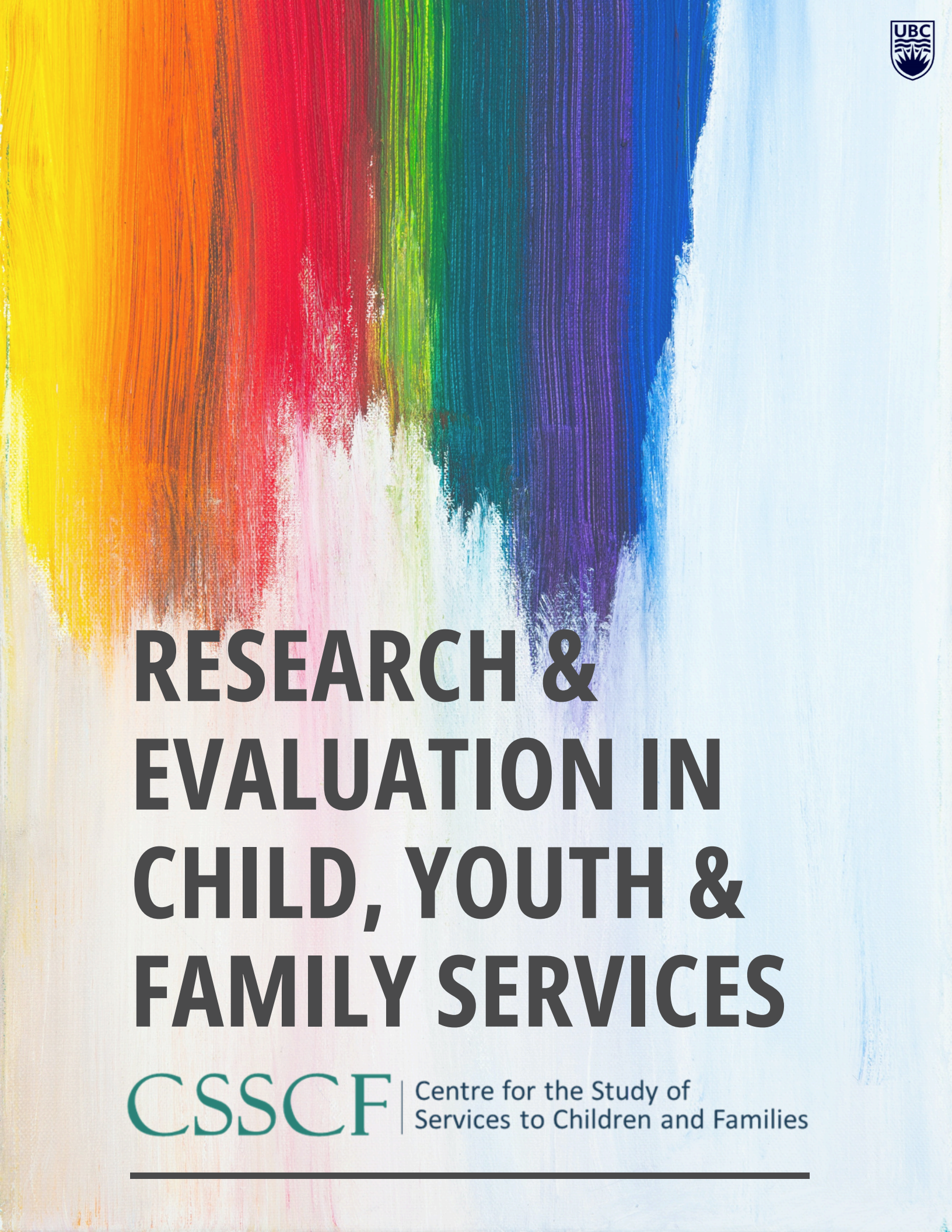

RESEARCH & EVALUATION IN CHILD, YOUTH & FAMILY SERVICES

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2025 | Volume 7 (Special Issue).

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

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Journal Aims

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

Preface

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

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

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

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

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

The **Centre for the Study of Services to Children and Families** provided an avenue to share and further disseminate the e-journal. **Madeline Cathcart** was the format editor who transposed the research reports into the ejournal format. **Michelle O'Kane** was the journal editor who helped oversee the editorial and production process.

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

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

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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 7 is comprised of three journal articles completed by a total of 11 MSW students.

Culturally Centered Approaches for Indigenous Youth Accessing Mental Health Services as They Transition to Adult Mental Health was conducted by Ben Law, Kendall Pun, Kammy Wan, and Myles Adams, using qualitative focus groups with ICYMH staff in the Fraser region, including clinicians, outreach workers, and an Indigenous Elder. Guided by the MCFD Aboriginal Policy and Practice Framework (APPF), the research examined how culturally appropriate current transition processes are for Indigenous youth moving to adult mental health services. Findings highlighted the importance of Indigenous worldviews, ceremonies, land-based activities, and Elder guidance—supports that are rarely integrated into adult services. Key challenges identified include long waitlists, strict eligibility criteria, systemic barriers to culturally safe care, and limited access to the First Nations Health Authority due to bureaucratic requirements. The study underscores the need to expand Indigenous liaison roles, strengthen cultural safety training for providers, and build stronger community partnerships to ensure culturally relevant and holistic care for Indigenous youth during this critical transition.

Gender-Affirming Caregiving Strategies for Foster Parents in British Columbia was conducted by Ivan Leonce, Emma McIlroy, Kyle Turone, and Helen Yu, which explored best practices to support the safety and belonging of Two Spirit, Trans, Non-Binary, and Gender Diverse (2STNBGD) children and youth in care. Drawing on minority stress, postcolonial, and family resilience theories, the study involved in-depth interviews with nine experienced foster caregivers across the province. Findings identified six themes reflecting gender-affirming strategies that emphasize caregiver self-awareness, advocacy, and trust-building to counter systemic barriers and transphobia. Relational caregiving practices—prioritizing connection, critical reflexivity, and proactive advocacy—were found to be key in fostering safety and belonging for 2STNBGD youth. Policy and practice considerations include the development of mandatory education and training for caregivers, formal advocacy supports, and greater inclusion of 2STNBGD youth voices in research to guide future directions.

The Impact of the Quality of Supervisory Relationships on Burnout in Child Protection Social Workers:

Examination Through an Attachment Theory Lens was conducted by Bea Baziw, Ella Jenkyn, and Aneesa Keval, and investigated how supervisory relationships influence burnout among frontline child protection workers in British Columbia. Guided by attachment theory, the study used a mixed-methods design with survey data obtained through the Maslach Burnout Inventory (MBI) and Short Supervisory Relationship Questionnaire (S-SRQ) from 84 participants, and follow-up interviews with six frontline workers and team leaders. Results indicated that supportive supervision—marked by emotional availability, consistency, and reflective practice—was associated with lower emotional exhaustion. However, workload pressures had a stronger effect on burnout than supervisory support, and supervision was not significantly related to other burnout dimensions. Qualitative findings reinforced the value of emotionally safe supervisory relationships, while also highlighting the limits of supervision in addressing broader organizational challenges. The study underscores that strengthening supervision must be paired with manageable workloads, adequate staffing, and structural supports to foster a resilient and sustainable child protection workforce.

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,

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Culturally Centered Approaches for Indigenous Youth Accessing Mental Health Services as They Transition to Adult Mental Health

Law, M.Y., PUN, K. W., WAN, K.S., & Adams, M

Citation: Law, M.Y., PUN, K. W., WAN, K.S., & Adams, M. (2025). Culturally centered approaches for Indigenous youth accessing mental health services as they transition to adult mental health. *Research and Evaluation in Child, Youth and Family Services*, *7*, 4-17. https://doi.org/10.14288/recyfs.v7i1.201239

Abstract

This research study explores the experiences of Indigenous youth in British Columbia as they transition from the Indigenous Child and Youth Mental Health (ICYMH) services to adult mental health services. The purpose of this research is to assess how culturally appropriate the current transition process is and to identify service gaps that affect Indigenous youth and their families during this critical life stage.The study is guided by the Aboriginal Policy and Practice Framework (APPF), which emphasizes holistic, trauma-informed, and culturally safe services for Indigenous children and youth. The framework encourages collaboration with communities, the inclusion of Indigenous knowledge and healing, and support systems that are relationship-focused and community-driven. Indigenous understandings of health are holistic, emphasizing the emotional, physical, spiritual, and mental well-being of individuals, families, and communities. These worldviews also place strong importance on land-based healing, relationships with Elders, and cultural continuity. However, many mainstream services remain focused on Western medication and individual treatment models without incorporating these worldviews. This disconnection is particularly harmful in the context of a long history of colonization, including the legacy of residential schools and the overrepresentation of Indigenous children in the child welfare system. These experiences have contributed to intergenerational trauma and disengagement in government services. To better understand the transition experience, this qualitative study involved a focus group with ICYMH staff members from the Fraser region, including clinicians, outreach workers, and an Indigenous Elder was conducted. All participants had direct experience supporting youth aged 17–19 as they prepared for transitioning to adult services. Data was analyzed through two stages of coding to identify recurring patterns and meaningful insights. Four major themes emerged from the research. First, participants emphasized the importance of Indigenous worldviews and cultural healing practices. Ceremonies, land-based activities, and working with Elders play an important role in Indigenous wellness but are rarely integrated into adult services. Second, the research revealed widespread frustration with system navigation. Youth face long waitlists, unclear processes, and strict eligibility criteria that often exclude those who are struggling but not considered “severe enough” clinically for immediate intervention. Navigating the transition independently, especially when dealing with mental health challenges, can leave youth feeling overwhelmed and unsupported. Third, participants identified systemic barriers and service gaps in mainstream mental health care. Staff often lack the capacity or tools to find culturally appropriate services for youth, revealing difficulties in navigating. Service lists are vague, and adult services are often not designed with Indigenous cultural safety in mind. As a result, many youth are referred to the First Nations Health Authority (FNHA), but access may be limited due to bureaucratic complexity such as the need for a status card. Lastly, the theme of a need for creating doors and bridges for Indigenous youth to access adult mental health services was strongly reflected in participants’ experiences. Many youth are disconnected from their cultural roots and lack the information needed to verify their Indigenous identity. This creates emotional distress, reinforces feelings of not belonging, and limits access to culturally relevant care. Several limitations should be acknowledged. The research included only staff perspectives and was limited to one region. The views of Indigenous youth, families, and adult service providers were not represented, and future studies should include these voices. Nonetheless, the study offers clear recommendations. These include expanding Indigenous health liaison roles in adult services, improving access to cultural safety training for service providers, building stronger community partnerships, and enhancing the accessibility of culturally relevant healing practices.

Keywords: Indigenous mental health, Youth mental health, Transition to adult services, Culturally appropriate care

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Introduction

Indigenous Child and Youth Mental Health (ICYMH) services is a specialized unit of the Ministry of Children and Family Development (MCFD), which supports Indigenous youth and their family members who are experiencing mental health or substance use concerns through the lens of indigenous culture and knowledge. As the youth reach the age of 19, they will be transited from ICYMH to adult community-based mental health service. For indigenous people, the concept of care is different from the Euro-western concept. di Tomasso and de Finney (2015) write that "Indigenous worldviews conceptualize childhood, parenthood, relationship, and community in ways that stand apart from Western notions of rights, attachment, permanency, and the "best interests of the child." Unlike Western knowledge of health, Indigenous people do not see mental health as a medical issue to be treated. By the Indigenous lens of health, separation from family is breaking the cultural connection with the community and will impact the balance of health and wellness, also, the wisdom of health cannot be passed down from the nations' elders, healers, and community members. Indigenous peoples have a different view from Western knowledge in the transition to adulthood. Transition ceremonies are the events where cultural values are reflected, and they are held when young people reach the age of adulthood. Family members, Indigenous Elders, community leaders, case social workers, relevant service agency staff and leaders, and many others, who are important to the youth can be invited to transition ceremonies (Hibbert, et al., 2023). To expand the discussion, it's important to understand the ongoing colonial oppression associated with child and youth welfare systems for Indigenous people in Canada. For example, the Indian Residential School system is one of the main sources of collective trauma. To respond to this, the lens of indigenous views should be adopted in policy making and service delivery. The Aboriginal Policy and Practice Framework in British Columbia (APFF) has been established to identify 'the Circle process as a strength-based and holistic way to support policies and practices to be restorative' (APFF, 2015). The purpose of this study is to identify service provision gaps for Indigenous youth as they transition from Indigenous Child and Youth Mental Health (ICYMH) services into adult mental health services and any areas of risk involved in the transition process. Additionally, the research hopes to identify if Indigenous young people currently feel culturally supported in mainstream mental health services.

Literature Review

Historical Context and Systemic Overrepresentation

The historical context of Indigenous youth within government systems is essential to understanding their experiences with mental health transitions to adult services. Colonization, the residential school system, and the forced removal of Indigenous children have led to intergenerational trauma that continues to impact Indigenous families today (Lavallee & Poole, 2009). The last residential school, Gordon Reserve Indian Residential School in Saskatchewan was officially closed in 1996 (Hanson 2020). The trauma caused is still impacting not only many residential school survivors but also their children and grandchildren. Attempts to disconnect survivors from their community and the loss of culturally connected parenting skills can impact relationships with children. (Toombs, et al., 2023). The impact of intergenerational trauma manifests in many ways, including increased rates of mental health and substance use disorders, which can also impact family functioning and wellbeing. The effects of trauma can live through individuals, families, communities, and entire populations, resulting in a legacy of physical, psychological, and economic disparities that persist across generations (BC Coroners Service and First Nations Health Authority, 2017). This is a significant contributing factor in the overrepresentation of Indigenous youth in the child welfare system, accounting a large percentage of children in care despite comprising only 5% of the total child population (Fast et al., 2019). Indigenous youth living with their families are still impacted by colonization. According to the BC Coroners Service and First Nation Health Authority (2017), 59% of the Indigenous youth aged 15-19 had involvement with MCFD within 12 months prior to their death with 26% being in care and may have been accessing more than one service.

Challenges in Transitioning to Adult Mental Health Services

The transition to adult mental health services for youth is important and there a number of challenges in moving to adult services. Youth leaving mental health services can experience service disconnection, long wait times, and difficulty accessing adult mental health services due to changes in eligibility requirements (Cappelli et al., 2014; Hendrickx et al., 2020). The process can be even more challenging for Indigenous youth. There is a need to increase the level of cultural humility and cultural safety when offering support, prevention programs, and services for Indigenous peoples (BC Coroners Service and First Nations Health Authority, 2017). Indigenous youth face additional barriers due to the lack of Indigenous-specific mental health programs that incorporate traditional healing practices. These challenges are compounded by systemic racism in healthcare and social services, where Indigenous clients frequently report experiencing discrimination and cultural insensitivity (British Columbia Ministry of Health, 2020).

Further complicating the transition is the rigid structure of adult mental health services. Many Indigenous youths transitioning from child mental health care do not meet the strict eligibility criteria for adult services, leaving them without consistent and adequate support (Woodgate et al., 2024). The lack of a holistic, culturally competent approach to mental health service delivery for Indigenous youth contributes to disengagement and unmet mental health needs. Research suggests that many youths disengage from services due to a lack of culturally relevant approaches, leading to crisis-driven re-engagement when mental health issues escalate (Barker et al., 2015; Cappelli et al., 2014; Hendrickx et al., 2020).

Gaps in Provision

There isn't a lot of research on the transition process for youth moving to adult mental health services. Several studies highlight a critical lack of research on the effectiveness of transition services for youth (Barker et al., 2015; Embrett et al., 2016). Many services operate without standardized transition protocols meaning that the process is dependent on the effectiveness and efforts of individual workers. According to the BC Coroners Services and First Nations Health Authority (2017), fewer than half of the First Nations youth and young adults that died and had a mental health history had a record of receiving mental health supports either through mental health supports, social workers, school counsellors, psychiatrists, and other services. Having clear transitional protocols could ensure young people stay connected to their supports and increase accountability among professionals working with vulnerable young Indigenous people.

Western mental health models often fail to recognize Indigenous worldviews of health and well-being, emphasizing the interconnectedness of four aspects: mental, spiritual, emotional, and physical wellness (BC Coroners Service & First Nations Health Authority, 2017). Services that fail to incorporate these perspectives can alienate Indigenous youth, further exacerbating mental health challenges and discouraging engagement with formal mental health care systems. In additional, research has noted that Indigenous youth in transition are frequently excluded from decision-making processes regarding their care and support (Woodgate et al., 2024), further distancing them from the services they may require. Indigenous youth transitioning to adulthood require culturally safe services that recognize their unique needs. The Indigenous perspective on health emphasizes kinship, and community involvement that the responsibility of taking care of the children is shared within the whole community (di Tomasso & de Finney, 2015). This differs from Western perspectives of health services. Unlike Western models that focus on clinical and individual interventions, Indigenous frameworks highlight holistic well–being and relational healing at the family and community levels (Jongen et al., 2023). There is a clear distinction in the values of the models.

Theoretical Framework

The Ministry of Children and Family Development (MCFD) issued the Aboriginal Policy and Practice Framework (APPF) in 2015, which applies to policy and practice for Indigenous children, youth, and their families. APPF is a circular framework that illustrates a 'sacred and restorative process that is strength-based and holistic". The decision making process is informed by a persons' roles within the web of relationships. The

core elements of the circle include:

- Gathering the circle: It is about involving all the right people to establish a strong partnership in decision-making, which indigenous knowledge and worldviews are reflected.
- Listening, Assessing and Finding solutions: It is about the spirit: It is about the spirit of collaboration. The one who works with aboriginal children, youth, family and community should be responsive to their unique context and challenges, proactively support strength-based practice. It is necessary to be culturally competent in finding culturally safe solutions.
- Creating Security, belonging and well-being: This part of the circle is related to the language, content and the implantation of polices. There should be enough time, resources and capacity to strengthen cultural connections. The importance of cultural identity and the knowledge and support required to nature the identity should be emphasized. Trauma-informed approach is adopted in response to the impact of intergenerational trauma on Indigenous communities.
- Keeping the circle strong: It is important to build trust, strong relationships and true partnership in decision making, monitoring and evaluating. Clear directions for accountability, transparency and communication should be established.

