Left Behind:
Fostering Better Outcomes for Youth in BC's Child Welfare System

by

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Abstract

Children and youth exposed to the child welfare system represent one of society's most vulnerable populations. Compared to their peer group, *too many youth exposed to the child welfare system in British Columbia experience elevated rates of homelessness, substance use, incarceration, unplanned pregnancies, poverty and underemployment, and both mental and physical health issues in early adulthood.* Given these disparities, child welfare policy reform is needed to better assist youth in care, rectify lagging outcomes and facilitate successful transitions to independence throughout the province. This study employed a mixed methodology using quantitative data from a prospective cohort of illicit substance-using street youth, semi-structured qualitative interviews and a literature review. Findings from the quantitative analysis found that youth with a history of being in care were more likely to: be of Aboriginal ancestry; have been physically abused; have a parent that drank heavily or used illicit substances; not have completed high school; and have initiated hard drug-use at an earlier age. A range of policy options were developed and informed by various stakeholder groups and evaluated against a set of criteria. The outcome of these evaluations indicate that a portfolio of policies, including the provision of greater resources to kinship caregivers and extending foster care to 21 years old will have the greatest impact on improving outcomes for former government care youth. Moving towards expanding and extending independent living programs was also identified as a promising policy approach to improve outcomes for youth transitioning out of care.

Keywords: Child welfare system; government care; foster care; at-risk youth; youth substance use; transition to independence

For my family – the link to my past and bridge to my future – through my research and experiences, I have come to know you as invaluable

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Table of Contents

List of Tables

List of Acronyms

MCFD	BC Ministry of Children and Family Development
RCY	Representative for Children and Youth
TCO	Temporary Custody Order
CCO	Continuing Custody Order
CIS	Canadian Incidence Study of Child Abuse and Neglect
CFCSA	Child, Family and Community Service Act 1996
DAA	Delegated Aboriginal Authorities
UHRI	Urban Health Research Initiative
ARYS	At-Risk Youth Study

Glossary

Aboriginal ancestry	An inclusive term that refers to persons who self-identify as status or non-status “Indians” or First Nations, Inuit, and Métis peoples.
ARYS	A longitudinal prospective cohort study of street-involved, illicit substance-using youth in Vancouver. This research study uses quantitative and qualitative data from ARYS.
Street-involved youth	A term used to describe a young person or young people who are heavily involved in the street economy and who are at substantial risk for, or currently experiencing, homelessness (Marshall, Kerr, Qi, Montaner, & Wood, 2010).
Child welfare exposure	Exposure to the child welfare system refers to any youth who is deemed to be in need of protection and placed in out-of-home government care due to a substantiated child maltreatment charge(s).
Government care	Government care is an inclusive term used to denote any government placement for children and youth deemed to be in need of protection (e.g., foster home, group home, kinship care, detention centre).
Family-based care	Family-based care involves the provision of care by a family or individual in a private residence, inhabited by the person(s) responsible for – this includes both traditional foster care families and kinship caregivers.
Kinship care	A term used by the Council on Accreditation Standards to refer to arrangements where a child is cared for by extended family. In BC there is informal and formal kinship care and the term extended family has been expanded to include “persons who have significant and/or meaningful relationship to a child” such as cultural ties or family friends (MCFD, 2009).
Care provider	A person who cares for a child under one of the out-of-home living arrangements available under sections 8, 35(2)(d), and 41(1)(b) of the Child, Family and Community Services Act. Also referred to as a caregiver.
Continuing Custody Order (CCO)	In BC, the legal term to denote when the Director of Child Protection becomes the legal and sole guardian of the child or youth and the Public Trustee becomes the guardian of the child’s estate (MCFD, 2012a).
UHRI	The quantitative and part of the qualitative data was borne out of the author’s employment at the Urban Health Research Initiative (UHRI), which is part of the BC Centre for Excellence in HIV/AIDS at St. Paul’s Hospital. UHRI comprises of a network of studies that have been developed to help identify and understand

the many factors that affect the health of urban populations, with a focus on substance use, infectious diseases, the urban environment and homelessness. Up until now however, the prevalence and correlates of exposure to the child welfare system had not been assessed in UHRI's youth study (see Appendix A for the letter of authorisation to use UHRI's data)

Executive Summary

Children and youth exposed to the child welfare system represent a fundamentally vulnerable population. Youth entering the child welfare system are more likely to have experienced bereavement, domestic violence, neglect, and both physical and sexual abuse. While government care is intended to be protective, providing safety and stability, research indicates that many youth continue to struggle with emotional, behavioural, academic, and attachment issues. These struggles continue well into early adulthood, especially among youth who "age-out" of government custody.

In British Columbia, the situation for children and youth exposed to the child welfare system does not fare better. The Ministry of Children and Family Development (MCFD) is responsible for all children and youth in government custody in the province. Compared to their peer group, *BC youth exposed to the child welfare system are at an elevated risk for homelessness, substance use, incarceration, unplanned pregnancies, poverty and underemployment, and both mental and physical health issues in early adulthood.* Given these disparities, child welfare policy reform is needed to better assist youth in care, rectify lagging outcomes and facilitate successful transitions to independence throughout the province.

As the child welfare system has been referred to as a 'pipeline' to becoming homeless, this project sought to examine the prevalence and correlates associated with having a history of being in government custody among a cohort of street-involved youth who use illicit drugs. The goal was to provide policymakers with the unique needs of this vulnerable population, as well as, identify the social and structural factors associated with child welfare exposure in order to mitigate youth currently in care from becoming street-involved or substance using.

From a review of the literature and qualitative interviews with representatives from key stakeholder groups, five policy options were developed to improve outcomes for youth currently in, and those transitioning out of government care. These include: the status quo; extending resources, training, oversight, and financial compensation accorded to kinship caregivers; professionalising foster care services by providing caregivers with a salary and benefits as government employees after completing a

formal education and accreditation process; extending foster care to 21 years of age and; implementing a comprehensive independent living program that offers a range of housing options depending on the youth's needs. These potential interventions were evaluated against five selected criteria: effectiveness; equity and Aboriginal acceptance; stakeholder acceptability; cost; and implementation complexity. The qualitative component to this project sought to provide insight and feedback on both the policy problem and policy options through open-ended interviews with foster parents, service providers, advocacy agencies, and professionals in the field of child welfare. While thematic analysis identified reoccurring themes from the qualitative interviews that provided context and understanding to the complexity of the policy problem, the primary purpose of the interviews was to inform and evaluate the potential policy interventions.

Indeed, the majority of existing research regarding exposure to the child welfare system employs an epidemiological framework that systematically describes the predominantly poor outcomes and trajectories for youth with a history of being in government care, but fails to offer potential interventions. This research project's unique contribution goes beyond describing the public health concerns related to exposure to the child welfare system and identifies viable policy interventions for youth currently in, and those transitioning out of government care.

The analysis and evaluation of the five specified policy alternatives produced a portfolio of recommended policy options to support youth exposed to the child welfare system along a continuum of care. The first recommendation is to extend kinship care resources, training, oversight, and financial compensation to be comparable to what is accorded to traditional foster parents to support youth during their tenure in care. The second recommendation is to extend foster care services to youth until 21 years of age in order to provide support and stability to youth during the precarious transition to independence, which is argued to be more aligned with contemporary society.

It is important to note, however, that as this research study's scope was solely concerned with government interventions, higher-level structural interventions, such as, Indigenous self-governance and poverty reduction were not considered. Ultimately, this research project strengthens the existing literature around the poor outcomes associated with exposure to, and ageing-out of, the child welfare system and provides policymakers

with targets for redress and viable policy interventions to mitigate this growing public health concern. It is also acknowledged that Indigenous control, community-based methods and broader structural level changes will be required to fully address lagging outcomes for Aboriginal youth exposed to child welfare services. As such, key considerations for future research and policy are to support self-determination and control over child welfare and family support services for Aboriginal communities.

1. Introduction

Children and youth who are taken into government care, such as foster homes, group homes, detention centres, or otherwise are in the custody of government, constitute a highly vulnerable population. Youth entering the child welfare system are more likely to have experienced neglect, violence, and both physical and sexual abuse (Drapeau et al., 2007; Mendes, 2005; Rutter, 2000). Although the transition into government care is intended to provide a safer and more stable environment, both national and international data indicates that many youth continue to struggle emotionally, academically, and behaviourally during and following government care placements (Collins, 2001; Drapeau et al., 2007; Jonson-Reid, 2003; Marquis, Leshied, & O'Neill, 2008; Mendes, 2005; Reilly, 2003; Rutter, 2000). The longer-term trajectories for children and youth who are taken into government care further underscores the vulnerability of this population.

For youth who are emancipated from government custody, or 'age-out', these poor outcomes are often exacerbated. The struggle continues well into early adulthood with elevated rates of substance use, underemployment and poverty, homelessness, incarceration, unplanned pregnancies and subsequent government involvement with parenting, high school incompletion, and mental and physical health issues (Collins, 2001; Courtney et al., 2001; Fowler, Toro, & Miles, 2009; Hudson & Nandy, 2012; Kushel et al., 2007; Mendes, 2005; Mendes & Moslehuddin, 2004; Reilly, 2003). In addition, youth who age-out of care frequently lack someone to provide emotional or financial support and guidance (Collins, 2001; Courtney et al., 2001), and are less likely to have developed basic life-skills, such as grocery shopping, budgeting, cooking, and decision-making (Rutman, Hubberstey, & Feduniw, 2007).

In British Columbia, the Ministry of Children and Family Development (MCFD) is responsible for children and youth taken into government custody. *Too many youth exposed to the child welfare system in BC experience elevated rates of homelessness, substance use, incarceration, unplanned pregnancies, poverty and underemployment,*

and both mental and physical health issues in early adulthood. Given these disparities, child welfare policy reform is needed to better assist youth in care, rectify lagging outcomes and facilitate successful transitions to independence throughout the province.

The driving force behind this research project was borne out of the author's employment at the Urban Health Research Initiative (UHRI), which is part of the BC Centre for Excellence in HIV/AIDS at St. Paul's Hospital. UHRI comprises of a network of studies that have been developed to help identify and understand the many factors that affect the health of urban populations, with a focus on substance use, infectious diseases, the urban environment and homelessness. Up until now however, the prevalence and correlates of exposure to the child welfare system had not been assessed in UHRI's youth study (see Appendix A for the letter of authorisation to use UHRI's data). Using a population of street-involved youth as the sampling frame for child welfare exposure, versus the more common method of following children and youth throughout their tenure in government care or comparing the general population of youth to those exposed to the child welfare system, facilitates the ability to hone in on the needs of those in the most dire circumstances. Similarly, much of the established literature looking at the issues surrounding child welfare exposure does so from the vantage point of epidemiology, which has a well-established history of identifying issues without offering solutions. This study's unique contribution goes a step further by employing a critical policy analysis lens to formulate and evaluate potential interventions against a predetermined set of goals – in this study, namely, addressing the poor outcomes associated with exposure to, and ageing-out of, the child welfare system. As this capstone is under the domain of public policy, the scope is limited to finding viable interventions that can be employed by the Ministry of Children and Family Development (MCFD).

As any analysis of the child welfare system in British Columbia invariably involves an identification and examination of the disproportionate number of Aboriginal[1] children, youth and their families involved with child welfare services, it is important for

[1] Aboriginal in this context refers to all status and non-status "Indians" or First Nations, Inuit, and Métis peoples. However, it is important to note that the majority of injustices spoken to in this paper, namely the residential school era and overrepresentation in child welfare systems, disproportionately fall on First Nations children.

researchers to reflect on their position of relative power and the subjectivity in the research process (Riley et al., 2003). Additionally, Gitxsan scholar and child welfare activist, Cindy Blackstock identifies one of western social work's core values as the notion of "improving other people" and continues to describe it as a source of moral nobility and cultural arrogance, where one can accurately define another's deficit and intervene to address it (Blackstock, 2009, p. 31). While I am not a social worker, my intention with researching this policy problem and work in this area is to contribute to the improvement of the child welfare system and thus improve the situation for children and youth exposed to the system. As a result, it is important to reflex on the power dynamics and my position as a Caucasian, relatively affluent, educated, privileged female, especially when engaging in qualitative interviews and attempt to find interventions that do not employ "…a foreign set of assumptions, goals even, to address the problem" (on the dominant approach to social work, Alfred, 2009, p. 37). Lastly, as my research is limited to finding policy options available to MCFD, more transformative higher-level structural interventions were not considered and as a result, the recommendations made here are not fully equipped to address the overrepresentation of Aboriginal children and youth in the child welfare system.

The first section of this capstone lays out the policy climate for government care in BC, which is the province of focus. This includes an overview of child maltreatment, services provided by the Ministry of Children and Family Development, and a discussion of the overrepresentation of Aboriginal children and families involved with child welfare services. Next, a review of the current research on outcomes associated with exposure to, and ageing-out of, child welfare systems are presented. Section 4 describes the methodology for the quantitative and qualitative analyses that this capstone is based on. Findings from the quantitative analysis, which was undertaken to characterise the policy problem by determining the prevalence and correlates associated with child welfare exposure among street-involved youth in Vancouver is reported in section 5. This specific analysis was based on data from a large prospective cohort study of street-involved youth who use illicit drugs in Vancouver (the At-Risk Youth Study) and has been previously published by the author (Barker et al., 2014b). Section 6 presents the findings of the qualitative analysis that was utilised to further investigate the policy problem, as well as inform and evaluate five policy options. Specifically, 15 open-ended interviews were conducted with stakeholder groups consisting of service providers,

advocacy agencies, foster parents, frontline staff, and participants of the At-Risk Youth Study (ARYS) with a history of being in government care. Sections 7 and 8 describe five policy options and five selected criteria. Section 9 uses the criteria and measures to evaluate the policy options and present a summary of the findings. Based on these evaluations, a portfolio of policy options is recommended and advice on next steps and future research directions are provided in section 10.

2. The Policy Climate

The purpose of this literature review is to highlight the need for child welfare reform by presenting the current policy climate surrounding the child welfare system within British Columbia and the documented poor outcomes associated with government care exposure. Wherever possible, BC case studies and research have been included to illustrate the problems at a local level. This section begins with a description of child maltreatment categories as conceptualised in Canada. Following this is the policy framework in BC and an examination of the various types of government care arrangements that the Ministry of Children and Family Development utilises for out-of-home placements. Section 2 concludes with an examination of the disproportionate number of Aboriginal children and their families involved with child welfare services. Section 3 is comprised of an analysis of the outcomes commonly associated with exposure to, and ageing-out of, the child welfare system. The literature review concludes with a brief synopsis of the general public's perception of child welfare policies and ageing-out in BC, which illustrates the juxtaposition of how British Columbian's expectations differ significantly for 'public' youth compared to their own kin.

2.1. Child Maltreatment

Currently, there are no comprehensive national statistics on child maltreatment and out-of-home placements in Canada, which is problematic when trying to compare provincial programs or track trends for children and youth in care. Researchers have repeatedly called for the development of these statistics and recognise that their absence means that policymakers routinely develop and evaluate programs with inadequate information (Farris-Manning & Zandstra, 2003; Trocmé et al., 2003; Trocmé et al., 2001). The 1998 Canadian Incidence Study of Child Abuse and Neglect (CIS) was the first study that investigated child maltreatment in Canada with a national scope (Trocmé et al., 2001). The CIS divided maltreatment into four categories: physical

abuse; sexual abuse; neglect; and emotional maltreatment and are described in brief below (Trocmé et al., 2001):

- Physical abuse is defined as suffering or to be at risk of suffering physical harm
- Sexual abuse includes: sexual activity, attempted or completed; touching and fondling; adult exposure of genitals; and sexual exploitation
- Neglect includes situations where a child has suffered harm, or their safety or development has been endangered as a result of a caregiver's failure to provide protection (e.g., housing instability, inadequate basic necessities).
- Emotional maltreatment can include emotional abuse (e.g., verbal assaults), emotional neglect (e.g., inadequate affection), and exposure to domestic.

In 2008 the CIS was in its third iteration. While not directly comparable to the 1998 edition[2], findings suggest that the total number of maltreatment investigations has nearly doubled since 1998 (Public Health Agency of Canada, 2010). Based on the findings of the 6,163 substantiated maltreatment cases in 2008, neglect remains the most common form of maltreatment (figure 1).

Table 2.1. Primary category of substantiated child maltreatment cases in Canada in 2008 (n=6,163). Adapted from: Public Health Agency of Canada, 2010

Primary category of maltreatment	Number of investigations	Rate per 1,000 children	Percentage
Physical Abuse	17,212	2.86	20%
Sexual Abuse	2,607	0.43	3%
Neglect	28,939	4.81	34%
Emotional maltreatment	7,423	1.23	9%
Exposure to intimate partner violence	29,259	4.86	34%
Total Substantiated Investigations	**85,440**	**14.19**	**100%**

[2] For more information regarding why the findings are not directly comparable see page 23 of (Public Health Agency of Canada, 2010).

2.2. Ministry of Children and Family Development

In British Columbia, an estimated 8,000 children were in the legal custody of the Ministry of Children and Family Development in 2013 (MCFD, 2013). MCFD is responsible for the provision of child welfare services in BC, which include: early childhood development, adoption, child protection and guardianship, foster care, youth with disabilities and special needs, youth justice services, and youth mental health services. MCFD came to be in its current form as a result of the inquiry into the death of Matthew Vaudreuil, a young boy killed by his mother while in the custody of the BC child welfare system in 1994. Vaudreuil's death resulted in an independent review of BC's child welfare system by the Honourable Ted Hughes. The 2006 *BC Children and Youth Review* was the culmination of the review, which included 62 recommendations (Hughes, 2006). The *Child, Family and Community Service Act* (CFCSA, 1996) replaced the *Family and Child Services Act,* which had been in force since 1980. The CFCSA was intended to restructure the province's approach to child welfare, with a broader conceptualisation and set of responses to child abuse and neglect than its predecessor. The last and arguably most important development to come out of these set of reforms was the establishment of the Representative for Children and Youth (RCY) in 2006. A unique entity in BC's political tapestry, the RCY is an independent officer of the legislature that acts as a 'watchdog' of MCFD, investigating all serious injuries or deaths of children in care and reporting on ministry performance.

Children taken into the child protection system do so through one of three ways. The first is a Voluntary Care Agreement where parents relinquish temporary responsibility of their child but maintain custody until reunification. When MCFD intervenes and removes a child, they can do so through a Temporary Custody Order where parental rights are maintained, but legal custody is temporarily transferred to MCFD until the parent(s) have addressed certain inadequacies (e.g., parenting skills, satisfactory housing, abstinence from substances). The long stated policy goal of MCFD is to reunite families and removal only to be temporary in the majority of cases (BC Provincial Government, 2012). However, for youth that do return to their families the

situation often remains volatile, with youth being placed back into the same risky environments without adequate supports (Rutter, 2000; Tyler, 2006). When MCFD determines that returning a child to their family is unfeasible or unhealthy, the Director of Child Protection becomes the legal and sole guardian through a Continuing Custody Order (CCO), which is facilitated through MCFD. As a CCO, parents must apply for access to their child, legal custody is transferred to MCFD and the child may become eligible for adoption.

2.3. Types of Government Care Placements

In British Columbia when legal custody is transferred to MCFD, either through a temporary or continuing custody order, there are three main types of government care placements that the ministry uses for children and youth under the ages of 16, which are described below. In exceptional high-risk, 'hard-to-house' cases, youth between the ages of 16-18 may be placed on independent living, or a Youth Agreement, which is described in section 7.

