

Cocreating Empowered Leadership Outcomes With Former Youth in Care in British Columbia

by

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Committee Approval

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Abstract

Former youth in care (FYiC) face unique challenges and disproportionate rates of suicide, trafficking, homelessness, and poor employment outcomes. While the British Columbian government recently expanded support to FYiC to 27 years of age, this research shows FYiC participants ages 30–45 years continue to suffer significant and chronic traumas. Using community-based participatory action research, this thesis explored the inquiry question: How might we learn from the experiences of FYiC to influence equitable policies in leadership? Participants took part in a survey, interviews, and a group discussion. The recommendations are to involve FYiC in the decisions that affect them, create a list of trauma-informed leadership practices to enhance decision making and risk mitigation, leverage and celebrate the talents of FYiC, provide resources that empower FYiC to advance their personal circumstances, and invest in feedback mechanisms to support the implementation of policies that better meet FYiC's unique needs, goals, and circumstances.

Dedication

I dedicate this thesis to my niece and nephew, as well as to my goddaughter; this work is in memory of her mother. I also dedicate this research to my late friend, Lilia Zaheveria, and to all of the people in and from foster care. My coresearchers and I designed and completed this project with great love, care, value, and belief in our former youth in care community. We hope that our research will reach all who need to hear this and anyone who is willing to work together to cocreate real change across individuals, communities, organizations, and systems. Together, we can—and we do—make a big difference.

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List of Abbreviations

ADHD	Attention deficit hyperactivity disorder
BC	British Columbia
CBPAR	Community-based participatory action research
CDT	Complex developmental trauma
CoP	Community of practice
CTET RRU	Centre for Teaching and Educational Technologies Studio, Royal Roads University
CVAP	Crime Victim Assistance Program
DSRP	Distinctions, systems, relationship, processes
FYiC	Former youth in care
MAL	Master of Arts in Leadership
MCFD	Ministry of Children and Family Development
PTG	Posttraumatic growth
RHAP	Residential Historical Abuse Program
RRU	Royal Roads University
SAJE	Strengthening Abilities and Journeys of Empowerment
SME	Subject matter expert
TCPS2	Tri-Council Policy Statement
TIP	Trauma-informed practice
UVic	University of Victoria
YET	Youth Engagement Toolkit

Executive Summary

This community-based participatory action research study represented a unique opportunity to explore the primary research question: How might we learn from the experiences of former youth in care (FYiC) to influence equitable policies in leadership? I also examined three subquestions:

1. What are the current resources and strategies that FYiC are utilizing to influence equitable policies (current state)?
2. What could empower FYiC who are interested in influencing equitable policies in leadership (ideal future)?
3. What are the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies (transition and ideal future)?

The purpose of this research was to (a) identify the firsthand experiences of adult FYiC, (b) explore developing an informal organization, an FYiC community of practice (CoP), to influence equitable policies in leadership, (c) identify wise leadership practices with FYiC that are strengths-based and trauma informed, and (d) explore action plans with FYiC to mobilize the findings and recommendations of this research. This was accomplished through a screening survey, individual interviews, and a 3-hour group discussion with four FYiC. As per the recommendation of one of the participants, I also interviewed a subject matter expert.

For this research, I applied an empowerment approach. Bushe (2012) defined this concept as supporting others to discover and claim their personal, social, and economic power by applying an appreciative (strengths-based) stance. I also framed the inquiry by applying trauma-informed practice, a strengths-based model that is grounded in a strong understanding of how

trauma affects a person's overall development, and which aims to prevent re-traumatization, facilitate healing, promote trauma-informed education, and safeguard against trauma (e.g., vicarious, system-induced; Huang et al., 2014). Further, I applied the Cabrera and Colosi's (2008) distinctions, systems, relationships, and perspectives and Monat and Gannon's (2015) iceberg model to the analysis of this research to articulate, organize, and identify dynamics in the system.

Based on the data gathered, I developed six research findings:

1. Timely and adequate policies, programs, and practices are required to adequately support FYiC (Emotional Badass; Mystique; Storm; Wonder Man).
2. FYiC participants desire more agency and self-governance.
3. FYiC participants desire learning, mentorship, and leadership opportunities.
4. FYiC participants believe that trauma awareness is needed in leadership.
5. FYiC participants present with diverse learning needs, talents, and complex challenges.
6. Participants noted the need to celebrate the stories of FYiC.

The research findings and recent literature support the six research conclusions:

1. Safety and wellbeing considerations of FYiC participants and broader society must be prioritized and addressed.
2. There is a need to balance completing necessary bureaucratic processes with ensuring there is no delay in providing necessary support.

3. The underlying forces that stimulate growth, change, and development are influenced by the mental models of FYiC, leaders, policy and decision makers, and broader society.
4. Limits to growth impact available resources and strategies to influence policies and are preventing FYiC from being empowered to effect change.
5. The distinctions, systems, relationships, and perspectives model is a powerful tool for identifying thinking patterns and addressing complex problems.
6. A lack of longitudinal research on people in and from foster care creates gaps in knowledge that are key to understanding and protecting people in and from foster care and broader society from a myriad of wicked problems.

Furthermore, I put forward five recommendations of this research:

1. Implement a plan for involving adult FYiC of all ages in the decisions and matters that affect them.
2. Consider creating a list of wise and trauma-informed leadership practices, skills, and tools required for leaders to enhance decision-making, strategic planning, and risk mitigation.
3. Leverage the talents and experiences of FYiC and celebrate their stories.
4. Provide resources that empower FYiC to advance their individual and personal circumstances, at any age.
5. To avoid excluding FYiC over 27 years of age, invest in feedback mechanisms, including longitudinal mixed methods research, to examine, monitor, and support the

implementation of policies that better meet FYiC's unique needs, goals, and circumstances, regardless of their age.

This study is the first step in a number of actions the FYiC CoP will take to influence equitable policies. In terms of future research implications, further investigation into feedback loops and mental models are recommended to help better understand other levers and the real experiences of FYiC's needs, goals, outcomes, and unique circumstances. The findings, conclusions, and recommendations of this research should be interpreted thoughtfully given the limitations of this study, and my own lived experience in foster care.

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Chapter One: Focus and Framing

Less than 0.3% of all Canadians have spent time in foster care; however, over 65% of all unhoused Canadians, over 50% of all sexually exploited and sex trafficked youth, and over 65% of all Indigenous inmates have spent time in the child welfare system (Nichols et al., 2017). The problems that people in and out of foster care face are *wicked* (Thomas et al., 2018), which Snowden and Boone (2007) described as problems that are difficult to solve because they are multifaceted (complex) and influenced by real-world uncertainties and constraints. For example, Evans et al. (2017) found people in foster care are three to four times more likely to attempt suicide than their peers in the general population. According to the British Columbia Coroners Service (2019), from 2013–2018, 54% of the children and youth who had died by suicide received child welfare services within the past year. Kovarikova (2017) brought into view how less than 44% of Ontario foster youth complete high school compared to 81% of their peers, and that people leaving care are often underprepared. A study by the British Columbia Ministry of Education (2018) found youth in care were 31% less likely to enrol in postsecondary education compared to their peers. Medlin and Jaeger (2021) found FYiC are often “called an invisible population on most college campuses” (p. 154). Elliott and Fitzgerald (2022) identified factors that contribute to the success of FYiC in postsecondary education, such as coaching and caring adults. However, they found that “at a time when most young adults are considering career pathways . . . many foster youths are prematurely trying to access basic needs of food, shelter, and income” (Elliott & Fitzgerald, 2022, p. 57).

