conditions, and routines. This pandemic occurred simultaneously with participant recruitment, which impacted worker's availability to engage in the study since they likely became distracted, busy, and stressed due to the crisis. Similarly, preparation for the end of fiscal year at MCFD may have also had an impact on worker's availability during the participant recruitment phase. The challenges during participant recruitment impacted the number of participants and therefore the student researchers' ability to reach data saturation.

Secondly, selection bias threatens the internal validity of the research because it acknowledges that those who volunteered to participate in the study may have unique attributes compared to those who chose to not participate in the study. Thus, selection bias of this study affects generalizability to the wider population of child protection social workers.

Thirdly, reactive effect threatens the internal and external validity. Reactive effect is when participants feel they are being tested, which influences the responses they provide since they feel they need to provide right answers as opposed to truthful answers. We found during interviews that participants more readily provided best practice answers and provided less information on challenges to collaboration on the Family Plan. Since our participant responses may not have provided the full picture of the Family Plan in practice, this would have impacted results and generalizability. However, the student researchers did attempt to decrease this threat of reactive effect by emphasizing to the participants that there are no right or wrong answers and that the goal is to discover the truth about child protection practice with the Family Plan. Also, the student researchers emphasized confidentiality so that participants' felt safe to disclose their opinions.

Fourthly, researcher bias is a factor in this study as two of the student researchers have worked in front line child protection roles and have used the Family Plan. Therefore, the student researchers enter the research with assumptions and biases on the Family Plan's effectiveness and how it is truly being implemented in practice. Conducting the research with assumptions and biases can impact how the student researchers interview and how they interpret the results, which ultimately impacts external validity and results. However, throughout the research process, researcher bias was mitigated by the ongoing practice of self-awareness.

Lastly, the method of having individual student researchers conduct interviews may have resulted in differences in the outcome of interview data, because all researchers have different interview styles. For instance, some researchers used the semi-structured interview guide to ask follow-up questions, while other researchers did not ask follow-up questions. Furthermore, one student researcher did not ask all of the questions within the interview guide, which impacted the depth of information obtained. Overall, the differences in interview styles may have impacted the level of data collected and, subsequently, data saturation and results.

Implications for Policy and Practice

Recommendations

1. Ensure that it is communicated to CPSWs by trainers, team leaders, or managers that the Family Plan is to be done in collaboration with the family.

Many participants prioritized collaboration with families and acknowledged that it is redundant to create the Family Plan without the family's input. Participants did note, however, that many other CPSWs in their offices do not prioritize collaboration or are simply unaware that collaboration is essential in creating the Family Plan. Moving forward, we are recommending that either trainers, team leaders, or managers take the time to engage CPSWs in reorienting their practice to prioritize collaboration with families when creating the Family Plan.

2. Offer mentorship and ongoing training on how to use the Family Plan. As discussed in the results section of this report, a common theme that was presented in the participant interviews was the necessity for mentorship and continuing education. Furthermore, it is important to offer training that CPSWs will find useful, providing them with an increased incentive to attend and be receptive to the presented information. We are recommending that trainers, team leaders, or managers ask CPSWs what they identify as knowledge gaps and where they feel they need further support in creating effective family plans. We are recommending the use of mentorship programs or senior CPSWs as mentors to ensure that new CPSWs feel confident in using the Family Plan and receive guidance regarding how to successfully engage families and use creativity when creating and implementing the plan.

3. Offer CPSWs training in conflict management to provide tools to adequately address conflict that arises during the creation of the Family Plan. Based on our research, training should be offered to CPSWs regarding effective conflict management strategies when creating and implementing the Family Plan. Participants highlighted that conflict management is a unique requirement of CPSWs when implementing the Family Plan and it is important that new and seasoned CPSWs are equipped with the adequate skills.

4. Draw upon collaborative practices (e.g., FCPCs) when creating Family Plans and use these practices to facilitate family engagement and reduce power imbalances.

We recommend that trainers, team leaders, or managers promote the use of FCPCs to promote collaboration with families. We also recommend that CPSWs draw upon these collaborative practices to ensure that planning is family driven. These practices are particularly important to reduce power imbalances when the relationship between the CPSW and the family is contentious and highly conflictual. This recommendation was informed by the strength-based theories and trauma-informed social work approaches that guided our research.