Group Care

Group care is a broad term that encompasses many different forms of residential-based care arrangements and treatment services to youth involved with mental health services, juvenile justice, and child welfare systems. Often referred to as 'treatment foster care'[3], group care encompasses "a continuum of programs from substance abuse treatment centers to locked units for sexual offenders to family-style residential group homes, and occasionally even residential schools or therapeutic boarding schools" (Lee, 2008, p. 689). Traditionally, group care placements are intended as a last resort; however, in 2003, the Child Welfare League of Canada reported a 58% increase in group home placements since 1990 (Farris-Manning & Zandstra, 2003, p. 2). Some studies have found group care options to result in better outcomes, specifically, favourable discharge from care, increased likelihood of reunification and decreased

[3] Some research differentiates between group homes and treatment foster care (see B. R. Lee & Thompson, 2008), but for the purposes of this capstone both are included under the umbrella of group care.

likelihood in subsequent placements (Lee, 2008; Lee & Thompson, 2008; Robst, Armstrong, & Dollard, 2011). However, these studies were limited to youth with maladaptive and behavioural problems and may not be generalisable to the larger population of youth that come into contact with the child welfare system.

The majority of current research indicates that group care is associated with poorer outcomes comparatively to family-based care.[4] These include: poorer academic performance, post-discharge housing instability, inferior self-esteem, decreased likelihood in reunification (Farris-Manning & Zandstra, 2003); more time spent in care, decreased likelihood of siblings being placed together, increased likelihood of re-abuse and criminal activity (Farris-Manning & Zandstra, 2003; Lee et al., 2011); increase in the number of placements, higher behavioural and emotional problems (Usher, Randolph, & Gogan, 1999); and an increase in reports of dissatisfaction with placement type, diminished feelings of security and love and increased likelihood of the youth running away (Chapman, Wall, & Barth, 2004). Family-based care was also found to be more cost effective than group care (DeSena et al., 2005; Lee & Thompson, 2008).

Family-based foster care

Family-based foster care is provided in a private residence by an individual or individuals in a family setting that may or may not include other youth (either government wards or the foster parents biological children). For the reasons stated above, family-based care is considered by MCFD to be the preferred option for out-of-home placement. However, this is not to indicate that foster care placements are always satisfactory. Reports of abusive and neglectful foster parents leading to critical injuries, poor outcomes, and even death have been a focus of the RCY[5]. In BC, the requirements for becoming a foster parent are relatively minimal. The process involves submitting three references, an interview, a home-study assessment, a criminal record check, and a medical assessment (MCFD, 2013, "Steps to Fostering"). Once approved, the foster parent must complete the *Foster Care Education Program* within two years. The

[4] Family-based care encompasses a private residence inhabited by a family or individual who is responsible for the provision of care – this includes both traditional foster care families and kinship caregivers, which are described below.

[5] See website for critical injuries and deaths reporting in BC http://www.rcybc.ca/Content/Publications/Reports.asp

program consists of 53 hours of training and is designed to build on the skills caregivers bring to their role and specialised training on various topics such as, separation and loss, the effect of abuse and neglect on children, suicide ideation identification, and the effect of fetal alcohol spectrum disorder (MCFD, 2013, “Foster Care Education Program”).

Kinship Care

Kinship care refers to placing children with relatives, or, in some jurisdictions, adults that the child has a close relationship with or a member of the same cultural community. Increasingly, governments are using kinship care placements to meet the rising demands associated with child welfare caseloads (Farris-Manning & Zandstra, 2003). Research has found many benefits to placing children and youth with kin, including: improved identity formation; reduction of attachment resistance; stability of placement; maintenance of family/cultural lineage; improved behavioural and mental health outcomes; and the increased likelihood of siblings remaining together (Berrick, Barth, & Needell, 1994; Cuddeback, 2004; Farmer, 2009; V. O'Brien, 2012; Palacios & Jiménez, 2009). However, there are problems associated with kinship care, as research has shown there is a reluctance to enter into an adoptive relationship for fear of undermining familial relationships or cultural resistance to terminating parental rights (Farris-Manning & Zandstra, 2003). Furthermore, there is evidence that kinship caregivers receive less training, financial support, services, and are supervised or assessed irregularly compared to traditional foster parents (Berrick et al., 1994; Farmer, 2009; Palacios & Jiménez, 2009). Additionally, Cuddeback (2004) performed a systematic review of kinship care and found evidence that suggests youth in kinship placements may demonstrate more behavioural problems and struggle academically compared to non-kinship care youth, although the authors concluded that the evidence was generally inconclusive and that the results should be interpreted with caution due to the small non-probability samples with unknown generalisability. In BC, there is informal and formal kinship care and the term ‘extended family’ has been expanded to include “persons who have significant and/or a meaningful relationship to a child,” such as cultural ties or family friends (MCFD, 2009).

2.4. Overrepresentation of Aboriginal Children and Families in Child Welfare Systems

Across Canada, the United States, and Australia, Aboriginal children and youth are grossly overrepresented in child welfare systems (Carter, 2010; Sinha et al., 2011; Tilbury, 2008; Trocmé, Knoke, & Blackstock, 2004). The context of this current overrepresentation has been linked to historical government oppression of Aboriginal peoples including the state-sponsored removal of Aboriginal children from their families, communities and cultures (Sinha & Kozlowski, 2013). In Canada, the hallmark of assimilation was the residential school system: a Church administered, government-funded network of culturally and physically damaging boarding schools that removed thousands of Aboriginal children from their homes, predominantly from the late 1800s to the 1930s (known as boarding schools in the US and missions in Australia). A 1920 amendment to the Canadian *Indian Act of 1876* made attendance at residential schools mandatory for all school-age children and permitted officers to enforce attendance (Sinha & Kozlowski, 2013). The last residential school closed down in Saskatchewan in 1996 (Trocmé et al., 2004). Cultural assimilation policies continued with child welfare services involving Aboriginal families, which orchestrated the placement and adoption of Aboriginal children into non-aboriginal families in unprecedented numbers. During what has been coined the 'sixties scoop', social workers, ill-equipped to deal with the effects of poverty, disempowerment, intergenerational trauma, and a loss of parenting knowledge from the residential school era defaulted to a practice of mass removal (Sinha et al., 2011).

In Canada today, Aboriginal youth represent approximately five percent of the youth population; however, over 50% of the children and youth in government care across the nation are of Aboriginal ancestry (Statistics Canada, 2013). In BC, the Aboriginal youth population is approximately eight percent of the total youth population (Representative for Children Youth, 2013); however, they account for 63.8% of children in a continuing custody order in the province as of 2010/2011 (MCFD, 2012a). Community organisations and researchers estimate there are three times as many Aboriginal children in the custody of child welfare services today than there were during the height of residential schools (Blackstock & Trocmé, 2005; Blackstock, Trocmé, & Bennett, 2004; Trocmé et al., 2004; Johnson, 2008). The majority of interventions in

Aboriginal child welfare are due to charges of neglect. Social and structural factors such as, poverty, inadequate housing, food insecurity, parental substance use, and other remnants of colonisation continue to exacerbate the difficulties many Aboriginal parents face (Barker, Alfred, & Kerr, 2014a; Blackstock & Trocmé, 2005). These and the intergenerational trauma experienced by families and communities as a result of losing more than a generation's parenting knowledge has been associated with the high prevalence of neglect charges (Blackstock & Trocmé, 2005; Kirmayer & Valaskakis, 2009; Kirmayer, Simpson, & Cargo, 2003; Trocmé et al., 2004).

Across the country, Aboriginal overrepresentation occurs at every stage of the child welfare process. According to MCFD, this is the reality in BC as well, with Aboriginal children being (MCFD, 2009):

- 4.4 times more likely to have a protection concern reported than a non-aboriginal child
- 5.8 times more likely to be investigated
- 7 times more likely that the case will be substantiated and out-of-home care will occur
- 12.5 times more likely to remain in care

Some researchers have suggested that this initial-stage overrepresentation reflects an institutionalised racial bias that discriminates against the poor and minorities, taking a punitive approach to support and services with child welfare removal (Pivot Legal Society, 2008; Roberts, 2002; Sinha et al., 2013). For example, one study examining the overrepresentation of initial-stage investigations of First Nations families found that 60% did not result in substantiated maltreatment charges, demonstrating inherent biases of traditional child welfare services at an agency-level and a need for alternative measures (Sinha et al., 2013). Additionally, it has been suggested that social workers' personal attitudes and beliefs may also partly explain the variation with regard to formal investigation and placement decisions (Chabot et al., 2013). Previous studies have found certain characteristics of social workers to be negatively associated with placement decisions, the most frequently occurring variable being ethnicity or ethnic mismatch between social worker and youth, but gender, political ideology, age, and

education were also found to be significant (Chabot et al., 2013; Ryan et al., 2006; Jayaratne et al., 2008).

While many Aboriginal scholars, activists and leaders advocate for increasing the number of Aboriginal social workers, staff and governance over Aboriginal child welfare files (Johnson, 2011; Johnson, 2008; Blackstock, 2009; Trocmé, Blackstock, & Knoke, 2004), many articulate the need for transformational systemic change and self-determination to truly heal and move past the legacy of colonisation and oppressive child welfare services (Johnson, 2008; Johnson, 2011; Blackstock, 2009; Blackstock & Trocmé, 2005; Kirmayer et al., 2003; Alfred, 2005; Alfred, 2009; Smith, 2005). Shelly Johnson, a Saulteaux scholar and professor of anti-oppressive and First Nations child welfare courses in the School of Social Work at the University of British Columbia, states:

> A functional Indigenous child welfare system requires that we do not lose sight of significant structural issues and the need for adequate resources, Indigenous legislation, research, policy and practice based in the Indigenous knowledges, values, customs, and practices of our unique and distinct Indigenous peoples. It requires healing from generational trauma, healthy families and communities educated in traditional ways of knowing and being and in western systems (Johnson, 2008, p.7).

A focus on upstream interventions, such as preventative services and ending the crippling cycle of poverty are at the crux of these calls. Aboriginal researchers have called for service programming and delivery cultivated by Aboriginal peoples as key to successful programming (Blackstock & Trocmé, 2005; Kirmayer et al., 2003; Sinha et al., 2011). Lastly, in the intermediate, kinship care placements, mentoring, legislative reform, support services for current and historical traumas, and Aboriginal-specific educational programming and funding for children in government care have been recommended (Blackstock & Trocmé, 2005; Johnson, 2011; Johnson, 2008; Sinha et al., 2013).

Delegated Aboriginal Authorites

Over the past decade MCFD has entered into agreements with Aboriginal communities to transfer the responsibility of child welfare services. Currently in BC, there are 22 delegated agencies (DAA) that represent 148 of the approximate 198 First Nations (MCFD, 2013, “Delegated Child & Family Service Agencies”). All DAA develop through a graduated delegation system, which agencies acquire increasing

responsibilities as they move through the six stages: pre-planning, planning, start-up, voluntary child protection services, guardianship services, and full delegation (Kozlowski et al., 2012). Nine of the 22 DAA have made it to full delegation and provide child welfare investigations, out-of-home care services, permanency planning, and select transitional services for Aboriginal youth who age-out of care. As of 2011, over 40% of the total Aboriginal children and youth in government care in the province were under the responsibility of various delegated agencies (Johnson, 2011).

3. Outcomes Associated with Exposure to, and Ageing-out of, Care

Profile of youth in child welfare services

The rising number of child welfare investigations and out-of-home placements in Canada in recent decades (Public Health Agency of Canada, 2010) has put extreme pressure on child welfare systems as well as foster parents, which has negatively impacted system performance and recruitment and retention efforts of foster parents (Chipungu & Bent-Goodley, 2004; Farris-Manning & Zandstra, 2003). This is compounded by a growing body of evidence that the children and youth who come into government custody are increasingly vulnerable and complex in their care needs (Ainsworth & Maluccio, 2003; Chipungu & Bent-Goodley, 2004; Farris-Manning & Zandstra, 2003; Vig, Chinitz, & Shulman, 2005). Collectively, BC school-age youth in continuing custody orders are seven times more likely to be in special education classes (excluding gifted programs), more likely to exhibit intensive behavioural problems, and have chronic health impairments (MCFD, 2012a). Similarly, the McCreary Centre Society completed a recent survey of youth currently in government care in the province (n=114) and found that before coming into care, compared to their peer group, youth were more likely to have experienced housing instability, domestic violence, bereavement of family, abuse, victimisation, and have histories of family involvement with the criminal justice system. Additionally, a greater number of these youth had mental health issues, substance use problems, and histories of suicide attempts (Smith et al., 2013).

These findings demonstrate some of the challenges experienced by youth exposed to the child welfare system. These struggles continue into early adulthood with former government care youth being at an elevated risk for substance use, homelessness, poverty, low educational attainment, underemployment and poverty, poor health, incarceration, parenting issues, and low self-efficacy.

Substance use

Previous studies have demonstrated the high prevalence rates for substance use among youth exposed to the child welfare system, ranging from 20 to over 50% (Barth, 1990; Courtney et al., 2001; Fowler, Toro, & Miles, 2011; Mendes, 2005; Rutman et al., 2007). Additionally, prior studies noted that a substantial proportion of former government care youth met the criteria for a substance use disorder (between 15-35% approximately) (Kushel et al., 2007; Vaughn et al., 2007). According to the McCreary Centre Society, 88% of BC youth in care had tried 'hard' drugs (e.g., hallucinogens, inhalants, amphetamines/stimulants) – compared to the 24% of the general population of youth surveyed[6] (Smith et al., 2013). The National Center on Child Abuse Prevention Research found that two childhood risk factors associated with later life substance use among youth, especially poly-substance use, are childhood maltreatment and parental substance use (Besinger et al., 1999).

Homelessness

Experiences of homelessness and housing instability are common occurrences among youth with a history of being in government care (Barth, 1990; Cheng et al., 2013; Collins, 2001; Kushel et al., 2007; Mendes, 2005). Prior studies have identified that approximately 30-40% of former government care youth experience homelessness after ageing-out of care (Dworsky, Napolitano, & Courtney, 2013; Fowler et al., 2009; Rutman et al., 2007). Dworsky et al. (2013) noted several risk factors among former government care youth who experienced homelessness versus those with housing stability, including, group care placements, histories of running away from government care placements, histories of physical abuse, criminal activity, and an absence of an adult role-model. Rutman et al. (2007) found among former government care youth with experiences of homelessness, 73% were homeless between the ages 13-16 and 53% were homeless for longer than three months. Similarly, the previously mentioned McCreary study found that over half of the youth in care experienced severe housing instability or homelessness (Smith et al., 2013).

[6] As reported from the findings of the Adolescent Health Survey conducted by the McCreary Centre Society, in collaboration with the provincial government and public health system, administered through all but two school districts since 1992. For more information see: http://www.mcs.bc.ca/ahs

Poverty and employment

Youth who age-out of care are much more likely to struggle with poverty and employment issues (Barth, 1990; Kufeldt, Armstrong, & Dorosh, 1995; Mendes & Moslehuddin, 2004; Reilly, 2003; The McCreary Centre Society, 2007). Consistent with these findings, US data has found that approximately 50% of youth were unemployed at 21 years old following emancipation from care, and of those employed, the median earnings were between $5,000-$6,000 annually (Courtney, Dworsky, & Pollack, 2007; Goerge, Bilaver, & Joo Lee, 2002). Additionally, former government care youth are highly likely to rely on social assistance (Courtney et al., 2007; Rutman et al., 2007; Trocmé et al., 2004). According to MCFD statistics and a recent BC longitudinal study on ageing-out of care, nearly half of former government care youth receive social assistance within a year of being emancipated (MCFD, 2012b; Rutman et al., 2007); in Saskatchewan the number is estimated to be as high as 80% (de Best, 2012). As of 2012, 2.1% of all youth aged 15-24 received social assistance in British Columbia, suggesting that youth exposed to government care are 25 times more likely to be social assistance recipients (BC Statistics, 2013, “Youth at Risk”).

Education

Youth exposed to the child welfare system have been documented to have poor high school completion rates (approximately 50%) (Conger & Finkelstein, 2003; Cox, 2013; Reilly, 2003; Zetlin, Weinberg, & Kimm, 2009) and are even less likely to complete high school after ageing-out of care (approximately 30%) (Barth, 1990; Courtney et al., 2001; Rutman et al., 2007), or attend post-secondary education (Courtney & Barth, 1996; Lee et al., 2011; Mendes, 2005). In BC, less than one-third of youth ageing-out of care complete high school and only 20% enter into post-secondary (Rutman et al., 2007). Similarly, BC children in continuing custody orders are less likely to be in an age appropriate grade, more likely to be in special education classes, and to preform poorly on all foundational skills assessments compared to their peer group (MCFD, 2012a). Lastly, the McCreary study found that 90% of youth in government care had been suspended or expelled from school at some point (Smith et al., 2013).

Incarceration and criminal activity

Criminal justice system involvement and incarceration are more common for youth exposed to the child welfare system (Barth, 1990; Courtney & Barth, 1996; Mendes & Moslehuddin, 2004). The McCreary study revealed that 51% of youth in care were currently involved with the criminal justice system (either on remand or awaiting sentencing), and that of those youth with a history of incarceration, 60% were first detained before the age of 14[7] (Smith et al., 2013). Additionally, 83% of youth surveyed were involved in illegal income generation (predominantly drug dealing and acquisitive crime) (Smith et al., 2013). Rutman et al. (2007) found that the majority of criminal offences for youth who had aged-out of care were substance related (e.g., driving impaired, drug possession).

Health

Youth in government care and those who age-out of care have been found to be more likely to experience physical and mental health issues (Courtney et al., 2001; Fowler et al., 2011; Havlicek, Garcia, & Smith, 2013; Villegas et al., 2011). Experiences of child maltreatment have been linked to adult health problems (Villegas et al., 2011), with youth in child protection services at an elevated risk for mental health concerns and in need of access to mental health services (Shin, 2005). The McCreary study found that 76% of youth in government care had been diagnosed with attention deficit hyper disorder, addiction, depression, or fetal alcohol spectrum disorder (FASD), with females having a higher likelihood to have been diagnosed with depression and Aboriginal youth having a higher likelihood to have been diagnosed with FASD (Smith et al., 2013).

Parenting

Youth with histories of being in government care are more likely to have unplanned pregnancies (Dworsky & Courtney, 2010b; Fowler et al., 2009; Rutman et al., 2007; Shoveller et al., 2011) and more likely to engage in high-risk sexual activity (Villegas et al., 2011). Prior studies of youth in government custody have found that approximately 30% had been pregnant by 18 years of age (Dworsky & Courtney, 2010b;

[7] It should be noted, that this statistic included youths' experiences before entering the child welfare system.

Stein, 2012). In BC, an estimated 35% of youth in government care experience unplanned pregnancies (Smith et al., 2013), with this number increasing to 60% for those who have recently aged-out of care (Rutman et al., 2007). Of particular concern, 85% of these young parents had MCFD become subsequently involved with concerns of parenting skills and practices (Rutman et al., 2007). Looking at ageing-out more broadly, Shoveller et al. (2011) found that for young mothers, ageing-out within an unsupportive environment was associated with poor housing, parenting and employment outcomes.

Self-efficacy and transitioning to independence

In contemporary North American society, the average childhood does not terminate at eighteen, with most youth requiring some form of assistance and support from their immediate families well into early adulthood (Furstenberg, 2010). Indeed, most youth transition to adulthood gradually with support from family and often move home if they encounter challenges with living independently (de Best, 2012). Traditional markers of adulthood, like marriage and parenting are deferred to later in life as youth participate in vocational and educational pursuits (Furstenberg, 2010). In contrast, youth ageing-out of care frequently cannot rely on their family after the abrupt end in ministry support at 19 years of age, suggesting that the current system is outdated. In addition to losing the financial support, relationships with foster parents and social workers are 'officially' terminated, leaving a young person relatively alone in a very precarious time of life.