Under the circles model of the APPF, policies and practice in MCFD should be 'culturally safe and trauma-informed, supporting and honoring Indigenous peoples' cultural systems of caring and resiliency' (Ministry of Child and Family Development, 2023). The study can be a point for reflection on how ICYMH has addressed those obligations under APPF in their services, especially when dealing with the transition from the ICYMH to the mainstream adult mental health system.

Methods and Analysis

The primary research questions of the study are : "How does the current ICYMH pre- and post-19 transition planning practice support Indigenous youth transitioning to adult mental health services through a culturally centered approach?", "What are the perspectives of both service users and service providers in the pre- and post-19 transition planning?", and "How could the ICYMH deliver a more culturally centered approach in supporting youth pre- and post-19 transition into adult mental health services?".

This qualitative study used a focus group of staff from MCFD-Indigenous Child and Youth Mental Health (ICYMH) in the Fraser region. As all participants have experience supporting Indigenous youth transitioning to adult mental health services, this approach encourages the generation of deeper insights and ideas. Regarding the sampling, staff who had a minimum of 1 year of experience in an ICYMH team in the Fraser regions of BC, working with youth aged 17-19, who were preparing for the transition to adult mental health services could principate in this research. Staff included clinical (which includes clinicians, outreach workers and counsellors), and non-clinical staff and Indigenous Elder/s, who they have been all contributed to support the transition process.

For the recruitment process, student researchers provided MCFD sponsors with recruitment materials to distribute to team members and leaders across other ICYMH offices in the Fraser region of BC. Interested participants from ICYMH signed up through an online form created by student researchers or attended the focus group in person, with sponsors did not present in the focus group. Participants provided consent by signing the online consent and demographics form or by completing the written consent and demographics forms before the focus group began.

The focus groups conducted in-person, and it took about 60 minutes with 8 participants and started by a smudging ceremony. Two participants, who had worked in the team for six months but did not meet the inclusion criteria, attended the interview but did not contribute any qualitative data. The focus group explored how Indigenous youth within ICYMH were prepared for their transition to adult mental health services, as well as ICYMH staff's perspectives on their clients' experiences, with special attention on exploring how effectively Indigenous youth are supported in the transition planning process, particularly regarding the cultural relevance of Indigenous worldviews within current ICYMH practices.

The qualitative data from the six participants' focus

group was recorded in audio format and transcribed by a professional transcription service. The transcripts underwent two stages of coding before analysis. In the first stage, two cycles of coding were conducted: the first cycle involved descriptive coding to explore the content and generate provisional codes, while the second cycle used emotion and values coding to label expressed or inferred emotions, values, attitudes, and beliefs. Similar or repeated codes were then grouped together. In the second stage, focused coding identified the most frequent codes, which were used to develop categories. These categories, along with subcategories, were grouped into clusters and organized hierarchically to illustrate their relationships.

The Behavioral Research Ethics Board (BREB) Application was submitted for this research and has been approved by UBC's Behavioural Research Ethics Board.

Results and Findings

Demographics

The focus group for this research project consisted of 8 members of an ICYMH team. 4 of the participants held positions as clinicians, 2 of the participants held positions as outreach workers, 1 participant was an Indigenous elder, and 1 participant held an administrative position. 4 of the participants identified as Indigenous. Participants had varying degrees of experience working with Indigenous youth, ranging from 6 months to 15 years. Two participants had 6 months of experience, one had 1 year, four had 5 or more years of experience, and one had 15 years of experience. All the participants had experience supporting Indigenous youth transitioning to adult mental health services.

There are four main themes identified from the research, that are *Indigenous worldview*, *frustration in the system navigation*, *mainstream service barriers and gaps*, *Indigenous worldview and creating doors and bridges*.

Theme 1: Indigenous worldwide view and Cultural practice: Ceremony to adulthood Participants in the focus group emphasized the importance of acknowledging the Indigenous worldwide views, cultural practices, and specifically ceremony to adulthood and how they reflected in practices. A participant described the indigenous perspectives on transition to adulthood, saying,

> When our young ones or youth were transitioning into manhood, they would have a coming-of-age ceremony, and it's not just a one-day thing. They'd really prepare. We'd have men and women and elders teaching them and preparing them to get ready for being an adult now. You're no longer a child.

The participants found that the MCFD should respond to this important piece of cultural practice for all ICYMH youth who reach 19, and they said, "I would definitely implore MCFD to have those coming-of-age ceremonies for them, whatever that is and whatever it costs."

Participants illustrated the views on the Indigenous way of healing by the example of a canoe journey, which began with the sense of belonging and the connection to their ancestry. "A lot of our youth today, I feel – we all need that sense of belonging. And just in the not so distant – in the present reality, many of us are so separated from our culture." The participants further explained how the canoe journey was connected to the Indigenous holistic view of health that physical, emotional, and mental health are interconnected: "I think would be absolutely healing for all of our youth. You're doing physically. You're not just going out and being in a canoe. It takes a few months to prepare for the journey, both physically, emotionally, and mentally." From that perspective, engagement in cultural practice was already in the process of healing.

Participants had identified the lack of understanding about the indigenous view of connection to nature and the way of collaboration in mainstream mental health services. For staff at ICYMH, rapport building was an essential element when they started working with Indigenous youth and their families. "Outreach is a really big part…being able to meet youth where they are, you take them into nature and take them to culture as well, bringing into our sessions and really finding ways to create those connections outside…office," Unfortunately, when ICYMH client was transferred to adult mental health service, the experience was different and the participants found, "A major barrier is they finally become comfortable working with us, …but

then we go out onto the land and we do things differently… just sitting in an office in front of each other and talking." Many indigenous youths were not engaging with psychotherapy in mainstream clinical settings.

Theme 2: System Navigation: Frustration / Helplessness One of the dominant themes we found was the frustration experienced by Indigenous youths and ICYMH staff in navigating the services transition to adult mental health services. Participants highlighted the inconsistencies, and the unclear transition process in service provision, for example, one clinician said "You have to navigate and jump through all of these hoops and you don't even know if the clinician that you end up with is the right fit." which created more challenges and frustration for youth trying to access continuous care that is culturally appropriate. Highlighted by the participant, "We have to convince the children, the youth, and their families that they will still be supported, but even we don't always know what that looks like.", showing the uncertainty of the transition and the lack of clarity for both youths and ICYMH staff in understanding what adult mental health services remain accessible and culturally appropriate.

Participants further expressed frustration with the mainstream mental health services, stating how the Indigenous worldview and healing practices were not incorporated into the mental health system. Participant has shared the doubt on whether mainstream services would provide culturally appropriate services "The service provider may not do it in the same way we do, and that's the problem. Indigenous youth don't see themselves in those spaces", and struggled faced by the Indigenous youths, "Do they really understand how I show up the way I show up or they're willing to engage in a way that may be different from western." These highlight that many Indigenous youths faced challenges to find services that aligned with Indigenous values and experiences, which could lead to frustration and more disengagement of services.

Identified in the focus group, the frustration was also resulted by the long waiting time for adult mental health services, which delayed critical support transition for Indigenous youth. Participants described prioritization in waitlist system that determines who receives care are based on how "severe" their condition are,

> For child mental health services and indigenous mental health services. There's waitlists, right. So we get filed through many different schools, through the outreach workers. We get these referrals. And then they get processed and then put on the waitlist based on their priority, which is a systemic thing as well, being ranked.

They have expressed frustration over and the sense of powerlessness encountered by the youths, "They are just still so frustrated that they have to wait when they're in need just because they're not sick enough or they're not severe enough to be moved up on the waitlist." These sharing's reflect how the allocation of services on being transitioning to adult mental health services are more based on the crisis level than being more preventative and proactive. Many Indigenous youths may not meet the severity criteria for immediate intervention, leaving them in prolonged distress without adequate support.

Another aspect of frustration identified in the focus group was caused by the bureaucratic complexity, which discouraged youths from seeking the resources they need and be connected to the culturally appropriate services they deserve. "wanting to access a medicine man, wanting to access an elder for certain things, for guidance and all of these things, and it's really hard to find those things or to find those supports", showing the Indigenous youths' struggles with accessing traditional healing and cultural supports. The bureaucratic complexity also emerged when the Indigenous youths tried to apply for a status card, which is often necessary for accessing certain services and benefits.

> The government is still deciding you're indigenous, you're not, this, you're this percentage, you get coverage but you don't. And it's just this system in which doesn't build youth up at all. It feels super discouraging for them. And a lot of them just don't do it because it's like they don't know where to start, they don't know who to ask. A lot of the kids that we're seeing, the family dynamics aren't always there.

Illustrating how some Indigenous youths become

discouraged and helpless. These sharings reveal the lack of clear pathways to cultural support and practices, reinforcing youths' sense of exclusion from the healing practice they value. Without clear guidance and strong support network, many youths are overwhelmed by the bureaucratic processes and do not seek the resources they need eventually, which increased their sense of vulnerability during the transition process.

Theme 3: System Barrier/ Mainstream Service Gap

Staff's Voice 1: The Challenge of Inefficient Information Delivery in Assessing Service Suitability for Indigenous Youth Participants discussed a few barriers for staff to support the transitioning effectively, majority of them mentioned about the inefficient information delivery, making it difficult to assess service suitability when discussing the service plan with youth and their families. They discussed that going through a lengthy list of mental health clinicians with generic description about their cultural competence is difficult and ineffective in assisting Indigenous youth in navigating and identify culturally appropriate service which can be suitable to them.

> But even when you go on the list of clinicians…when you go on the list of clinicians who are culturally competent…which is just a very generic….So it's you can imagine it's hard to really, if you're wanting and judging a specific or you're wanting someone from this team to really understand how you show up and to really carry that through your clinician, it could be really hard because you have this big list.

Staff's Voice 2: 'I Don't Always Have the Capacity' – The Burden of Complex Referral Processes and Limited Support Participants also highlighted the limitations in their capacity and resources when supporting Indigenous youth during their transition to adult services. One participant shared that the current resource navigation system primarily involves reviewing long lists of service providers, which can be particularly challenging for youth with severe mental health issues. This process requires significant time and effort, and as the participant explained, "I don't always have the capacity to sit down… And so, it doesn't always provide the resources needed to help families."

Participants also emphasized that the current transitioning system does not adequately meet the needs of youth in the ICYMH program, especially those facing significant mental health challenges. Transitioning these youth to appropriate adult mental health services requires considerable effort from both staff and the youth, beginning with a challenging resource navigation process. As one participant explained, "We have to understand that many of the families and youth transitioning have mental health challenges. Going through a list isn't practical—when you're dealing with severe depression, the motivation to go through a list just doesn't align."

The connection and referral process to adult mental health services are also complicated that take up a lot of time and effort for the staff and youth to go through, as a participant described the referral process as "jumping through a lot of hoops, so many hoops." They shared a specific example of the process:

> So, I tried to help a youth navigate adult services. They asked me to call for them, so I called, and they said I needed to call them. Then, they had to book an appointment and go into the office, which they didn't want to do. Then, another intake… I had to go through the intake again, even though we knew they qualified for services. But I had to do it all over again, meet another stranger, and tell them everything.

Staff's voice 3: The Dominance of Western Approaches as a Barrier Majority of the participants discussed the lack of culturally appropriate services for transitioning Indigenous youth, noting that the dominance of Western approaches in mainstream services complicates the process of creating and implementing transition plans for Indigenous youth and their families. They mentioned that youth often transition to FNHA services, with one participant sharing their experience:

> Usually, it's a no from a lot of my youth. So I provide them the information, and the next step is for me to go to adult services, but the comfort level just isn't there. Given the differences in services and how there's no equivalent to what we do, many of these youth aren't open to it. They're more likely to go to FNHA or another service.

Interestingly, many participants highlighted that cultural safety is a critical concern for Indigenous youth transitioning into adult mental health services. As one participant explained,

> A lot of the cultural needs our youth and families have center on cultural safety. We do so much to facilitate that while working with them. But it's like starting over when we transition to adult services; we have to convince the youth and their families that it's safe. And to do that, we have to believe it's culturally safe.

Theme 4: Creating Doors and Bridges The participants in the focus group spoke of the impacts of colonial legacy on the transition process for Indigenous youth to adult mental health services and how it impacts the process in several ways. One of the first examples of how the colonial legacy in Canada impacts the transition process for Indigenous youth is when they first access Indigenous Child and Youth Mental Health (ICYMH) due to intergenerational trauma. One of the participants shared,"In the team. I think its huge – I mean there's a lot. So [so many] barriers especially for Indigenous families coming to a team that is MCFD, when there's been so much historic trauma really". Participants identified that a lot of young Indigenous peoples identified don't trust MCFD services as a result. "A lot of youth come in not trusting any professionals at all. So it takes time". Another way the colonial legacy impacts the transition process for Indigenous youth is that a lot of Indigenous youth are unsure of their Indigenous identity. One participant shared that a youth had said to them, "Yeah I know I have Indigenous heritage on my mom's side or my dad's side, but I don't really know much about it". Participants spoke of the youth being unsure of their Indigenous identity, and if accessing adult Indigenous services would be appropriate "It's just this loss of belonging, also feeling like not Indigenous enough or a fear of not being accepted into a community and also just being discouraged".

Participants spoke about the colonial legacy directly impacting Indigenous peoples identity through legislation and how that impacts the transition process for Indigenous youth trying to access culturally appropriate services. One participant talked about Indigenous youth wanting to access mental health services through the First Nations Health Authority (FNHA) "I would say FNHA list is where most of my clients go". Another participant shared that Indigenous youth need to have Indigenous status to access those services without cost. The participants spoke of the challenges for youth in obtaining a status card.

Discussion

Theme 1: Indigenous worldwide view and cultural practice

According to the APPF, gathering the circle is the first step in the circular framework, which means all the stakeholders in a service or a policy for Indigenous people should be involved. All the stakeholders are supposed to build strong partnerships, and the decision-making process should reflect Indigenous knowledge and worldviews. However, mainstream mental health services providers are not gathered into the circle as described on APPF for their transition to adult mental health. ICYMH and mainstream adult mental health appear to be two separate systems with no intersection in between. Clients who are transferred to the mainstream adult mental health system have difficulty engaging with the mental health services based on Western knowledge. The medical model in the mainstream health system may fail to incorporate indigenous knowledge and practices on the healing process and its holistic view of wellness. For example, mainstream mental health services provide medication and psychotherapy, like CBT and DBT, but for Indigenous people, connecting to land by a walk in nature or searching one's identity and belongingness through a canoe journey can already be seen as part of the healing process. Illustrated by the APPF, building trust, strong relationships, and true partnership are the key elements to key the circular framework strong. Unfortunately, mainstream service may not be able to address the importance of interconnectedness and relationships for the Indigenous community, not building the same kind of rapport as the ICYMH staff does. It is difficult to expect staff from mainstream mental health services to be able to do smudging ceremonies with clients or conduct a case interview in the countryside.

Theme 2: System Navigation: Feeling of frustration / helplessness

Frustration was the common theme in participants' narratives, particularly linked to their experiences with bureaucratic complexity, unmet cultural needs in the

mainstream services, and inconsistent access to services. This frustration is not just a temporary emotional response as dissatisfaction; it could lead to more service disengagement and become another compounding stressor for youths who are already struggling. Literature has shown how youths with mental health challenges often lose connection with services during the transition to adult care (Cappelli et al., 2014; Embrett et al., 2015), and the findings have echoed this concern, expressing how difficult it is for youth to maintain support during this critical life transition. Additionally, the emotional impact of the disconnection with services and the frustration during the transition periods could increase distress, especially for some youths who have already experienced trauma and cultural loss. Piel and Lacasse (2017) has highlighted how these feelings could become additional stressors for Indigenous youths, especially for those without emotional and social support, including formal and informal social support.

The frustration expressed by Indigenous youth and their service providers also reflects the deeper power imbalances embedded in the mental health systems. The power imbalance does not only exclude those youths whose distress does not fit the criteria and made them feel excluded, but also places the power in the hands of the institutions and service providers to decide needs and urgency, which reduced youths' agency to determine the readiness for care, and further marginalizing the Indigenous knowledge.

The long waitlists and the prioritization of services based on severity are found in the result, which often leaves youth feeling unseen by the system. Youth often wait a long periods for mental health care, but realizing their needs are not "servere enough" to receive immediate support. This frustration was associated with Hendrickx et al. (2020) that noted that the long waiting times are one of the common barriers for youth transitioning to adult services. For the youths who do not require intensive psychiatric intervention, but struggle with psychological distress, are often being left without meaningful alternatives. It further reflects how access to care is being governed by the institutional definition of illness, which is rooted in Western model. Jongen et al. (2023) has advocated for the choices for Indigenous youths to take part in some non-clinical and culturally grounded mental health wellness practices that are effective in providing care for youths in need. It could include working with elders in traditional medicine garden, land-based healing program, ceremonies, and crafts like drum making. Not only do they have helped youths remained connected to care and, but also integrated the traditions to support mental wellness.