Effect of Research on Policy and Practice

In terms of potential impacts, our team is hopeful that the recommendations will be a useful guide for MCFD to improve the use of Family Plans. Furthermore, we hope that our research affects policy by creating an increased awareness regarding the use of the Family Plan and the need for collaboration with families when it is being created and creating an increased awareness regarding the necessity and benefits of training, mentorship, and continuing education. Our report noted the lack of literature regarding the Family Plan. Our team hopes that our research has addressed a gap in the literature by the creation of this report.

Potential Future Research

Future research should examine the use of the Family Plan with Aboriginal families and the potential colonial aspects of the Plan. Furthermore, future studies should examine how to effectively integrate resource mobilization into the plan.

Conclusion

The research study is a result of the structural shift at MCFD towards a more collaborative and participatory approach to child protection social work. The aim of the study was to ascertain child protection social workers' understanding of the Family Plan Structured Decision tool, as well as the utility and challenges associated with the tool. The study also sought to understand how CPSWs use the Family Plan to engage families while also addressing

child protection concerns. The research study yielded a number of key findings that can be used to inform future policies and practices developed by MCFD. Overall, the CPSWs identified the Family Plan tool to be effective in engaging families in a meaningful way to both address child protection concerns and to promote families' capacities and strengths. Participants illuminated how creativity is pivotal to engaging families while using the Family Plan tool, which can include creative language and unique ways to incorporate resources and support systems within the Family Plan. At the same time, CPSWs noted several challenges linked with the use of Family Plan, which were associated with the structure of the tool itself, client's willingness to engage, and systemic pressures placed on CPSWs.

Some of these barriers to engagement identified by CPSWs can be addressed if the recommendations provided in the study are taken into consideration. These recommendations, built on the feedback provided by the research participants, highlight the significance of mentorship and new training initiatives on conflict navigation, in addition to a growing emphasis on collaborative practices, such as FCPCs. Future research can build on these key findings by examining the use of Family Plans with Aboriginal families, effective resource mobilization into the plan, and the relationship between years of CPSW experience and the frequency of its use to address child protection concerns. It is our hope that our findings and recommendations can promote collaborative practices that are informed by the principles of empowerment and align with MCFD's vision moving forward.

Acknowledgement

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

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Appendix A

Data Collection Instrument (1 Of 2): Demographic Questionnaire

1. How many years have you been working as a Child Protection Social Worker?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-8 years
- 9-10 years
- Over 10 years

2. What MCFD region do you currently work in?

- Interior Region
- Coast Fraser Region
- Vancouver Island Region
- Northern Region

3. Do you currently work for a delegated Aboriginal agency (DAA)?

- Yes
- No

4. Have you used the Family Plan Structured Decision-Making (SDM) tool?

- Yes
- No

5. How often do you include families in the creation of the Family Plan SDM tool?

- Never
- Sometimes
- Often
- Always

6. If you selected often, sometimes, or never, what do you find to be the biggest barrier to completing the tool from the list below?

- High caseload
- Family engagement
- Audit standards
- Other: _

7. Is the Family Plan SDM tool effective in facilitating family reunification?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

8. If you selected disagree, or strongly disagree, what do you find to be challenging about the tool from the list below?

- The need categories are limited and do not apply to family situations
- The indicators are difficult to create
- The family does not agree with the plan
- Other:

Appendix B

Data Collection Instrument (2 Of 2): Interview Questions

1. How many years have you been working as a Child Protection Social Worker?
2. Are you currently an employee with the Ministry of Children and Family Development (MCFD)?
3. Are you using the Family Plan Structured Decision-Making (SDM) tool in your practice?
4. If yes, what is your understanding of the tool and its key features? Please elaborate.
5. Do you engage families in the creation of the Family Plan?
6. If yes, what has been your experience in working collaboratively with families? Please explain.
7. Based on your experience, what are the challenges of creating the Family Plan with families?
8. Overall, what are the key factors that make the Family Plan successful?
9. What additional training or support do child protection workers need to create effective Family Plans with families?
10. Do you find the Family Plan SDM tool effective in engaging and collaborating with families? If so, please elaborate on your reasoning. If not, please elaborate on your reasoning.
11. Are you aware of any promising family goal planning practices being implemented in BC? If so, what and they and where?
12. Are you aware of any promising family goal planning practicing being implemented elsewhere? Is so, what are they and where?