When youth are emancipated from government care, the transition into financial independence can be unsuccessful and lead to instability. Studies have shown that youth in government care who leave care prematurely frequently do so because they are dissatisfied with their care arrangement or certain services have been terminated, rather than pursuit of higher education or employment opportunities as is the norm with a substantial proportion of youth leaving their familial homes (Collins, 2001). Indeed, having youth transition out of government care without securing employment or before they are ready is particularly problematic for their future success. Youth who age-out of care are more likely to lack life-skills such as budgeting, grocery shopping, meal preparation, decision-making, career skills, family planning and parenting skills, and self-advocacy (Courtney et al., 2001; Lemon, Hines, & Merdinger, 2005; Rutman et al., 2007; Shoveller et al., 2011). While recent reports in BC indicate that a larger number of at-risk youth are engaging in life-skills related programs, particularly ones provided by the non-

profit sector, youth are still reporting feelings of being unprepared to age-out of government custody (Rutman et al., 2007; Shoveller et al., 2011; The McCreary Centre Society, 2007) and outcomes for these youth consistently suggest that they are unprepared to thrive independently (Collins, 2001; Mendes, 2005; Reilly, 2003; Shoveller et al., 2011).

In the fall of 2013, the Vancouver Foundation conducted a survey with 1,820 adults in British Columbia, examining general public perceptions around youth ageing-out of care and potential policy interventions (Vancouver Foundation, 2013). The *Transitions Survey* found that among respondents who are parents of young adults age 19-28 years, 80% provide financial or other forms of assistance to their youth (e.g., housing, groceries, post-secondary funding, transportation) (Vancouver Foundation, 2013). Conversely, participants were moderately unsupportive of providing similar levels of assistance to youth in care. The survey also inquired into various factors associated with the child welfare system and found very low levels of understanding with most questions, including, the number of children in care, the age of emancipation, and primary reason why children are placed in care. The authors of the report conclude that the level of misconception regarding youth in care appears to negatively influence empathy or policy recourse (Vancouver Foundation, 2013).

As evident from the review of the literature, youth exposed to government care, and especially among those who age-out of care, are at an elevated risk for an array of poor outcomes. The narrative for British Columbia's youth in government care is equally troubling and MCFD struggles with finding viable policy interventions to help support these vulnerable youth through their tenure in care and successful transition to adulthood. The *Transitions Survey* is particularly concerning as it suggest that the general public has limited knowledge regarding BC youth in care, the associated outcomes or the provision and allocation of government services. Together, these findings highlight the need for child welfare reform, but also the complexity in undertaking such a venture.

4. Methodology

This capstone employs a mixed methods approach to examine the problem of poor outcomes for youth in government care and to identify and evaluate viable policy inventions to address this growing public health concern. The first component is a quantitative analysis examining the prevalence and correlates associated with government care exposure among a sample of street-involved youth who use illicit drugs in Vancouver (the At-Risk Youth Study).[8] The goal is to describe the prevalence of government care exposure among this vulnerable population and identify structural and social factors that may prevent youth currently in care from becoming street-involved. Identifying these factors at the population level is critical for policymakers when examining the context of policy reform. The second component is a qualitative study involving fifteen open-ended, semi-structured interviews. The main objective of the interviews is to identify and investigate possible constraints and enablers to potential policy options. General impressions and perspectives of the status quo and personal experiences with the child welfare system that emerged through the interviews process are reported in section 6; however, the primary purpose of these interviews was to gain insight and evaluate select potential policy options, which are discussed in section 9.

4.1. Quantitative Study

4.1.1. Quantitative Data

Data for the quantitative component of this capstone were collected as part of the At-Risk Youth Study (ARYS), a prospective cohort of street-involved youth who use illicit drugs in Vancouver, Canada between September 2005 and November 2012. Youth were eligible if they were between the ages of 14-26 at time of enrolment, had used illicit

[8] See Appendix A for letter of authorisation to use the ARYS data.

"hard" drugs in the past 30 days (e.g. crack, cocaine, heroin, or crystal methamphetamine) and provided written informed consent. The ARYS cohort study methodology has been described extensively in a previous publication (Wood et al., 2006). This analysis reports research undertaken through a separate initiative by the author (Barker et al., 2014b), for more information see Appendix B. The dependent variable for this analysis was having a history of being in government care, defined as answering "yes" to the question: "As a child, did you ever live in an orphanage, a foster home, a group home, as a ward of the state, or away from your parents for a month or more (not including vacations)?" The comparison group was youth who reported not having been exposed to the child welfare system.

The independent variables of interest selected for this analysis were chosen *a priori* based on potential explanatory power, relevance, and evidence in the literature that these variables may be associated with a history of being in government care (Barth, 1990; Collins, 2001; Courtney et al., 2001; Fowler et al., 2011; Mendes, 2005; Reilly, 2003). These included the following socio-demographic data: gender (female vs. male); Aboriginal ancestry (self-identified as First Nations, Inuit, Métis vs. other); high school incompletion (yes vs. no); having a parent that drank heavily or used illicit drugs during their childhood (yes. vs. no); homelessness (yes vs. no); and living in the Downtown Eastside (DTES) (yes vs. no). Behavioural and drug use variables, based on activities in the last six months, included: injection drug use (yes vs. no); non-fatal drug overdose (yes vs. no); daily injection or non-injection heroin use (yes vs. no); daily injection or non-injection cocaine use (yes vs. no); daily crack cocaine smoking (yes vs. no); daily injection or non-injection crystal methamphetamine use (yes vs. no); syringe sharing (yes vs. no); engaging in sex work (yes vs. no); and participation in drug dealing (yes vs. no). Other factors included: age at first hard drug use (per year younger); testing positive for Hepatitis C virus (yes vs. no); incarceration (yes vs. no); having ever been the victim of sexual abuse (yes vs. no); having ever been the victim of physical abuse (yes vs. no); and recently experiencing an act of violence (yes vs. no).[9]

[9] See Appendix B for additional information on how variables were defined.

4.1.2. Statistical Approach for Quantiative Study

Distinguishing factors associated with child welfare exposure by comparing participants who have a history of being in government care to those who do not presents a potential means to identify needs unique to this vulnerable sub-set population, as well as identify social and structural factors to help prevent youth currently in care from becoming street-involved. This study is based on cross-sectional data collected at the baseline study visit. In the primary analysis, bivariate and multivariate statistics are used to identify the prevalence and correlates associated with exposure to the child welfare system.

In bivariate analyses, dichotomous variables were analysed using Pearson's chi-square test and continuous variables were analysed using the Mann-Whitney test. To evaluate factors independently associated with the outcome of interest (exposure to the child welfare system), all variables with p-values that were $p<0.1$ in bivariate analyses were considered in a multivariate logistic regression. A backward model selection procedure was used to identify the multivariate model with the best overall fit, as indicated by the lowest Akaike Information Criterion [AIC] value (Shtatland, Kleinman, & Cain, 2003). These methods have been successfully used in previous analyses (DeBeck et al., 2007; Lloyd-Smith et al., 2005; Lloyd-Smith et al., 2008; Miller et al., 2002). All statistical analyses were performed using SAS software version 9.3 [SAS, Cary, NC]. All p-values are two sided.

4.2. Qualitative Study

In addition to the quantitative component of this capstone, fifteen open-ended interviews were conducted with various stakeholders: foster parents currently employed by MCFD and former foster parents; an Aboriginal scholar; a representative from an Aboriginal child welfare agency; a director and case worker employed by non-profit agencies that work with at-risk youth in the Downtown Eastside of Vancouver; a board member involved with at-risk youth initiatives; a former government care youth with who successfully navigated Youth Agreements and is currently a university graduate; five

street-involved youth with a history of being in government care from ARYS and; other professionals in the field of child welfare.[10] MCFD was contacted for interviews in the spring of 2013 but despite repeated requests, in December, the ministry formally declined the invitation to participate.

Interview participants were selected for the study based on their first-hand experience with the child welfare system, as well as their diversity in different aspects of the system (e.g., policy, out-reach, being a client of the system, etc.). Furthermore, ARYS participants were invited to participate in semi-structured interviews to render a fuller understanding of youths' experiences in government custody and ascertain their opinions on proposed policy options as expert stakeholders. The purpose of all expert interviews was to gain insight on potential barriers and facilitators or enablers to inform and evaluate the policy options. This sample is not representative nor is the analysis a comprehensive assessment of all relevant perspectives. Nevertheless, the feedback and expertise from these interviews are invaluable tools in determining the efficacy and feasibility of potential policy interventions.

All of the interviews were examined using Braun and Clarke's (2006) guide to thematic analysis as a framework. In brief, the following steps were undertaken: become familiar with the data; generate initial codes; search for themes; review, define and name themes; and produce a summation of the findings (Braun & Clarke, 2006). Thematic analysis is useful because it allows the researcher to uncover the complexities of meaning and identify reoccurring topics that may be raised in the interview that are outside of the intended focus of the questions. Themes that emerged through the data analysis that relate to describing the current policy context and problem are presented in the findings in section 6, while the themes and responses related to evaluating the potential interventions are presented throughout the policy evaluation (section 9).

[10] It should be noted that the author is being deliberately vague in order to protect anonymity of interviewees and that some interviewees represented multiple perspectives (e.g., foster parent and professional).

4.2.1. ARYS Participant Interviews

The interviews with ARYS participants with a history of having been in government care were utilised for this capstone as secondary data from a larger qualitative research project through the ARYS cohort, *Exploring the Natural History of Injection Drug Use: A Qualitative Study of Social and Environmental Influences.* Interviews were conducted from August to December 2013, by the capstone author or by a senior ethnographer (Danya Fast) with the author present, at the ARYS field office in South Vancouver. UBC's Ethics Board has approved the qualitative study (see Appendix C). Potential qualitative study interviewees were selected from the larger ARYS cohort. Specifically, ARYS participants who visited the study field office for their biannual ARYS survey study visit and that met the inclusion criteria for this small sub-study (i.e., had a history of being in government care) were given a brief synopsis of the qualitative study and invited to participate in a qualitative interview. Those who wanted to share their opinions regarding the child welfare system, identify potential areas for redress and provided written informed consent were booked for an interview. This sub-set is what is included in this capstone's analysis. All interviews were audio recorded and transcribed, and themes were identified using Braun and Clarke's (2006) guide for thematic analysis. As with all ARYS interviews, a $30 stipend is provided to participants for their time. Pseudonyms have been given to all participants, which are quoted throughout the policy analysis sections. As the interviews for ARYS participants constitute secondary data and are part of a larger qualitative analysis, the author of this capstone was unable to direct the exact nature of how they were conducted (see Appendix D for the interview guide).

4.2.2. Stakeholder Interviews (excluding ARYS participants)

Qualitative interviews with the other ten stakeholders who are experts in the field of child welfare were conducted over the telephone or in-person. Questions consisted of open-ended discussions between the researcher and expert, as well as an evaluation form assessing the effectiveness, acceptability and implementation complexity associated with each potential policy option (see Appendix E for expert stakeholder interview guide and evaluation form). For example, questions inquired into whether a particular policy was strong or weak or what impact it could be expected to have on key outcomes among youth (e.g., substance use, homelessness, education). This was

supplemented by an evaluation form, where the author presented and described a list of the five potential policy options and stakeholders were asked to assess them based on three specified criteria (effectiveness, stakeholder acceptability and implementation complexity). Finally, participants were given the opportunity to make general comments regarding the child welfare system or inquire into anything that arose from the interview itself. All interviews were recorded and no financial compensation was given for participation. Participants provided written consent and all study instruments are approved by Simon Fraser University's Research Ethics Board.

5. Quantitative Findings

Over the study period from September 2005 to November 2012, 937 youth were enrolled in the ARYS cohort and replied to the key variables of interest and were therefore included in this analysis. Among this sample, 292 (31%) were female, 224 (24%) were of Aboriginal ancestry, and the median age was 21.0 (interquartile range [IQR]: 20.0 - 23.0). In total, 455 (49%) participants reported being in government care at some point in their childhood.

The characteristics of the study sample stratified by having a history of being in government care in childhood, along with the bivariate and multivariate analyses of factors associated with childhood exposure to government care are presented in Table 1.

Table 5.1. Baseline, bivariate and multivariate analyses of factors associated with a history of being in government care among street-involved youth in Vancouver (n=937)

Characteristic	Government Care					
	Yes n=455, n (%)	**No n=482, n (%)**	**Odds Ratio (95% CI[a])**	***p*-value**	**Adjusted Odds Ratio (95% CI[a])**	***p*-value**
Age at First Drug Use (Per year younger)	15[b] (13-16)[c]	16[b] (14-17)[c]	1.12 (1.06-1.18)	<0.001	1.10 (1.05 – 1.16)	<0.001
Gender (Female vs. Male)	157 (35)	135 (28)	1.35 (1.03 – 1.79)	0.032		
Aboriginal Ancestry (Yes vs. No)	139 (31)	85 (18)	2.05 (1.51 – 2.80)	<0.001	2.07 (1.50 – 2.85)	<0.001
High School Incompletion (Yes vs. No)	375 (82)	346 (72)	1.84 (1.35 – 2.52)	<0.001	1.40 (1.00 – 1.95)	0.049

Characteristic	Government Care					
	Yes n=455, n (%)	No n=482, n (%)	Odds Ratio (95% CI[a])	*p*-value	Adjusted Odds Ratio (95% CI[a])	*p*-value
Parental Alcohol/Drug Use (Yes vs. No)	354 (78)	320 (66)	1.77 (1.33 – 2.37)	<0.001	1.48 (1.09 – 2.01)	0.012
Lives in DTES[de] (Yes vs. No)	124 (27)	139 (29)	0.92 (0.70 – 1.23)	0.590		
Homeless[d] (Yes vs. No)	349 (77)	352 (73)	1.22 (0.90 – 1.64)	0.200		
Injection Drug Use[d] (Yes vs. No)	132 (29)	150 (31)	0.91 (0.68 - 1.20)	0.482		
Daily Heroin Use[df] (Yes vs. No)	49 (11)	68 (14)	0.74 (0.50 – 1.09)	0.123		
Daily Cocaine Use[df] (Yes vs. No)	19 (4)	21 (4)	0.96 (0.51 – 1.80)	0.891		
Daily Crack Use[d] (Yes vs. No)	85 (19)	87 (18)	1.04 (0.75 – 1.45)	0.803		
Daily Crystal Meth Use[df] (Yes vs. No)	72 (16)	54 (11)	1.49 (1.02 – 2.18)	0.039		
Non-Fatal Drug Overdose[d] (Yes vs. No)	58 (13)	46 (10)	1.39 (0.92 – 2.09)	0.120		
Hepatitis C Positive (Yes vs. No)	90 (20)	64 (13)	1.61 (1.14 – 2.29)	0.008	1.36 (0.94 – 1.97)	0.099
Syringe Sharing[d] (Yes vs. No)	38 (8)	37 (8)	1.10 (0.68 – 1.76)	0.703		
Victim of Violence[d] (Yes vs. No)	214 (47)	210 (44)	1.15 (0.89 – 1.49)	0.287		

Characteristic	Government Care					
	Yes n=455, n (%)	No n=482, n (%)	Odds Ratio (95% CI[a])	*p*-value	Adjusted Odds Ratio (95% CI[a])	*p*-value
Incarcerated[d] (Yes vs. No)	96 (21)	86 (18)	1.23 (0.89 – 1.70)	0.208		
Physical Abuse (Yes vs. No)	413 (91)	397 (82)	2.11 (1.42 – 3.12)	<0.001	1.90 (1.22 – 2.96)	0.005
Sexual Abuse (Yes vs. No)	345 (76)	317 (66)	1.63 (1.23 – 2.17)	<0.001	1.29 (0.93 – 1.78)	0.124
Sex Work[d] (Yes vs. No)	54 (12)	43 (9)	1.38 (0.90 – 2.10)	0.140		
Drug Dealing[d] (Yes vs. No)	254 (56)	255 (53)	1.13 (0.87 – 1.46)	0.370		

Note: [a]CI = Confidence Interval; [b]Median; [c]Interquartile Range; [d]Refers to activities in the past six months; [e]DTES = Downtown eastside; [f]Injection and non-injection

The bivariate analyses revealed a number of factors statistically significant at *p<0.05,* which are presented in the fourth column of Table 1. Outcomes are presented using 'odds ratios' (OR), which indicate the odds of an ARYS youth possessing a certain characteristic to have a history of being in government care versus the odds of an ARYS youth not possessing that characteristic to have a history of government care (when no other factors are held constant). Presented with the OR are the confidence intervals that represent a range of values that can be expected 95% of the time. As reported in Table 1, ARYS youth who initiated hard drug use at an earlier age, are of Aboriginal ancestry, did not compete high school, have a parent who drank heavily or used illicit substances, use crystal methamphetamine on a daily basis, test positive for Hepatitis C, and have a history of both physical and sexual abuse are more likely to have a history of being in government care.

Outcomes of the multivariate analysis are represented in 'adjusted odds ratios' (AOR), which indicate the odds of an ARYS youth possessing a certain characteristic to have a history of being in government care compared to the odds of an ARYS youth not

possessing that characteristic to have a history of government care when other factors are held constant. Similar to bivariate analysis, the AOR is also presented with 95% confidence intervals. In multivariate logistic regression factors that remained independently and positively associated with having a history of being in government care included: Aboriginal ancestry (AOR: 2.07, 95% confidence interval [CI]: 1.50 – 2.85), younger age at first hard drug use (AOR: 1.10, 95% CI: 1.05 – 1.16), high school incompletion (AOR: 1.40, 95% CI: 1.00 – 1.95), having a parent that drank heavily or used illicit drugs (AOR: 1.48, 95% CI: 1.09 – 2.01), and being a victim of physical abuse (AOR: 1.90, 95% CI: 1.22 – 2.96).

5.1. Discussion

These findings indicate that experiences of being in government care in childhood among street-involved youth in Vancouver are common, especially for youth who are of Aboriginal ancestry, victims of physical abuse, had not completed high school, had parents that drank heavily or used illicit substances, and had initiated hard drug use at an earlier age. In Canada roughly 0.3% of youth have been exposed to the child welfare system (Statistics Canada, 2013), suggesting that street-involved youth who use substances are over 160 times more likely to have been in government care compared to the general population of youth.

Much of these findings are consistent with previous research. For example, youth exposed to the child welfare system are more likely to engage in risky behaviours and substance use later in life compared to their peer group (Courtney et al., 2001; Mendes, 2005; Rutter, 2000). Similarly, this study found that youth exposed to the child welfare system were significantly more likely to initiate hard substance use at an earlier age. While no other differences in substance use patterns were detected among those with a history of being in government care, this may be attributed in part to the composition of the sample, which is restricted to high-risk youth that already engage in illicit substance use. Former government care youth from this sample were also twice as likely to be of Aboriginal ancestry, which is, unfortunately, consistent with government data (Statistics Canada, 2013). A wealth of research exists on the disproportionate number of Aboriginal

children in child welfare services across the United States, Canada and Australia (Blackstock, 2011; Fluke et al., 2010; Fluke et al., 2003; Trocmé et al., 2001; 2004).

Study findings also indicate that having a parent that drank heavily or used illicit substances was associated with a history of being in government care. Previous research has demonstrated a relationship between parental substance use and subsequent child welfare involvement, predominantly in child neglect cases (Barth, 2009; Semidei, Radel, & Nolan, 2001; Trocmé et al., 2004). Similarly, the Canadian Incidence Study of Reported Child Abuse and Neglect found that substance use was the most frequent root problem in caregiver-related cases (Trocmé et al., 2001). Exposure to the child welfare system was also associated with physical abuse among the ARYS sample. This is supported by prior studies which indicate that youth in care are more likely than the general population to have experienced parental neglect, domestic violence, physical, and sexual abuse (Drapeau et al., 2007; Mendes, 2005; Rutter, 2000).