Another aspect of frustration was resulted by the bureaucratic requirements to access services, particularly when obtaining the documents for their status cards. Findings have suggested that the Indigenous youth, who may come from complicated family dynamics or disconnection from their band membership or birth communities, the obtainment of identification documents could be very challenging. Similarly, Woodgate et al. (2024) found that youth aging out of care often lack ID, and this becomes a major barrier to accessing support. These bureaucratic processes are not culturally appropriate but also reflect certain administrative structures that disproportionately disadvantage Indigenous peoples. It suggested that the power is held by institutions to qualify the indigenous youths, while youths are left frustrated and disempowered.

Findings also illustrated that frustration is stemmed from the difficulty accessing traditional and cultural forms of healing, including the connection with elders and ceremonies, within mainstream services. It echoed with Fitzpatrick et al. (2021) who emphasized that mainstream services rarely acknowledge the needs of the Indigenous people or the challenges that access Indigenous cultural knowledge, practices, or values during the transition. Corso et al. (2022) further pointed out that even though some supportive documents exist, they are rarely transferred into action, as there is a lack of concrete policies or frameworks to promote and integrate Indigenous healing practices into government mental health strategies. In other words, the Indigenous ways of knowing and healing are often been structurally excluded from mainstream services, which indicated a lack of power and legitimacy afforded to Indigenous cultural paradigms within the healthcare system.

Moreover, the Indigenous knowledge from the youths

was also not being incorporated into the systems to reconsider their needs. Findings have identified the lack of clear framework of the transition process, including the connection to adult mental health services, leading to their frustration It was also supported by Cappelli et al. (2014) and Hendrickx et al. (2020), who found the lack of standardized protocols could lead to more confusion. Without the meaningful Indigenous participation, the top-down and colonial structure where youths are passive recipients instead of co-creators, often make them frustrated and disengagement with services eventually. When youth feel helpless, or frustrated, it is often caused by the lack of influence over the policies and services that are supposed to support them.

Theme 3: System Barrier/ Mainstream Service Gaps

The structural barriers to effectively supporting Indigenous youth in transitioning to adult mental health services, as identified by participants in the focus group, highlight a fundamental issue: the current adult mental health model is based on a Western framework, which often neglects the Indigenous worldview of well-being (BC Coroners Service & First Nations Health Authority, 2017).

Participants noted that trust issues related to the dominance of the Western approach in adult mental health services were shared by both ICYMH staff and Indigenous youth and their families. This reflects the broader problem that the current system, grounded in Western practices, often fails to meet the significant cultural needs of Indigenous youth. Transitioning to adult mental health services that incorporate the Indigenous worldview is crucial for Indigenous youth and their families, as providing culturally safe services helps recognize and address their unique cultural needs (di Tomasso & de Finney, 2015).

The ineffective delivery of information for assessing service suitability, coupled with limited staff resources, highlights how the dominance of the Western approach restricts access to culturally relevant adult mental health options for Indigenous youth. This is further compounded by the limited positions and capacity of ICYMH staff. In addition to the general challenges youth face when transitioning out of youth mental health services—such as service disconnection, long wait times and difficulties accessing adult mental health services due to changes in eligibility requirements (Cappelli et al., 2014; Hendricks et al., 2020)—Indigenous youth encounter the added barrier of a lack of Indigenous-specific mental health programs that integrate traditional healing practices. Despite these challenges, limited resources and attention are allocated to improving the resource navigation process and expanding culturally centered adult mental health services.

The system barriers and gaps in mainstream services highlight a critical need to improve the transitioning processes for Indigenous youth and their families, particularly regarding the accessibility and availability of culturally centered adult mental health services. The APPF framework provides valuable guidance, emphasizing that decision-making must involve a network of relationships with individuals and liaisons connected to the person.

In the context of the "Gathering the Circle" element, ICYMH staff have been committed to building rapport with Indigenous youth and their families in a relational way that aligns with the Indigenous worldview from the first point of contact. Additionally, staff have been actively involved in supporting the transitioning process, from the initial stages of resource navigation and referrals to connecting youth and families with appropriate services. Throughout this process, staff foster strong partnerships in decision-making while recognizing clients' self-determination and their deep connection to Indigenous culture as unique strengths.

Regarding the components of listening, assessing, and finding solutions, the spirit of collaboration, grounded in strengths-based practice, could be further enhanced by extending collaboration beyond staff, Indigenous youth, and families to include the broader community. Special attention should be given to providing culturally safe services in adult mental health, even within the predominantly Western framework. This highlights the need for advancing policies that allocate more resources toward incorporating Indigenous worldviews into adult mental health services, particularly in terms of accessibility and availability of culturally safe services, and more importantly, establishing collaboration with Indigenous

Elders, communities, and health authorities.

Sustainable collaboration between Indigenous partners and adult mental health services—or even with ICYMH—can foster a shared commitment to positive outcomes throughout the decision-making process, policy development, as well as ongoing monitoring and evaluation. As BC Ministry of Children and Family Development (2015) emphasizes, maintaining transparency, accountability, and continuous improvement should be central to this collaboration.

Theme 4: Creating Door and Bridges

There is a need for more doors and bridges for Indigenous youth and their families to access culturally safe Indigenous services and ensure a smooth transition to adult mental health services. Due to the history of colonization in Canada of Indigenous peoples and the role that the government played, a lot of Indigenous young people and their families don't trust services provided by MCFD, which includes ICYMH services. The trauma caused by colonization continues to impact Indigenous young people and their families today and impacts their engagement with mental health supports. This is reflected in the literature as (Lavallee & Poole, 2009). Additionally, ICYMH participants spoke about the impacts of colonization have led to Indigenous youth not knowing their family history, which impacts their Indigenous identity, and ability to access Indigenous mental health services. Participants spoke of Indigenous youth transitioning to adult mental health services and utilizing the First Nations Health Authority list to search for culturally appropriate adult mental health services and how they need a status card for subsidized services. The participants spoke of the challenges of obtaining a status card as it requires information about family history, and a lot of the Indigenous youth don't know their family history due to the impacts of colonization. This can reinforce youth feeling not Indigenous and result in them feeling lost in their Indigenous identity and not fitting in Western or Indigenous worlds. The impacts of colonization are still affecting Indigenous youth and their families in many ways, including the transition process to adult mental health services, and that many bridges and doors are needed to support Indigenous youth transitioning to adult mental health services.

Limitations

The study has several notable limitations. Firstly, data was only collected from ICYMH staff, which means the perspectives of service users—youths and families—were not included, limiting the depth of understanding about their experiences. Additionally, the study involved only staff from a single ICYMH office, which means geographic factors that may influence the transition to adult mental health services were not considered. Service providers from adult mental health services were also excluded from the study, leaving out their insights into the intake process for ICYMH clients transitioning to adult care. Moreover, due to time constraints, credibility and validity checks were not completed, potentially affecting the reliability of the findings. Lastly, the research process was not conducted in a fully culturally safe way, primarily because there was insufficient time to build trustful relationships with participants, which is critical when working with Indigenous communities.

Future Considerations

Accessible cultural safety training for care providers in adult mental health services.

More accessible cultural safety training for care providers in adult mental health services is essential, ensuring that healthcare professionals are equipped to understand the historical, social, and cultural factors that affect Indigenous mental health.

Future research with Indigenous lived experience

Further research into the lived experiences of Indigenous young adults who have recently engaged with adult mental health services could provide valuable insights into the challenges they face, informing more responsive and inclusive care.

Strengthening the Incorporation of Indigenous Rituals and Practices into the Program

The ICYMH may consider partnership with Indigenous Community to support Indigenous youth to connect with cultural rituals supports their transition into adulthood. Future program design should prioritize improving access to these rituals for ICYMH clients and strengthen their ties to community traditions. Additionally, the ICYMH program can expand its capacity to integrate these practices into core services,

ensuring they are a central component of youth support.

Advancing the Culturally-Centered Adult Mental Health Services Navigation System

The research underscores the need to improve system access to information, enabling better decision-making about the suitability of adult mental health services for youth. Strengthening collaboration with FNHA and other culturally-centered providers to create a centralized online referral system could help. This system could include details on cultural competence, such as provider experience, certifications, and cultural identity. Adding filtering functions would streamline navigation, making it easier for Indigenous youth, their families, and supporting staff to find appropriate resources. Policy maker may also consider the implementation of an Indigenous health liaison or care coordinator to support the transition of Indigenous youth into adult mental health services. This role would advocate for the unique cultural needs of Indigenous youth, help navigate the healthcare system, and serve as a cultural translator between Indigenous communities and mainstream healthcare providers.

Conclusion

The transition from Child and Youth Mental Health to adult mental health services remains a process that can be improved for Indigenous youth in BC. The existing transition system, rooted in colonial frameworks, often fails to meet their cultural and developmental needs. There are many challenges in the transition process to adult mental health services, including a lack of appropriate culturally safe Indigenous adult mental health services, long-waitlists to access services, intergenerational trauma, and unclear transition processes. ICYMH staff participants echoed these challenges in the transition to adult mental health services. Addressing these gaps requires further research, policy changes, and the integration of Indigenous knowledge systems into mental health service delivery. By centering Indigenous voices and prioritizing culturally safe practices can move towards a more effective and equitable transition process for Indigenous youth transitioning from child and Youth Mental Health. Integrating culturally centered services, reducing systemic barriers, and prioritizing Indigenous-led solutions will be key to create meaningful and effective support systems for Indigenous youth using Indigenous Child and Youth Mental Health services and navigating an effective transition to culturally appropriate adult mental health services.

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Appendix A: Measurement Instruments

Questions for focus group with ICYMH staff

- How do you support these culturally specific transition needs currently in your work?
- What are the culturally specific needs of ICYMH clients, as well as their family and community, around transition to adulthood?
- What feedback that you have heard from Indigenous youth who are in the transition process or have gone through the process about how their cultural needs were supported?
- What feedback have you heard from other people involved in this process, such as youth's families and/or communities, or adult mental health providers?
- What are some changes you would advocate for to better support youth's cultural identities through the transition process?

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Gender-Affirming Caregiving Strategies for Foster Parents in British Columbia

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Abstract

The recent *Right to Thrive* report by the Office of the Representative for Children and Youth (RCY) in British Columbia (BC) revealed that the BC child welfare system does not currently provide adequate supports for Two Spirit, Trans, Non-Binary, and Gender Diverse (2STNBGD) youth to experience safety, security, or belonging (RCY, 2023). As a result, 2STNBGD youth in care have been found to have increased risks of self-harm, suicidality, and housing instability relative to their cisgender peers. The RCY has called on the Ministry of Children and Family Development (MCFD) to implement mandatory gender-affirming caregiving training. This study aims to identify best practices for foster caregivers to support the safety and belonging of 2STNBGD children and youth in a BC child welfare context. Research participants identified caregiving strategies supportive of 2STNBGD youth in care to offer potential guidance to mitigate harm and provide affirmative support for 2STNBGD children and youth, thereby increasing their sense of security and belonging. An integrative theoretical framework drawing on the minority stress, postcolonial and family resilience theories was used to provide context for the consistently poorer outcomes experienced by 2STNBGD children and youth. Mental health disparities emerge from the reality that minority group members face more individual-level and societal-level stressors (Hunter et al., 2021). This is particularly salient for youth in government care who often navigate intersecting systems of ageism, cissexism and racism. Therefore, attending to this intersectional oppression is key to gender-affirming caregiving. Lastly, this framework explained that a resilient families may reconfigure its internal organization and communication practices in response to shared adversity by privileging the lived experience of the 2STNBGD child (Heiden-Rootes, 2024; Walsh, 2015). Participants were recruited with the support of the British Columbia Foster Parent Association (BCFPA). The sample included nine caregivers who identified as women, men, or gender diverse, were of European and/or Indigenous ancestry, and lived in both urban and rural regions of British Columbia. Most participants had over sixteen years of fostering experience, and the remaining participants ranged from four to nine years of experience. All participants had cared for at least one 2STNBGD child/youth aged six to nineteen, though most care occurred exclusively in the teenage years. Semi-structured interviews were conducted virtually with the participants to gather details on specific gender-affirming caregiving strategies. Guided by MCFD's *Aboriginal Practice and Policy Framework in British Columbia* (2015), interview questions were reviewed by an Indigenous Elder and Trans Indigenous former youth in care to ensure appropriateness and sensitivity. Responses were transcribed, analysed through a thematic approach, and distilled into six key themes. Our analysis identified six themes that reflect gender-affirming strategies that emphasize the importance of ensuring caregiver behaviours embody self-awareness, advocacy, and building trust to support the well-being of 2STNBGD children and youth in care. A relational approach to caregiving that emphasizes advocacy and navigation of interpersonal and structural barriers helps address the unique stressors impacting 2STNBGD youth in care. A willingness to engage in self-reflection and proactive behaviours that address transphobia and protect children and youth is critical for an effective gender-affirming approach and foundation of safety, security, and belonging. This research suggests caregivers should prioritize relational caregiving practices focusing on fostering connection with youth as a pathway to gender affirming care. Additionally, caregivers should be supporting youth in accessing supports and services at an institutional level. Considerations for MCFD include support for gender-affirming caregiving through the development of formal education and training for caregivers highlighting relational caregiving practices and critical reflexivity skills. Formal advocacy support for caregivers of 2STNBGD youth is also indicated in the research findings. Finally, to support the representation of 2STNBGD youth voices in future studies, researchers should consider significant changes to study design to include this community. This study suggests that a multi-pronged and integrated use of intrapersonal, interpersonal and institutional strategies are most important for effective gender-affirming caregiving. This includes practicing critical reflexivity, cultivating a deeply present and responsive relationship with the youth, and supporting their navigation of oppressive institutions.

Keywords: Gender-diverse youth, Gender-affirming caregiving, Youth in care, Foster care

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Introduction

Child welfare systems in British Columbia (BC) experience challenges meeting the needs of the Two-Spirit, Trans, Non-Binary and Gender-Diverse (2STNBGD) children and youth in their care (Representative for Children and Youth (RCY), 2023). Youth come into government care when their safety and wellbeing are compromised in their household of origin. If placement in alternative care outside of the youth's household of origin is an intervention to address actual harm or the likelihood of harm, this intervention must demonstrate its efficacy. The RCY's report, *The Right to Thrive*, demonstrates child welfare systems do not adequately provide gender-affirming caregiving and supports that are required for 2STNBGD children and youth to experience safety, security, or belonging; 2STNBGD children and youth are not afforded the same nurturing environments as their cisgender in-care peers, which contributes to increased risks of self-harm, suicidality, and housing instability (RCY, 2023). Recent reports indicate that inadequate or nonexistent gender-affirming training for foster parents contributes to harm 2STNBGD children and youth, especially if caregivers do not already practice affirming behaviours (Prince et al., 2022; RCY, 2023; Salazar et al., 2018). It is important that all alternative caregivers (including foster, kinship and adoptive homes) receive training on gender-affirming care to help prepare them to meet the unique needs of 2STNBGD children and youth.

The purpose of this study is to identify best practices for foster caregivers to support the safety and belonging of 2STNBGD children and youth in their care within BC. By interviewing caregivers to identify strategies supportive to 2STNBGD youth in care, potential guidance to mitigate harm and provide affirmative support for 2STNBGD children and youth are offered. The intention is to operationalize gender-affirming caregiving and thereby increase youths' sense of security and belonging. This research is especially timely, as recent advancements in the rights and recognition of transgender people is increasingly threatened here in BC and across North America, particularly as it pertains to the rights of 2STNBGD children and youth to make decisions about their own bodies, identities and access to public spaces.

Throughout this report we use the terms "children" and "youth" interchangeably to refer to those under 19 years of age in the care of the Ministry of Children and Family Development (MCFD). We use "foster parent" and "caregiver" interchangeably to refer to the adults who are contracted by MCFD to provide care for these youth. We use the term "cissexism" to refer to the institutionalized and systemic discrimination of those whose gender differs from the gender ascribed to their assigned sex at birth.

Literature Review

Few empirical studies focus on caregiving practices with youth living at the intersection of the 2STNBGD experience and involvement in child welfare systems. Where child welfare involvement is noted, studies do not distinguish between the experiences of lesbian, gay and bisexual (LGB) and 2STNBGD youth. While the positive impact of gender-affirming caregiver practices on the wellbeing of 2STNBGD youth have been well established in the literature (Gower et al., 2018; Johnson et al., 2020; McConnel et al., 2015; Olson et al., 2016; Veale, 2017), the borders of which specific parenting behaviours that constituted these practices were less defined.

Caregiver behaviours can address the impacts of cissexism on youth. Behaviours relating to addressing cissexism in the caregiver-child system and the family-environment system (with the environment containing education, healthcare, and legal structures) were experienced as most gender-affirming (Burnett et al., 2024; Johnson et al., 2020; Sweder et al., 2024; Vance et al., 2024). Both categories were described as significant in the independent studies reviewed, suggesting strong evidence for engaging both in one's approach to gender-affirming caregiving.

Caregiver-Youth Systems

Salzar et al. (2020) offered that one of the most effective strategies caregivers used to demonstrate gender affirmation for youth was to actively engage the youth in conversations around discrimination and ask how they would like the adult to respond. These proactive conversations and planning sessions validated the youth's lived experience (Riley et al., 2013), demonstrated caregiver knowledge of oppressive social

categories like the gender binary (Travers et al., 2022), and helped to frame the caregiver as protective (Hidalgo et al., 2017). This allowed the family to better address experiences of cissexism in the youth's environment within the educational, healthcare, and legal systems.