Doucet et al. (2022) completed a systematic review of 64 reports involving youth leaving foster care. They highlighted how many jurisdictions in Canada are discussing legislation reform

involving continued support of youth leaving foster care, including Alberta, British Columbia, Ontario, Québec, New Brunswick, and Newfoundland (Doucet et al., 2022). Furthermore, they highlighted how impact studies in Canada are lacking compared to the United States, noting more research is required. Many researchers have commented on this (e.g., Frazier et al., 2020; Kovarikova, 2017), and the pervasive stigma and stereotyping attached to FYiC (Elliott & Fitzgerald, 2022).

The primary inquiry question for this research was: How might we learn from the experiences of former youth in foster care to influence equitable policies in leadership? I also explored three subquestions:

1. What are the current resources and strategies that FYiC are utilizing to influence equitable policies (current state)?
2. What could empower FYiC who are interested in influencing equitable policies in leadership (ideal future)?
3. What are the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies (transition and ideal future)?

I investigated the inquiry question and subquestions with adult FYiC by forming an FYiC community of practice (CoP) and applying a methodological framework of community-based participatory action research (CBPAR). A CoP is commonly referred to as a group of people who share a common concern and passion; they exchange stories and develop wise practices (Wenger, 1998). CBPAR involves cocreating engaged scholarship with a community, and the concept of praxis (Vivona & Wolfgram, 2021). Engaged scholarship focuses on social issues

(Wallerstein & Duran, 2006), while praxis is the practice of critical reflection and action (Freire, 1993).

The purpose of this research was to (a) identify the firsthand experiences of adult FYiC, explore developing an informal organization—an FYiC CoP, (b) influence equitable policies in leadership, (c) identify wise leadership practices with FYiC that are strengths-based and trauma-informed, and (d) explore action plans with FYiC to mobilize the findings and recommendations of this research. To accomplish this, I conducted a screening survey, individual interviews, and a 3-hour group discussion with four FYiC. As per the recommendation of one of the participants, I also interviewed April Fedinuw, a subject matter expert (SME) who works for MCFD leadership and identifies as an FYiC.

Throughout this thesis I present quotes shared by participants in this study. To protect their anonymity and to keep their personal information confidential, I have used participants' preferred superhero pseudonyms to cite excerpts from the individual interviews and group discussion: Emotional Badass, Mystique, Storm, and Wonder Man.

For this research, I applied an empowerment approach. Bushe (2012) defined this concept as supporting others to discover and claim their personal, social, and economic power by applying an appreciative (strengths-based) stance. I also framed the inquiry by applying trauma-informed practice, a strengths-based model that is grounded in a strong understanding of how trauma affects a person's overall development, and which aims to prevent retraumatization, facilitate healing, promote trauma-informed education, and safeguard against trauma (e.g., vicarious, system-induced; Huang et al., 2014). I will discuss trauma-informed practice in

greater detail in Chapter 2. Next, I introduce myself and my relationship to the research problems and opportunities.

Positionality and Relationship to the Problem and Opportunity

I grew up in and out of foster care in British Columbia (BC). At 14 years old, my high school counsellor helped me to get my first job working in a community centre. I moved out on my own at 15 years old as one of the first recipients of a MCFD Youth Agreement, a legal agreement made between a youth and the government in cases of extreme need. At 19, I graduated high school from an alternative program for adults. After starting college at 22, I became one of the first recipients of the MCFD Agreements with Young Adults program. Later, I also became one of the first five recipients to receive a Provincial Tuition Waiver (for the final year of my undergraduate studies in child and youth care at the University of Victoria (UVic). I share an identity with other marginalized, oppressed, underserved, and underrepresented groups.

I have a background working as a community-based coresearcher and research coordinator on MCFD's Youth Engagement Toolkit (YET) and Resource Guide. In my roles, I mentored youth in and from foster care (i.e., from care). I provided youth engagement consultation for the provincial government on various child welfare policies (e.g., out-of-care agreements, youth agreements, etc.) and cofacilitated strategic citizen and community engagement workshops. These experiences transformed me. I believe that my involvement on the YET acted a significant protective factor in my life. This is because I was exposed to opportunities to uncover more about myself and alternative perspectives that enabled me to build relationships with leaders and to have a say in the matters that affected me and my community. I received incredible mentorship, guidance, and leadership coaching from the project leads—and

sometimes still do. This experience of mentorship while also being a mentor empowered my confidence, sense of purpose, and actions toward change. For example, the reason I enrolled in child and youth care (CYC) at UVic was because I was encouraged to apply by one of the YET project leads, a UVic CYC professor who later became a research cosupervisor for my CYC undergraduate honours research on student engagement. Under his guidance and support, my research won the Jamie Cassel's Undergraduate Research Award and was presented to MCFD Leadership at the Provincial Office in Victoria, and the public at UVic's Idea Fest. He also helped me advocate for and secure two CYC practicums in provincial government policy (Ministry of Health–population and public health, and MCFD–Early Years).

After graduating from UVic in 2015, my professor, a project lead from MCFD's YET, introduced me to Julie Czeck, and I acted as a key informant in her 2015 Master's Thesis, *Improving the Post-Secondary Educational Outcomes of Former Youth in Care: A Discussion with Former Youth in Care in British Columbia*. Julie's project leveraged the voices of people from care. It informed vital changes (e.g., expansion of age requirements) to MCFD's Agreements with Young Adults Program, the BC Provincial Tuition Waiver Program, and UVic's Tuition Waiver Program. The experience was meaningful because it allowed me to influence equitable policies for FYiC.

Since 2017, I have acted as the plaintiff representative on behalf of victims of crime while in foster care in a significant class action against the MCFD, Ministry of Justice, Workers' Compensation Board, and Public Guardian and Trustee. The hearing was in the court of appeal at the time of writing this report, which I found extremely challenging.

From 2017 to 2023, I was an MCFD Child Protection Social Worker, working mainly in Indigenous Child and Family Services and later in Youth Outreach and Empowerment. I applied to work at MCFD in the first place because I recognized the name of one of the YET Project Leads on the job posting. It gave me hope. That same person later became the Executive Sponsor of a local CoP of MCFD staff with lived experience, of which I was a founding member. As staff with lived experience in foster care, we provided professional support to each other and developed initiatives with executive leadership to improve trauma-informed social work and leadership practices. I believe it is worth noting that I applied for the Royal Roads University (RRU) Master of Arts in Leadership (MAL) program because I wanted to follow that leader. I admire them, they are MAL alumni, and they provided a reference letter for me to get into the MAL program.