5.2. Limitations

This study has several limitations. First, as with all community-recruited research cohorts, the ARYS cohort is not a random sample and therefore may not generalise to other populations of street youth. Second, data collected was based on self-report and thus could be subject to response biases, including socially desirable responding, which may have resulted in under reporting of illicit substance use and other stigmatized behaviours. Although self-reported risk behaviour has been shown to be largely accurate among adult substance-using populations (Darke, 1998) and also among various youth populations (Brener, Billy, & Grady, 2003), the prevalence of some risk behaviours may have been underestimated in the present study, which could bias the results. Furthermore, it is acknowledged that there may be some unmeasured risk (e.g., assaults or traumatic events that occurred outside of time spent in child protection) or other confounding factors (e.g., length of time in care, multiple placements) that were not considered in this analysis. For example, multiple placements, longer time in government care and group care or institutional placements have been shown to be associated with poorer outcomes (Dregan & Gulliford, 2012; Harden et al., 2004;

Newton, Litrownik, & Landsverk, 2000; Reilly, 2003; Unrau, Seita, & Putney, 2008). Accordingly, further research that considers such factors is warranted. The qualitative component of this capstone was designed in part, to uncover and understand these subtle nuances with child welfare exposure that the quantitative analysis was unable to ascertain.

5.3. Conclusion

Together, these findings highlight potential pathways for policy redress. The relationship among parental substance use, elevated risk for child maltreatment and subsequent out-of-home placements indicates that efforts to address parental substance use are needed. This may involve increasing access to evidence-based addiction treatment modalities, parental supports and other relevant social services before intervention is necessary. This capstone does not address these potential early interventions; however, additional policy implications emerge from the examination of other variables that remained independently associated with government care exposure from the multivariate regression analysis. Specifically, the risks and implications associated with initiating hard drug use younger, Aboriginal ancestry, and high school incompletion demand culturally appropriate and preventative interventions to support Aboriginal and non-Aboriginal youth early in their tenure in care. These factors underpin and inform the potential interventions presented in section 7 of this capstone.

6. Qualitative Findings

In total, five semi-structured interviews took place with street-involved youth aged 19-26 at the ARYS field office, between August and December 2013. Additionally, telephone and in-person interviews with ten other expert stakeholders with significant experience and knowledge of the child welfare system, policy framework, frontline service provision, and/or advocacy were conducted between October 2013 and February 2014. As previously noted, the primary focus of conducting the qualitative interviews was to gain insight regarding possible barriers and enablers to potential policy interventions; however, a number of themes related to experiences in government care and the current child welfare system repeatedly emerged through the interviews that added both context to the analysis and helped formulate how the policy evaluation and subsequent recommendations were conceptualised. These themes are presented below, while the majority of the qualitative findings are presented in the policy evaluation (section 9).

6.1. Results

6.1.1. Themes from ARYS participant interviews

Experiences in Care: Prevalence of Group Homes

Even though family-based care is the preferred option for out-of-home placements in child welfare systems across the country, all five ARYS youth that participated in the qualitative interviews had been placed in a group home(s) at some point during their tenure in care. However, the settings varied considerably in their level of restrictiveness, from permitting youth to remain fairly autonomous (e.g., curfew extensions granted if youth called), to surroundings that gave the impression of a prison (e.g., no windows, bare room except for a mattress). “Jeremy” was the only youth to describe his experience in a group home, and child welfare in general, as fairly positive.

He was housed in a group home for under six months and spoke at length about how relaxed the rules were and how easy it was to manipulate them, stating:

> *"And it was decent there. That was a great hub I used. Liked that place. Broke into their closet all the time. Took all their food. Just come home randomly and, just eat their food. I had like a stock pile of- I installed a lock on the door. So they couldn't even get in..." (Jeremy, ARYS male, age 20)*

The other four youth interviewed described their group home experiences quite negatively. They spoke of lacking adult role models, not having basic needs met, not feeling loved, fearing for their safety, illegal activity and drug use happening on-site, which they identified as a negative influence. "Sammy," an Aboriginal male youth, recounted how the system failed him his whole life. Taken into custody as an infant, he was placed in a group home, where he ended up ageing-out of care at 19 years old. Growing up he was told that he would be placed with a foster family and at one point was put into a receiving home[11] for a period of time, but a family did not come for Sammy and eventually he was transferred to a different group home. He said this about the group home:

> *"I never liked it at all and I just kept wondering what it was like to be in a family I guess. I still… cause I never grew up with one right? ... But it doesn't bother me as much as it used to… cause I just learned to not focus on it." (Sammy, ARYS male, age 24)*

When Sammy was relocated to a new group home, it was an 'intensive treatment centre' for Aboriginal youth. They practiced a method the staff referred to as 'stablisation' whereby they kept the youth in a boarded room isolated for weeks with nothing but a notebook and pencil. While Sammy's story is fairly unique and extreme, all the ARYS youth interviewed experienced group home placements and the majority had negative experiences in them.

Experiences in Care: A Lack of Structure, Support and Stability

Additionally, all ARYS participants that were interviewed experienced multiple placements and the majority had experienced multiple types of care arrangements (e.g., foster home, group home, detention centre) as well. Perhaps not surprisingly, youth

[11] A receiving home is a temporary, small group home that acts as the middle step between the larger group home and being placed with a foster family.

frequently described their desire for greater structure, support and stability. Like-skills development, employment opportunities, mentorship programs, and to a lesser extent, counselling, were all favourably mentioned as providing structure. One youth described what would be helpful for youth in care would be:

> *"Some sort of like work experience program. Even though you don't get paid, like there apprenticeships… so, it could be um apprenticeship day and a person coming… or it could be an outside source that houses the workshop…" (Jeremy, ARYS male, age 20)*

In addition to talking about their unmet need for structure, some youth also identified the need for support services. "John" went as far back as discussing the situation with his biological mother, mentioning that he believed she would have greatly benefited from support and additional services to help keep them together when she was struggling with addiction and poverty as a young, single mother. A yearning for greater stability was another theme that was repeated during interviews. Nearly all of the youth spoke about their frustrations with the high turnover of ministry social workers and building positive relationships with adults in general. Sally spoke about how hard it was being in temporary custody, going back and forth between ministry care and her mother, and how it may have been easier to have been placed with a family permanently. However, when this was explored further she articulated the desire to continue a relationship with her mother and was opposed to a policy that would prevent this. This was frequently echoed by ARYS youth – the importance of family, even in adversity.

Youth Recommendations for Policy Interventions

In addition to expanding youth-centric programs that provide structure, support and stability to youth in care, youth spoke about two necessary components for successful policy interventions to address the needs of youth in care. The first, was that any youth-centric program, especially offered to older youth or to assist in transitioning out of care, should be completely voluntary. While a particular policy, like life-skills development or extensions in foster care, was responded to quite favourably overall and something that many youth thought would have been beneficial to them or the larger population of youth in care, they wanted participation to be by choice.

The second recommendation revolved around the need for a more robust oversight of ministry programs and especially, approving caregivers. Many youth felt that

the ministry did not have the capacity or 'cared' enough to ensure that youth were placed in safe environments. "Rosie" who reported past abusive foster parents, stated the following about future recruitment of caregivers:

> *"[The ministry]….should look into the people that you make, foster parents. And their his, their family history… You know? What they're involved in. Who they are. And if like, criminals and, criminal stuff you know…" (Rosie, ARYS female, age 26)*

The ARYS youth that participated in these interviews expressed passion, pain, and hope about their experiences in government care and the desire for change with future children exposed to the child welfare system. Similarly, many of the other stakeholders interviewed for this capstone also expressed a desire for change.

6.1.2. Themes from Stakeholders Interviews

Problematic Gaps between Policy and Practice

Particularly with foster parents, but with service providers as well, stakeholders routinely spoke about problematic gaps between ministry policy and practice. One service provider, when questioned about existing kinship care policies and remuneration mechanisms, stated that kinship care providers typically received one-third the compensation that traditional foster parents did, even though policy states otherwise (see status quo in section 7 for more details). Another stakeholder spoke about how current programs require youth to be their own advocates and 'jump through bureaucratic hoops' to access services. They noted that various policy reforms would be effective only if the system was more accessible. This was reinforced by the now university graduate, former government care youth who described having to be very assertive with the ministry in order to be placed on independent living.[12] She spoke at length about how much research and self-advocacy was required for her to avoid being placed in a group home. She speculated that this would be a considerable barrier for a large number of who do not have strong communication and self-advocacy skills. These are just a few examples of how policy is written to be open, accessible and supportive to

[12] Independent living or Youth Agreements are discussed thoroughly in section 7, under the status quo.

a variety of youth in a variety of situations, when in reality, many experience formidable barriers to accessing services and support from the ministry.

Similarly, foster parents recounted situations where their fostering contracts were underbid and it was only through perseverance and self-advocacy that they were able to obtain a certain level of compensation. For example, a former foster mother of ten years shared that the ministry had attempted to decrease the compensation in her fostering contract because she had successfully stabilised two very high needs youth. After years of working to build effective relationships with these vulnerable youth, the ministry offered to place new complex care youth in her care and move the existing ones to a new home or have her contract reduced. The disincentive was so strong that after the youth aged-out of care she stopped fostering altogether. This is another example of how satisfactory policies (e.g., appropriate financial remuneration levels, support for permanency placements) at times are not adequately translated into practice.

The Importance of the Non-Profit Sector

Another theme that emerged during the majority of stakeholder interviews was the important role of the non-profit sector in supporting youth currently in, and ageing-out of, government care. Stakeholders repeatedly emphasized that the role that the non-profit sector currently plays should be better recognised, as well as expanded. Interviewees noted that the responsibility of child welfare services is not solely MCFD's burden and that other ministries and organisations are important for providing youth with opportunities and helping to facilitate transitions for youth exiting the system. In fact, all service providers and advocates that were interviewed recommended that the ministry should move child welfare services to the non-profit sector. They cited a younger, dynamic, innovative workforce and environment as being better equipped to serve youth and their individual communities, than the province.

7. Policy Options

Five policy options have been identified which are available to MCFD to support children and youth currently in government custody and those who are transitioning, or ageing-out of care. The first policy is the status quo, followed by five alternatives that were identified and developed through this capstone's quantitative and qualitative investigation, as well as the literature review. A summation of the policy alternatives is presented in Table 2 at the end of this section.

7.1. Status Quo

MCFD has four policies for children and youth in continuing custody orders that are relevant to this analysis: *Extended Family Program (EFP), Permanency Placement option, Youth Agreements,* and *Agreements with Young Adults*. The first two pertain to youth currently in care and the latter two are transitioning services offered to youth.

7.1.1. Extended Family Program (EFP)

The Extended Family Program (formally known as Kith & Kin Agreements) seeks to place a child in need of out-of-home care with a relative or someone close to them versus placing them in the foster care system. The goal is for placements to be temporary and to reunite families with little disruption to the child's life. This can mean an immediate family member (e.g., a grandparent, aunt or uncle, etc.), but it can also include someone with an established relationship or cultural connection to the child and their family (MCFD, 2013, "Extended Family Program"). This policy option is particularly relevant for Aboriginal youth in care, who account for 57% of the total kinship care placements according to MCFD's 2009 statistics, and have represented the majority of kinship care placements since 2007 (MCFD, 2009). Through this program, limited services and financial compensation (between $554-625 per month depending on the child's age) are available for persons who assume temporary responsibility of children

and youth in need of care (MCFD, 2013, “Extended Family Program”). The main criteria for families to access the EFP includes (MCFD, 2013, “Extended Family Program”):

- Other services and supports have been tried to help keep the family together (e.g., counselling, parenting programs, addiction treatment)
- The care provider, is a “relative or someone with a significant or cultural connection to the child”
- Only the legal guardian can initiate an application
- Parents must agree on the care provider, a plan for the child and, where possible, contribute financially to their child’s care

7.1.2. Permanency Placement Option

As of February 2013, a new *Permanency Placement Option* was implemented under section 54.01 of the *Child Family and Community Services Act* (1996) (MCFD, 2013). When reunification cannot be achieved at the end of an EFP agreement or a temporary custody court order, permanent custody can be legally transferred to extended family or other individuals with close ties to the child. With the consent of the parent(s) (if an EFP was in place before), youth (if they are 12 years old or older), and the proposed guardian, the transfer of custody and guardianship is done through the court system and all parties are advised to seek independent legal counsel. Once granted, the guardian becomes solely responsible for the child’s complete well-being and can receive up to approximately $900 a month depending on the child’s age (MCFD, 2013, “Alternatives to Foster Care”). The necessary criteria to apply for a permanency placement option requires the child to have been living with the guardian for at least six months, and the guardian and home to have been approved by MCFD (MCFD, 2013, “Alternatives to Foster Care”).

7.1.3. Youth Agreements

Youth Agreements (YAs) are available to select at-risk youth, aged 16-18. To be considered eligible for a YA, youth must demonstrate two of the four primary risk factors

identified by MCFD: homelessness and not attending school; severe substance use; severe mental illness; and sexual exploitation (MCFD, 2002a). Under a YA, the ministry relinquishes guardianship of the youth but provides financial, educational, and emotional support until the age of majority. Services commonly include: help finding housing and employment, counselling and addiction treatment, childcare, and financial support for living expenses. Youth are eligible for a Youth Agreement if they cannot return home for safety reasons (e.g., substance use, abuse, sexual exploitation), do not have a familiar adult to care for them, or in rare circumstances as an alternative to traditional foster care placements (MCFD, 2002). The goal of this program is help youth transition to independence, complete schooling, attain employment, gain life-skills, and protect their rights (MCFD, 2002).

7.1.4. Agreements with Young Adults

A relatively new $5-million program, Agreement with Young Adults (AYAs) provides support to a select few young people aged 19-24 who age-out of government care. AYAs provide financial assistance and support services to young people who are in, or interested in, the process of completing high school, post-secondary education, vocational training, or an addiction treatment program (MCFD, 2013, “Agreements with Young Adults”). Assistance is provided for living expenses, childcare, tuition, and healthcare. AYAs include certain responsibilities, for example, attending regular counselling or maintaining grades, which are carved out between the youth and social worker as part of a contract. However, they are offered on a very limited basis and last only six months, renewed for a maximum of 24 months.

7.2. Extension of Kinship Care

Much improvement took place in BC in 2013 with the implementation of the permanency placement option and EFPs by giving priority consideration to place youth in need of care with relatives or members of the same cultural background, most notably in the case of Aboriginal children. However, an inequality persists between foster parents and kinship care providers. The application process to transfer legal guardianship and rights to relatives is a new and fairly arduous process. Except in rare

circumstance, it is not until permanency has been achieved that kinship care providers can access any of the financial and support services that are available to foster parents. However, the most a kinship care provider can access under the permanency option is approximately $900/month, which is substantially less than the $1,816/month a foster parent is paid, depending on the complexity of the youth's needs (MCFD, 2013, "Alternatives to Foster Care"). Stakeholders reaffirmed these findings during interviews, describing barriers many kinship caregivers experience when attempting to access support and services from the ministry to assume care of their relation.

The onerous application process coupled with limited financial and support services creates formidable barriers for many well-intentioned relatives, who may have difficulty navigating the administrative aspects or cannot take on the financial burden of raising a youth – especially one who may have complex care needs. Furthermore, a systematic review of kinship care found that caregivers are more likely to be older and in poorer health, non-Caucasian, single, less educated, unemployed and of a lower socioeconomic status compared to traditional foster parents (Cuddeback, 2004). Similarly, there is a growing body of literature that asserts that kinship caregivers receive less training, fewer services, and less support than traditional foster parents (Farmer, 2009). Studies have found that kinship caregivers are assessed less frequently (or not at all) by social workers and attitudes prevail that relatives should be able to manage their kin without assistance (Harden et al., 2004; Berrick et al., 1994; Palacios & Jiménez, 2009).

As a result, the quality of kinship care is very difficult to assess. Therefore, extending kinship care seeks to rectify the disparity between kinship caregivers and traditional foster parents by creating low threshold access to the same supports and services accorded to foster parents. Similar to traditional foster parents, remuneration would be determined by the complexity of the care needs for the youth in question. Traditional foster parents are required to complete the *Foster Care Education Program*, developed by MCFD and the BC Federation of Foster Parents Association, within two years of their approval to be a ministry foster parent (MCFD, 2013, "Foster Care Education Program"). Under this policy option, the *Foster Care Education Program* would be mandatory and free of charge to kinship care providers in order to ensure a standardised level of care for youth who are placed with relatives. Further, this would

allow the ministry an opportunity to screen potentially inadequate caregivers from assuming custody of youth.

In addition to the enhanced supports and services accorded to all kinship caregivers under this policy option, child protection files of Aboriginal youth will be given priority placement to Aboriginal social workers or when that is not possible social workers who have undergone the *Indigenous Cultural Competency Online Training* program developed by the Provincial Health Services Authority under the auspices of prominent Aboriginal community leaders and professionals (Provincial Health Services Authority, 2013). The program is taught by Aboriginal professionals, targeted at non-Aboriginal professionals working in healthcare and designed to increase Aboriginal-specific knowledge, enhance self-awareness, and focus on identifying, treating, and understanding mental and physical health issues of Aboriginal clients. The program is now widely used throughout various ministries and departments in BC and is applauded for its promotion of cross-cultural discourse and endorsed by the Aboriginal Steering Committee of the BC Tripartite Committee on First Nations Health as a promising practice (Tripartite Committee on First Nations Health, 2013).

Increasing financial compensation, support services and training to kinship caregivers aims to reduce the many stressors that negatively affect parenting and promote positive parenting methods, which are expected to be particularly important as kinship care providers tend to be older, single, in failing health, and of lower socioeconomic status.

7.3. Professionalising Foster Care

Recent decades have seen the growing trend towards the professionalisation of childcare services, including foster care. Inarguably, foster care provision can no longer be looked at as a voluntary act and increasingly, foster care is situated between two spheres of ‘family’ and ‘work’ (Kirton, 2007). Reasons commonly cited for this trend include: society’s movement away from institutionalisation; ensuring quality, or at least, a level of standardisation in care provision; professional recognition and compensation for foster parents; a mechanism to recruit and retain competent caregivers and; a necessary

step as children coming into child services are increasingly more complex in their care needs (Kirton, 2007; Pivot Legal Society, 2008; Waldock, 1996; Wilson & Conroy, 2001).

The policy option of professionalising foster care was identified as a potential intervention after reviewing Canadian literature which indicates a dramatic growth in group home placements in recent decades due to a decrease in the recruitment and retention rates among traditional foster parents and suggests a need for policies that attract more individuals to fostering (Farris-Manning & Zandstra, 2003). Professionalising foster care would develop a formal accreditation program with post-secondary institutions that could combine elements of child psychology, early childhood education, social work, and healthcare with existing foster care training programs. Also included, would be a thorough assessment of mental and physical health, and behavioural testing to better screen potential foster parents. After completing the training and assessment, foster parents would be required to join a professional organisation, similar to the College of Registered Nurses; that would advocate and protect foster parents rights with regard to ministry policy and salaries, create a support network of professionals, provide access to online and community resources and ongoing training opportunities, and reaffirm members level of commitment to their practice. The BC Federation of Foster Parents Associations already exists, however currently, membership is voluntary and as found from interviews with foster parents, many did not know about the organisation or subsequent benefits until well into their fostering career.

7.4. Extension of Foster Care

As the average adolescence continues to extend into the mid-twenties, with most youth requiring some form of assistance and support from their families (Furstenberg, 2010), there is increasing evidence that terminating government support at 19 years old is inappropriate. The previously mentioned *Transitions Survey* conducted by the Vancouver Foundation, found that of all parents surveyed, 80% provide financial or other forms of assistance (e.g., housing, groceries, post-secondary funding, transportation) to their youth aged 19-28 (The Vancouver Foundation, 2013). For youth who have been in government care, this assistance is often absent and compounded by childhood trauma, mental health issues, lack of life-skills, and as evident from the quantitative findings, high

levels of incomplete high school education and substance use. Prior studies have shown that youth in government care frequently transition to independence for reasons other than pursuit of post-secondary or employment opportunities (Collins, 2001). The result can lead to instability and subsequent homelessness, with the current system of care being referred to as a 'pipeline' to becoming street-involved by interviewees, service providers and researchers (Fowler et al., 2009; Pivot Legal Society, 2008; Smith et al., 2013; Vancouver Foundation, 2013). Similarly, stakeholders responded to the survey results (see Appendix E for interview guide) and the idea of extending foster care as being more reflective of the time and city (most participants are in Vancouver) this policy reform would be implemented in – arguing that many youth move home several times while transitioning to full independence in today's society.