A strong caregiver-child relationship was also needed for the family unit to successfully advocate outside the home. The research showed that for 2STNBGD youth, this was best facilitated by using chosen names and pronouns connected to gender identity, denoting caregiver acceptance and affirmation (Field & Mattson, 2016; Pollitt, 2021; Riggs & Due, 2015; Riley et al., 2013; Salzar et al., 2018; Tyler at al., 2021). For youth, the freedom to express and display their felt gender reduced stress related to living within a gender binary (Riley et al., 2013) and increased identifying home as a place of safety (Salzar et al., 2018). Furthermore, there was significant research identifying familial and caregiver acceptance as a protective factor for gender-diverse youths' mental health (Johnson et al., 2020; Malpas et al., 2022; McGregor et al., 2024).

Family-Environment Systems

Caregivers expressed the need for advocacy at school, health care appointments and extended family gatherings to ensure that youth had access to necessary supports and the ability to express their gender identity (Riggs & Due, 2015; Salzar et al., 2018; Tyler et al., 2021). Caregivers were needed to support youth in navigating specific instances of discrimination and accessing mental and physical health care to affirm their gender identity (Salzar et al., 2018), as well as organizing for policy and institutional changes (Manning, 2017). Research also suggested that 2STNBGD youth experienced these advocacy efforts as an extension of their caregiver's acceptance, affirmation and protection (Hidalgo et al, 2017; Salzar et al., 2018). Even small behavioural changes in caregivers were shown to have a positive impact on youths' sense of acceptance (Salzar, et al., 2020).

The existing literature highlighted the benefits of gender-affirming caregivers for 2STNBGD youth and behaviours that demonstrated this approach to care. Specifically, it suggested that children and youth experienced caregivers using expressed names and gender pronouns, acting as safe spaces to explore gender expression, supporting access to affirming health care, and advocating for their rights and needs as affirming of their gender identity. This suggested the importance of micro and mezzo-macro approaches to gender-affirming caregiving. However, much of the literature reflected the experiences of birth parents, which differ from foster caregivers who may encounter children and youth at different points on their gender journey. Conversely, research with children and youth in care tended to collapse sexual identity and gender identity into the same category. Our research seeks to answer the question: *what caregiver practices are most effective for supporting 2STNBGD children and youth in MCFD care?*

Theoretical Framework

An integrative theoretical model drawing on minority stress, postcolonial and family resilience theories offered an explanatory framework for the notably poorer outcomes for 2STNBGD children and youth in the literature. Hunter et al. (2021) asserted that mental health disparities between 2STNBGD youth and cisgender peers may stem from the reality that minority group members face more proximal (individual-level) and distal (societal-level) stressors. This model distinguished proximal and distal stressors from general stressors by their origin in stigma and prejudice.

In Canada, where the experiences of youth in MCFD care (Trocmé et al., 2018) and 2STNBGD people (Hunt & Holmes, 2015) are entangled in the colonial reality of the settler-state, the origins of this stigma and prejudice are best understood through the lens of critical postcolonial theory. Mikulak (2022) further articulated the unique vulnerability of 2STNBGD youth as disenfranchised of most rights afforded to adults, rendering them reliant on others for advocacy and authority for decision-making. This was particularly salient for youth in government care, who often navigated the intersecting systems of ageism, cissexism and racism. Taken together, minority stress and postcolonial theories suggested that attending to the mechanisms of this intersectional oppression is key to gender-affirming caregiving.

Additionally, family resilience theory explained how this might be operationalized, bringing these theories of

health and power into conversation with ecosystemic and developmental theories of family. In practice, this would look like the family reconfiguring its internal organization and communication practices to resource itself as a unit in the face of shared adversity by privileging the lived experience of the 2STNBGD child (Heiden-Rootes 2024; Walsh, 2015).

Methodology

Sampling and Recruitment

To gather details on specific gender-affirming caregiving strategies, this study used semi-structured interviews with foster caregivers associated with the BC Foster Parent Association (BCFPA). The BCFPA is a provincial non-profit organization of current and former foster parents committed to improving the standards of care for children (BC Foster Parents Association, 2025). A BCFPA administrator supported recruitment by sharing materials through the association's email contact list. Prospective participants contacted the research team through the email address or QR code listed on the recruitment materials. They were then directed to an online questionnaire, hosted by survey platform Qualtrics, to provide brief demographic information and their informed consent. Survey responses were screened for eligibility based on the following inclusion criteria: experience as foster parents of 2STNBGD children or youth in the care of the MCFD, connected to the BCPFA, identification as a gender-affirming caregiver, lived in BC, over 19 years old, and conversationally fluent in English. This resulted in a sample size of nine caregivers, who were then contacted by email to schedule interviews at the caregiver's convenience.

Data Collection Method

Data collection occurred through individual semi-structured interviews with eligible foster caregivers, conducted and recorded through Zoom. Interviews lasted 45 to 60 minutes. Research interviewers provided an overview of the project, its scope, and reviewed informed consent before proceeding to prepared questions. These questions were developed based on existing literature to generate examples of effective gender-affirming caregiving behaviours and practices. Guided by MCFD's *Aboriginal Practice and Policy Framework in British Columbia* (2015), these questions were reviewed by an Indigenous Elder and Trans Indigenous former youth in care to ensure appropriateness and sensitivity. Questions were reflective in nature and invited caregivers to share concrete experiences or interactions with their foster child/youth and wider support team. Recommendations and input on resource development and existing gaps were also elicited. A visual guide with the questions was displayed by screen sharing after the interviewer read each question for caregivers to reference during their response.

Analytic Strategy

Thematic analysis using a template approach (Crabtree & Miller, 1999) was employed for this qualitative study. Researchers developed an *a priori* codebook by synthesizing key and repeated ideas found in the literature review. Additional codes were generated and added to the codebook during the first cycle of coding. This approach provided both the supportive structure of a codebook for the research team to engage with data simultaneously, and the flexibility to identify specific caregiver skills and how they were implemented in relationships (Braun et al., 2019 & Brooks et al., 2015).

Following the interviews, audio recordings were transcribed into naturalized language (Bucholtz, 2000). Process coding (Saldana, 2021) was selected as the first cycle coding method as it highlights "a search for consequences of action/interaction" (Saldana, 2021, p.144), which offered a useful framework for identifying specific gender-affirming foster caregiver behaviours. A second cycle of pattern coding was employed to analyze the generated codes and establish categories (Saldana, 2021) which were then abstracted into themes. All analyses were conducted using Dedoose 9.2.22.

Ethics Acknowledgement

This study received ethics approval through the Behavioural Research Ethics Board on January 16, 2025.

Findings

The sample included nine caregivers that identified as female (n = 4), male (n=4) and gender fluid (n=1). They were of European (n=6) and/or Indigenous ancestry and lived predominantly in the Vancouver

Coastal (n=3), Okanagan (n=3), and North Coast/North Central (n=3) areas of BC. The majority of participants had over sixteen years of fostering experience (n=6) with remaining participants ranging from four to nine years (n=3). They had cared for between one to three 2STNBGD children/youth, from ages six to nineteen, though most care occurred exclusively in the teenage years (n=6).

The analysis resulted in the construction of six overarching themes: Trauma-Informed Parenting Philosophy, Expressing Affirmation, Ensuring Safety, Advocacy as Affirmation, Filling in Gaps and Promoting and Modelling Connection.

Trauma-Informed Parenting Philosophy

Every participant highlighted a sincere, relational style of parenting that formed the basis of their foster parenting philosophy. The key characteristics of this relational, trauma-informed parenting style would be found in any healthy foster parent-child relationship, with participants using words such as "curiosity," "supportive," "loving," and "caring." Furthermore, caregivers acknowledged that challenges specific to 2STNBGD youth would emerge, and they were willing to address these due to having this guiding parenting philosophy. As one caregiver shared:

> In my mind, it's not different from bringing up any other kid. Obviously, there are health issues and sort of particular issues, particularly to the trans aspect of things. But the day-to-day parenting, that's just like parenting any other kid. You care and support them, give them the freedom to make their own decisions and go their own pathway, and let them know that you're going to be there with them.

Foster parents also recognized that the youth carried a complex history marked by traumatic experiences. One participant shared that "if you go into being a foster parent in general, throw away the parenting handbook that you use for all your other kids, and go in from a place of curiosity." Another participant described:

> I want them to feel free to express themselves, to explore who they are. These kids come with wounded souls – I don't need to add to that. What I need to do is let them heal up, lick their wounds, make them feel safe…. And I just want them to be able to expand and turn into…like a caterpillar in a chrysalis, so that they can emerge as the type of moth or butterfly they want to be.

Beyond the interpersonal indicators of a trauma-informed parenting philosophy, caregivers exhibited self-awareness about the limitations of their parenting approach and understanding of effective gender-affirming care. Participants frequently acknowledged their uncertainty in how to best provide gender-affirming care: "with my trans daughter…it's so outside of my experience, I don't know whether I'm doing the right thing." Others noted the importance of leaning into this not-knowing stance by inviting and following the youth's input: "I always go with that the kid knows themselves best. I accepted that right away. If I had other foster children, it would be the same - I would take their lead because they know themselves best".

Caregivers spoke to this self-awareness practice as being attuned to differences in their experiences. One caregiver described this as "acknowledging that they did not have the same life experiences and upbringing that I did, that they came from different situations and that they are different people than I am." Caregivers also noted the importance of being fully transparent in their uncertainty: "If you don't know, just say I don't know, rather than trying to make excuses." Offering proactive apologies when their limits led to hurt or misunderstanding in their relationship with the youth also showed up frequently in the data:

> But we literally would just say, "Oh sorry, I'm working on this", and kind of say, "Must be my age, my memory… so, it is not about you, not looking or presenting as that gender it is just us and our forgetfulness."

Expressing Affirmation

All caregivers highlighted the importance of adherence to the youth's affirmed name and pronouns and gave examples of the impact of this: "He was a lot more engaging when you used the appropriate pronouns". They also facilitated gender expression and exploration by purchasing the clothing, hairstyles and home decor that youth selected. This ensured foster youth "felt very comfortable expressing themselves, getting excited to decorate their room and choose their own pajamas and just being able to have that outward expression of femininity."

Caregivers built alliances with their foster youth by sharing in and uplifting their unique gender-related interests, such as watching the television program “RuPaul's Drag Race”, allowing youth to experience and similarly witness expressions of affirmation. These experiences highlight the importance of ensuring inclusive activities that reflect gender-related interests are commonplace and mutually enjoyed within the household.

> we’d use all the little catchphrases from [RuPaul’s Drag Race] show and be throwing those out in front of other people and it was kind of like our little side joke. So yeah, I think just making it fun, noticing these things as he was trying them out and celebrating them.

The caregivers also indicated the need for careful attunement to the youth’s emotional states and needs, as these may not always be expressed verbally. This included assessing the impact of their actions through behavioural observations, such as:

> The way they held themselves -standing up straight, looking you in the eye, not having their head down … a little bit more confident when they were talking to you, more eye contact. They wanted to be with you more … He was a lot more engaging when you used the appropriate pronouns. And I think we noticed it more because when proper pronouns weren’t used, then you would see the shoulders kind of collapse, the head go down, no eye contact, that kind of stuff.

Caregivers also expressed that maintaining a relationship with their foster youth beyond the duration of care provided assurance to the youth that the caregiver was a reliable ally. Supportive environments created opportunities for more open and transparent communication that played a critical role in the 2STNBGD youth’s willingness to include the caregiver as an ongoing support. One caregiver shared how their relationship continued with a former youth in their care by highlighting their ongoing support in navigating their transition:

> I guess the difference, how she would show me, is that she within the year, she asked if she could call me mom. And she doesn’t live with me any longer. She’s now almost 19, but she still calls me mom, refers to me as mom, invites me to her meetings as her mom.

Ensuring Safety

Participants were aware of and attentive to the youth’s risk of interpersonal and institutional harm in how they conceptualized gender-affirming care. Participants noted that the expression and formal recognition of youth’s trans identity could put the youth at risk of serious harm. This worry often occurred alongside concern that the youth in their care did not share the same assessment of perceived risk. One participant described:

> She looks fully as a typical female. And so, to have her BC identity card say that she’s a male with her old name, in my opinion, that is a safety hazard. If she has to show that to the wrong person… Like I’m worried that that puts [her] at risk… It makes me so upset for her because she doesn’t – I think she doesn’t even understand because her world is pretty small here. She doesn’t even understand the potential risk with these documents having her old name.

Caregivers expressed that the responsibility to prevent harm was integral to their gender-affirming approach but also at times presented a dilemma. One caregiver described:

> When he started going to school wearing feminine clothing and what have you, I mean I must admit my heart was in my mouth because I grew up in a generation where just having an earring in would get you beaten senseless.

This was especially true when reducing the risks of external harm came at the expense of or required the denial of the youth’s gender expression. One caregiver shared:

> I did struggle [when] he would go swimming, and he was forming breasts. And he would … go into the male change room … And I struggled because … I can’t go in there to make sure that he’s okay. And you’ve got these men and he’s got [breasts]. I just didn’t want him to be at risk … how do I support him because … he didn’t understand because he was a boy … I didn’t want people to start making fun of him because he had breasts and he’s running around without a shirt on … But it’s hard though because you’re trying to do the best, but at the same time, he

did not see himself as a female. And so you've got to be very careful that you're not [denying that] he saw himself as a male.

Caregivers described the challenge of balancing their attention to safety with the youth's need for gender expression and discussed their approach of being mindful of their influence as caregivers:

> But it's also kind of leaving me feeling… trying to be more careful about not pushing one way or the other. Because I know whichever I push, she'll go along with it because – I mean, if I said, "I don't want you wearing girl's clothes," she'd stop wearing it

Participants also noted that when the risk was too high, preserving the youth's immediate bodily and emotional safety took priority over advancing the gender journey:

> When [foster youth] brought up the ideas of telling her dad about her sexuality. I had said, "no, we will do that together" and I told the social worker right away, and the social worker was like, "oh no, no, no, no, we won't be doing that, we will do that in a very safe and protected environment" and I echoed those words right back.

When caregivers stepped in to ensure safety, many noted it was important to simultaneously ensure that the youth understood this choice was not a denial of their gender identity:

> He jumped right from being a 14-year-old kid to a drag queen superstar where everything's glitter and short and tight and over the top and the makeup and the hair and the whole deal. And so there has been times where I've had to really think about how I present the feedback, because it's not the feminine clothing that's the problem. It's like 'those heels aren't appropriate for this situation' or 'that outfit isn't appropriate for this situation'.

Advocacy as Affirmation

Caregivers shared the importance of speaking up and checking-in with their children and youth during different social situations as a key affirming strategy. Caregivers described the importance of responding to adverse situations by directly and indirectly challenging individuals whose behaviours may be non-affirming. One caregiver described how:

> You notice someone in the restaurant just won't stop staring at them. And it makes me feel very mother bear, and I have to give them dirty looks and try to decide whether I need to get up and say something or what, or kind of check in if it's bothering him or not kind of thing… do we need to move tables, do we need to switch sides, like, whatever we want to do.

Caregivers who planned for and strategized the navigation of complex legislative, education, and medical systems also described the necessity for foster parents to perform structural advocacy as critical to providing gender-affirming care:

> We're working on a transition plan, how she transitions out of MCFD when she turns 19. So, I said, 'okay, after all these years, you finally said at 19 you will help change her name and gender marker. Who will help to do that, because obviously there's still paperwork'…And there's a cost. And she's not going to have the money. And the MCFD counsellor said, "Well, as soon as she turns 19. We're done, we're out of the picture." And I was just shocked… so this to me is still an ongoing issue that I will still be advocating very hard for, that they must do this work with her before she leaves their care.

Recognizing and leaning into gender adverse situations provided opportunities for caregivers to stand alongside youth to validate their experiences as well as model strategies to navigate adversity as social learning, with one caregiver advising "it's more been around how I support him in front of others who are questioning or pushing back that is more challenging, I think, than how I support him directly."

Situational awareness and actioning advocacy have been shared by caregivers as critical strategies for gender-affirming caregiving. By speaking up and checking in with youth in social situations, caregivers protect youth from harmful attitudes and provide support and protection in environments where affirmation may not be guaranteed. Caregivers that recognize and lean into gender adverse situations validate youth experiences while also teaching and modelling critical skills for navigating adversity.

Filling in the Gaps

Participants expressed the requirement to fill in the significant knowledge and service gaps for 2STNBGD caregiving. Participants reflected on the lack of formalized training provided by the MCFD on

foundational foster caregiving skills, let alone strategies specific to gender-affirming caregiving. As one participant described, “The little, tiny bit of support that we’ve gotten from foster parent structures around caregiving in general is so incredibly minimal. And I don’t think we’ve attended anything that has anything to do with gender diversity.” Furthermore, appropriate resources were scarce for 2STNBGD youth, especially in rural communities. One caregiver wished for “different types of support workers too, like music therapy, art therapy, we desperately lack those resources up here in the North”.

In addition to learning with and from their 2STNBGD youth, foster parents needed to be resourceful and proactive in seeking gender-related information. Participants consulted other caregivers, service providers, agencies, journals, books, and the Internet. Caregivers noted that while gender-affirming information was available, they had to piece together various sources to enhance their understanding of gender identity. One caregiver shared that they “bought some books about gender creative children and gender diverse children. I asked her gender doctor and gender psychologist lots of questions just to make sure that I was doing the right things.”

Promoting and Modelling Connection

Ensuring youth connected to their family of origin and cultures while living in their affirmed gender facilitated sharing of knowledge and participation in traditions that promoted a sense of belonging and safety. To support youth with their development and strengthen their mental health, caregivers modelled gender affirmation with the youth’s family or origin. Caregiver created these opportunities by:

> Having his siblings and family come to our house for Christmas, for Easter dinner. Seems like, that if it’s safe to do so, that really made him feel a sense of belonging and gave him a huge sense of safety.