In 2017, I was featured in the arts-based advocacy book *We Are Everywhere: Stories of Wisdom of Former Youth In Care* (Fraser & Browne, 2019). A total of 1,500 copies were gifted to youth in foster care in BC, and an online version was later developed. The experience built my inner confidence and belief in my ability to positively impact others through the strengths-based stories of FYiC. I have used the book as an empowerment tool in my professional practice. I have found it very effective for promoting a sense of hope and belonging for people in and out of care. Many people from care had expressed to me how meaningful it was to learn that life can improve after foster care, FYiC can accomplish anything, and that their stories and strengths can and deserve to be recognized and celebrated. Feedback about the book further developed my belief in myself and my community, who all have unique stories and experiences.

Currently, I work for a nonprofit as a caregiver support counsellor for caregivers of children living in foster care and out-of-care arrangements. I belong to two committees in my workplace: Diversity Equity and Inclusion and Cultural Safety. My current director is also someone I greatly admire and is an RRU MAL graduate. Additionally, I hold a private part-time contract with Royal Roads University to support their Diversity, Equity and Inclusion department with implementing FYiC initiatives (e.g., wayfinding, mentorship, inclusive application and scholarship processes) and trauma-informed training for staff and faculty.

As an FYiC, I strongly believe in challenging adversity by learning new ways. Education has been and continues to be a significant protective factor in my life. Ever since I was a child and up to the present day, teachers, counsellors, and leaders have guided and nurtured my learning to transform my health and wellbeing. As I have felt empowered in education, I seek leadership in educational spaces. In addition to studying the MAL at RRU, I am also studying for an Executive Master of Business Administration degree through Quantic University. After I graduate from these programs, I plan to pursue a doctoral degree to continue my research with FYiC.

I share this information with readers because my positionality and relationship to the problem and opportunity were central to my research. In the next section, I provide context to this inquiry by discussing the background and history of the problem and opportunity.

Exploring Background, Context, and the History of the Problem and Opportunity

In Canada, provisions for child and family services fall under the jurisdiction of provincial and territorial authorities. In 2019, Bill C-92, An Act Respecting First Nations, Inuit and Métis Children, Youth, and Families, became federal law. This legislation affirms

Indigenous Nations' inherent right to self-governance, including jurisdiction over child and family services and the minimum standards of care. However, the complex implementation process of transferring these matters has faced legal challenges and delays.

In BC, the MCFD is responsible for child and family services under the Child, Family and Community Services Act (1996). MCFD has a delegation process for reserve and urban-based First Nations communities to operate delegated Aboriginal agencies and Indigenous child and family services. However, in November 2022, following the passing of Bill 38, the *Indigenous Self-Governance in Child and Family Services Amendment Act*, “BC became the first jurisdiction in Canada to recognize the inherent right of Indigenous communities to legally create and control their own child and family services” (Canadian Press, 2023, para. 22). It also affirms First Nations' right to establish and control their education system and institutions. While some First Nations have resumed control of their matters, it is a lengthy complex legal process to transfer these responsibilities (Canadian Press, 2023), and it is expected to take years to fully implement, which adds complexity to the current and future implications of this inquiry.

Exploring the Experiences of Former Youth in Care

When children and youth enter foster care, their home environment may be considered unsafe, as their caregivers are unable or unwilling to adequately care for and protect them from neglect and/or abuse (Billoups, 2021). In some cases, “some children require highly specialized care that is beyond a family's capacity” (Government of BC, n.d., para. 3). Across all provinces and territories, there are “far too many young people are in [foster] care. [And,] far too many of them are Indigenous” (K. Archie, as cited in Fraser & Browne, 2019, p. 4). For example, in

2021, the Government of Canada (2023) estimated approximately 54% of children and youth in care were Indigenous despite representing less than 8% of the total population.

This is to say that people who have been placed outside of the family home by a delegated authority have typically experienced maltreatment (e.g., abuse, neglect, exploitation) and exposure “to multiple and chronic traumatic events” (Conners-Burrow et al., 2013, p. 1830). People with lived foster care experience, scholars in the literature, practitioners, and leaders in the field have all indicated child maltreatment and foster care are known to be disruptive long-term to a person’s “emotional, relational, psychological, and cognitive development” (Conners-Burrow et al., 2013, p. 1830). Thus, child welfare leaders and “social workers play a critical role in facilitating [timely] trauma recovery and the prevention of new traumas” (Conners-Burrow et al., 2013, p. 1830).

In Canada, youth in foster care are legally emancipated from the child welfare system at the age of 18 or 19 years. In BC, the age is 19 years. In the United States, the age is 21 (Doucet, et al., 2022). Young people who have complex needs go from being supported by a social worker and a care team of professionals to being responsible for all aspects of their daily living (e.g., housing, cooking, cleaning, transportation, medical care, among others; Batsche & Reader, 2012). Research has demonstrated young people leaving foster care across the nation are underprepared (Courtney et al., 2010; Frazier et al., 2020; Kovarikova, 2017). Conners-Burrow et al. (2013) found people who have been involved in the child welfare system as a child and youth often lack access to adequate programs and resources to heal and recover from trauma. This is demonstrated by the disproportionate rate of challenges people in and from foster care experience, including underemployment, unemployment, homelessness, housing insecurity,

suicide, trafficking, being the victim or witness of a crime, lack of high school and postsecondary attainment, developmental disabilities, and poor health outcomes (e.g., anxiety, depression, asthma, diabetes, among other mental-emotional, and physical health challenges; Doucet et al., 2022; Kovarikova, 2017; Rutman & Hubberstey, 2018). According to Frazier et al. (2020), youth from the child welfare system are 200 times more likely to experience homelessness, 60 times more likely to be sex trafficked, and five times more likely to die before they are 30 years old. I find these statistics particularly impactful as they correspond to my own experiences as well as those of my peers. Transforming these outcomes has become a primary motivation for my personal, professional, and community leadership development.

According to N. Page and Czuba (1999), empowerment involves individual and social processes that foster “power (that is, the capacity to implement) in people, for use in their own lives, their communities, and in broader society, by acting on issues that they define as important” (Understanding Empowerment section, para. 3). Researchers have identified an interconnected relationship between people empowering each other (to connect research, theory, and practice) and individual and communal change (N. Page & Czuba, 1999). Frazier et al. (2020) highlighted that equitable policies empower and shape practices and programs that positively influence the experiences of people in and from foster care, which creates more equitable outcomes.

As a person who grew up in and out of foster care in BC, it has been my experience that change can and must happen through education, systemic advocacy, activism, and trauma-informed policies that enhance opportunities, equity, and social justice for people in and from foster care. It is my belief that greater public and political awareness and empathy are needed

toward the realities that people in and from foster care face. Leaders across the system need to listen to, learn from, and collaborate with FYiC to engage in reciprocal learning and leadership development to cocreate meaningful change (Fraser & Browne, 2019). This is important for me as well as for other FYiC because, “when you have people around you who feel a sense of responsibility to ensure you are developing the skills and the tools, and the relationships to lead a good life, then life is going to be better for you” (K. Archie, as cited in Fraser & Browne, 2019, p. 4).