This policy option would permit youth with the choice to remain in care until they reached the age of 21. In the United States, the *Fostering Connections to Success and Increasing Adoptions Act* (2008) provides federal-funds to states to extend foster care services to 21 years old, with the stipulation that youth must be eligible by meeting one of the following criteria: completing high school; enrolled in post-secondary; vocational training; working at least 80 hours per month; or have a medical condition that prevents a youth from engaging in the aforementioned criteria. Similarly, this policy option would require youth that wish to remain in care to be actively working towards a goal, whether educational or vocational, unless a medical condition prevented them from doing so. A social worker would be charged with the responsibility of drafting an agreement between the youth and foster parent(s), and ensuring compliance through regular progress check-ups. Unlike the current Agreements with Young Adults that require youth to reapply every six months and was noted as a barrier and stressor among foster parents interviewed, this program would not require youth to reapply, in order to provide a sense of security and stability to youth. In the event that the youth was in violation of the terms and conditions set out in the agreement, the social worker would reassess the situation and may elect to place the youth on 'probation' for six months, which if compliance did not return, the agreement could be dissolved. However, if a recognised counsellor diagnoses a psychological disorder (e.g., stress, depression, substance use) or a trauma occurs (e.g., assault, bereavement, accident), a six-month 'compassionate leave' would be granted. The counsellor would be a contract employee of the ministry to ensure a

level of transparency, and would reassess at the end of the six-month grace period to determine if an extension was warranted.

7.5. Independent Living Program

Currently, Youth Agreements serve as BC's independent living program for youth in care. The policy option would replace YAs with a more comprehensive program – the Lighthouse Independent Living Program (LILP) – one of America's most experienced shared housing and scattered-site independent living programs (Kroner & Mares, 2011). However, unlike its current manifestation, which is offered to youth between the ages of 16 and 19 who are in care or delinquent, this policy option would be available to youth until they are 21 years old. The identification of this policy option as a potential intervention was informed by a number of stakeholder interviews, which revealed that YAs are largely inadequate in that they are hard to access, there is not enough ancillary support or life-skills development, and that they may be age-inappropriate (i.e., offered to youth too young and terminated too early).

LILP aid vulnerable youth transition to self-sufficiency through the provision of basic necessities (e.g., shelter, furniture, food, transportation, education), direct treatment (e.g., addiction modalities, counselling, 24-hour support), mandatory life-skills training (e.g., budgeting, community resource knowledge, job skills, problem solving), and referrals (e.g., dental, therapeutic). Additionally, youth are given an allowance and a monthly contribution to a savings account that can be accessed after emancipation from the program. Youth are encouraged to gain employment to cover unmet needs and as the program progresses, youth gradually assume responsibility over living costs. If youth prove themselves reliable and are employed by the end of the program they are allowed to keep the apartment, furniture, and security deposit.

The LILP explicitly states its willingness to accept high-risk youth who have been previously hard-to-house (Kroner & Mares, 2011; Mares & Kroner, 2011). As such, LILP social workers have low caseloads between 8-14 youth and see or contact youth several times a week, with the highest-risk youth being contacted daily (Kroner & Mares, 2011). For youth who are unable or do not want to live independently, the program has group homes, shared independent dwellings (i.e., house with roommates), and supervised

apartment buildings with live-in staff. Those who continuously violate the program are relocated to a more restrictive setting where they can earn their way back to independent living – the program has found that youth are more successful when they can learn from their mistakes and given the opportunity to improve (Kroner & Mares, 2009).

Table 7.1. Potential policy options to improve outcomes for youth exposed to the child welfare system

Policy Options	Description of Policy Option
Status Quo	• No change from current policy approach
Extension of Kinship Care	• Extend the same resources (e.g., monetary compensation, ministry oversight, support services and training) that is in place for traditional foster parents to kinship care providers • Particularly important for Aboriginal communities involved with child welfare services and may facilitate the CFCSA's (1996) legislative stipulation to place Aboriginal children with family members
Professionalising Foster Care	• Create a training and accreditation process for fostering, provide adequate salary, include mandatory admittance to professional organisation (i.e., BC Federation of Foster Parent Association) • Education would include early childhood education, child psychology, social work, healthcare
Extending Foster Care to Age 21	• Allow youth to remain in government care to age 21 if they were enrolled in secondary or post-secondary schooling, participating in vocational training, working part-or full-time, or had a medical condition that prevented them from doing so
Independent Living Program	• Based on the Lighthouse Independent Living Program that employs a variety of different living arrangements (from supervised apartment buildings with live-in staff, to a house shared with roommates, to independent living apartments) – where youth are moved along the continuum depending on performance and maturity • Includes: basic necessities (e.g., food, rent, furniture, transportation), services (e.g., addiction treatment, counselling, 24-hour support), mandatory life-skills classes (e.g., budgeting, community resource knowledge), and an allowance with mandatory savings contributions

8. Criteria & Measures

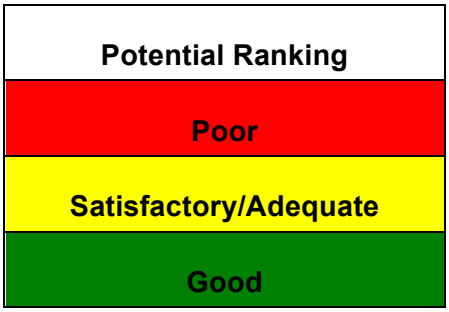
To determine appropriate interventions to rectify lagging outcomes associated with exposure to the child welfare system, five broad objectives identified *a priori* are used to evaluate potential policy interventions. These include: effectiveness, equity and Aboriginal acceptance, stakeholder acceptability, cost, and implementation complexity.

8.1. Ranking of Objectives

Of the societal and governmental objectives described below, two criterions are primarily focused on improving the situation for youth exposed to the child welfare system – effectiveness and equity/Aboriginal acceptance. As children and youth are the subject of this research project, effectiveness and equity are double-weighted. For equity, the criterion is vertical equity: a measure of distribution across unequal groups, namely, Aboriginal communities. This criterion is also concerned with whether a policy option has been proposed or accepted by Aboriginal communities and can therefore be considered to have some legitimacy. This is justified as Aboriginal youth comprise more than 60% of the children in long-term government custody in the province and have been subjected to unequal treatment and discriminatory policy for centuries.

8.2. Measures

The criteria measures used to assess proposed policy options are informed estimates and relative comparisons to one another, not absolute. As such, ordinal scales that imply precision would be inappropriate. Alternatively, red, yellow and green are used to represent a rating of poor, satisfactory/adequate and good, respectively.



8.3. Societal Objectives

The following societal objectives are normative rationales for government action within western thought and the Canadian context that pertain particularly to the well-being of youth in government care.

8.3.1. Effectiveness

The fundamental factor considered for whether an intervention is appropriate is the impact on outcomes for youth in government care. Markers of improved outcomes include: a decrease in rates of homelessness; incarceration; unplanned pregnancies; substance use; poverty and reliance on social assistance; and an improvement in vocational and educational attainment. To this end, effectiveness is double-weighted to reflect the significance attached to this objective. The degree of efficacy for each policy option is ascertained through the literature review, stakeholder interviews and evaluation forms, and program evaluations where applicable.

8.3.2. Equity: Aboriginal Acceptance

Similar to effectiveness, this criterion is double-weighted, as any policy option that is recommended needs to serve Aboriginal communities. The *Child, Family and Community Services Act* (1996) guiding principles mandate that the cultural identity of Aboriginal children is to be preserved, where possible Aboriginal children should be placed with relatives or members of the same community, and that Aboriginal

communities should be involved in the planning and service delivery of Aboriginal child welfare.

The type of equity considered is vertical equity – meaning allocating resources according to need rather than equal distribution between all parties (horizontal equity) (Culyer, 1995). As identified in the literature review, Aboriginal children comprise over 60% of the children and youth in care in BC, while accounting for only eight percent of the youth population (Representative for Children Youth, 2013). Underlying social and structural factors (e.g., substance use, poverty, housing instability) have been linked to the high prevalence of maltreatment charges alleged against Aboriginal parents (Blackstock et al., 2004; Trocmé et al., 2004). For too long, both non-Aboriginal and Aboriginal activists have called for government to find public policy solutions to better support Aboriginal communities given their significant vulnerabilities and continued overrepresentation in child welfare services (Blackstock & Trocmé, 2005; Pivot Legal Society, 2008; Representative for Children Youth, 2013; Richardson & Nelson, 2007; Smith et al., 2013; Trocmé et al., 2004). The degree of equity for each policy option is ascertained through an assessment of whether it aligns with the guiding principles stipulated in the CFCSA, calls to action by the RCY and Aboriginal child welfare publications, and keeps youth in their communities or connected with their culture.

However, this criterion goes beyond attempting to determine if a policy option is 'equitable' or 'appropriate' and seeks evidence that a particular policy is proposed or recognised as legitimate by Aboriginal communities. As mentioned in the review of the literature, a fundamental tenant to the dominant approach to social work is the desire to improve others (Blackstock, 2009) and so in attempting to move beyond the prescriptive nature of settler-mandated policies, reports, studies, and literature from Aboriginal scholars, activists and leaders will be used to ascertain a relative level of acceptance and legitimacy within communities. It is for these reasons and the principles legislated in the CFCSA that any policy option must take into account Aboriginal equity.

8.4. Governmental Objectives

The following governmental objectives are not primarily focused on improving outcomes for youth in care, but are management considerations for government in

adopting a policy. They largely reflect the feasibility of a policy, namely, how achievable a policy is in the current climate with budget constraints, legislative requirements, and the level of public and stakeholder acceptance – all of which are paramount to policymakers' deliberations.

8.4.1. Stakeholder Acceptability

As there are many key players involved in child welfare apprehension and service provision, a number of sub-criteria have been developed for stakeholder acceptability. This list is not meant to be exhaustive but represent a voice for a number of key groups. With regard to ranking the policy alternatives, if the policy would be met with general disapproval from the following groups it will be coded as red, scepticism or uncertainty will be coded as yellow and approval will be coded as green. Information to assess the expected reaction is gathered from stakeholder interviews and supplemented with policy statements, news reports, public opinion surveys, and other existing documents.

Youth Exposed to the Child Welfare System

Youths' voices are all too often absent from analyses regarding child welfare reform. As the primary recipient of services, the perspectives and opinions of youth in terms of what they need to feel safe, have basic necessities met, attend school, prevent substance use or criminal activity, and receive appropriate care are fundamental to the analysis of child welfare reform. The ARYS youth interviewed for this capstone represent the most vulnerable youth exposed to the child welfare system as they are now street-involved and substance using. While youth who successfully navigated their care experiences and transitioned to adulthood are an important stakeholder, the target of this project is to improve outcomes for those in most dire need and due to limited resources, this is where the majority of time and energy was allocated.

Ministry of Children and Family Development

One of the key stakeholders in child welfare reform is MCFD, as they are ultimately responsible for developing and implementing new policy in this area. It is important to note that neither this criterion, nor this analysis in general, considers the federal government's position regarding the policies presented here. The federal

government is responsible for on-reserve child welfare services, however, while very important, federal policy for on-reserve child welfare services is beyond the scope of this project.

Foster Parents

It is important to incorporate the perspectives of foster parents as both government and the public often overlook their wealth of knowledge regarding the inner workings of the child welfare system. Foster parents offer a unique perspective, which help inform the feasibility of a policy and can readily identify potential barriers. Similarly, as the recruitment and retention of foster parents has been on the decline in recent decades, their support for reform is imperative.

Advocacy Agencies & Service Providers

Private community providers and non-profit organisations attempt to fill the gaps left behind by government support, services and funding for at-risk youth and youth in government care, and have a considerable impact on youths' lives. Collectively they represent a powerful group for influencing policy change and garnering media attention to the issues surrounding the child welfare system and therefore their support is important when implementing policy.

8.4.2. Cost

The cost criterion considers the affordability of each policy option. It is concerned only with capital and operating costs, not the projected future savings to government through preventative measures. By preventing homelessness, unplanned pregnancies, substance use, incarceration, and reliance on social assistance, policy reform could present substantial savings to government in the fields of healthcare, criminal justice, social assistance, future MCFD costs, and emergency services. However, given that these potential cost savings are not realised in the short-term and governments have been known to make decisions based on four-year election cycles (Mechtel & Potrafke, 2011; Paldam, 1981; Palmer & Whitten, 2000) potential long-term cost savings are not factored into the cost assessment for this analysis. Although it should be noted, that the effectiveness criterion captures reductions in the above mentioned costly poor outcomes, so cost savings resulting from a reduction in these poor outcomes are

partially reflected in that criteria and therefore accounted for to some degree in this policy analysis. Capital costs that are assessed in the cost criterion include the upfront costs required to develop and implement a policy (e.g., new human resources, facilities, research, advertising and printing costs). Operating costs include the ongoing costs associated with a policy (e.g., training for staff, salaries, monthly rentals, replenishing stock and online resources). Assessments of costs related to each policy option are ascertained through a review of existing literature, program evaluations, and informed estimates.

8.4.3. Implementation Complexity

The relative difficulty or ease of implementing a policy will be evaluated under implementation complexity, using time and the number of steps required to implement the policy as proxies. For instance, questions regarding how long government providers will need to hire or train staff and the amount of time required for the policy to be implemented and begin serving youth (e.g., does legislation need to be amended? are public consultations necessary?) will be pertinent to the analysis. Given the difficulty associated with defining the precise complexity involved in implementing a policy, options are ranked against one another and these rankings are based on expert stakeholder assessments gathered through the evaluation form.

Table 3 depicts a summary of each objective, criterion, measure, and scale.

Table 8.1. Criteria & measures

Objective	Criterion	Description	Measure	Methodology
Effectiveness	Improve outcomes (e.g., decrease in rates of substance use, homelessness, incarceration)	How effective is the policy in improving outcomes for youth currently in and transitioning out of child welfare?	Quantitative: scale (Good/ green; satisfactory/ yellow; poor/ red)	• Stakeholder evaluation • Academic literature and studies • Case studies and program evaluations

Objective	Criterion	Description	Measure	Methodology
Equity: Aboriginal Acceptance	Vertical equity measure: distribution across unequal groups, specifically, Aboriginal youth, families, and communities due to overrepresentation in child welfare Aboriginal Acceptance: interventions that have been proposed or advocated by Aboriginal communities	Does the policy option help or hinder Aboriginal communities from accessing services and support, keep children in their communities, and/or improve outcomes for Aboriginal youth? Do Aboriginal communities view the policy as legitimate?	Quantitative: scale (Good/ green; satisfactory/ yellow; poor/ red)	• Academic literature and Aboriginal agency publications • Qualitative interviews done with Aboriginal persons or experts in the field
Stakeholder Acceptability	Key stakeholders: *1. Youth exposed to the Child Welfare system* *2. MCFD* *3. Foster Parents* *4. Service Providers/Advocacy Agencies*	Would each of the identified key stakeholders find the policy option acceptable or favourable?	Qualitative Assessment inquiring into feasibility and acceptability to produce a quantitative scale (Good/ green; satisfactory/ yellow; poor/ red)	• Majority of assessment derived from qualitative interviews • Supplemented by surveys, policy statements, and news reports

Objective	Criterion	Description	Measure	Methodology
Cost	Capital costs and annual operating cost of policy option	Which of the policy options will be the most cost-effective in terms of immediate budgetary impact?	Quantitative: estimated annual operating costs for each option resulting in ranking of good, satisfactory, or poor	• Estimates ascertained from literature, government and subsidiary agency publications (e.g., RCY)
Implementation	Implementation complexity	How long with the policy take to implement? Will the policy require cross-ministry or government coordination? Is legislative reform required?	Quantitative: scale (Good/ green; satisfactory/ yellow; poor/ red)	• Stakeholder evaluation form • Supported by literature, grey papers, and government policies/reports

9. Evaluation

The policy options are evaluated using the previous section's criteria and measures. To score the policy options, red rankings will be given a value of 1, yellow a value of 2, and green a value of 3. For stakeholder acceptability, which has four sub-criteria, each sub-criterion's colour and corresponding value will be weighted as a quarter so that the aggregate score cannot exceed any other singular-weighted criterion. By contrast, effectiveness and equity are double-weighted and the score will be multiplied by two. Finally, the totals will be summed for each policy option, which will produce the recommended alternative(s).

9.1. Status Quo

"No. I was in care, I didn't have no one. Someone that cared. That actually did care. That would have done something yeah…"

"Rosie" (ARYS female, age 26)

9.1.1. Effectiveness

The effectiveness for the status quo is rated poor with a red colour designation. Given the prevalence rates of former government care youth experiencing homelessness, incarceration, substance use, unplanned pregnancy, poverty, and reliance on social assistance, as reported by the ministry, advocacy agencies and research in the province (MCFD, 2012b; Representative for Children Youth, 2013; Rutman et al., 2007; Smith et al., 2013), it is clear that maintaining the status quo is not an effective response. A number of features of the status quo were identified in the literature and through stakeholder interviews that likely undermine the effectiveness of current policies. For instance, the caseloads for social workers can be as high as 30-50 families, which is far above the recommended 16-17 cases (Yamatani, Engel, & Spjeldnes, 2009). This is just one example of the scarcity of resources that leaves many

youth without adequate access to support and services. When questioned as to why the status quo is ineffective, multiple stakeholders described how other aspects of policy were not put into practice. For instance, the use of alternatives or least intrusive measures was noted as something written into policy but routinely not practiced by social workers. Lastly, due to the known health, social and economic harms associated with experiences of being in government care and ageing-out, the status quo results in considerable government expenditures in the domains of healthcare, criminal justice, social assistance, future MCFD costs, and emergency services.

9.1.2. Equity: Aboriginal Acceptance

Despite an investment of approximate 66 million dollars to establish Delegated Aboriginal Authorities (DAA) and relinquish control of child welfare to Aboriginal communities, DAAs have been criticised for not maintaining performance measures, keeping an accurate record of expenditures, or ensuring transparency (Representative for Children Youth, 2013). However Aboriginal communities and researchers have criticised MCFD for creating substantial barriers inhibiting DAA success, including: a lack of consultation with Aboriginal communities and child welfare directors; inconsistencies between MCFD's vision of regionalisation and indigenous approaches within communities; and a lack of role clarity, implementation procedures, or ensuring capacity in transfer of responsibilities (Kozlowski, 2012; Johnson, 2011; MacDonald, 2008). However, advocacy representatives and Aboriginal interviewees spoke at length during interviews about how the assessment from the Representative of Children and Youth was not reflective of a lot communities' efforts and the improvements they had made in young peoples lives, which they know from working with Aboriginal youth in care. While Aboriginal youth are overrepresented in government care currently, the DAAs are still in their nascent stages and it is too early to discount this policy as ineffective or inequitable. As such, due to the creation of the DAA the status quo is given a moderate or yellow ranking for this criterion.

9.1.3. Stakeholder Acceptability

With regard to stakeholder acceptability, the status quo receives a red designation and a poor rating. For MCFD, acceptability was given a moderate or yellow

rating that while policymakers and the BC government are likely to rate the status quo acceptable, MCFD social workers have repeatedly voiced their concerns over their 40-50 client caseloads, when the recommended caseload is 20 clients (Culbert, 2005; National Union of Public, 2011; Representative for Children Youth, 2012). For the other three stakeholder groups, the status quo is ranked poor. Foster parents, youth and service providers all lamented about the difficulties with the current system. Four out of the five ARYS youth interviewed expressed predominantly negative feelings about their experiences in government care and communicated a desire for change. While much more than social worker caseloads, "John" described his frustrations, stating

> *"My social worker… I'd switch social workers like every four years or something through my whole life and it's kind of annoying cause like as soon as I got to know one social worker they'd switch it… and then I'd have to start over..."*

Some of the hardest critics of the status quo in the stakeholder interviews were service providers and foster parents who admonished the current system. When asked what is the most beneficial aspect of the system, a service provider said the Representative for Children and Youth – the watchdog of MCFD. All three foster parents interviewed described a distrustful relationship between themselves and the ministry. One foster parent with over ten years of fostering stated that as a foster family becomes a 'real' family, he believes the ministry finds ways to remove financial supports – creating a disincentive for parents to help youth improve their situations.