Intentional and proactive efforts to foster these connections were illustrated by caregivers as integral to supporting the wellbeing of children and youth in their care. Caregivers described how:

> His mental health went up drastically because we got him reunited with his family siblings. We got him interested, back into his culture. And we made him feel very loved and wanted

Caregivers also navigated gender-affirming cultural activities with youth to preserve these relationships and uphold their right to culture and community. By asking youth:

> “Do you want to make the ribbon skirt, or do you want to make the ribbon shirt?” But making sure that he’s super clear that both options are totally acceptable. When you go to ceremony, women have to wear skirts below the knees … so I … remind him when we go out, because he loves to wear short skirts … but just making it super normal and acceptable for him.

This is especially important for Indigenous youth as Two-Spirit and gender diverse people have important community functions, as highlighted by this caregiver:

> You learn the history and how the Indigenous people view Two-Spirited people. They view them as being very special. There isn’t that negative tone to it. It’s very positive, and they’re a higher being almost, because they encapsulate both spirits.

Encouraging youth to develop their cultural and familial connections throughout their gender journey strengthened and developed their knowledge and access to long-lasting relationships.

Caregivers also supported youth to connect with communities within queer culture to advance their emerging identities, interests and strengths. Recreational activities are especially effective with youth. Caregivers:

> Just wanted them to have a little bit more social life and be connected with people that were like minded, because he was very artsy. He was a poet, he was an artist, those kinds of things. So, we tried to connect with the LGBTQ, two-spirited group that was at the commonwealth pool. There was also a writing group that was the Cedar Hill Rec Centre. So, we tried to get them connected with people that were interested in the same sort of thing but also were going through similar transitions that they were also going through. The outcome for that youth was really positive. Like they met people that they really connected with and had the same kind of things like the writing and writing books and poetries and stuff like that.

Facilitating and encouraging access to family, culture,

and community, while expressing their affirmed gender was central to supporting the wellbeing of 2STNBGD children and youth in their care.

Discussion

Our research findings illustrate the nuances of being a foster parent for 2STNBGD youth in MCFD care while recognizing that effective foster parenting is guided by a relational parenting philosophy relevant across all foster parent-child relationships. It is this strong relational foundation that allows caregivers to find, develop and adopt gender-affirming caregiving knowledge and strategies to expand their parenting toolkit. Salient themes emerged from our study that demonstrate how caregivers accounted for the unique stressors impacting 2STNBGD youth in care as recognized by the minority stress model (Hunter et al., 2021). Specifically, gender-affirming caregiving strategies were both interactional (i.e. using appropriate names and pronouns) and action-oriented (i.e. purchasing clothing, watching transgender-affirming media together, advocating for medical care) in nature. In these ways, caregivers worked to mitigate experiences of stigma and prejudice proximally (within the child-caregiver dyad) and distally (outside of the dyad) that contribute to heightened stress and negative mental health outcomes (Hunter et al., 2021& McConnell et al., 2015).

Within these themes, the caregiver strategies are dynamic and reflective of the specific challenges faced by 2STNBGD youth in care as opposed to their cisgender peers. The research participants articulated gender-affirming approaches tailored to combat the impact of cissexism on their youth's family of origin dynamics, the foster caregiver-child relationship, institutional barriers, and post-age-of-majority support. Examples were given on the circumstances around navigating coming out to birth family, transitioning to adulthood and into lived gender identity, and advocating for correct pronoun and name use in the home, school, medical, and legal systems.

Caregivers employed strategies that operate intrapersonally (own learning, self-reflection), interpersonally (with the youth and others), and institutionally (navigating systems of healthcare, education, law). While each has independent value, applied together, they allow for a comprehensive approach to addressing the multifaceted nature of cissexism's impact on the safety and belonging of youth in care. Our research demonstrates that the most effective gender-affirming caregiver strategies take this multi-pronged approach. It is consistent with applications of minority stress models in its attention to distal and proximal stressors and postcolonial theory in the all-encompassing nature of cissexism and ageism. One example of this is the way caregivers engaged the strategies of *ensuring safety* and *advocating as affirmation* alongside their *trauma-informed parenting philosophy*. There is a unique vulnerability of 2STNBGD youth being raised by largely cisgender caregivers in how ideas of safety are constructed. This safety construct relies on a cis-normative axiology that conceptualizes the harm from being assaulted, harassed or detained as *important* and the harm of gender dysphoria resulting from living incongruently with one's gender identity as *less important*. This is the result of the latter existing outside of the cisgender experience of reality. Caregivers in our study found their own ways of communicating the guidance intended to keep youth physically safe and safe within institutions, while also keeping them emotionally safe and affirming their gender.

Caregivers often noted the lack of formal education or resources for meeting these unique challenges in caring for 2STNBGD youth. In the absence of formal guidance, caregivers instead relied on a relational framework for addressing these ethical dilemmas, acknowledging that much of the best the knowledge they found most useful came from close attention paid to the youth. This approach to gender-affirming caregiving requires a degree of responsivity that is made possible by caregivers balancing their reflexivity, proactivity and patience strategies. Caregivers need to have first done their own research and build self-awareness around the impacts of cissexism to confront their own biases and the labels or perceptions of the youth from previous caregivers or social workers. To accomplish this, caregivers must be willing to step outside the assumptions of a cisnormative and ageist world, rejecting colonial logics that would suggest the *cisgender adult caregiver* would always know better

than the *2STNBGD youth in care* (Mikulak, 2022). Caregiver's critical reflection on their own lived experiences support them with this endeavour. Connecting their own experiences of adversity, whether as a former youth in care, growing up rurally or being queer themselves supported caregivers in accessing empathy and understanding for the youth's experience of cissexism. Importantly, the caregivers in our study found ways to acknowledge where their own experience ends, and where that of the youth begins; this allows them to both identify similarities that could be used to conceptualize the youth's needs, and differences that require invitation of youth leadership in the family. Attention to this difference is essential. Even for two-spirit caregivers who were former youth in care and may share significant overlapping experiences, generational differences are important to account for when separating the youth's experience from one's own. This practice of critical reflexivity allows for a reorganization of parenting priorities to respond to the youths' lived experiences (Heiden-Rootes 2024; Walsh, 2015), accomplished through a careful calibration of knowing when to step into the *role power of caregiver*, and when to step back to let the youth take the lead. Importantly, this discernment for appropriate orientation to *youth-led* versus *caregiver-led* decision-making appears to emerge over time as closeness in the caregiver-child relationship develops. As the relationship between the caregiver and the youth grows, caregivers acquire the skills to affirm them. At first, in simple ways through the accurate use of names and pronouns, and provision of instrumental support with gender expression. Later, in more nuanced and complex circumstances that requires a careful attention to potential triggers for re-traumatization that inevitably present themselves in the process of caregivers executing their duty to ensure the safety of the youth in their charge. As caregiver skills grow, in, and through the relationship, so too does the youth's trust in the caregiver's affirming stance, allowing the pair to tackle the increasingly complex challenges of growing into adolescence as a 2STNBGD youth.

Limitations

This study is limited by its small sample size of nine caregivers. The sample consisted of only white and/or Indigenous caregivers, which does not account for the experiences and expertise of other racialized communities. It also did not include any caregivers who reside in the Fraser or Vancouver Island Service Delivery Areas of MCFD, which limits the generalizability of the results on a provincial level. Although the focus of the study was foster parents, the RCY reports a significant number of the 2STNBGD children and youth in MCFD care reside in staffed residential care homes, due to the limited family foster homes available and the complexity of care needs (RCY, 2023). Therefore, this study may not reach or reflect the populations who have the most interaction with and impact on 2STNBGD children and youth in MCFD care.

The design of the study involves some external and internal threats to the validity of the results. The use of purposive sampling to recruit caregivers introduced selection bias (Schutt, 2014). Social desirability bias was also present in our research as the semi-structured interviews introduced the risk of caregivers attempting to present favourably to researchers (Adams, 2015). While template analysis is recognized for its practicality, it can limit the depth and expanse of possible themes being generated, as researchers begin the analysis with an idea of what they are looking for in the data (Braun et al, 2019).

Findings should also be used with caution as youth were not involved in the evaluation of caregivers' behaviours. While caregivers understood their actions to be affirming, this was not corroborated or validated by the youth receiving care or other 2STNBGD youth. This study invited youth to participate but did not receive enough interest, illustrating the fatigue 2STNBGD youth experience in being held responsible for educating the adults in their lives on their gender-related needs (RCY, 2023).

Future Considerations

The findings of this study suggest further actions for promoting gender-affirming caregiving in three areas: with caregivers, MCFD and future research.

Caregivers The study suggests gender affirming caregiving involves prioritizing relational caregiving practices. This looks like being transparent & proactive with explaining caregivers' intentions when providing

guidance on gender-expression, acknowledging missteps when using pronouns/names and the limitations of your own understanding or gaps in your knowledge.

Relational gender-affirming caregiving also means caregivers need to move at the speed of trust by focussing on relationship building, accounting for trauma and trauma-responses, preparing to repair harm early and often. Finally, caregivers need to support their 2STNBGD children and youths' institutional access to healthcare, education and legal documentation.

MCFD MCFD can support gender-affirming caregiving through the development and implementation of formal education and training for foster parents. This training needs to highlight relational caregiving practices, critical reflexivity skills, gender diversity knowledge and advocacy skills. MCFD can also provide advocacy support to caregivers as 2STNBGD youth receive their caregiver's advocacy as affirmation of their gender identity. This will train caregivers on how and when to advocate for their youth. Additionally, MCFD should consider expanding training programs to staffed resource providers, as caregivers in our study noted that the youth in their care who came from these settings had experienced trauma. Resources will need to be devoted to addressing gender-affirming care strategies specific to group home staff.

Research There are opportunities for future research to address the involvement of 2STNBGD children and youth in MCFD care. While knowledge production about 2STNBGD youth and caregiving ought to centre the perspectives of these youth in the design, implementation and analysis of the research, failures to account for the realities of cissexism and ageism overburden youth and deter their participation. Future studies should attempt radical change with respect to design and analysis, while carefully attending to the needs and engagement of 2STNBGD children and youth in MCFD care.

Conclusion

2STNBGD youth in care face significant barriers to safety, security, and belonging, as evidenced by the disproportionately high rates of self-harm, suicidality, and housing instability during and after care. Furthermore, the current sociopolitical climate in North America puts the rights of 2STNBGD individuals in question. MCFD has a responsibility to ensure all youth in their care are afforded the same right to safety and belonging. In response to the recommendation by the RCY, MCFD made a public promise to amplify their gender-affirming training for foster caregivers to create safer environments for 2STNBGD youth in care. The existing literature predating this research indicates that gender-affirming strategies are imperative to the overall wellbeing of 2STNBGD youth. However, strategies that contextualize the important intersection of youth in government care and gender identity were not previously studied in Canada. This research hones into the unique perspectives of British Columbian foster parents and their experiences providing gender-affirming care to 2STNBGD youth in MCFD care to develop the most effective strategies for caregivers to support gender-diverse youth. The findings demonstrated that the Thea multi-pronged and integrated use of intrapersonal, interpersonal and institutional strategies are most important for effective gender-affirming caregiving. This includes practicing critical reflexivity, cultivating a deeply present and responsive relationship with the youth, and supporting their navigation of oppressive systems. This wholistic approach means attending to issues specific to cissexism, as well as those that are important to the youth and may be less directly related to their gender identity and experience (culture, mental health, career and education ambitions).

Our research demonstrated some applicability of the literature focused on caregiving best practices for 2STNBGD youth cared for by their family origin, to those in MCFD care. Specifically, the use of correct pronouns and names, attentiveness to the need to let youth take the lead sometimes, and the unlearning of one's own cissexism and cisnormativity. It also demonstrated that best practices for the caregiving of 2STNBGD youth in MCFD care must be trauma-informed in ways distinct from youth in the care of their families of origin. This acknowledges that both remote and recent trauma shape the youth's experience of the foster care household – and thus the strategies that must be engaged to provide gender-affirming care.

Caregivers in our study understood gender-affirming strategies as deeply relational – not as something to be received didactically as a checklist of what to do and when, but rather as emergent of the unique coming together of caregiver and youth in a specific place and time. They chose to attend to the nuances of the individual young person in their care, to step outside the norms of gender and of the adult-caregiver /youth-in-care relationship that assumes to be young and vulnerable is to be less capable of making decisions about one's life, one's gender and one's way of expressing their identity. By increasing the availability of gender-affirming caregiving strategies, practices and guidance, MCFD can better equip their foster caregivers to provide safety, security and belonging to 2STNBGD children and youth in the care.

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Appendix A: Interview Guide

1. How did you come to know about the 2STNBGD child/youth's gender identity?

2. We know for 2STNBGD youth there can be a lot of hard moments in childhood, but we know there can also be moments where youth feel safety and belonging. I want to invite you to think about those moments for a bit, moments where you noticed they felt like they belonged or felt safer in their gender identity.
   a. Describe one of these moments for me? Share a bit of what was happening and how you knew they felt safety and belonging.
   b. If no answer, interview will offer to return to the question later. If still no answer, ask –
      i. What do you think contributed to not having experiences of safety and belonging?
      ii. Is there another memory you would like to share?

3. So much of these moments can be the result of the hard work of the kids in our care, and often, as caregivers we help a bit too in making these experiences of safety and belonging in their gender identity possible.
Thinking more about that moment, and what led up to it.
   a. What were choices, big or small, that you made as a parent that might have helped make that moment possible?
   b. How did this experience impact your parenting moving forward?
   c. Would you be able to help me understand with an example?
   d. What impact did those choices have for your child?
   e. What did the youth share with you about the impact of your choices?

4. Share a time when you felt uncertain about how to support the youth in their gender identity?
   a. How did you navigate your uncertainty
   b. What was the outcome?

5. Where do you get information about gender-affirming parenting?
   a. What do you think about the information that is available to you?

6. What is most important to you as a caregiver of a 2STNBGD child or youth?

7. Comment on your experiences with the MCFD social workers connected to your child/ youth.
   a. How did these interactions impact or enhance your ability to affirm this youth's gender identity?

8. What recommendations do you have for the Ministry in terms of resources that may be helpful for caregivers of 2STNBGD youth?

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The Impact of the Quality of Supervisory Relationships on Burnout in Child Protection Social Workers: Examination Through an Attachment Theory Lens

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Abstract

This report provides an overview of a research project conducted by student researchers at the University of British Columbia (UBC) in partnership with the Ministry of Children and Family Development (MCFD). The study examined how supervisory relationships influence the onset and severity of burnout among frontline child protection workers in British Columbia. Attachment theory was used as a guiding framework to understand how emotional safety and consistency in supervision might act as protective factors. The study used a mixed-methods approach. Survey data were collected from 84 participants, followed by six qualitative interviews with frontline workers and team leaders. Burnout was measured using the Maslach Burnout Inventory (MBI), and supervisory relationship quality was assessed using the Short Supervisory Relationship Questionnaire (S-SRQ). Quantitative findings showed that supportive supervision was associated with lower emotional exhaustion. Supervisors who were emotionally available, consistent, and reflective were linked to reduced burnout. However, perceived workload had a stronger association with emotional exhaustion than supervisory support, and supervision was not significantly related to other burnout dimensions such as depersonalization or personal accomplishment. Interview findings reinforced the importance of emotionally safe supervisory relationships but also highlighted that even strong supervision could not fully mitigate broader organizational pressures. This study had several limitations, including reliance on self-report tools, the inability to establish causation, and potential self-selection bias among participants. The S-SRQ was developed in a different context, which may affect how well it captured supervisory dynamics within MCFD. The MBI has been critiqued for its limited ability to capture a consistent definition of burnout and for overlooking structural factors. Findings from this study suggest that reducing burnout requires a dual approach. Strengthening supervision is important, but it must be supported by manageable workloads, adequate staffing, and space for supervisors to engage meaningfully with their teams. Future efforts should focus on improving both relational supports and structural conditions to promote worker well-being. In conclusion, attachment-informed supervision played a protective role against emotional exhaustion, but it was not a standalone solution. Addressing both relational and systemic factors is essential to support a resilient and sustainable child protection workforce.

Keywords: Supervision, Burnout, Child protection, Attachment theory

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Introduction

Burnout, compassion fatigue, and post-traumatic stress are widespread in the child welfare workforce, impacting worker well-being, service delivery, and organizational stability (Boyas et al. 2015; Representative for Children and Youth [RCY], 2024). Child welfare services in Canada have traditionally been delivered by social workers with a goal of advocacy or improving wellbeing, but child protection workers often face high stress, heavy caseloads, staffing shortages, and insufficient support (Bowman, 2019). A recent report found that 31% of MCFD staff feel unsupported by their supervisors, contributing to high burnout and sick leave rates (RCY, 2024).

Within British Columbia's Ministry of Children and Family Development (MCFD), social workers operate under team leaders who provide both clinical and administrative supervision (Government of British Columbia, n.d.). Effective supervision extends beyond task management to include guidance rooted in social work theory, ethics, and emotional support (British Columbia College of Social Workers, 2016; Canadian Association of Social Workers, 2023). Research shows that inadequate supervision is linked to turnover, whereas supportive supervision promotes retention and reduces stress (Bowman, 2019).

For the purposes of this study, the terms social worker and child protection worker are used interchangeably to refer to staff who work directly with clients in child protection roles within MCFD.

MCFD's primary goal is to support all children and youth in British Columbia by ensuring they live in safe, healthy, and nurturing families, while fostering strong connections to their communities and cultures (Government of British Columbia, n.d.). However, burnout can significantly impact a social worker's health and well-being, as well as the quality of services provided to clients and the overall effectiveness of the organization (Boyas, Wind, & Ruiz, 2015). Additionally, high levels of burnout among social workers contribute to turnover, disrupting the continuity of care for vulnerable children (Curry, 2019).