Exploring Current Equitable Policies and Outcomes

For more than a decade, the Province of BC has funded a variety of equitable policies and programs that aim to support people with lived child welfare experience to develop skills and to pursue opportunities to advance their education (Czeck, 2015). While these programs were initially designed for people aged 19 to 24 years, since the pandemic many programs have expanded. In 2022, new supports included “rent supplements, transition workers, and a no-age limit earnings exemption” (Government of BC, 2022, para. 1). Recently, the MCFD’s Strengthening Abilities and Journeys of Empowerment (SAJE) program (formerly known as the Agreements with Young Adults) increased the maximum duration of support from 48 to 84 months, or until an FYiC’s 27th birthday (Government of BC, 2023a). Amendments to the ministry’s mandate and legal authority came into effect on April 4, 2024 (Government of BC, 2023a). According to MCFD, changes make emergency pandemic supports permanent and allow the ministry to support people from care up to age 27 (Government of BC, 2023a). However, it is unclear to what extent the new initiatives are creating more equitable outcomes for FYiC in BC,

now and in the future. What is evident from this research is FYiC over 27 years of age are being left out.

In reviewing the relevant literature, I noted limited studies conducted research on or with adult FYiC in BC, and very few scholars in the literature identify as FYiC. This speaks to the relevance of my research, which presented a unique opportunity to conduct CBPAR with FYiC rather than on FYiC. I discuss the significance of the inquiry in greater detail in the next section.

Significance of the Inquiry

This topic holds great significance to me as an FYiC with multiple intersecting identities. Through this research, I aimed to empower the trauma-informed leader within me. I also sought to improve the leadership, learning, and health outcomes of myself and others. My intellectual goal was to generate new knowledge with FYiC to advance understanding of the goals, needs, and priorities of adult FYiC who are interested in influencing equitable policies in leadership. My practical goal was to raise awareness and increase capacity amongst FYiC, service providers, policy and decision makers, and leaders across sectors to better support FYiC and improve their outcomes from the perspectives of FYiC. I accomplished this collaborative goal by forming an FYiC CoP. We exchanged leadership stories and wise practices and developed an action plan to influence equitable policies in leadership.

As I anticipated, the research process empowered my leadership and learning in multiple ways. For example, through action-oriented processes of self-reflection (e.g., journaling), systems mapping (Cabrera & Colosi, 2008; Monat & Gannon, 2015; Stroh, 2015), feedback processes, and working collaboratively with key players (e.g., research participants, thesis committee, and colleagues, among others), I gained new and developed existing leadership skills

(e.g., mapping systems, finding points of leverage in the system; applying Cabrera and Colosi's (2008) distinctions, systems, relationships, processes (DSRP) model and using Monat and Gannon's (2015) iceberg systems analysis method.

Overall, I found engaging in cycles of critical reflection, feedback, and action increased my sustainability, capacity, and effectiveness as a leader and citizen. By conducting research with FYiC, rather than on or for them, the research participants and I enhanced our individual and collective capacity to empower people in and from government care. Working together and forming an FYiC CoP, we realized, even if no one heard us, we had heard each other. That process had been empowering enough to create change within each of our own lives.

Overall, this research aimed to increase FYiC's access to leadership opportunities and resources to generate real community change (Wallerstein & Duran, 2006). It is my hope that the benefits of this research may ripple outward to the broader population and across overarching and interconnected systems. For example, this research could influence wise leadership practices (e.g., engaging FYiC of all ages in policy and decision-making), which could inform more cost-efficient investments in policies, programs, and services (across government, nonprofit, and private) that meet the unique needs, goals, and circumstances of FYiC. This could significantly improve the experiences and outcomes of people in and from care, those who interact with FYiC, and broader society (Wallerstein & Duran, 2006).

Some limitations of this research included researcher and cognitive biases because I am an FYiC. Sampling bias was also present because I used exponential discriminative snowball sampling, in which I relied on word-of-mouth referrals from people I knew to recruit people they knew (who met the study criteria). Further limitations included recruiting participants,

participant engagement and participation, challenges in trust, interpersonal dynamics (e.g., differences of values and opinion), internal barriers (e.g., physical health, low confidence, anxiety), external barriers (e.g., employment, housing, timing), and other (unknown) factors (R. Atkinson & Flint, 2021). I review the limitations in greater detail in Chapter 5. Next, I outline the organizational context of the FYiC CoP.

Organizational Context and Systems Analysis

For this research, I recruited participants to form a CoP to build a network of FYiC (19 years and older) who were interested in influencing equitable policies. I asked participants questions about key social challenges and the design and implementation of interventions that could potentially benefit themselves, the FYiC community, and broader society. As an FYiC CoP, we built upon our own and others' ideas, experiences, and leadership (Wenger, 1998). Through critical reflection and dialogue, participants demonstrated agency over their learning and involvement in research (Vivona & Wolfgram, 2021). For example, through the screening survey, participants opted into the research activities of their choosing (an individual interview, group discussion, and the cocreation of a knowledge product).

The organizational context of the FYiC CoP was small within the public health sector, comprising four adult FYiC community members plus myself. Forming the FYiC CoP, we created an organizational identity: adult FYiC with a set of shared values and beliefs that underlie our individual identities and which guided our behavior to influence equitable policies.

My role as the student researcher was to actively engage the participants in the CoP using a trauma-informed approach to research and leadership (Burns et al., 2011; Vivona & Wolfgram, 2021). The role of CoP members was to come together to the extent they were comfortable,

decide what was essential to the needs and goals of FYiC who are interested to influence equitable policies, and cocreate a plan for taking action and mobilizing the knowledge that we generated (Ventura, 2017; Wenger et al., 2002).

According to Schein (1983), “an organization’s culture begins life in the head of its founder—springing from the founder’s ideas about truth and reality, and the way the world works” (p. 13). I understand this to mean that my worldview as the founder of the FYiC CoP influenced its operations, performance, successes, and failures. This also relates to Cabrera and Colosi’s (2008) DSRP model and Monat and Gannon’s (2015) iceberg model, which explores levels of systems thinking (event, pattern, structural, and mental models). I discuss these models in greater detail in the Systems Analysis section of this chapter. Next, I review the layers of our FYiC CoP organizational culture as they relate to the broader systems analysis.

Layers of FYiC CoP Organizational Culture

Schein (1983) noted three layers of organizational culture: artifacts, espoused values, and assumptions. Some layers have a shallow impact, while deep layers provide insights into what the culture is really like.

Artifacts are the visible, tangible signs of an organizational culture (Schein, 1983). In the context of our FYiC CoP, we developed artifacts that sent the message that our organization values diversity (differences), community (belonging), and collaboration (relationships). These included terms of reference, FYiC achievement awards, FYiC CoP logos, FYiC website (www.formeryouthincare.com), and any future knowledge products (e.g., book, podcast). They were also represented by our stories and shared experiences. According to Schein (1983),

artifacts may lead to some change in organizational culture, but may not achieve significant change.