9.1.4. Cost

MCFD has a total budget of $1,344,816 million for 2013/2014, of which 37% or $499.6 million is allocated for child welfare costs (MCFD, "Budget 2014/15"). The 2012/2013 budget allocated $497.3 million for child welfare services and actual expenditures resulted in a deficit of $6.6 million, which was attributed to various programs and enhanced training for front line service providers (MCFD, 2013). Using the budget deficit of 2012/2013 as an informed estimate and only an incremental increase in the budget for this year, it is likely that child welfare services will go into deficit again in the 2013/2014 annual service report. However, there is nothing indicating that the hypothetical deficit will be greater than 2012/2013's and so the status quo receives a yellow or moderate rating for its budgetary impact.

9.1.5. Implementation Complexity

As the status quo is already implemented it receives a green or good rating for its complexity level. Additional reasons for the high allocation are derived from MCFD's annual service report that indicated a number of new human resource management initiatives were successfully realised in the past year (MCFD, 2013). Included, was the ministry's implementation of performance and outcome data to guide the strategic and operational decision-making processes with enhanced transparency and efficiency. While it is hard to evaluate the service report accurately, it represents the best evidence available.

9.2. Extension of Kinship Care

"…my mom put me with like my grandma – at my grandma and poppa's place, when I was eleven…. I-I wish I could've like, went with my grandma and poppa instead. I think that would've been much better decision."

"Sally" (ARYS female, age 24)

9.2.1. Effectiveness

As previously mentioned, the benefits to placing youth with kin well established and include: fewer behavioural problems; identity formation; reduction of attachment resistance; stability of placement; maintenance of familial/cultural lineage; increase in therapy usage and improved mental health outcomes; increased likelihood of siblings remaining together; and better rates of initiating and maintaining contact with biological contacts (Berrick et al., 1994; Cuddeback, 2004; Farmer, 2009; V. O'Brien, 2012; Palacios & Jiménez, 2009). However, many studies examining kinship care report mixed results, with traditional foster care placements reporting better outcomes with some indicators (Cuddeback, 2004; Palacios & Jiménez, 2009; Sakai, Lin, & Flores, 2011). Reasons commonly cited for the discrepancies surround resources, training, compensation, and demographics of kinship caregivers who tend to be in worse health and poorer than traditional foster parents (Cuddeback, 2004; Sakai et al., 2011). As ascertained from stakeholder interviews, addressing these problems by increasing access to formal designation and equitable remuneration for kinship caregivers, while

ensuring government oversight and training, is expected to improve outcomes for youth in need of protection. Accordingly, extending kinship care is accorded a moderate or yellow ranking.

9.2.2. Equity: Aboriginal Acceptance

This policy option is accorded the highest ranking for equity and Aboriginal acceptance. This is primarily due to its ability to meet the objectives set out in section 71 of the CFCSA (1996) – namely, placing an Aboriginal child with extended family or within the child's cultural community. As previously mentioned, Aboriginal youth represent the majority of kinship care placements in the province, which has had varied results. As a result, the RCY has recommended clearer policies, more oversight and a commitment of resources to support Aboriginal families in kinship care agreements (Representative for Children Youth, 2013). Additionally, members of the Aboriginal community have long asserted the sacred importance of kinship networks and called for Aboriginal children and youth to be placed with family members and individuals of the extended community in the absence of more transformative change to the system (Johnson, 2011; Johnson, 2008; Blackstock, 2005; Sinha et al., 2011). Aboriginal scholars articulate a need for cultural teachings to instil positive Aboriginal identities and feelings of belonging among Aboriginal youth, which cannot be achieved if Aboriginal youth are placed in non-Aboriginal homes (Alfred, 2009; Wickham, 2009; Carriere, 2007). Lastly, the provision to ensure that Aboriginal youth in care are served by Aboriginal social workers, or at least by social workers who have undergone the Indigenous Cultural Competency training, may help to ensure that Aboriginal youth have a positive Aboriginal adult role model and someone who understands the situation unique to their needs. By mitigating the financial burden and providing equitable support to Aboriginal relatives who are willing to assume responsibility over a child deemed in need of protection, this policy aids the application of the above section of the CFCSA and provides a clear policy as recommended by RCY.

9.2.3. Stakeholder Acceptability

The acceptability of extending kinship care was received moderately well by stakeholders and receives an adequate or yellow ranking. Overall, the policy faired well

with foster parents and service providers, many talked about how strong it was conceptually or that they 'loved the idea in principle' but recognised current barriers that may persist. They remained slightly sceptical about this policy translating into practice; meaning that even if this extension of support and services was written into policy, they suspected it would still be difficult for kinship caregivers to access. Ministry perception for this policy was regarded as skeptical, with well publicised past tragedies of placing youth with kin tarnishing MCFD's reputation.[13] Similarly, all stakeholder groups – youth and professionals – spoke about the need to better assess the appropriateness of kinship care placements. "Jeremy" articulated his scepticism that this policy would ameliorate the assessment by stating, "I mean you can't just put a kid into a poor family if they can't… even sustain themselves. How the hell can you expect them to take care of another person? And then there's… all the baggage that's associated with that…" To this end, stakeholders emphasised screening potential caregivers and increasing ministry oversight with placements as critical to protect youth and ministry liability and paramount for acceptance.

9.2.4. Cost

Extending kinship care is given a good or green ranking for its impact on MCFD's budget, meaning it is relatively inexpensive to implement. The framework for this policy option is already in place with the *Extended Family Program,* so capital and initial costs are substantially mitigated. The incremental expense would largely come from increases in remuneration and support services available to kinship providers. Currently, depending on whether the relative has temporary custody (Extended Family Program) or is a legal guardian (Permanency Placement), compensation is between $554 up to a maximum of approximately $900 a month (MCFD, 2013, "Extended Family Program"; MCFD, 2013, "Alternatives to Foster Care"). The most recent MCFD statistics available on kinship care placements indicate that in 2009, 187 children and youth in government custody were placed in kinship care agreements (MCFD, 2009). Using these numbers as estimates, the ministry would have been responsible for no more than $168,300 in financial compensation to kinship care providers. Assuming worse case scenario, that

[13] See http://www.rcybc.ca/Content/Publications/Reports.asp for more details.

every child in kinship care was a 'level three' specialised care which yields the maximum remuneration of $1,816 a month for a foster parent, the ministry would be responsible for approximately $339,592 in provider payments – an additional $171,292 in total. However, it is highly improbable that every child in kinship care would be designated a level three complex care profile, nor does this estimate account for the cheaper rates attached to younger children or having multiple children in one home. Conversely, lower threshold kinship agreements would presumably mean more relatives would be willing to take in kin in need of care, which would increase the cost to government. In sum, despite relative increases in remuneration accorded to kinship caregivers, implementing this policy is deemed cost effective.

9.2.5. Implementation Complexity

Extending kinship care would not be very complex to implement. With both the *Extended Family Program* and *Permanency Placement Option* in place, the legal apparatus for extending kinship care exists. Similarly, as this policy option seeks equity with traditional foster parents, the pay schedule is already established. If implemented, training for kinship care providers would become mandatory as it is for traditional foster parents. Minor human resources would need to be allocated to train the extra number of caregivers in the province and an increase in ministerial oversight would require additional man-hours to ensure quality of care through regular assessments. Interestingly, while the majority of expert stakeholders rated the implementation complexity quite low, one service provider predicted that a considerable amount of energy would have to go into public awareness and education campaigns as placing more youth with relatives may open the ministry up to liability issues. However, since the overwhelming majority of stakeholders rated the implementation complexity low, extension of kinship care receives a green colour designation for this criterion.

9.3. Professionalising Foster Care

"Cause if they're gonna be a foster parent they should do it outta their kindness of their heart. And just, you know, take what they're given."

"Rosie" (ARYS female, age 26)

9.3.1. Effectiveness

The professionalisation of foster care has, in some ways, become the policy reality of child welfare services in BC over the last several decades. However, there is some evidence to suggest that paying foster parents creates a disincentive for adoption, creates a conflict for how foster parents report on family visits, and may create negative feelings in the child towards their own family, or harm the child's self esteem that someone has to be compensated to take care of them (Kirton, 2007; Shannon, 2003; Triseliotis, 2002). Stakeholders ranked the effectiveness of this policy very low (n=1), low (n=5), and moderately (n=4) effective. Reasons cited for the moderate level of effectiveness in relation to youth outcomes is based on the potential increase in recruitment in the number of foster parents in the province, which would mean that less youth were housed in group homes or residential-care facilities. As found in the literature review, evidence suggests that group home placements are associated with poorer outcomes and lower educational attainment, with youth reporting higher dissatisfaction with placement type, comfort with caregivers, and diminished feelings of security and love than those housed in family-based care settings (Chapman et al., 2004; DeSena et al., 2005; Farris-Manning & Zandstra, 2003; Usher et al., 1999; Wilson & Conroy, 2001). However, since it cannot be determined if increasing remuneration rates to foster parents would attract more to the profession and the majority of key informants rated this policy relatively ineffective, it is accorded a red or poor rating.

9.3.2. Equity: Aboriginal Acceptance

Professionalising foster care is void of anything to ensure improved outcomes for Aboriginal children and youth in government care or that Aboriginal communities are better served by MCFD. One Aboriginal scholar and former foster parent spoke about how an accreditation program could create formidable barriers for potential Aboriginal individuals to enter fostering and that standardising care would mean further imposing a western ideal of 'good parenting', ignoring indigenous tradition and culture in childrearing practices. Similarly, Aboriginal authors have articulated a need for child welfare services to decolonise cultural programming and move away from standardised methods (Wickham, 2009). It is for these reasons that professionalising foster care receives a low or red rating.

9.3.3. Stakeholder Acceptability

In interviews, youth were the most adamantly opposed to professionalising foster care. They recounted experiences of foster parents spending ministry cheques on personal expenses and did not provide them with adequate necessities or that they felt like they were a 'job' to their foster parents and not part of a family. While some agreed it could attract more individuals to fostering, they were cautious about a financial incentive being the underlying motive to foster. Other stakeholders interviewed were similarly unfavourable towards this policy option as well. Perceptions of ministry approval were rated low, as this would result in more resources being funnelled towards already well-compensated foster parents. Service providers and social workers were worried that requiring formal accreditation or education to foster may create a barrier for good, albeit, lower socioeconomic individuals from fostering. One foster parent stated that fostering is not about education, it is about on-the-ground training and learning from experience. Another parent while unfavourable towards this option, hypothesised that it could open a dialogue about the money and resources available to foster parents as currently the ministry attempts to underbid contracts. No key informant rated the option higher than low acceptability and as such, this option receives a poor (red) acceptability rating.

9.3.4. Cost

If a foster parent were to foster the maximum number of youth possible, which is six, the most compensation they can receive from the ministry is approximately $8,202[14] monthly plus benefits (e.g., respite and relief pay), which equates to about $98,500 annual income. As there are no available estimates in the literature for how much a program like this would cost and would be largely dependent on how much the government decided to subsidise the training and accreditation program, this policy option is given a moderate ranking for budgetary impact. As this is a comparative

[14] Costing Calculations: The maximum number of youth MCFD will place in the home is six if they are a level one specialised care (three for level two, and two for level three). The basic monthly care rate for any child is $909.95/month with an additional $458.02/month for a level one designation, which totals $8,207.82 according to MCFD's *Levels of Care* webpage. Available at: http://www.mcf.gov.bc.ca/foster/levels.htm?WT.svl=LeftNav

criterion among the various policy options and it would undoubtedly cost more than the status quo, a moderate scoring is a reasonable estimate.

9.3.5. Implementation Complexity

Stakeholder feedback on the complexity of implementing measure to professionalise foster care was found to be moderately high (n=6 'moderate', n=3 'high', n=1 'very high'). Factors cited for this included legislation changes, development of education programs, advertising and public awareness campaigns, and one stakeholder with past government experience thought foster parents would likely have to become BC Government Employee Union members. As such, this policy option receives a yellow allocation for the moderately complex nature involved in implementation.

9.4. Extension of Foster Care

"Yeah that's when you have to go onto welfare." [Response when asked about ageing-out]

"Jeremy" (ARYS male, age 20)

9.4.1. Effectiveness

For evaluating the effectiveness of extending foster care to 21 years old, a wealth of literature, albeit American literature (e.g., the Midwest Study in Illinois), exists examining the difference in outcomes for youth in extended care and those who age-out at 18 (Courtney, Terao, & Bost, 2004; Dworsky et al., 2013; Dworsky & Courtney, 2010a; Peters et al., 2009; Stein, 2012). The need for such policies arose from data such as the graph presented in the table below.

Table 9.1. Comparison of outcomes between foster care youth and the general population of youth in the US. Adapted from: Courtney et al., 2009

Outcome	Foster Care (Age 23 & 24)	General Population (Age 23 &24)
No high school diploma/GED	24.4%	7.3%
Unemployed	52%	24.5%

Average income from employment	$12,064 USD	$20,349USD
Males who have been arrested	81.2%	17.4%
Females who have been pregnant	77%	40.4%

Various analyses of extended foster care programs in the US found youth had better post-secondary attendance, increased earnings, substantial decrease in early pregnancies (Courtney et al., 2007), decrease in the incidence of homelessness before 21 years of age (Dworsky & Courtney, 2010a), improvement in employment rates, high school completion, and decrease in rates of involvement in the criminal justice system (Stein, 2012). Interestingly, when presented with the option to remain in foster care, between 50-65% of youth elected to do so (as youth aged towards 21 years old, the percentage that remained in care decreased) (Stein, 2012). As a result, this option is accorded the highest effectiveness score – green.

9.4.2. Equity: Aboriginal Acceptance

The quantitative analysis revealed that street-involved, substance-using youth with a history of being in government care were more likely to be of Aboriginal ancestry, which may mean that Aboriginal youth are at an elevated risk for becoming homeless or substance using. Prior studies of Aboriginal overrepresentation in Canadian child welfare systems report poor outcomes among Aboriginal youth in, and ageing-out of, care – particularly homelessness, substance use, mental health issues, involvement with the criminal justice system, and a lack of educational attainment (Baskin, 2007; Blackstock & Trocmé, 2005). Much of the literature looking at youth in care from an Aboriginal perspective does so exploring the intersectionality of education and child welfare issues (Johnson, 2011; Johnson, 2008; Wickham, 2009). While Aboriginal scholars have advocated for the incorporation of traditional Indigenous education programs and protocols for Aboriginal youth in government care, this is often articulated as being needed in tandem with existing western education systems (Johnson, 2011; Wickham, 2009). While admittedly extending foster care does not address the need for Indigenous education systems, youth who have remained in care to the age of 21 are much more likely to complete high school and enrol in post-secondary. This policy option would not

undermine the CFCSA, nor section 71, which requires Aboriginal children that come into contact with the child welfare system to be placed in culturally appropriate homes. What this policy option would allow for, is Aboriginal children and youth to remain in care until 21 years of age if they chose to, respecting the traditional valuing of autonomy accorded to Aboriginal youth and ensuring cultural transmission by respecting kinship care arrangements as dictated by the CFSA (Wickham, 2009). Given the disproportionate number of Aboriginal street youth and low high school completion rates, this policy option receives a green allocation for the potential to improve outcomes for Aboriginal youth in government care.

9.4.3. Stakeholder Acceptability

While all youth were generally approving of extending foster care, the idea of voluntary participation was frequently mentioned as demonstrated by "Rosie's" statement: "For some people yeah, more support, would help. But, for the people that don't want it, or don't need it, it shouldn't have to take it…" However, as this policy option pertains to legal and free adults, this principle would be adhered to. Stakeholders rated this policy option highly acceptable (n=1 moderate, n=5 high, n=4 very high), but their approval came with its own set of caveats. Parents and service providers spoke at length about how this policy option was more reflective of contemporary adolescence, where youth often move in and out of their familial home multiple times while transitioning to full independence. Notably, however, there was resistance from some to the component of this policy option that requires youth to be participating in educational or vocational programs to remain in foster care. For instance, one foster parent thought that considering the level of trauma that many of her youth had experienced, daily functioning should be adequate without extra pressures or 'bureaucratic hoops'.

The *Transitions Survey*, conducted by the Vancouver Foundation, found that 68% of British Columbians (n=1,820) were in favour of extending foster care to at least 21 years of age, with only 14% supporting the status quo of emancipating youth at age 19 (Vancouver Foundation, 2013). The general population's level of acceptance in combination with the high level of acceptance among stakeholder groups renders this policy as highly acceptable, or green.

9.4.4. Cost

The evaluation of the Midwest Study (the US case study examining the impact of extending foster care to 21) estimated that keeping a youth in care past the age of majority in Illinois would cost, on average, approximately $20,800 USD annually 2 (p. 2 (Peters et al., 2009). This was based on a weighted average of the per-day costs associated with different government care placements (e.g., foster homes, independent living, health insurance). These estimates are not wholly transferable to the BC context (e.g., housing is much more expensive in Vancouver, but healthcare is already publically provided); however, this represents the best estimate available to approximate the costs associated with this policy option. Figures from 2013 suggest that roughly 700 youth age-out of the child welfare system in BC annually (Vancouver Foundation, 2013). The Midwest Study found that approximately 50% of youth remained in government care to 21 years of age when presented with the option in Illinois (Courtney et al., 2007). Based on these figures, the costs associated with this policy amount to over 7 million dollars annually and is therefore, very costly and rated red.

9.4.5. Implementation Complexity

Stakeholders surveyed on how difficult extending foster care would be to implement ranked it moderately easy (n=4 moderate, n=5 low, n=1 very low). It is plausible that some legislative change would be necessary as was the case in the United States with the *Fostering Connections Act* (2008). While most of the American legislative change pertained to cost sharing between levels of governments, which may not be necessarily applicable to implementation in BC, the definition of a child may be pertinent. Furthermore, the CFCSA (1996, s.2.1) encompasses a section on *youth transitional support services and agreements* so the larger framework is already in place and MCFD could start immediately extending care for youth who are about to age-out. Another relevant factor associated with implementation and one that is directly informed from the general level of misinformation that came out of the *Transitions Survey,* is that awareness campaigns would be necessary to inform the public about current policies and public health concerns surrounding ageing-out of care. However, some of this could be offset by the not-for-profit sector as demonstrated by the Vancouver Foundation's Youth Homeless Initiative four-pronged approach that includes "increasing awareness

and community engagement" around ageing-out of care (Vancouver Foundation, 2014). In light of these considerations and stakeholder feedback, extending foster care would be moderately complex to implement and receives a yellow designation.

9.5. Independent Living Programs

"Not everybody gets independent living. Like, I was given the impression that… like I was lucky and I should be thankful. So. Yeah. It's-it's an opportunity. And I-I was stupid to like, blow it. Cause I had a-a nice apartment and… that sucked. Losing it"

"Sally" (ARYS female, age 24)

9.5.1. Effectiveness

A key strength of independent living programs (ILPs) is that they focus on life-skills development opportunities through lived experience. Studies have found that participants in ILPs had improved outcomes with respect to education, employment, income, housing, planned parenting, life-skills efficacy, and a decrease in incarceration (de Best, 2012; Georgiades, 2005; Lemon et al., 2005). However, one study did not find an improvement with substance use, certain life-skills development or mental health indicators (e.g., depression) (Georgiades, 2005). What distinguishes the Lighthouse Independent Living Program (LILP) from other independent living programs and Youth Agreements is the continuum of housing options available to youth based on their level of maturity, independence and need for support and services (Dworsky, 2010). In a recent study of the LILP in Cincinnati, of the 367 youth that participated in the program there was no report of homelessness within five years of emancipation (Kroner & Mares, 2011). Similarly, LILPs in their various manifestations across the US have found higher high school completion and employment rates and a higher number of successful transitions to independent housing after emancipation from the program (Kroner & Mares, 2009; 2011; Mares & Kroner, 2011).