This study investigates how supervisory relationships impact burnout among child protection workers through the lens of Attachment Theory and aims to provide insights into how attachment-informed supervision can mitigate burnout and strengthen the child protection workforce. This includes the relationship between frontline workers and their Team Leaders, and Team Leaders and their supervisors (i.e. Director of Operations).

By integrating Attachment Theory, this study explores how secure supervisory relationships support emotional regulation and workplace resilience, ultimately enhancing worker well-being and retention.

Literature Review

Burnout in Child Protection

Burnout is a chronic response to job-related stress, resulting in emotional, mental, and physical exhaustion (Hiebler-Ragger et al., 2021; Hirst, 2019). In child protection, workers face intense demands such as complex cases, high-stakes decision-making, and systemic challenges (Fuseini, 2024; Lwin et al., 2024). Contributing factors include unmanageable workloads, limited resources, unclear job expectations, and workforce shortages, all of which hinder work-life balance and contribute to emotional exhaustion (Boyas et al., 2015; Soliman, 2023; Wilke et al., 2017). The RCY (2024b) found that 81% of child protection staff felt unable to manage their caseloads effectively, reinforcing concerns about burnout's structural drivers.

In addition to logistical stressors, the emotional toll of vicarious trauma, lack of recognition, and the relational nature of the work can intensify burnout (Bowman, 2019; Soliman, 2023). Unlike other professions, social workers often work with individuals in a non-voluntary capacity and receive limited appreciation from clients, further heightening emotional strain. Supportive supervision can act as a critical protective factor in this environment. It provides space for debriefing, emotional regulation, and relational connection, all of which are shown to reduce vicarious trauma and promote professional well-being (Soliman, 2023; McKibben et al., 2023).

When supervisors provide emotional availability, constructive feedback, and advocacy, it enhances worker resilience and job satisfaction (Gazikova, 2023; Radey & Stanley, 2018). Workers who feel heard and validated by their supervisors report a greater ability to

manage job stress, which reduces the likelihood of burnout. In these cases, supervision becomes a space for reflection, problem-solving, and emotional processing, all of which are essential in sustaining long-term engagement in the field.

Conversely, unsupportive supervision and toxic workplace cultures can exacerbate burnout (Fuseini, 2024; Lwin et al., 2024; RCY, 2024b). Toxic workplace cultures refer to environments where harmful leadership and dysfunctional systems become normalized. These settings are often characterized by chronic stress, fear-based dynamics, and ongoing power struggles, leaving workers feeling unsafe, undervalued, and constantly on edge (Allcorn et al., 2024). These relational and structural stressors can intensify emotional exhaustion and disengagement over time, particularly when workers feel unheard or unsupported by their supervisors. As noted in the literature, burnout tends to increase when workplace cultures minimize emotional needs or focus solely on performance metrics, leaving little space for validation or reflection (Fuseini, 2024; Lwin et al., 2024; Radey & Stanley, 2018).

The Role of Supervisors in Preventing or Exacerbating Burnout

Supportive supervisors proactively address stress by setting clear expectations, offering emotional support, and fostering environments where workers can seek help without fear of judgment (Hirst, 2019; RCY, 2024b). In contrast, poor supervision can worsen stress and lead to disengagement (Maslach, 2017). Strains in supervisory relationships have also been highlighted as a concern in reviews of the deaths of children involved with child protection services. As an example, in 2024 the RCY released the report Don't Look Away, which investigated the death of an 11-year-old boy and highlighted systemic challenges within British Columbia's child welfare system. The child's social worker, "Kelly," reported feeling isolated and unsupported while managing a complex caseload (RCY, 2024). Kelly's supervisor raised concerns about her performance, such as cutting corners and not completing tasks properly (RCY, 2024). However, it is unclear whether any support or guidance was offered to address these concerns (RCY, 2024).

Research across jurisdictions affirms that supervisors who acknowledge emotional burdens, offer debriefing, and prioritize well-being are key to reducing burnout and improving retention (Lwin et al., 2024; Radey & Stanley, 2018; Gazikova, 2023). McKibben et al. (2023) emphasize that supervisors who cultivate trust and psychological safety promote workplace resilience. When supervisors fail to respond to emotional or relational needs, workers may internalize stress, experience heightened self-doubt, or disengage from supervision altogether (Fuseini, 2024; Lwin et al., 2024). Over time, this disconnection can compound feelings of isolation and reduce opportunities for early intervention, increasing the severity of burnout symptoms (Warnock et al., 2024).

When social workers feel emotionally supported and validated by their supervisors, they are more likely to seek help, engage reflectively with their work, and remain in their roles despite ongoing stress (Bowman, 2019; Soliman, 2023). These relational dynamics not only buffer emotional exhaustion but also reinforce a sense of professional confidence and stability (Camgöz & Karapinar, 2016; Hiebler-Ragger et al., 2021). Workers are more likely to feel a sense of purpose and coherence in their roles when they experience consistency and care from supervisors, an essential factor in sustaining child protection work (Hiebler-Ragger et al., 2021).

Theoretical Framework: Attachment Theory in Supervisory Relationships

This study is grounded in attachment theory, which offers a relational lens to understand how supervisory relationships can influence burnout in child protection work. Originally developed by Bowlby (1988), attachment theory explains how early caregiver-child relationships shape emotional regulation and interpersonal dynamics across the lifespan. Secure or insecure attachment patterns developed in childhood often carry into adulthood, shaping how individuals relate to others in positions of authority or support. Those with secure attachment styles typically feel comfortable seeking help, trust others to be responsive, and are better able to manage stress (Hiebler-Ragger et al., 2021; Vîrgă et al., 2019). In contrast, individuals with insecure attachment styles may struggle in workplace relationships, those with anxious attachment might seek

excessive reassurance, while those with avoidant attachment may resist feedback or support (Soliman, 2023; McKibben et al., 2023). These dynamics can influence how supervisees engage in supervision, impacting their openness, perceived support, and ultimately, their vulnerability to burnout. Individuals with secure attachment typically view others as trustworthy and themselves as worthy of support. In workplace settings, this translates into comfort with seeking help, greater confidence in handling stress, and stronger interpersonal boundaries (Hiebler-Ragger et al., 2021).

In contrast, those with insecure attachment styles may bring relational anxieties into professional environments, for example, feeling overly dependent on validation (anxious attachment) or avoiding closeness and feedback (avoidant attachment) (Hiebler-Ragger et al., 2021; Vîrgă et al., 2019). These patterns can affect how supervisees engage with their supervisors, how open they are to feedback, and how they respond to stress (Hiebler-Ragger et al., 2021; Vîrgă et al., 2019). From an attachment perspective, the onset of burnout may emerge earlier when supervision lacks emotional safety or consistency, especially for workers with insecure attachment styles who may be more sensitive to relational stressors (Hiebler-Ragger et al., 2021). Similarly, the severity of burnout may be heightened when workers experience prolonged relational instability, micromanagement, or emotional invalidation, factors that undermine the protective function of supervision (Soliman, 2023; McKibben et al., 2023). By using attachment theory as a lens, this study explores not only whether supervisory relationships matter, but how their quality may influence the trajectory and intensity of burnout in frontline child protection roles.

This aligns with Attachment Theory, which frames supportive supervision as a form of “secure base” that enables emotional regulation and protects against burnout (Fraley, 2019; Soliman, 2023). Thus, early attachment experiences continue to influence not just personal relationships, but also professional dynamics and resilience in high-stress roles like child protection. In supervisory contexts, attachment theory has been adapted to conceptualize the supervisor as a potential attachment figure who can provide a *secure base* for professional exploration and a *safe haven* for emotional support (Andriopoulou & Prowse, 2020; Soliman, 2023). When supervisors are consistent, responsive, and emotionally attuned, they foster a sense of psychological safety and trust that can buffer against burnout and promote workplace resilience (Camgöz & Karapinar, 2016; Hiebler-Ragger et al., 2021; McKibben et al., 2023).

Establishing an attachment-based bond requires ongoing closeness, mutual vulnerability, and continuous self-reflection by both parties over time (Watkins & Riggs, 2012). However, building such bonds within supervisory relationships can be challenging due to the time constraints and high demands of child protection work. Watkins and Riggs (2012) suggest that while attachment bonds may be difficult to achieve, attachment dynamics can still contribute to a fulfilling and supportive supervisory relationship. These dynamics focus on providing context-specific support and fulfilling the secure base and safe haven functions central to attachment theory. Research supports the idea that even in short-term, context-specific interactions, attachment dynamics can emulate the benefits of secure attachment in supervisory relationships (Andriopoulou & Prowse, 2020; Fraley, 2019; Hiebler-Ragger et al., 2021). Supervisees who perceive their relationship with their supervisors as secure are more likely to view the relationship positively, improving self-efficacy, and reducing burnout symptoms (Andriopoulou & Prowse, 2020; Hiebler-Ragger et al., 2021).

This theoretical framework informs this research into how perceptions of supervisory support relate to burnout among child protection workers. It also guides the understanding of how attachment-informed supervision may serve as a protective factor within high-stress, emotionally demanding work environments. We hypothesize that having a supervisor who serves as a “secure base” is associated with lower perceptions of burnout.

Grounded in these ideas, our study seeks to explore the following research question: *How does the quality of the supervisory relationship between MCFD frontline child protection team leaders and social workers within*

their team impact the onset and severity of burnout, specifically from the perspective of attachment theory?

Methodology

This study employed a mixed methods approach, using both surveys and interviews to gather data. Ethical approval for the study was obtained from The University of British Columbia (UBC) and MCFD.

Participants and Recruitment

Participants were recruited through purposive sampling, with research flyers and survey information disseminated via MCFD's intranet (iConnect), mass email, and word of mouth. The study eligibility criteria consists of frontline child protection workers and their team leaders employed by MCFD, specifically within family services, intake, youth, guardianship, protocol, and after-hours teams.

Procedures

At the end of the survey, participants could indicate an interest in participating in a follow-up interview. Researchers conducted interviews with a subset of six participants, including 3 social workers and 3 team leaders. Participants were selected based on their survey responses to reflect a range of demographics and scores to the MBI and SSRQ questionnaires. The interviews explored participants' workplace experiences, supervisory relationships, and overall well-being, particularly in relation to burnout and the work environment.

Measures

The survey collected demographic information, including years of service, service delivery area, team type, current role, supervision and perceptions of caseload and workload.

Burnout Burnout levels were measured using the Maslach Burnout Inventory (MBI) (Maslach et al., 1996), a widely used instrument originally developed for professionals in the human services sector, including social workers, nurses, teachers, and other care providers. The MBI consists of three subscales: Emotional Exhaustion (9 items), Depersonalization (5 items), and Personal Accomplishment (8 items). Emotional Exhaustion reflects feelings of being emotionally overextended and depleted by one's work (e.g., "I feel emotionally drained from my work"). Depersonalization measures an unfeeling or impersonal response toward the clients of one's service or care (e.g., "I feel I work with certain children and families impersonally"). Personal Accomplishment assesses feelings of competence and successful achievement in one's work with people (e.g., "I look after my clients problems very effectively"). Participants respond to each item using a 7-point Likert scale ranging from 0 (Never) to 6 (Every day), indicating how frequently they experience each feeling. For the purposes of this study, a "Prefer not to answer" option was also included to respect participants' comfort and autonomy when responding. Higher scores on Emotional Exhaustion and Depersonalization indicate greater burnout, while higher scores on Personal Accomplishment reflect lower burnout and are reverse scored accordingly.

Supervisory Relationship Supervisory relationships were measured using the Short Supervisory Relationship Questionnaire (S-SRQ) (Cliffe, Beinart, & Cooper, 2014), an 18-item measure developed to assess the quality of the supervisory relationship from the supervisee's perspective. The S-SRQ was adapted from the original 67-item Supervisory Relationship Questionnaire (SRQ) to provide a shorter, more practical tool while retaining its strength as a reliable and well-tested tool. It includes three subscales: Safe Base, which reflects the supervisee's experience of trust, respect, and emotional safety; Reflective Education, which captures the supervisor's ability to support learning and critical reflection; and Structure, which relates to how organized and consistent supervision sessions are. Participants rated each item on a Likert scale, with total scores summed and converted to a percentage. Higher scores indicate a more positive and supportive supervisory relationship. One negatively worded item, "My supervision sessions were disorganised" (Item 17), was reverse scored prior to calculating total scores. A "Prefer not to answer" option was also included to respect participant comfort. The final sample included 84 participants, made up of both frontline social workers and team leaders.

Analysis Plan

Before analysing the data, survey responses were reviewed for completeness and consistency. Missing data and inconsistent data were addressed

systematically to ensure reliability and minimize bias. Missing data were handled using Mean Substitution, where the mean of the answered items within the same scale was used to replace missing responses. Any calculated means with decimal points were rounded to the nearest whole number.

Inconsistent data referred to responses that did not align with the expected format or presented ambiguity. For example, if a participant reported a range (e.g., "0-2"), the midpoint or nearest logical value (e.g., "1") was used for consistency. Responses given in free text form for numerical or frequency-based questions were converted into standard numerical categories using best judgment (e.g., "once per shift but not always" was recorded as "once a week").Responses given as ranges were standardized by averaging or rounding up (e.g., "0-2" became "1"). Responses to quantity or frequency-based questions that were given in free text form were converted either to numbers or to one of the offered ordinal categories using best judgment (e.g., a response to a question about how many qualified workers were in a team which said "9 including 3 undelegated workers and 1 student" was adjusted to eight). Frequency descriptions were also standardized, such as translating "once per shift but not always" and “daily” to the dropdown option of "a few times a week". These adjustments ensured that data remained interpretable and aligned with standardized response options while minimizing the introduction of bias. As for the MBI and SSRQ scales, 32 out of the total 1428 measure items were not answered, with 16 participants missing at least one. As 32 out of 1428 is a very small proportion and the missing data is not due to anything systematic, missing answers have been replaced using Mean Substitution. This involves finding the mean for the items in the scale that the participant did answer and then inputting this mean for any questions they did not answer, any means with decimal points were rounded up or down to a whole number.

MBI scores were calculated by producing a mean for each subscale; Emotional Exhaustion, Depersonalization, and Personal Accomplishment, and then calculating a weighted mean of the three subscales for an overall burnout score. Similarly, mean scores were created for each SSRQ subscale of Safe Base, Reflective Education and Structure, and then a weighted mean was created for the total SSRQ score. Descriptive statistics were used to summarize the demographic information and main measures. Additionally, simple comparisons were made to see if survey responses differed between groups. All data analysis was conducted using SPSS (Statistics 29).

Qualitative data from interviews were analysed using Codebook Thematic Analysis (TA). This approach allowed for structured analysis through the application of predetermined codes, with flexibility for refinement as researchers engaged with the data. A codebook was used to ensure consistency and transparency throughout the analysis process. Attachment Theory provided the conceptual foundation for the predetermined codes, particularly focusing on secure attachment dynamics in child protection supervisory relationships. This theoretical framework guided the identification of patterns in the data while allowing for inductive adjustments to emerging themes. All data analysis was conducted using Dedoose.

Results

Demographics

Demographic information was collected from all 84 survey respondents, including years of service, service area, team and role, length of time in current role, number of supervisors, and any role changes in the past year. A full summary of participant characteristics is provided in *Appendix A*, *Table 1*.

This study drew on both survey and interview data to explore supervisory relationships and burnout in child protection social work. A total of 84 individuals completed the survey. The majority identified their current role as social workers (75 participants [89%]), while 7 participants (8%) identified as team leaders and 2 participants (2%) as acting team leaders. Over the past 12 months, 77 participants (92%) had worked as social workers, and 15 (18%) had held dual roles as both acting team leaders and social workers.

Participants reported varying levels of experience within MCFD. Thirty-nine participants (47%) had worked at MCFD for 0 to 5 years, 22 (27%) for 6 to 10 years, 9 (11%) for 11 to 15 years, 8 (9%) for 16 to 20 years, and 6 (7%) for more than 20 years. Most had been in their

current role for a shorter duration, with 49 participants (58.3%) in their current position for 0 to 5 years, 29 (34.5%) for 6 to 10 years, 4 (4.8%) for 11 to 15 years, 1 (1.2%) for 16 to 20 years, and 1 (1.2%) for more than 20 years.

Respondents were distributed across several service delivery areas. Forty-two participants (50%) were based in North/East Fraser, followed by 10 (12%) in Vancouver Island, 9 (11%) in South Fraser, 7 (8%) in North Coast/Bulkley Nechako, 6 (7%) in Vancouver Coastal, 5 (6%) in North Central/Peace Region, 4 (5%) in Interior East Kootenay, and 1 (1%) in Okanagan West Kootenay.

Participants also represented a range of team assignments. Twenty-six participants (31%) worked in Family Services, 26 (31%) in Multidisciplinary Teams, 15 (18%) in Intake, 8 (10%) in Guardianship, 5 (6%) in Youth Teams, and 4 (5%) in After Hours.

Supervisory experiences varied across the sample. Twenty-two participants (26.2%) reported having had only one supervisor during their time at MCFD. Others reported more frequent changes, with 17 participants (20.2%) having had three supervisors and 15 (17.9%) reporting six or more. A breakdown of participant demographics is available in Appendix A.

To complement the survey findings, six semi-structured interviews were conducted with frontline child protection workers and team leaders. This included three social workers and three team leaders, allowing for a more nuanced understanding of the supervisory relationship from both perspectives.