Espoused organizational values are what an organization claims about its culture and ways of working. According to Schein (1983), these are deeper indicators than artifacts, and more shallow than underlying beliefs. The terms of reference and code of practice document (Appendix A) we created during the group discussion are examples of our FYiC CoP espoused values. These included respect, care, curiosity, healthy boundaries, inclusion and belonging, empowerment, accountability, collaboration, learning, human rights and anti-discrimination.

Underlying Beliefs and Assumptions

Underlying beliefs and assumptions reflect the inner workings of how an organization truly operates. They are deeper indicators of an organization's culture than espoused values and artifacts (Schein, 1983). In the context of the FYiC CoP, our members identified our organizational values (noted in the previous section), which included assumptions about how we would work together. We also discussed what could lead to our success or failure as an FYiC CoP (e.g., personal and interpersonal challenges, politics, lack of support, burn-out; Emotional Badass; Storm; Wonder Man). According to Schein (1983), the underlying assumptions and beliefs of an organization (and the individuals who operate within it) are the strongest indicator for what the organization is actually like. This makes underlying assumptions and beliefs the strongest levers of organizational change. However, as Schein (1983) highlighted, these are also the hardest levers to influence.

System Analysis

According to Snowden and Boone (2007), leaders who endeavour to create change benefit from analyzing and mapping systems. I understand this to mean that mapping an organization helps to understand the scope of the organization's work, system feedback loops, and potential impacts (e.g., consequences) of behaviour (e.g., patterns, change), including points of leverage in the system at multiple levels (including across intra- and interrelated systems) (Meadows, 1999). According to Monat and Gannon (2015), systems thinking acknowledges holism, which "proposes that everything within a system is connected/related to-and affects-everything else, so there is mutual interdependence. Viewing, or even considering, parts on their own is irrational. Systems and their problems have to be viewed as a whole" (p. 16). However, Cabrera and Colosi (2008) suggested both are necessary, indicating the need to consider the nature of relationships between parts too. I understand this to mean that everything is interconnected within an overarching system and that the relationship between systems is of importance, which also held true in this research. This is an issue of the boundary people comprehend as distinctions (DSRP; Cabrera & Colosi, 2008). As such, everything is connected, making distinctions blurry due to the relationship between boundaries.

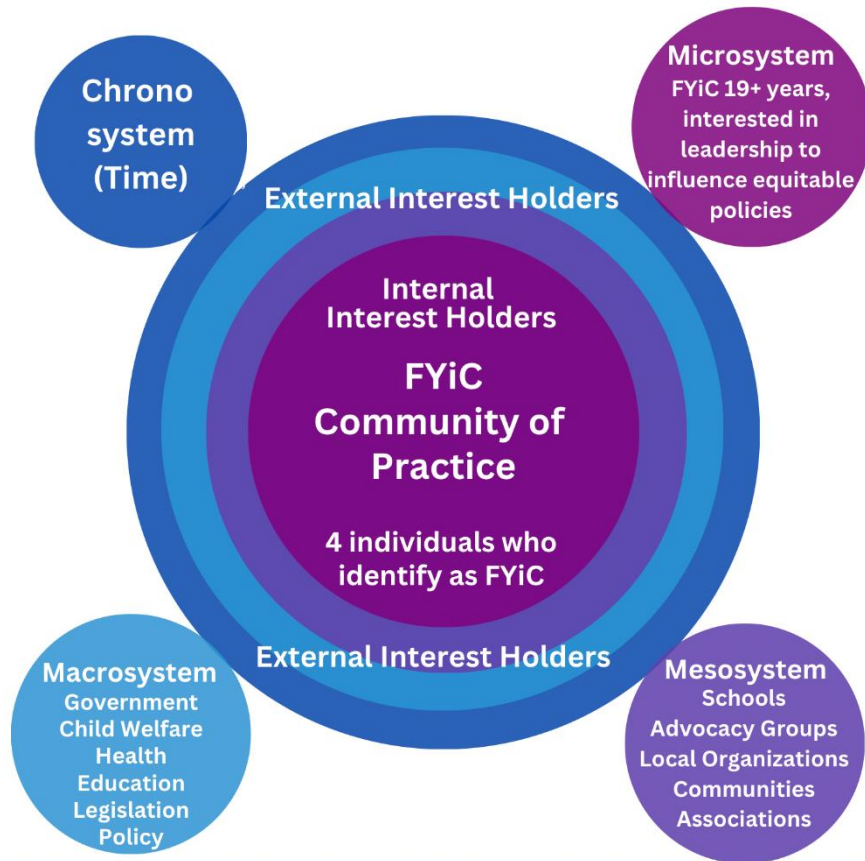
In the context of my inquiry, I completed an ecological systems map of the FYiC CoP as an organization nested within interrelating and interconnecting systems (e.g., MCFD). According to Das (2015), an ecological systems map highlights various layers that influence and shape a person, organization, and service environment. I have found that ecological systems maps (e.g., Bronfenbrenner's ecology of human development framework) are commonly applied in CYC

and social work scholarship (Ceci, 2006). Thus, I believe it was an appropriate application in this research.

Figure 1 outlines the interconnected systems of the FYiC CoP, including the micro (small), meso (medium), macro (large), and chrono (time) systems. Each system is represented in this map by different circles and colours. The circles on the outside of the nested systems act as a legend for the ecological system of our FYiC CoP. The outside (dark blue) circle (top right) represents time. The (light blue) circle (bottom left) inside represents the macrosystems. The inner purple circle (bottom right) represents the mesosystems, while the dark purple circle (top right) represents the microsystems. These systems interconnect and interrelate to influence the FYiC CoP.

Figure 1

Former Youth in Care Community of Practice Systems Analysis



Note. FYiC = Former Youth in Care. By K. Sort, 2024, digital image created in Canva.

The FYiC CoP systems analysis in Figure 1 defines our organizational boundaries, including internal interest holders¹ and external interest holders. Internal interest holders within

¹ Throughout this paper, I will use the term *interest holder* in lieu of the word stakeholder. Stakeholder is a term that historically excludes Indigenous People, thus it has negative connotations. Reed (2022) proposed using a contextual description of involved parties. I believe the term interest holder provides a more complete picture of how a project operates with those who have a right to be involved in the decisions and matters that affect them. It is my hope that using this terminology will ensure the findings are effectively implemented and appropriately applied to future funding and decision making.

the project's CoP comprise the micro (small) system. Internal interest holders of the CoP included me, as the researcher, and the FYiC CoP members who were also the participants and coresearchers for this study.