However, (Montgomery, Donkoh, & Underhill, 2006) conducted a systematic review of the effectiveness of independent living programs and found that while many studies seem to suggest the protective effects of ILPs, there were clear methodological

issues that limit the validity and generalisability of the findings which may produce hybrid results. Similarly, the mixed efficacy of the LILP has been partially attributed to the program's explicit willingness to take the hard-to-house youth (Kroner & Mares, 2011; Mares & Kroner, 2011). Lastly, it is important to note that all evaluations of the LILP found significant improvements for outcomes among older youth (Kroner & Mares, 2009; 2011; Mares & Kroner, 2011), which resonates with extending ILPs to youth up to 21 years of age. While research on life-skills and outcomes related to ILPs is still in the nascent stages, existing evidence suggests protective effects of such programs, particularly with the LILP, resulting in a high or green effectiveness score.

9.5.2. Equity: Aboriginal Acceptance

According to MCFD statistics, approximately 15% of youth on Youth Agreements are Aboriginal, among whom, less than 10% have ever lived on a First Nations reservation (MCFD, 2002b). This is important because it may be that these youth are estranged from their culture and communities and these programs represent an opportunity to connect individuals with urban Aboriginal resources. Assuming that these numbers would remain constant, then only an estimated 15% of LILP participants would be Aboriginal. However, the evaluation of the LILP found that participants were more likely to be non-Caucasian and more likely to utilise community-based resources (Lemon et al., 2005; Mares & Kroner, 2011), suggesting the possibility that more Aboriginal youth would be served by this policy option and would access culturally-based community resources. However, because this is an assumption and there is no direct evidence that Aboriginal communities are in support of these programs, this policy option receives a poor or red designation for equity and Aboriginal acceptance considerations.

9.5.3. Stakeholder Acceptability

In stakeholder interviews, many ARYS participants described what they saw as the benefits and drawbacks of independent living.[15] "Sarah" spoke at length about her

[15] It should be noted that Youth Agreements (YAs) are commonly referred to as independent living programs and participants may have had difficulty differentiating between the two options.

sister who had passed away at 15 while on a YA. Despite this immensely painful experience, as she stated, “It’s good to have that option. Cause if you don’t feel safe with…being in care of somebody… and you’re able to look after yourself. Like you’re already independent…” However, she did think there was inadequate oversight associated with existing programs and that they should start later (specifically, around 17 years old), stating, “Cause at like fifteen years old you, you don’t know what you’re doing…their worker should be visiting, on independent living. And there should be like house checks or something like that.” Other youth described the need for the programs to go past 19, and for flexibility to be part of learning to live on your own. For example, “Rosie” said “…like I said if the worker’s getting involved in the people on independent living… but if the kid is not doing good and there is like, alcohol or problems like that… they should like at least give them the like, extension and be like, okay well we see that you’re not doing good…”

Similarly, other stakeholders groups were quite vocal for the need for independent living programs to be offered to older children and for the support to remain intact past the youth’s 19th birthday. One foster parent, who is also a youth worker and familiar with YA policies, spoke to the poor outcomes associated with YAs and felt this was intuitive, as the majority of 16 year olds are not ready to live independently. Two service providers spoke about the need for structure and expectations that they felt were important for youth to succeed. However, even with the caveats, all stakeholders rated this option highly acceptable (n=6 high, n=4 very high) and it is designated green.

9.5.4. Cost

The Lighthouse Independent Living Program per day cost as of 2009 was $65 for youth living in independent apartments and $85 per day for the more restrictive living arrangements (e.g., supervised apartments) (Kroner & Mares, 2009). An average of the two costs produces $75 a day, which means a LILP youth will cost $27,375 a year. Using the LILP estimate of cost multiplied by the peak number of youth on a Youth Agreement since the program’s inception (n=178 in 2001) as a proxy measure, the total operating cost for this program is roughly $4,872,750. Additionally, the number of participants is likely to increase with eligibility being extended to 21 years of age. Some of these costs could be offset if a number of youth currently in foster care chose, or were

eligible, to be transferred to a LILP. However, this estimate does not take into account the number of new social workers that would need to be hired in order to provide effective support and operate the program. As such, this policy option receives a red or poor allocation in terms of its high budgetary impact.

9.5.5. Implementation Complexity

In some sense, the existence of Youth Agreements would provide an existing policy framework for which the LILP could be adapted to offer expanded service provision. However, a degree of complexity exists with regard to human resources. New staff would need to be hired and existing staff would need to be trained according to the LILP framework. To help ease this transition, the Lighthouse Youth Services has established a fully manualised program available for licenced replication in other jurisdiction (Lighthouse Youth Services, n.d.). Services include full staff training at the Lighthouse Training Institute, onsite consultation and implementation oversight, as well as other resources. With this training program available to government, the implementation complexity's burden is lowered to a moderate or yellow designation.

10. Recommendations

As indicated in Table 4, the two policy options that are rated the highest overall according to the five criteria are extending provision of resources to kinship caregivers and extending foster care up to 21 years of age. These policy options align with the need for services to be provided to youth along a continuum of care. Extending resources to kinship care providers is an alternative to support children and youth currently in government care, while extending foster care services to 21 years of age will aid in youth transitioning out of care into independence. Similarly, as no single approach will be suitable for every youth, having multiple options broadens the chances of improving outcomes for a greater number of youth exposed to the child welfare system. It is therefore recommend that both policy options be immediately implemented as the first step for MCFD to address the health and social harms associated with exposure to the child welfare system.

Table 10.1. Summation of policy evaluation

Objective	Status Quo	Extension of Kinship Care	Professional Foster Care	Extending Foster Care	Independent Living
Effectiveness (x2)	1(2)	2(4)	1(2)	3(6)	3(6)
Equity (x2)	2 (4)	3(6)	1(2)	3(6)	2(4)
Stakeholder Acceptability	1	2	1	3	3
Cost	2	3	2	1	1
Implementation Complexity	3	3	2	2	1
Total Score	12	18	9	18	15

In light of the high costs associated with extending foster care, there may be methods by which government can modify the program, or implement it in stages, to lessen the budgetary impact. From stakeholder interviews, a number of professionals and foster parents spoke about a "compromise" where maybe just the per diems or basic monthly family care rate remain in place (which range between $800-910/month), without the additional care payments or relief pay. Similarly, non-profits and community foundations, like the Vancouver Foundation, are currently undertaking campaigns to improve public awareness and engagement with the issues surrounding ageing-out of government care – something previously noted as an expenditure associated with this policy. Establishing partnerships between government and the non-profit sector was a theme frequently articulated by service providers and professionals working in the field of child welfare and could offset some of the ministry's costs.

Along with extending kinship care and foster care services, the independent living program scored relatively high in several criteria and is considered a best practice in many jurisdictions (Courtney et al., 2009; Stein, 2012). If the Lighthouse Independent Living Program (LILP) were tailored to meet the stipulations of vertical equity then this policy option could be considered as favourable as extending foster care and kinship care. However, the program would have to include components that have been called for by Aboriginal communities. For example, studies suggest that creating youth-centered systems, with appropriate services that look towards building strong support networks and teaching life-skills, are essential to positive long-term outcomes for vulnerable and at-risk youth – which is very important to Aboriginal youth and communities (Kirmayer et al., 2003; Kirmayer & Valaskakis, 2009; Representative for Children Youth, 2013; Sinha et al., 2011; Wilson, 2004). As ILPs have been shown to increase participants' access to community resources, and most of the Aboriginal youth on Youth Agreements in BC have not lived on a reserve, there is a potential pathway for independent living programs to help connect urban Aboriginal youth with cultural resources. As a degree of local adaptation is expected, this focus could readily be woven into the framework of the LILP and something that warrants further attention.

Even in the absence of implementing the LILP, it is recommended that MCFD take steps to implement comprehensive life-skills development as described in the Lighthouse case study for all youth transitioning out of government care and beyond the

age of 19. Youth ageing-out of care would receive the same life-skills education and support locating safe housing, but without the financial assistance from MCFD. While the supportive continuum of housing is the strength of the LILP, this modification would be substantially less expensive for government to implement and is still beneficial to an array of youth.

The recommended policy options are not mutually exclusive and the purpose of this analysis was to find a number of interventions that could be co-implemented. Based on the quantitative and qualitative analyses and the importance of improving health and social issues for youth exposed to the child welfare system, extending kinship care resources and supports for youth in foster care until 21 years of age were rated the most effective options for government to implement. In light of budgetary considerations, the modification for extending foster care services should be discussed with various stakeholder groups (e.g., youth in care, social workers, foster parents, service providers, advocacy agencies) to find an acceptable and informed compromise. Public awareness campaigns regarding the current policy situation and cost effective evaluations for the potential long-term savings to government will be paramount in garnering widespread support among the BC electorate. In addition, MCFD is recommended to move towards implementing the Lighthouse Independent Living Program, which some facets previously discussed could be done so immediately.

11. Conclusion & Future Directions

This research project sought to find viable policy options limited to the Ministry of Children and Family Development, along a continuum of care for youth exposed to the child welfare system in British Columbia. The quantitative analysis identified statistically significant factors associated with exposure to the child welfare system and provides policymakers with information regarding the unique needs of this vulnerable population. The qualitative analysis provided insights into the policy problem of poor outcomes for youth in government care and direction for future policy intervention. Specifically, the importance of voluntary participation, the strength of the non-profit sector, the need for Indigenous discourse, evaluation, leadership and control, the discrepancy between policy and practice in BC, and the need to establish age-appropriate and youth-centric interventions were all themes identified by stakeholders. After evaluating potential interventions against a number of specified criteria, the outcomes of the policy analysis portion of this capstone identified extending kinship care and foster care services to be the most promising interventions to improve outcomes for youth exposed to the child welfare system in BC. Based on these findings, it is recommended that MCFD implement both of these options. Additionally, it is recommended that MCFD should seek to expand independent living programs as modeled by the Lighthouse Independent Living Program.

It should be noted however, that these findings may not be generalisable to different jurisdictions. Due to scope, time and resource constraints the author was only able to conduct a total of fifteen qualitative interviews with various stakeholders and while they represent a diverse group of professionals with ample knowledge regarding various aspects of the child welfare system, some voices were notably absent (e.g., policy officials from MCFD). Similarly, as the majority of the research was conducted within the cities of Vancouver and Victoria, the findings may not be transferable to rural areas or urban areas with significantly different demographics. This was mitigated as much as possible by ensuring the robustness of research methods employed.

It is also important to highlight that the scope of this capstone was limited to finding viable policy interventions available to the Ministry of Children and Family Development and as such, higher-level structural interventions, were not considered. This is particularly pertinent to the discussion of Aboriginal overrepresentation in child welfare systems where it is has been previously argued that reform can only go so far to 'Band-Aid' the current broken system and that only full decolonisation and self-governance can transcend racial biases imbedded in existing structures (Sinha, 2013; Alfred, 2009; Alfred, 2005; Blackstock, 2009). Similarly, as the qualitative interviews were limited in their scope to evaluating the proposed policy interventions, whereas a full qualitative research study may have yielded a more holistic overview of the policy problem, it is possible that insights for broader structural level and innovative interventions were lost.

Overall, this research strengthens the findings in the existing literature and adheres to the affected community's call to action regarding a need for change. Ultimately, the government is charged with the responsibility to protect these vulnerable youth and facilitate their successful transition to independence – which the status quo cannot do. It is anticipated that implementing the recommended policy options will improve outcomes for youth. However, it is evident that to adequately address the disproportionate number of Aboriginal children and youth in government custody and the initial stage overrepresentation that transformative system change is needed.

11.1. Next Steps

The focus of child welfare policy reform in BC must take into account the gross overrepresentation of Aboriginal children and youth. In light of the harms associated with the residential school era, 'sixties scoop' and today's disproportionate number of Aboriginal children in child welfare systems across the country, governments are compelled to find culturally appropriate interventions. As demonstrated in the literature review, the majority of Aboriginal children come into contact with the child welfare system due to charges of neglect, which has been linked to poverty, housing instability, food insecurity, intergenerational trauma, and substance use. Addressing the social and structural factors underpinning Aboriginal child maltreatment charges, such as poverty,

is beyond the scope of this capstone and would take a pan-government (e.g., First Nations, federal, provincial/territorial) approach and a social reordering in the minds of the Canadian populace. As previously mentioned, Aboriginal overrepresentation occurs at every stage of the child welfare system. Initial investigations with Aboriginal families have been linked to institutionalised racial biases that are imbedded in existing colonial structures and many Aboriginal scholars and activists are increasingly skeptical of reformist efforts. Taiaiake Alfred, Mohawk scholar, states, "…state and Settler-serving institutions are useless to the cause of our survival, and if we are to free ourselves from the grip of colonialism, we must reconfigure our politics and *replace all of the strategies, institutions, and leaders in place today*" (emphasis added, Alfred, 2005, p. 20). Similarly, others have asserted that any interaction with colonial structures, especially one with such a long history of assimilation and cultural destruction as the child welfare system, re-traumatises Aboriginal individuals just by engaging in the process (Johnson, 2011). As a result, more transformative approaches outside of existing structures may prove to be the most effective in terms of improving outcomes for Aboriginal youth exposed to the child welfare system. However, that is not to say that more cannot be done to immediately improve Aboriginal child and youth outcomes. Specifically, while kinship care keeps Aboriginal youth tied to their community and culture, Aboriginal communities would be better served if MCFD recognised that community-based Indigenous approaches to child welfare many not be directly aligned with Euro-western social work values (Blackstock & Trocmé, 2005), and as such, fully relinquished control of child welfare services to the Delegated Aboriginal Authorities and supported them to ensure the capacity of these agencies.

Another viable option for improving the lived experience of Aboriginal youth in care comes from Shelly Johnson's research finding Indigenous pathways to address Aboriginal overrepresentation in British Columbia's child welfare system. She found that mentoring programs for current Aboriginal youth in care by former Aboriginal youth in care was identified as a protective factor and has subsequently become a policy recommendation for child welfare systems (Johnson, 2011). The reasons for this are multiple, including: solidarity through a shared history; a way to mitigate isolation and loneliness; positive peer and adult network; support from someone who has navigated the child welfare system and the ministry's bureaucracy; and former government care youth are more adept at noticing the signs of abuse as many experience it themselves

(Johnson, 2011). As such, in addendum to the policy recommendations made in this capstone, an Aboriginal youth mentoring pilot program is recommended - funded by MCFD, but administered by the Delegated Aboriginal Agencies. If, as suspected, the program is successful then steps to implement province-wide are advised.

Future research should expand on the findings presented here. While this capstone sought out policy options for MCFD, a broader conceptualisation for the responsibility of children and youth in government care is needed as indicated by stakeholder interviews. Cross-ministry support (e.g., education, health, housing) is needed to ensure that youth brought up in the care system have the best opportunity to become successful adults. Similarly, siloes among other levels of government (e.g., federal, municipal, other provinces) need to be transcended in order to effectively monitor and guide youth in the custody of government care. A dominant theme that emerged from the qualitative interviews was the need to pursue and strengthen external partnerships, particularly with the non-profit sector. It was frequently mentioned that moving child welfare services to the non-profit sector was seen as advantageous and something that warrants further research.

Lastly, as youth represent the most important stakeholder, it is recommended that youth should be given an active voice and meaningfully engaged in discussions of child welfare reform. An existing promising practice is the Vancouver Foundation's *Youth Advisory Circle*, comprised of a diverse group of youth between 17-24 who have experiences of being in government care and homelessness. They are considered "subject matter experts" and advise the Vancouver Foundation's grant-making, research, policy development, and communications work in the area of ageing-out of the child welfare system (Vancouver Foundation, 2014). This is just one example of how MCFD can look to the non-profit sector for innovative policies to improve the lives of the youth in their custody.

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Appendices

Appendix A.

UHRI Letter of Authorisation to use ARYS Data

British Columbia
Centre *for* Excellence
in HIV/AIDS

St Paul's Hospital
608 - 1081 Burrard Street
Vancouver BC V6Z 1Y6
Canada

August 15, 2013

Office of Research Ethics
Simon Fraser University
8888 University Drive
Multi-Tenant Facility
Burnaby, B.C. V5A 1S6

Dear Research Ethics Board Members:

Re: Brittany Barker Application #2013s0571

The At-Risk Youth Study (ARYS) has been approved by the Providence Health Care/UBC Research Ethics Board. As the current Principal Investigators for ARYS, we give permission to Brittany Barker to use ARYS data for her Public Policy Capstone related to child welfare. We have no ethical reservations about the use of ARYS data for this project and verify that this use of data is in compliance with written informed consent provided by ARYS participants.

We also declare that the BC Centre for Excellence in HIV/AIDS will not unduly influence Ms. Barker's analysis and conclusions based on the ARYS data.

For your records we have provided Ms. Barker with copies of ARYS Providence Health Care/UBC Research Ethics Board approval, as well as the most recent ARYS participant consent form.

Should you require any additional information please contact us.

Yours sincerely,

Thomas Kerr, PhD
Research Scientist, BC Centre for
Excellence in HIV/AIDS
Co-Principal Investigator At-Risk
Youth Study

Appendix B.

Quantitative Data

The data is derived from the At-Risk Youth Study (ARYS). To be eligible, ARYS researchers require participants to be between the ages of 14-26 years, have used illicit drugs other than marijuana in the past 30 days, and provide written informed consent. As with other studies involving individuals from vulnerable and marginalized populations, no valid sampling frame exists and community-based methods, including word-of-mouth and snowball recruitment were used to contact and invite individuals to participate. In light of the sensitive nature of the inclusion criteria for participation in the study (i.e., that youth are street-involved and must use illicit hard drugs) recruiters only inform potential participants about the study and tell them if they know anyone who fits that criteria and would be interested in participating, to go to the study's field office. For those who do come to the study office, a short screening takes place and those who fit the inclusion criteria are invited to participate and asked to book a subsequent interview.

At enrolment, and on a bi-annual basis, participants complete an interviewer-administered questionnaire that included questions related to demographic information and drug use patterns. Interviews take place in the ARYS office located in the Downtown South area of Vancouver, a neighbourhood where street-involved youth feel comfortable (Fast, Shoveller, Shannon, & Kerr, 2010). Participants also meet with a study nurse and provide a blood sample for serologic testing. At each study visit, participants are provided with a stipend ($20 CDN) for their time. Offering participants a monetary incentive for participating may be seen as an ethical issue because some youth participating in the ARYS study are minors and parental consent is not sought by UHRI, nor is it possible frequently. In Canada, no legislation exists to provide guidance for this issue, but UHRI has addressed this issue by collaborating with child welfare agencies and the local Research Ethics Board in order to develop sound protocols.

Variable List & Definitions:

Gender (female vs. male); Aboriginal ancestry (self-identified as First Nations, Inuit, Métis vs. other); high school incompletion (yes vs. no); having a parent that drank heavily or used illicit drugs during their childhood (yes. vs. no); homelessness, defined as having no fixed address, sleeping on the street, couch surfing, or staying in a shelter or hostel in the last six months (yes vs. no); and living in the Downtown Eastside (DTES) in the last six months, defined as living in Vancouver's drug use epicenter (yes vs. no). Behavioural and drug use variables, based on activities in the last six months, included: any injection drug use (yes vs. no); non-fatal drug overdose, self-defined as having an adverse reaction as a result of drug consumption (yes vs. no); daily injection or non-injection heroin use (yes vs. no); daily injection or non-injection cocaine use (yes vs. no); daily crack cocaine smoking (yes vs. no); daily injection or non-injection crystal methamphetamine use (yes vs. no); syringe sharing, defined as borrowing or lending used syringes (yes vs. no); engaging in sex work, defined as exchanging sex for money, shelter, drugs or other commodities (yes vs. no); and participation in drug dealing (yes vs. no). Other factors included: age at first hard drug use, defined as the age participants first used non-injection crack, cocaine, heroin, or crystal methamphetamine (per year younger); testing positive for Hepatitis C virus (yes vs. no); incarceration, defined as being in detention, prison, or jail overnight or longer in the previous six months (yes vs. no); having ever been the victim of sexual abuse (yes vs. no); having ever been the victim of physical abuse (yes vs. no); and recently experiencing an act of

violence, defined as being attacked, assaulted, or suffering violence in the previous six months (yes vs. no).