Descriptive Findings

Initial univariate analyses provided an overview of participants' perceptions of workload and supervision within child protection settings. When asked about their workload, the majority of respondents (76.2%) described it as either "Challenging" (47.6%) or "Extremely Challenging" (28.6%). Notably, no participants rated their workload as "Not Challenging at All." These results are summarized in Figure 1.

Supervision frequency varied considerably across the sample. While 29.8% of respondents reported receiving supervision a few times per week and 13.1% received it weekly, others indicated much less frequent access. For example, 20.2% reported receiving supervision once per month, and 11.9% received it once every two months. A small proportion of participants (3.6%) indicated that they received no supervision at all. See Figure 2.

Despite this variation in frequency, the perceived importance of supervision was overwhelmingly high. A combined 86.9% of participants rated supervision as either "Very Important" (42.9%) or "Extremely Important" (44.0%), while none rated it as unimportant. These descriptive results are summarized in Figure 3.

In addition to the univariate survey findings, descriptive statistics were calculated for the study's two primary measures: the Maslach Burnout Inventory (MBI) and the Supervisory Relationship Questionnaire (SSRQ). The overall burnout score had a mean of 3.77 (SD = 0.95), with scores ranging from 1.38 to 5.57. Among the subscales, emotional exhaustion was highest, with a mean of 4.80 (SD = 1.33), followed by depersonalization (M = 3.72, SD = 1.34). The reversed personal accomplishment scale had a mean of 2.90 (SD = 1.05), indicating relatively low levels of perceived efficacy among participants.

The overall quality of the supervisory relationship had a mean score of 4.91 (SD = 1.54), with scores ranging from 1.44 to 6.94. Among the SSRQ subscales, Safe Base was rated highest (M = 5.23, SD = 1.82), followed by Reflective Education (M = 4.63, SD = 1.69) and Safe Haven (M = 4.53, SD = 1.56). These findings suggest generally positive perceptions of supervisory relationships, though scores varied across dimensions. These descriptive statistics are summarized in Table 2.

Figure 1: Perception of Workload

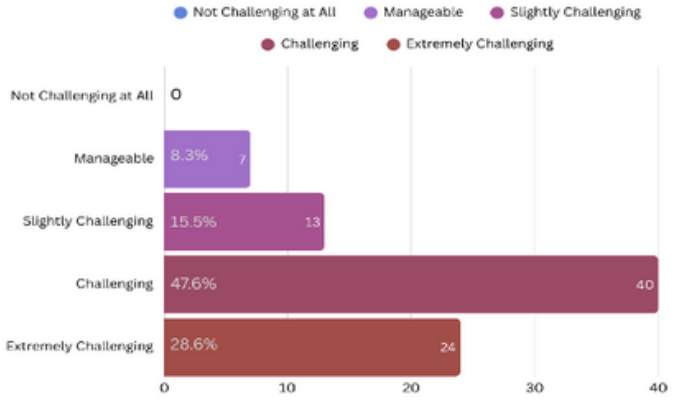

Figure 2: Supervision Frequency

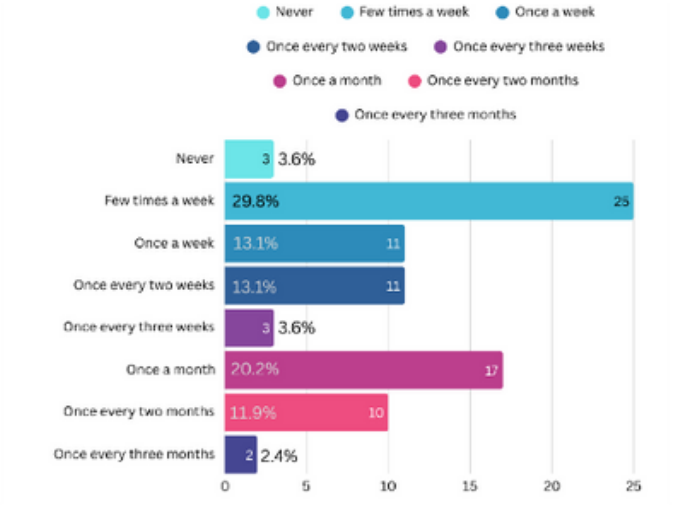

Figure 3: Supervision Importance

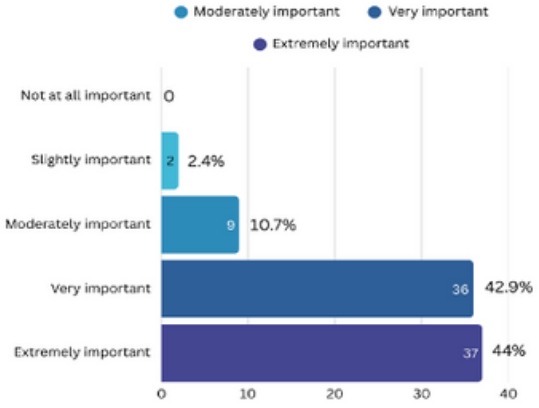

Table 2: Table showing the scores of MBI and SSRQ measures and subsections

Measure	Mean	SD	Minimum	Maximum
Burnout (MBI)				
Total Burnout Score	3.77	0.95	1.38	5.57
Emotional Exhaustion	4.80	1.33	1.71	7.00
Depersonalization	3.72	1.34	1.00	7.00
Personal Accomplishment (Reversed)	2.90	1.05	1.00	5.75
Supervisory Relationship (SSRQ)				
Total Supervisory Relationship Score	4.91	1.54	1.44	6.94
Safe Base	5.23	1.82	1.22	7.00
Reflective Education	4.63	1.69	1.00	7.00
Safe Haven	4.53	1.56	1.00	7.00

Regressions

Supervisory Relationship and Burnout A simple linear regression was conducted to examine whether supervisory relationship quality (SSRQ total weighted mean) predicted levels of burnout (MBI total weighted mean). Linearity was established by visual inspection of a scatterplot. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.118. There was homoscedasticity, as assessed by visual inspection of a plot of standardized residuals versus standardized predicted values. Residuals were normally distributed, as assessed by visual inspection of a normal probability plot. The supervisory relationship accounted for 4.5% of the variation in burnout, with an adjusted R^2 = 3.3%, indicating a small effect size. This relationship was on the cusp of statistical significance, F(1, 82) = 3.823, p = .054. For each 1-point improvement in supervisory relationship quality, burnout decreased by an average of 0.132 points (95% CI: -0.264 to 0.002).

A second linear regression was conducted to examine whether supervisory relationship quality (SSRQ total weighted mean) predicted levels of Emotional Exhaustion, the first subscale of the MBI. All assumptions were met including independence of residuals, as assessed by a Durbin-Watson statistic of 1.951. The model was statistically significant, F(1, 82) = 12.511, p < .001, and accounted for 13.2% of the variance in Emotional Exhaustion, with an adjusted R^2 = 12.2%, indicating a small effect size. For each 1-point improvement in supervisory relationship quality, Emotional Exhaustion decreased by 0.314 points (95% CI: -0.491 to -0.137).

Regressions were also conducted to examine whether SSRQ total weighted mean predicted scores on the Depersonalization and Personal Accomplishment MBI subscales. These models did not reach statistical significance.

Regression were then conducted to examine if the subscales of the SSRQ individually were associated with any of the MBI outcomes. All assumptions were met for all of the models run. The Safe Base was first examined in relation to the MBI total weighted score. The model was statistically significant, F(1, 82) = 3.963, p = .050, and Safe Base scores accounted for 4.6% of the variance in burnout, with an adjusted R^2 = 3.4%, indicating a

small effect size. For each 1-point improvement in Safe Base scores, overall perception of burnout decreased by 0.113 points (95% CI: -0.199 to -0.001). Additional regressions were run to explore whether the Reflective Education and Structure subscales predicted overall burnout. No meaningful associations were found.

A second set of regressions examined whether Safe Base predicted the MBI subscale of Emotional Exhaustion. The model was statistically significant, $F(1, 82) = 12.541$, $p < .001$, and explained 13.3% of the variation in Emotional Exhaustion (adjusted $R^2 = 12.2\%$). For each 1-point increase in Safe Base scores, Emotional Exhaustion decreased by 0.266 points (95% CI, -0.416 to -0.117). See Table 3 for a summary of the association between all supervisory relationship measures and emotional exhaustion.

A regression was also conducted to examine whether the Reflective Education subscale predicted Emotional Exhaustion. The model was statistically significant, $F(1, 82) = 10.237$, $p = .002$, and explained 11.1% of the variation in Emotional Exhaustion (adjusted $R^2 = 10.0\%$). For each 1-point improvement in Reflective Education scores, emotional exhaustion decreased by 0.262 points (95% CI, -0.426 to -0.099). A regression examining the association between Structure and Emotional Exhaustion was not statistically significant.

Table 3: Table showing the associations between all supervisory relationship measures (total score and subscales) on the burnout subscale of emotional exhaustion

Variable	B	SE	t	p	%CI
SSRQ – Total Score	-.314	.089	-3.537	<.001	(-.491, -.137)
SSRQ – Safe Base	-.266	.075	-3.541	<.001	(-.416, -.117)
SSRQ – Reflective Education	-.262	.082	-3.200	.002	(-.426, -.099)
SSRQ – Structure	-.179	.092	-1.945	.055	(-.362, .004)

a. Dependent Variable: MBI - Emotional Exhaustion

Additional regressions were also run to assess whether the Reflective Education and Structure subscales were associated with the Depersonalization and Personal Accomplishment subscales of burnout. None of these models reached statistical significance, and no meaningful associations were found between these supervisory relationship subscales and either Depersonalization or Personal Accomplishment scores.

Hierarchical Regression As both the Safe Base and Reflective Education subscales of the SSRQ demonstrated a significant association with the Emotional Exhaustion MBI subscale, a hierarchical multiple regression was conducted to determine whether the addition of Reflective Education improved the prediction of Emotional Exhaustion over and above the Safe Base subscale alone. The full model of Safe Base and Reflective Education subscales to predict Emotional Exhaustion was statistically significant, $R^2 = .134$, $F(2, 81) = 6.250$, $p < .001$; adjusted $R^2 = .112$. However, the addition of Reflective Education to the prediction of Emotional Exhaustion did not lead to a statistically significant increase in R^2 ($\Delta R^2 = .001$), $F(1, 81) = .097$, $p = .757$.

Perceived Workload and Burnout A simple linear regression was conducted to examine whether participants' perception of their workload predicted overall burnout (MBI total weighted score). There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.237. The model was statistically significant, $F(1, 82) = 6.456$, $p = .013$, and accounted for 7.3% of the variation in burnout (adjusted $R^2 = 6.2\%$). For each 1-point increase in perceived workload, burnout increased by 0.259 points (95% CI, 0.013 to 2.541).

A second regression examined whether perceived workload predicted Emotional Exhaustion. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.100. This model was statistically significant, $F(1, 82) = 14.501$, $p < .001$, and explained 15.0% of the variation in emotional exhaustion (adjusted $R^2 = 14.0\%$). For every 1-point increase in perceived workload, emotional exhaustion increased by 0.518 points (95% CI, 0.248 to 0.789).

Qualitative Findings

The following findings are drawn from interviews with frontline child protection workers employed by the MCFD. These interviews explored how workers experience supervisory relationships and how these

dynamics influence their sense of burnout. Thematic analysis was used to identify patterns in participants' reflections, with a particular focus on relational processes, emotional responses, and supervisory dynamics. Three major themes emerged from the data, illustrating the protective and harmful roles that supervisors can play in either buffering or exacerbating burnout in child protection contexts. Qualitative data revealed several interrelated themes that highlight the foundations of security within supervisory relationships.

Foundations of Security in the Supervisory Relationship

Participants described protective supervisory behaviors that contributed to their sense of emotional safety and professional resilience. Supervisors who were described as genuine, personable, and approachable created environments in which staff felt safe to seek support and share vulnerabilities. One participant described their supervisor as having an open-door approach, stating:

There's never a question of like; can I discuss something? It's always like, yes, of course I can discuss it… just constant, 'What are you guys doing on the weekend? What's fun in your lives?'… There isn't a clear effort to make those discussions happen, it just happens.

This sense of relational openness and trust was echoed by another participant: "I had that trust to be able to talk to my supervisors about what was happening and not worry about repercussions for anything…I felt comfortable enough to share stuff from my personal life." This sense of emotional safety extended beyond professional issues and into workers' personal lives, strengthening the supervisory bond.

Supervisors who actively monitored and prioritized their teams wellbeing and demonstrated an understanding of the challenges inherent in the work were perceived as creating a secure base for staff. As one participant described, "When one of us was not doing well, she'd check in with us. She was making sure that we were all very grounded in our work, that we were grounded in our personal life." Participants appreciated when supervisors actively worked to prevent burnout. As one worker noted, "She wants us to take care of ourselves so that she still has a team as well. But it's also I think genuine care, so I do get a lot of support."

While many workers experienced burnout due to inadequate supervisory support, some participants described supervisors who helped mitigate burnout. One worker shared, "I feel like I can go to him with whatever I'm struggling with… I've been upset, and he's just been there to support me." A supervisor explained, "It doesn't always have to be about work. It's about building a good relationship and showing them that I'm present. They can come to me even on a bad day." Supervisors who were emotionally attuned, responsive, and validating helped create an environment where workers felt supported despite the challenges of the job.

Participants also identified that a sense of security was reinforced by supervisors who were transparent about expectations and modeled honesty within the team. One participant reflected on this saying, "I had a good supervisor. Like, she would always give feedback in a way that was clear and kind. Like, you knew where you stood, there wasn't any second guessing". Supervisors who demonstrated confidence in their staff's intentions and capacity were particularly valued. One participant captured this sense of belief in their potential by sharing, "she saw something in me in terms of leadership that I didn't see in myself."

Consequences of Inconsistent Supervision on Frontline Workers Well-Being

Participants described behaviors and patterns that could undermine the supervisory relationship, particularly experiencing supervisors as inconsistent - sometimes supportive, but at other times unavailable, unresponsive, or dismissive. One participant reflected, "There were times when she was fine, but then it was like she'd disappear. Or she'd be abrupt with me. I didn't really know what version of her I was going to get". These inconsistencies contributed to confusion, mistrust, uncertainty, or overly responsible for their own well-being and job performance. As one worker described, "I just ended up not asking anymore. It felt easier to figure it out myself than try and deal with the fallout".

One of the most significant concerns expressed by participants was the lack of consistent support and guidance from supervisors, describing a lack of protection, guidance, or emotional safety in challenging

situations. Participants recounted instances in which they did not feel supported during unsafe encounters with clients, contributing to an increased sense of vulnerability in their roles. One participant recalled “She just left the office and didn’t call. I could have been in a car accident or stuck in a home, and there was no check-in to see if I was okay." Another shared, "You get to a point where you're just like okay – I guess I’m on my own in this. I didn’t feel like I had someone to go to who would actually follow through." Workers described environments which diminished their confidence and sense of value in the workplace. As one participant explained, "Micromanagement is soul-destroying and doesn’t give you confidence in your own abilities, leading to high turnover." The lack of trust between workers and supervisors further contributed to instability, with some participants recalling experiences of favoritism, discrimination, and exclusionary workplace dynamics such as cliques. One worker described a supervisor who failed to uphold confidentiality, stating, "I did not trust her at all”

Participants also spoke to the negative impact of rigid supervisory practices, including a lack of accommodation and understanding for the challenges inherent in their roles. Excessive pressure created environments where workers felt overburdened and unsupported. One worker detailed their frustration with the rigid work structure, explaining that files were simply handed over without support, followed by persistent emails demanding work plans, which added to their stress. The lack of flexibility further reinforced workers’ sense of disconnect from their supervisors. Another worker noted, "There are grounds for exceptions, home visits can be postponed, collaterals don’t always have to be completed immediately, but these were often ignored."

The data suggests that supervisory relationships lacking consistency, trust, and responsiveness had a significant impact on workers’ experiences of emotional safety and professional well-being. One worker described a long-standing pattern of disempowerment and micromanagement, stating, "[…] throwing people under the bus when they make a mistake.”

The Dual Role of Supervisors in Worker Well-being

Supervisors who were inconsistent, overly critical, or disengaged created an environment where workers felt undervalued and emotionally drained. One worker shared, "She didn’t do a lot to support us." Another expressed frustration with a lack of guidance, saying, "He let me make too many of my own decisions without being critical enough… I was lost in the weeds on some decisions." Without proper supervisory support, workers experienced heightened stress and uncertainty in their roles. One worker reflected, "I don’t know how much more of this I can endure…” Others described how work expectations contributed to their stress, with one stating, "There’s always more to do. How does that make a social worker feel good about themselves?"

Supervisors who failed to acknowledge the emotional toll of the work further exacerbated burnout. High expectations without corresponding support left workers feeling overwhelmed and unable to manage the demands of their roles. One participant explained, "I also think with the newer, younger workers, they are burning out. I can see them. They’re working Sundays. They’re doing all the things you really should not do." Additionally, some workers described feeling pressured to overextend themselves due to a lack of supervisory intervention, contributing to ongoing exhaustion and an inability to establish work-life balance.

Beyond supervisory relationships, workers pointed to other challenges that exacerbated burnout. Participants described inefficiencies in bureaucratic systems such as unclear processes, poor communication across teams, and unrealistic timelines for documentation. One worker noted, "There’s a perpetual feeling of being behind. You don’t even know you have to do A, then B doesn’t get done, and it all just piles up." Others expressed frustration with perceived reactionary policy changes, increasing accountability measures, and staffing shortages. One participant expressed, “We’ve been crying out for help for a long time. They’re well aware of the staffing issues, and nothing has changed." Another reflected on the ongoing workload pressures, explaining, "The workload imbalance is huge, and despite recommendations for change, nothing has shifted." These difficulties compounded feelings of emotional strain, leaving workers feeling unsupported at both an individual and organizational level.