The overlapping areas of Figure 1 are similar to what Lindstrom (2007) described as *phronesis*, which refers to the wisdom and intelligence relevant to practical action. Phronesis involves developing knowledge between professional researchers and those with local knowledge of a real-world problem that requires further study and collective action to understand and remedy. According to Lindstrom, at this boundary level, knowledge transfer and action are accomplished in ways that “are meaningful and relevant to local [interest holders] and their real-world circumstances” (p. 75). In other words, working with and understanding the perspectives of people impacted by an issue leads to the most practical solutions within the ecological system. Hence, why I opted to apply CBPAR methods and methodology, create an FYiC CoP, and use an ecological systems map for this research.

According to Cady (2016), context is a moderating variable in leadership. Applying a context lens means understanding that “there are elements of a scenario which are external to it but give rise to it or otherwise apply pressure on it that it is experienced in a certain way (think public support, or not, for healthcare policy reform” (Cady, 2016, p.10). Applying a context lens to this research, external interest holders are those outside the CoP who can still affect it or be affected by its operations, and who may experience risks and benefits based on the performance of the FYiC CoP. External interest holders for this research with adult FYiC are inclusive of individuals, families, communities, government (e.g., politicians and policymakers), businesses, professional associations, and community organizations. Each of these interrelated groups hold

interest and power to influence the outcomes of FYiC. External interest holders in the meso (medium) system are schools, advocacy groups, local organizations, communities, and associations. Those external interest holders in the macro (extensive) system include Indigenous and non-Indigenous governments, child welfare agencies, health, education, legislation, and policies. The chrono system represents time. Each micro, meso, macro, and chrono system interconnects and interrelates to influence FYiC and is also affected by an invisible structural element of this context: relationship. The relational structure can be viewed through an “interpersonal and social dynamics lens . . . [which] helps us understand conflict, collaboration, and culture” (Cady, 2016, p. 10).

According to Meadows (1999), leverage points “are places within a complex system (a corporation, an economy, a living body, a city, an ecosystem) where a small shift in one thing can produce big changes in everything” (p. 1). Meadows offered the most effective places to intervene in a system include but are not limited to “regulating negative feedback loops . . . [and] driving positive feedback loops” (p. 2). Negative feedback (self-correcting, limiting, or balancing) loops keep things at status quo, while positive feedback loops (self-reinforcing) create change (Caldwell, 2012; Senge, 2006). Similarly, Senge (2006) asserted leverage points within the system are located within the balancing loop. The balancing loop refers to error-sensitive, goal-seeking processes that resist and counteract change in one direction with a change in the opposite direction (Caldwell, 2012).

To create positive feedback loops within the CoP, decision making was decentralized through collaborative processes and member checking (discussed in the methodology section) (Schulte, 2021). As such, CoP members had ownership and empowerment related to this issue.

While I held decision-making power as the researcher, strategic direction and initiatives were influenced by the participation and involvement of FYiC CoP members, the SME, inquiry team, research supervisor, committee, and scholars in the literature (Wenger, 2011). This allowed me to make recommendations that were and are relevant to and meaningful for adult FYiC interested in influencing equitable policies in leadership and to mitigate my inherent biases as the student researcher. It also added to the validity, reliability, and authenticity of this research (discussed in Chapter 3).

Overall, my analysis involved asking the following questions:

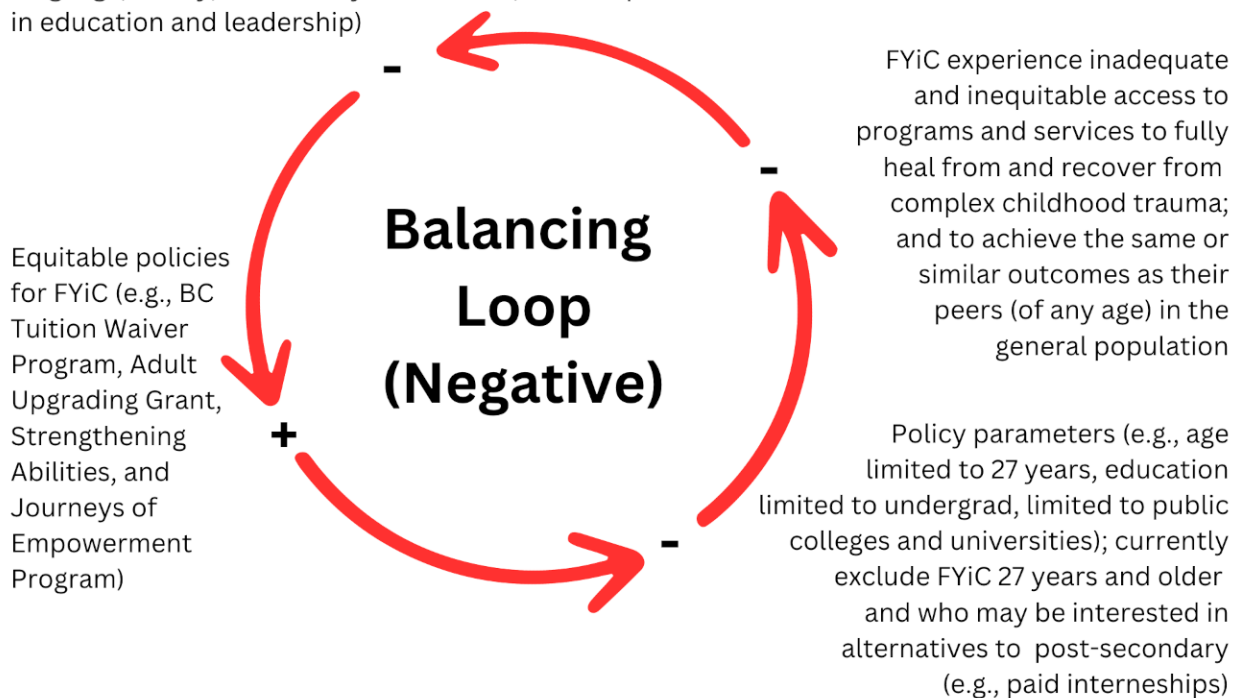
- What is happening? (distinctions/events)
- What is happening over time? (relationships/patterns)
- What is influencing repeated behaviors? (structural/systems)
- What beliefs and values stimulate the behaviors? (perspectives/mental models; Cabrera & Colosi, 2008; Monat & Gannon, 2015).

I created three feedback loops based on the relevant literature, the data collection methods, and my own experience. Figures 2, 3, and 4 present the levers in the system to cocreate more equitable outcomes of FYiC. However, it is incomplete. I discuss these loops and levers in the system in greater detail in Chapters 4 and 5. Next, I close this chapter with a review of Chapter 1 and explain what is upcoming in the remaining chapters of this thesis.

Figure 2

Causal Balancing Loop of Inequitable Outcomes of Former Youth in Care Outlines a Negative Balancing Loop

FYiC experience inequitable outcomes (e.g., homelessness, suicide, mental health and addictions, unemployment and underemployment, delayed development and disabilities, criminal justice involvement, intergenerational child welfare involvement; disconnection from language, family, community and culture, underrepresentation of FYiC in education and leadership)



Note. BC = British Columbia; FYiC = Former Youth in Care. By K. Sort, 2024, digital image created in Canva.