The University of British Columbia's Research Ethics Board has approved the ARYS study since its inception in 2005. The study was supported by the US National Institutes of Health Research (R01DA028532) and the Canadian Institutes of Health Research (MOP-102742). This research was undertaken in part, thanks to funding from the Canada Research Chairs program through a Tier 1 Canada Research Chair in Inner City Medicine, which supports Dr. Evan Wood. Dr. Kora DeBeck is supported by a MSFHR/St. Paul's Hospital Foundation-Providence Health Care Career Scholar Award. Funding sources had no role in the study design; collection, analysis, or interpretation of data; or in the writing of this capstone.

Appendix C.

UBC Ethics Certificate for

2013-06-06 4:56 PM

PROVIDENCE HEALTH CARE
Research Institute

UBC-Providence Health Care Research Institute
Office of Research Services
10th Floor Hornby Site - SPH
c/o 1081 Burrard St. Vancouver, BC V6Z 1Y6
Tel: (604) 806-8567 Fax: (604) 806-8568

ETHICS CERTIFICATE OF FULL BOARD APPROVAL: ANNUAL RENEWAL

PRINCIPAL INVESTIGATOR:	DEPARTMENT:	UBC-PHC REB NUMBER:
Evan Wood		H04-50160

INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:

Institution	Site
Providence Health Care	St. Paul's Hospital

Other locations where the research will be conducted:
Downtown Eastside study office

CO-INVESTIGATOR(S):
Annick Simo
Kora A. DeBeck
Michael-John Milloy
Anita Palepu
Robert S. Hogg
Thomas Kerr
Kevin Craib
Evan Wood
Bohdan Nosyk
Mark W. Tyndall
P. Richard Harrigan
William G. Small
Julio S.G. Montaner

SPONSORING AGENCIES:
Canadian Institutes of Health Research (CIHR) - "Investigating and addressing injection drug use and other harms among street-involved youth: The ARYS Project" - "An Investigation of the Impact of Trauma and Crystal Methamphetamine Use on Injection Drug Use and Risk of HIV Infection Among Drug Using Youth"
Michael Smith Foundation for Health Research - "An Investigation of Injection Drug Use and HIV Infection among Drug Using Youth"

National Institutes of Health - "Initiation of injection drug use and HIV risks among street-involved youth." - "Evaluating the Natural History of Injection Drug Use"

PROJECT TITLE:
Evaluating the Natural History of Injection Drug Use

Sub-study title: An Investigation of the Impact of Trauma and Crystal Methamphetamine Use on Injection Drug Use and Risk of HIV Infection Among Drug Using Youth

Sub-study title: An Investigation of Injection Drug Use and HIV Infection among Drug Using Youth

BC CfE/College of Pharmacists of British Columbia study title: "Linkage of methadone dispensation data to records of HIV care for HIV+ injection drug users"

THE CURRENT UBC-PHC REB APPROVAL FOR THIS SUDY EXPIRES: May 31, 2014

THE RENEWAL REVIEWED AT REB FULL BOARD MEETING DATE: May 31, 2013

The UBC-PHC Research Ethics Board Chair or Associate Chair, has reviewed the above described research project, including associated documentation noted below, and finds the research project acceptable on ethical grounds for research involving human subjects and hereby grants approval.

DOCUMENTS INCLUDED IN THIS APPROVAL:	**APPROVAL DATE:**
	May 31, 2013

N/A

CERTIFICATION:

1. The membership of the UBC-PHC REB complies with the membership requirements for research ethics boards defined in Part C Division 5 of the Food and Drug Regulations of Canada.
2. The UBC-PHC REB carries out its functions in a manner fully consistent with Good Clinical Practices.
3. The UBC-PHC REB has reviewed and approved the research project named on this Certificate of Approval including any associated consent form and taken the action noted above. This research project is to be conducted by the principal investigator named above at the specified research site(s). This review of the UBC-PHC REB have been documented in writing.

Approval of the UBC-Providence Health Care Research Ethics Board by one of the following:

Dr. Kuo-Hsing Kuo, Chair
Dr. J. Kernahan, Associate Chair
Dr. I. Fedoroff, Associate Chair

Appendix D.

ARYS Participant Interview Guide

QUALITATIVE INTERVIEW GUIDE

INTERVIEW GUIDE FOR ARYS PARTICIPANTS EXPLORING CHILD WELFARE SOLUTIONS IN BC

Interviewer:_____

Date
Time:_____

Filename:_____

Cohort
Code:_____

BACKGROUND

This study aims to seek the opinions of ARYS participants with a history of being in government care on child welfare reform policies as an expert stakeholder group. Eligible participants include study participants with a history of exposure to the child welfare system.

DIRECTIONS

There are no right or wrong answers. I would like you to be honest and open, and please remember that what you say is confidential. The interviews will be recorded and transcribed, but all names will be removed from the written transcripts. If you do not feel comfortable answering a question, or don't want to answer, that is not a problem. Your perspective is important to us, because your experiences as a young person here make you an expert on the topics we are interested in. I wanted to thank you in advance for taking the time to speak with me.

IN-DEPTH INTERVIEW – START RECORDING

SECTION ONE: Child Welfare Reform

Continuum of Policy Options

INTRODUCTION QUESTIONS

1) So before we begin, I'm going to ask you some general questions.

a) How old are you?

b) Where were you born?

c) What is your current living situation and where?

d) How long have you been in the Vancouver area?

2) How old were you when you were first placed into government care and what city/town was that in?

a) How long were you in care?

b) What kind of care was it (foster family, kinship care, group-care)?

c) How many times were you moved in care, approximately if you cannot remember exactly?

d) Do you know who had legal custody of you? (E.g. did your biological family lose custody to the government on either a temporary or permanent basis?)

e) Did you go live with a family member for an extended period of time?

f) If yes: for how long and was it a Ministry appointed arrangement?

3) Given your experience in the child welfare system, could you tell me about any aspects of the system or process that you found to be beneficial?

Probes:

- Did the system meet your direct needs for shelter, security, and support?
- Did you have your basic needs met? Food, clothing, toys, etc.?
- Do you recall a particular person or part of the process that helped you? Can you tell me about that?

4) Given your experience in the child welfare system, were there aspects of the system that were not good experiences? If so could you please describe those?

5) Do you feel changes could be made to the system that would have improved things for you? If so could you describe the changes you think could be made?

INTERVENTIONS

Now I'm going to describe a series of different possible options that are aimed to improve the child welfare system for children and families and I would like to ask you for your opinion, good or bad, on whether these options may have had a difference for you in your situation.

FAMILY DROP-IN CENTRES

The first option aims to support families before government intervention becomes necessary.

One intervention that has been proposed by some is to create drop-in family centres that offer a range of services in one location. These services would include things like parenting classes, health services, counselling, addiction treatment, employment services, social assistance, temporary childcare services, and early childhood education for eligible families.

6) Do you think having a centre like that would have made a difference for you and your family situation? Please describe why or why not.

- Do you think there are any aspects of these centers that would be particularly useful? If yes, please describe what and how you think they would be helpful.
- Do you think there are things about these centers that wouldn't work or wouldn't have helped you? If yes, please describe what they are.
- Out of the list of potential services do you think anything is missing and should be added? Do you think any of the services aren't necessary or helpful?
- Overall, how would you rate the ability of these centres to improve the situation for youth and their families? (Very poor, poor, satisfactory, good, or very good?)

PROFESSIONALIZATION of FOSTER CARE

The next option relates to your experience directly in government care, particularly with foster care and foster families. Currently across many jurisdictions, child welfare systems are experiencing shortages of new foster parents. In an attempt to help fix the shortage, some people propose turning foster parenting into a career or paid job. Whereas right now, they receive money from the government that just covers the cost of raising a child, this option would pay foster parents an income on top of that.

7) Do you think turning foster parents into a paid profession would have had an impact on your situation? Please explain why or why not.

- In your experience with foster parents, do you think that paying them would have been a good or bad idea, and why?
- Do you think there would be advantages or benefits to paying foster parents? If so, what do you think these would be and how do you think they would impact children and youth in foster care.
- Do you think there would be the problems with paying foster parents? If so, what do you think these would be and how do you think they would impact children and youth in foster care.
- Overall, how would you rate the ability of turning foster care into a paid job to improve the situation for children and youth in care? (Very poor, poor, satisfactory, good, or very good?)

PERMANENT CARE PLACEMENTS

The next policy questions address kids that are in the system for long periods of time. The first refers to permanent care placements. Research has shown that youth tend to do better if they

have a consistent living environment. Youth eligible for permanent care are those who are in the 'continuing care' of the government and are no longer able to reside with their biological family. What it means is that legal custody is transferred from the government to a single family (either a foster family, a relative, or an adoptive parent).

8) Do you think placing children and youth in permanent arrangements early on is a good idea? Do you think it could have had an impact on your situation? Please explain why or why not.

- Do you think this would have been something that would have helped you find stability or develop relationships as a child? Why or why not?
- Did you have a continuing relationship with your biological family?
- If yes: Do you think that permanent care would have hindered that?
- Do you think this would be a good solution for other kids in the system?
- Do you think there are aspects of this approach what could be harmful or problematic? If yes, please describe.
- Overall, how would you rate the ability of this option to improve the situation for children and youth in care? (Very poor, poor, satisfactory, good, or very good?)

KINSHIP CARE

Similar to the permanent care option, is a program that the Ministry uses called kinship care – where youth are placed with a relative or family member, either on a temporary or permanent basis depending on the situation. This option would expand this program and give the relative financial support, similar to foster parents, to cover the cost of raising the child.

9) Do you think living with a family member, who assumed legal responsibility for you, would have had an impact on you? If so, please describe how, if not, please describe why.

- Was there someone in your family that would have maybe been a suitable arrangement for you to go live with and why?
- If the participant lived with a family member as a care arrangement: do you know if your [caretaker name/relation] received any support from the Ministry and what kind?
- Looking back, how do you think a family arrangement would have compared to being placed [where participant was placed]? Please describe any aspects that you think may have been better and any aspects you think may have been worst.
- What would be some of the advantages or disadvantages to paying family members to assume legal responsibility for children and youth? How do you think they would impact children and youth in the situation you were in?
- Overall, how would you rate the ability of enhancing kinship care by financially supporting family members in assuming legal responsibility for children and youth in care? (Very poor, poor, satisfactory, good, or very good?)

NURSE-FAMILY PARTNERSHIP

The next option seeks to help young, first-time new mothers who may be struggling to provide a safe and supportive environment for their children. It's called the Nurse-Family Partnership,

where a nurse is placed with a woman while she is early in her pregnancy and continues a relationship with her until her first child is two-years old. The nurse comes for regular home-visits and provides support, advice on nutrition and care for a baby, helps her with parenting, and assists the mother with education, employment and future pregnancy planning. The objective with this program is to ensure that young mothers have the support and resources they need to raise their babies.

10) Do you think a program like this would have made a difference for you and your family? If so, please describe how, if not, please describe why it wouldn't have helped you?

- Do you think there are any aspects of this program that would be particularly useful to your family situation? If yes, please describe what and how you think they would be helpful.
- Do you think there are aspects of this program that wouldn't work or wouldn't have helped your situation? If yes, please describe what they are.
- Are there any other services you can think of that your mother could have used in addition to the services mentioned in the Nurse-Family Partnership program?
- Overall, how would you rate the ability of a program like the Nurse-Family Partnership to improve the situation for children and youth in your situation? (Very poor, poor, satisfactory, good, or very good)

AGING-OUT OF CARE

The last section of questions is about options to improve how youth transition or 'age out' of government care.

11) How did you leave government care the last time? Did you 'age-out' of the system, meaning were you in government care until you turned 19?

- If yes: what were your housing, employment, and school situations after you left care?
- If yes: did the Ministry offer you any kind of services or support after you came of age and if yes, please describe what these were and whether they were helpful for you.
- Do you feel the Ministry could have done better to assist your transition into early adulthood? If so, what would have helped you around that time?
- Did you have support (financial, emotional or otherwise) from family or another source?

EXTENSION OF FOSTER CARE TO 21

This option would mean extending foster care until age 21. The rationale for this is that in today's society, youth are taking longer to transition to independence and adulthood versus previous generations, with more kids living with their parents and families until their mid-to late-twenties. Several states in the US have extended foster care to age 21 and a recent survey in Vancouver found that more than half of British Columbians are supportive of extending care to 21, in some form. Under this option, youth currently in care would have the option to stay with their foster family and remain in the care system until they turn 21.

12) Do you think you would have been likely to stay in care past your 19th birthday if this was available? If not, please describe why?

- Do you think that this would be a positive move for the child welfare system as a whole? If no, please describe why not?
- Some versions of this program require youth that wish to stay in foster care to complete high school and be participating in some form of college/university or job training. Do you think that more youth would complete high school and engage in college/university and job training if this was part of the option? Why or why not?
- A "Transition Plan" would be required to be completed by youth 90 days before they turned 21, which would help youth lay out a plan for housing, extended health benefits, employment, education, mentor opportunities, and continuing support services with a social worker. Do you think this a good idea for youth leaving care? Why or why not and can you think of anything else that should be included?
- Overall, how would you rate extending foster care until youth turn 21? (Very poor, poor, satisfactory, good, or very good)

INDEPENDENT LIVING PROGRAMS

13) I don't know if you have heard about 'Independent Living Programs' but I'm going to tell you a little about them, as they can be quite different. Independent Living Programs assign you a social worker and together you and the social worker will find an apartment that the Ministry will pay for, as well as cover the cost of the deposit, utilities, provide furniture and a weekly living allowance to cover the cost of food, transit, personal care items, and set you up a mandatory savings account. They will also help find you a job and your social worker will visit you regularly to support and assist you.

- Do you think there are any aspects of this program that would be particularly helpful for youth who are aging out? If yes, please describe what and how you think they would be helpful to youth in your situation of aging-out of government care.
- Do you think there are things about these programs that wouldn't work or wouldn't have helped you and other youth in similar situations of aging out? If yes, please describe.
- Out of the list of potential programs do you think anything is missing and should be added? Do you think any of the programs aren't necessary or helpful for youth in that situation?
- Specifically, do you think classes or sessions with a professional, teaching life-skills like conflict resolution, budgeting, and goal setting would be something you would have been interested in? Why or why not? Do you think it would have been helpful to you and youth in the situation of aging out? Please explain why or why not.
- If you think it would be helpful, what ages of youth do you think this kind of program should be offered to (age 19, up to 21, up to 25)?
- Overall, how would you rate the ability of Independent Living Programs to improve the situation for youth in situations like yours who age-out of government care? (Very poor, poor, satisfactory, good, or very good?

OVERALL RANKING OF INTERVENTIONS

14) Which one of the options that we've spoken about here today do you think would have had the most significant impact on your life growing up? (List summary options)

14 B.) Which do you think is the least helpful?

Appendix E.

Stakeholder Interview Guide & Evaluation Form

Preamble:

I thought I would start out by giving you some background on this project. I've been studying child welfare policy in BC – and as you may know, comparatively to their peer group, children and youth exposed to the child welfare system demonstrate elevated rates of substance misuse, homelessness, incarceration, unplanned pregnancies and subsequent ministry involvement with their parenting, underemployment, low high school completion levels and similarly low educational/vocational attainment. As such, a number of policy reforms have been proposed here and abroad, so part of this study is to get a better understanding of what barriers and facilitators experts and frontline people, like yourself, could envision with potential policy direction surrounding child welfare reform.

Your involvement with the child welfare system offers an important perspective and your view on anticipated barriers and facilitators to various policy options is critical for policymakers to consider and I thank you in advance for taking to time to talk to me.

For this interview I'm going to ask you some broad questions about the child welfare system and then ask you some more specific questions about what you think the effects of specific policy ultimately, may be on youths' outcomes as described above.

There are no right or wrong answers and if there is anything you don't want to answer that is more than okay. Again, like it said in the consent for you can stop the interview and any time and your participation is voluntary.

Questions:

1) So to start with, I'm going to ask you some general questions about your (job or position). How long have you been a (job title/foster parent)?

_____

a. What was your prior experience to this?

2) Given your experience with the child welfare system, can you tell me what you think are some of the most beneficial aspects of the system?

a. Similarly, what do you think are the greatest downfalls or gaps in the system?

3) From observations or experience, what is your impression of the current policy of kinship care, where youth are placed with their relatives?

a. Do you think it is easier for youth to transition from living with their parents to living with a relative vs. a foster parent, etc.?

b. Can you think of some advantages and problems with this policy?

c. Do you think that extending the same level of benefits and support to relatives who assume custody for youth taken from their parents could improve outcomes for those youth later in life?

d. What do you anticipate could be some of the potential barriers to this policy? Some of the facilitators?

4) In your experience, what impact do you think 'professionalizing foster care,' where foster parents would be accredited and paid a salary would have on the child welfare system and youth in care?

a. Do you think this would improve the number of foster parents recruited for the province?

b. What kind of impact, good or bad, do you think this would have on youths' outcomes later on?

5) Recently, the Vancouver Foundation published a survey indicating the majority of British Columbian's surveyed are in favour of extending foster care to age 21. If the Ministry were to adopt this policy, what impact do you think it will have on outcomes for youths' lives (as described above)?

a. What do you think would have to be included in this policy (e.g. full-supports as in place before ageing-out occurs, only per diems, or other?)

b. Some versions of this program require youth to be completing education or vocational training (much like the Agreements with Young Adults), do you agree with this premise, why or why not?

6) Independent living programs are similar to the status quo, Youth Agreements, but provide rent from a private landlord (if a youth is capable and responsible, then the plan is that they take on the lease at the end of the program), furniture, and utilities. The program also gives youth an allowance for personal care, transportation, food, and a small amount towards their mandatory savings account. This program is typically available for 16-18 year olds but could be extended to 21 year olds. What impact do you think this would have on youths' outcomes?

a. What do you anticipate would be a barrier to this program, is anything missing?

b. What do you see as a strength of this program?

c. Do you think that Youth Agreements are effective, why or why not?

7) Finally, after completing the evaluation form (next page) does anything particularly jump out at you as a really good or bad policy option and why? Is there anything else you'd like to say about anything we've discussed here today?

Thank you for taking the time to share your insights and perspectives on this topic; your contributions are extremely valuable.

If you are interested I would be happy to send you a final copy of this project once it is completed.

POLICY OPTIONS:		Very Low	Low	Moderate	High	Very High	Don't Know
Status Quo –Do Nothing	Effectiveness	☐	☐	☐	☐	☐	☐
	Acceptability	☐	☐	☐	☐	☐	☐
	Implementation Complexity	☐	☐	☐	☐	☐	☐
Extension of Kinship Care	Effectiveness	☐	☐	☐	☐	☐	☐
	Acceptability	☐	☐	☐	☐	☐	☐
	Implementation Complexity	☐	☐	☐	☐	☐	☐
Professionalizing Foster Care	Effectiveness	☐	☐	☐	☐	☐	☐
	Acceptability	☐	☐	☐	☐	☐	☐
	Implementation Complexity	☐	☐	☐	☐	☐	☐
Extending Foster Care to 21	Effectiveness	☐	☐	☐	☐	☐	☐
	Acceptability	☐	☐	☐	☐	☐	☐
	Implementation Complexity	☐	☐	☐	☐	☐	☐
Independent Living Programs 16-21	Effectiveness	☐	☐	☐	☐	☐	☐
	Acceptability	☐	☐	☐	☐	☐	☐
	Implementation Complexity	☐	☐	☐	☐	☐	☐