Discussion

The quantitative analysis for this research demonstrated that supportive supervision, particularly through the Safe Base and Reflective Education subscales, were significantly associated with reduced Emotional Exhaustion in workers. Qualitatively, participants described emotionally attuned and relationally consistent supervisors as essential to their sense of stability and resilience at work. Workers who felt their supervisors were present, understanding, and trustworthy reported feeling more grounded and better able to manage the emotional demands of their roles. These supervisory relationships reflected the "safe haven" dynamic described in attachment theory, providing a space where workers could reflect, process stress, and seek support without fear of judgment or reprisal. This supports the quantitative finding that emotional exhaustion decreases when supervisors foster emotional safety and reflective dialogue.

While this study focused more directly on the severity of burnout, particularly emotional exhaustion, the qualitative findings also speak to how early burnout symptoms can emerge. Several participants described feeling depleted or disconnected early on when supervision was inconsistent or unavailable. These accounts suggest that burnout can start to take hold when workers do not have access to reliable support or space to process what they are carrying. From an attachment-informed perspective, when supervision does not offer a secure base from the outset, workers may have a harder time regulating stress, increasing the likelihood that burnout develops early on.

Participants who experienced supervision as inconsistent, absent, or critical described a significant decrease of trust and emotional safety. These workers often felt emotionally depleted, isolated, and hesitant to reach out for help. Supervisory dynamics such as micromanagement, lack of advocacy, or breaches of confidentiality appeared to increase feelings of insecurity which contributed to heightened stress and aligned closely with patterns of emotional exhaustion measured in the survey data. Notably, some participants shared that inconsistency in supervisory behaviour (i.e., fluctuating between support and disengagement) was particularly stressful, further emphasizing the need for consistency.

The qualitative data also indicated that while supportive supervision can reduce emotional exhaustion, it does not fully address broader burnout. Many participants emphasized that their emotional fatigue was compounded by systemic issues, high caseloads, staff shortages, constant policy changes, and administrative burden. Even those who had strong relationships with their supervisors expressed that these relationships could not compensate for wider service challenges. This aligns with the quantitative data which showed that perceived workload had a stronger association with Emotional Exhaustion (Adjusted R^2 = 14%) than supervisory quality alone (Adjusted R^2 = 12.1%). Notably, adding the Reflective Education subscale of the Short Supervisory Relationship Questionnaire to the model did not significantly improve its ability to predict Emotional Exhaustion (Adjusted R^2 = .001), $F(1, 81) = .097$, $p = .757$, suggesting that while reflection is important, it may not independently account for variations in emotional exhaustion beyond what is already captured by supervisory quality and workload.

Additionally, participants spoke to the limitations supervisors face when they themselves are overwhelmed by structural pressures. Supervisors who were seen as supportive often lacked the time or resources to provide consistent guidance due to their own workload. This insight suggests that for supervision to be effective, organizations should strive to have supervisors who are adequately supported as well.

Altogether, the qualitative findings deepen the interpretation of the quantitative results. Our findings suggest that addressing burnout requires a comprehensive approach that acknowledges both the role of supervisors and the broader systemic factors that contribute to worker exhaustion. They help explain why emotionally supportive supervision matters, how it operates as a protective factor, and what happens when that support is absent or inconsistent. They also highlight the importance of a stable and responsive organizational environment to make supervisory support meaningful and sustainable.

Overall, these findings reinforce that while attachment-informed supervision plays a valuable role

in reducing emotional exhaustion, it must be part of a larger systemic strategy. Emotional support, trust, and reflective practice can buffer some of the emotional weight of child protection work, but lasting impact requires that those relationships are embedded within structures that support both workers and supervisors alike.

The findings of this study align with and extend existing research on burnout and supervisory relationships in child protection work. Consistent with the literature, supportive supervision emerged as an important relational factor in reducing emotional exhaustion (Gazikova, 2023; Radey & Stanley, 2018). Supervisors who provided emotional availability, trust, and space for reflection were associated with lower burnout, reinforcing prior research suggesting that the quality of the supervisory relationship has a measurable impact on worker well-being (McKibben et al., 2023; Fraley, 2019).

Attachment theory provided a valuable lens through which to interpret these findings. Supervisors who offered consistency, emotional safety, and responsiveness fulfilled the secure base and safe haven functions described in the literature (Soliman, 2023; Watkins & Riggs, 2012). These dynamics appeared to enhance workers' capacity to manage stress and regulate emotions, core components of burnout prevention. This supports previous studies that have emphasized the relational nature of workplace resilience, particularly in high-stress helping professions (Camgöz & Karapinar, 2016; Hiebler-Ragger et al., 2021).

However, the study also reflects the complexity of burnout as a multifaceted issue, echoing critiques in the literature that supervision alone is not sufficient to mitigate its effects.

The quantitative data revealed that supervisory relationships had little impact on depersonalization and personal accomplishment, with emotional exhaustion being the only domain meaningfully affected. This aligns with the understanding that different dimensions of burnout may be influenced by distinct relational and structural factors (Maslach, 2017; Vîrgă et al., 2019).

Importantly, perceived workload emerged as a stronger predictor of burnout than supervision, mirroring widespread findings that systemic conditions, such as staffing shortages, policy inconsistency, and administrative burden, are primary contributors to worker burnout (Boyas et al., 2015; RCY, 2024b; Wilke et al., 2017). These results reinforce the growing consensus in the literature that burnout in child welfare cannot be addressed solely through interpersonal interventions. While emotional support and relational safety matter, they must be embedded within organizational structures that allow workers and supervisors to function effectively.

Finally, the study adds to the literature by highlighting the nuanced effects of inconsistent supervision. Several participants described fluctuating supervisory support as more distressing than consistently poor supervision, due to the unpredictability and resulting breakdown in psychological safety. This finding, while less explored in the existing literature, introduces an important consideration for future research on relational dynamics in supervision.

Overall, this study supports prior research emphasizing the protective role of secure, reflective supervision while also contributing to a broader understanding of how attachment-informed relationships interact with systemic factors in shaping burnout. It reinforces the need for integrated approaches that combine relational practice with structural reform to support worker well-being in child protection settings.

Limitations

While this study offers valuable insights into the relationship between supervisory support and burnout, several limitations should be acknowledged. One limitation relates to the use of the Maslach Burnout Inventory (MBI). Some respondents may have hesitated to answer certain items honestly due to the personal and emotionally charged nature of the questions, potentially introducing moral or social desirability bias.

In addition to concerns around social desirability and recall bias, there are also some limitations with the MBI itself. Some researchers have questioned whether its three subscales, emotional exhaustion, depersonalization, and personal accomplishment actually work together to reflect a consistent definition

of burnout (Li et al., 2024). The MBI was also designed for human service professions, but it may not fully capture the structural and systemic factors that shape burnout in child protection work. One review even found that compared to other tools, like the Copenhagen Burnout Inventory, the MBI had lower evidence for validity in some settings (Li et al., 2024).

Similar limitations apply to the Short Supervisory Questionnaire (S-SRQ). Although the tool shows strong internal consistency and reliability, it was developed and tested primarily with UK clinical psychology trainees (Cliffe et al., 2014), which may limit its generalizability to Canadian child protection settings. As a self-report measure, it is also subject to social desirability bias, and its streamlined design omits some of the more emotionally complex aspects of supervision (Cliffe et al., 2014). While this likely improves response rates, it may also mean the S-SRQ does not fully capture strained or nuanced supervisory dynamics, particularly in high-stress environments like MCFD. These limitations should be considered when interpreting findings about supervisory support and its relationship to burnout.

There is also potential for self-selection bias, as those who chose to participate may have held particularly strong opinions or experiences related to supervision or burnout. This may also limit the generalizability of the findings across the broader MCFD child protection workforce. Further, as with all self-report measures, the potential for recall bias exists.

From a statistical perspective, while the relationship between supervisory support and emotional exhaustion was significant, the overall supervisory relationship only accounted for a small portion of variance in total burnout scores, approximately 4.5%. This suggests that other factors play a larger role in shaping burnout. Finally, as a correlational study, this research cannot establish causation. While supportive supervision was associated with lower emotional exhaustion, the study design does not allow us to conclude that poor supervision directly causes burnout, especially without considering additional variables such as workload, team dynamics, or individual coping capacity. While not directly examined in this study, staffing shortages, workload, and individual attachment styles are acknowledged as potential moderating variables that may intensify or buffer the effects of supervision on burnout.

Future Considerations

This study highlights the importance of a dual approach to addressing burnout in child protection work: strengthening supervisory relationships while also recognizing the systemic conditions that contribute to emotional exhaustion. Based on the findings, one key implication is that supervisors do not need to have all the answers. What seemed to matter most to participants was having a supervisor who was consistent, emotionally available, and engaged. Several workers noted that inconsistent supervision felt especially destabilizing, sometimes even more so than consistently poor supervision. These insights suggest that predictability, regular check-ins, and clear expectations can foster a sense of emotional safety. Training in attachment-informed supervision may help build these relational skills, including trust-building, emotional attunement, and responsive communication. These practices are especially important in high-pressure environments, where workers rely on secure supervisory relationships to manage stress and sustain resilience.

At the same time, the findings highlight that for supervisors to provide this kind of support, they need to be supported themselves. Many participants described supervisors who were well-intentioned but stretched thin, making it difficult for them to offer consistent or reflective supervision. This suggests a need for organizations to create conditions that allow supervisors to be more present and engaged with their teams. This could include manageable caseloads, access to peer consultation, and protected time for regular check-ins and reflective conversations. When supervisors are well supported, they are better able to provide the stability and connection their teams rely on.

While supportive supervision can buffer against burnout, workload remains a key structural driver. In this study, perceived workload was the strongest predictor of emotional exhaustion. Although large-scale systemic changes may take time, even smaller efforts to reduce administrative burden, stabilize staffing, or improve workflow could ease day-to-day pressures.

These kinds of adjustments have the potential to create more sustainable working conditions and support worker well-being over time.

Finally, supportive supervision should be seen as part of a broader workforce retention strategy. Workers who feel heard, respected, and emotionally safe are more likely to remain in their roles. Investing in the quality and consistency of supervision is not only important for reducing burnout but also for sustaining a skilled and resilient workforce. Future research should continue to explore how organizational factors such as workload and staffing interact with supervisory practices to shape worker well-being. A deeper understanding of these dynamics can help guide more effective strategies to support those working in child protection.

Conclusion

This study explored how supervisory relationships shape the experience of burnout in child protection, drawing on both survey data and worker reflections. The findings suggest that emotionally supportive and consistent supervision can play a protective role, particularly in reducing emotional exhaustion. When workers felt that their supervisors were present, attuned, and trustworthy, they described feeling more grounded and better able to manage the demands of their roles.

At the same time, these relationships did not fully shield workers from the broader pressures of the job. Many participants pointed to ongoing challenges such as workload, staffing shortages, and shifting organizational expectations that continued to impact their well-being, even when supervision felt strong. This highlights that while supervision matters, it is only one part of the picture. For it to be effective, supervisors also need the time, capacity, and organizational support to show up for their teams in a meaningful way.

Burnout is not only shaped by individual resilience but also by the quality of workplace relationships and the conditions under which the work takes place. These findings point to the importance of addressing both. Strengthening supervisory relationships while also improving the structures that surround them can help create more stable and sustainable environments for workers in child protection.

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Appendix A: Demographics Table 1

	n	%
Years at MCFD		
0-5 years	39	47
6-10 years	22	27
11-15 years	9	11
16-20 years	8	9
20+ years	6	7
Service Delivery Area		
North Coast/Bulkley Nechako	7	8
North Central/Peace Region	5	6
Vancouver Coastal	6	7
Interior East Kootney	4	5
Vancouver Island	10	12
South Fraser	9	11
North/East Fraser	42	50
Okanagan West Kootney	1	1
Current Team		
Intake	15	18
Family Services	26	31
Guardianship	8	10
Multidisciplinary Team	26	31
After Hours	4	5
Youth Team	5	6
Current Role		
Social Worker	75	89
Team Leader	7	8
Acting Team Leader	2	2
Years in Current Role		
0-5 years	49	58.3
6-10 years	29	34.5
11-15 years	4	4.8
16-20 years	1	1.2
20+ years	1	1.2
How Many Supervisors		
1	22	26.2
2	15	17.9
3	17	20.2
4	8	9.5
5	7	8.3
6 +	15	17.9
Roles in 12 Months		
Team Leader	7	8
Social Worker	77	92
Both Acting Team Leader/Social Worker	15	18

Appendix B: Maslach Burnout Inventory

This is a widely recognized tool for measuring burnout and is used to assess the impact of work-related stress.

Section A - Emotional Exhaustion

	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Everyday	Prefer not to answer
I feel emotionally drained by my work	○	○	○	○	○	○	○	○
Working with people all day long requires a great deal of effort	○	○	○	○	○	○	○	○
I feel like my work is breaking me down	○	○	○	○	○	○	○	○
I feel frustrated by my work	○	○	○	○	○	○	○	○
I feel I work too hard at my job	○	○	○	○	○	○	○	○
It stresses me out too much to work in direct contact with people	○	○	○	○	○	○	○	○
I feel like I'm at the end of my rope	○	○	○	○	○	○	○	○

Section B - Depersonalization

	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Everyday	Prefer not to answer
I feel I work with certain children and families impersonally	○	○	○	○	○	○	○	○
I feel tired when I get up in the morning and have to face another day at work	○	○	○	○	○	○	○	○
I have the impression that my clients make me responsible for some of their problems	○	○	○	○	○	○	○	○
I am at the end of my patience at the end of my work day	○	○	○	○	○	○	○	○
I really don't care what happens to some of my clients	○	○	○	○	○	○	○	○
I have become more insensitive to people since I have begun working	○	○	○	○	○	○	○	○

Section C - Personal Accomplishment

	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Everyday	Prefer not to answer
I accomplish many worthwhile things in this job	○	○	○	○	○	○	○	○
I feel full of energy	○	○	○	○	○	○	○	○
I am easily able to understand what my clients feel	○	○	○	○	○	○	○	○
I look after my clients problems very effectively	○	○	○	○	○	○	○	○
In my work I handle emotional problems very calmly	○	○	○	○	○	○	○	○
Through my work I feel I have a positive influence on people	○	○	○	○	○	○	○	○
I am easily able to create a relaxed atmosphere with my clients	○	○	○	○	○	○	○	○
I feel energized when I work with my clients	○	○	○	○	○	○	○	○

Appendix C: The Short Supervisory Relationship Questionnaire (SSRQ)

This tool is designed to assess key aspects of the supervisory relationships, including trust, support and the structure of supervision.

Section A - Safe Base

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Prefer not to answer
My supervisor is approachable	○	○	○	○	○	○	○	○
My supervisor is respectful of my views and ideas	○	○	○	○	○	○	○	○
My supervisor gives me feedback in a way that feels safe	○	○	○	○	○	○	○	○
My supervisor is enthusiastic about supervising me	○	○	○	○	○	○	○	○
I feel able to openly discuss my concerns with my supervisor	○	○	○	○	○	○	○	○
My supervisor is non-judgmental in supervision	○	○	○	○	○	○	○	○
My supervisor is open-minded in supervision	○	○	○	○	○	○	○	○
My supervisor gives me positive feedback on my performance	○	○	○	○	○	○	○	○
My supervisor has a collaborative approach in my supervision	○	○	○	○	○	○	○	○

Section B - Reflective Education

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Prefer not to answer
My supervisor encourages me to reflect on my practice	○	○	○	○	○	○	○	○
My supervisor pays attention to my unspoken feelings and anxieties	○	○	○	○	○	○	○	○
My supervisor draws flexibly from a number of theoretical models	○	○	○	○	○	○	○	○
My supervisor pays close attention to the process of supervision	○	○	○	○	○	○	○	○
My supervisor helps me identify my own learning/training needs	○	○	○	○	○	○	○	○

Appendix D: Interview Guide

Introductions and Study Overview

Introduced selves and disclosed any MCFD affiliations, ensuring transparency and confidentiality.

We are doing this study to learn more about the supervisory relationship between frontline child protection social workers and their team leaders, focusing on how this dynamic impacts burnout. Based on the data we collect through our research, we plan to analyze it using an attachment theory lens to inform how we interpret and understand the working relationship dynamics and its impact on burnout. By doing this, we hope to find themes which can help inform how team leaders can promote secure attachment in their interactions with their teams to alleviate the potential for burnout.

We have received your consent so the expectation is that you've reviewed the consent form. However, we wanted to reiterate a few important points. This interview will be recorded via zoom for transcription purposes. All recordings and transcriptions will be appropriately disposed of at the completion of this study. Participants will not be identified by name in any reports of the completed study.

Some of the questions we ask may seem sensitive or personal. You do not have to answer any question if you do not want to. Any questions for us before we begin?

Interview Questions

Understanding Work Experience
- Can you tell me a bit about your current role and responsibilities?

Workplace Environment
- How is the workplace culture? (i.e. within your team and with your supervisor?)

Supervisory Relationship
- Describe your relationship with your current supervisor
- Can you describe how trust is built and maintained in your supervisory relationship?
- What is an example of when you felt supported by your supervisor?
- What has been the best supervisory relationship you have experienced? (Probe: What made it so positive? What enabled those conditions to exist?)

Burnout/Well-Being
- Describe your overall well-being at work.
- How does your supervisor support you with your workload and stress?
- What else does or could support your well-being within your role?

Suggestions/feedback
- Do you have any other suggestions/comments related to this topic?