Figure 3

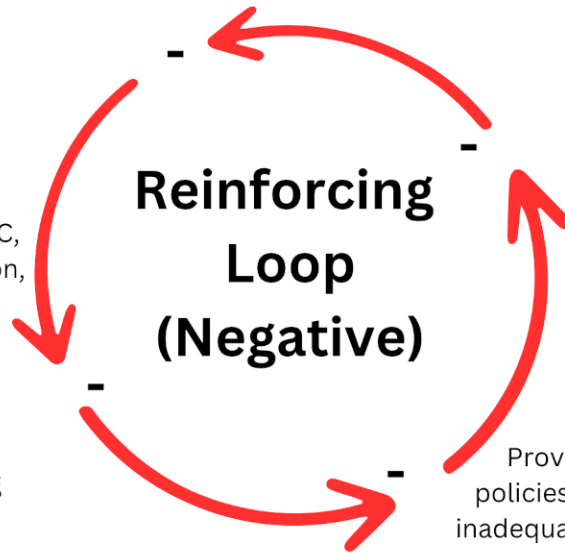
Causal Reinforcing Loop of Inequitable Outcomes of Former Youth in Care

FYiC experience inequitable outcomes (e.g., homelessness, suicide, mental health and addictions, unemployment and underemployment, delayed development and disabilities, criminal justice involvement, intergenerational child welfare involvement; disconnection from language, family, community and culture, underrepresentation of FYiC in education and leadership)

FYiC experience persistent trauma symptoms, nervous system dysregulation, frustration with the system, mental health and coping challenges, processing issues, communication challenges, learning differences, academic challenges, utter hopelessness, and distrust of self, others, and systems

FYiC face stigmas, negative public and self-perceptions of FYiC, targeting, discrimination, lack of access to trauma-informed programs, services, inadequate access to trauma recovery, education, and training opportunities

Provincial and federal government policies, programs, and practices are inadequate and insufficient for FYiC, in particular those over 27 years of age, those who identify as Indigenous, Inuit, Métis, and victims of crime while in foster care

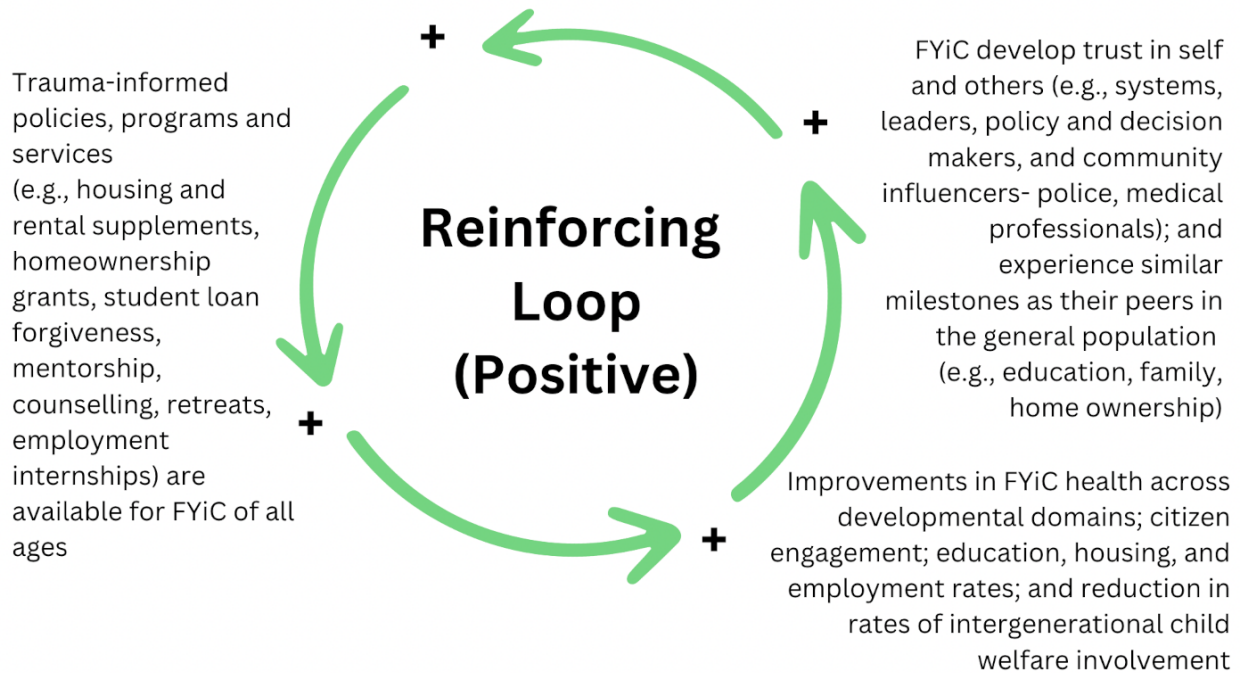


Note. FYiC = Former Youth in Care. By K. Sort, 2024, digital image created in Canva.

Figure 4

Causal Reinforcing Loop of Equitable Outcomes of Former Youth in Care

FYiC are involved in the creation and implementation of equitable policies and programs available for FYiC of all ages (e.g., trauma-informed care, prioritized care and access to specialized services for FYiC across systems, funding and grants for housing, home ownership, loan forgiveness, and higher education; extended health, dental, and medication coverage)



Note. FYiC = Former Youth in Care. By K. Sort, 2024, digital image created in Canva.

Overview of the Thesis

In this chapter, I introduced the focus and framing of my research with FYiC. I discussed my positionality as an FYiC, the background of the problems and opportunities, and the significance of the inquiry. I also introduced the CBPAR methodology and methods of this research. I explained the purpose of partnering with the FYiC community to form an FYiC CoP, to influence equitable policies in leadership. I acknowledged that as an FYiC, I hold biases, notably: researcher, cognitive, and potentially confirmation biases; however, I also introduced

different processes and tools which I applied to mitigate biases in this research (e.g., inquiry team, supervisor support, evidence-based scholarship, DSRP, and iceberg models); and, to validate and authenticate the findings of this research (Cabrera & Colosi, 2008; Monat & Gannon, 2015).

In the next chapter, Chapter 2, I discuss the relevant literature. The following chapter, Chapter 3 outlines the research methodology and methods. Chapter 4 presents the research findings and conclusions. I close the thesis with Chapter 5, which delineates the implications and limitations of this research, including organizational and future inquiry implications.

Chapter Two: Relevant Literature

This literature review was guided by the primary research question: How might we learn from the experiences of former youth in care to influence equitable policies in leadership? My aim when reviewing the literature was to examine how trauma, trauma-informed practice (TIP), CoP, and CBPAR could be linked together to create a coherent FYiC leadership action plan. I chose these topics as they hold personal and professional relevance for me as an FYiC and child and youth care professional. It is my view that TIP is an imperative transformational leadership competency across systems, particularly in education, health, justice, and child welfare, in which transformational, values-based, and humanistic leadership is most urgently required. I also believe there is an imminent need to exchange knowledge and experience among FYiC and leaders across the whole system, particularly among those who share a common interest in influencing equitable policies to improve the outcomes of FYiC.

For the literature review, I compared themes addressed in the academic (e.g., scholarly journals, texts, books) and grey literature (e.g., websites, newspapers, media) to provide a theoretical overview of the topics related to my engaged action-oriented research. Scholarly evidence informed the strategies and resources that I applied to manage the transition between the current state and the ideal future (Beckhard & Harris, 2009). Applying an in-depth literature review helped to ground my engaged and action-oriented research design, develop the focus and framing, provide a clear rationale for, and better situate my topic. Reviewing the literature also provided insights on appropriate research methodology, data collection, and data analysis methods regarding this topic with FYiC. In addition, it provided insights into the potential limitations and mitigation strategies for this research. Overall, the process added rigour,

authenticity, and validity to the research project design, topic, methods, significance of the inquiry, and contribution and application. I discuss the details of the literature review below.

Exploring Trauma

The literature indicated trauma is a costly, widespread, and complex public health issue (Halaris et al., 2021). Trauma causes wicked (complex) problems in society, across personal, social, business, environmental, and political contexts (Huang et al., 2014; Snowden & Boone, 2007). Ruglass and Kendall-Tackett (2014) noted confusion among the general population about what is traumatic. Across the academic and grey literature, authors related trauma to the prolonged activation of the stress response system (e.g., fight, flight, freeze), feelings of helplessness, overwhelm, and terror (Poole et al., 2021; Maté, 2022; Huang et al., 2014; B. D. Perry et al., 2021). According to Poole et al. (2021), the experience of trauma varies from individual to individual: “There are a number of dimensions of trauma, including first exposure, magnitude, complexity, frequency, duration, and whether it occurs from an interpersonal or external source” (p. 4). The literature indicated several types of trauma. The most pertinent to the experiences of FYiC include developmental trauma, complex developmental trauma, system-induced trauma, intergenerational trauma, historical and intergenerational trauma, vicarious trauma, and, posttraumatic growth (Connors-Burrow et al., 2013; Ford, 2021; Poole et al., 2021). I discuss each of these topics in the sections that follow.

Developmental Trauma

Development trauma refers to chronic exposure to family stressors as infants, children, and youth. According to Poole et al. (2021), it “is related to neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, loss, separation, witnessing violence

or death, repeated grief and loss, and/or coercion or betrayal” (p. 4). Ford (2021) explained symptoms of developmental trauma include disruptions to attention and executive brain functions, relational and social insecurity, self-harm and self-soothing, among other dysregulation (across cognitive, emotional, behavioural domains). In other words, developmental trauma involves adverse childhood experiences, which can have long-lasting impacts on a person’s health and wellbeing across the lifespan (Scott et al., 2021).

Complex Developmental Trauma

Complex developmental trauma (CDT) involves chronic exposure to multiple traumatic events in childhood which results in complex posttraumatic stress disorder in adults (Conners-Burrow et al., 2013; Ford, 2021; Scott et al., 2021). Research on the impacts of CDT demonstrates long-lasting trauma symptoms include emotional dysregulation, somatization (i.e., stress that manifests physically, such as a tummy ache and flashbacks), interpersonal challenges (e.g., avoidance, detachment, codependency), and altered perceptions of self and the world (Maté, 2022; Van der Kolk, 1994). I understand this to mean that trauma symptoms and experiences can interfere with a person’s ability to form secure attachments. Poole et al. (2021) explained secure attachments are crucial for a sense of safety, belonging, and healthy development across the lifespan. Pearlman and Courtois (2005) also highlighted that trauma symptoms of CDT can be severe, pervasive, and have long-lasting negative impacts on wellbeing and functioning. Ford (2021) noted treatment interventions and guidelines for managing trauma symptoms (e.g., anxiety and depression) have been developed and tested with adults and children; however, there is no scientific proof to suggest that drug treatments for children with developmental trauma and adults with complex posttraumatic stress disorder (Ford, 2021). While

in my personal life and professional practice, I have noted varied trauma-informed treatments (e.g., emotion focused freedom techniques, dialectical behavioral therapy, family therapy) can be very effective in repairing intrusive attachment and nervous system injuries sustained by trauma, I believe effective treatments depend on the context and the individual. Furthermore, I have personally experienced and professionally witnessed the effectiveness of implementing trauma-informed, equitable environments (e.g., across home, learning, social, work, and otherwise).

System-Induced Trauma

System-induced trauma is a relatively new term that Rousseau (2020) defined as “exposure to traumatic systems” (Steward, 2021, para. 4) or as “situations which organized systems create trauma including those designed to mitigate trauma” (Lucero & West, 2017, p. 7). In my experience, social service interventions have often produced, reinforced, and exacerbated previous traumas. For example, child welfare and police investigation processes often had a negative impact on my wellbeing in that they led to further experiences of harm by perpetrators and others (e.g., professionals). My experience aligns with the views of Connors-Burrow et al. (2013) and other scholars in the literature who noted how systems often unintentionally perpetuate and cause trauma. For example, Salazar et al. (2021) found people in and from care are “often not made aware of their rights or eligibility for critical resources, such as [housing] or post-secondary funds (e.g. Geenen et al. 2007)” (para. 7). This was consistent with an aspect of my own experiences and the findings of this research (discussed in the following chapters). However, Henry (1997) contradicted these claims and reported major system interventions, such as removing a child from the family home, were not statistically correlated to trauma scores. Henry reported, “The majority of children found the system a positive support in assisting them

with the stress of the intervention and personal loss” (p. 499). Despite the contradictory information in the literature, I posit both views can be valid and true simultaneously: systems (e.g., foster care, health, justice, education) can protect and prevent people from harm while creating and exacerbating negative experiences that are preventable.

Intergenerational Trauma

Isobel et al. (2019) described intergenerational trauma as “a discrete process and form of psychological trauma transmitted within families and communities” (p. 1100). These authors indicated this happens “via specific interactional patterns, resulting in the effects of trauma being experienced without the original traumatic experience or event” (Isobel et al., 2019, p. 1101). I understand this to mean that unresolved trauma can be passed down (e.g., from a caregiver to a child, a teacher to a student, a boss to an employee, etc.). The literature indicated appropriate trauma interventions focus on attachment and developing strategies at individual, relationship, familial, community and societal levels (Isobel et al., 2019). However, Connolly (2011) noted the most poignant strategy was to focus on prevention with the people known to have experienced relational trauma, indicating prevention is the most powerful indicator for reducing the intergenerational transmission of trauma. This includes taking preventative measures with the people who are most impacted as well as with individuals, families, communities, organizations, and systems across all levels.

Historical and Intergenerational Trauma

Connolly (2011) described historical and intergenerational trauma as “the death of time” (p. 611), a phrase referring to “the discontinuity between past, present and future that survivors of collective trauma experienced and transmitted to their children” (p. 612). Connolly outlined

examples of cumulative traumas as those experienced by the survivors of Nazi Germany and Russian gulags. While Poole et al. (2021) discussed residential schools,² Indian hospitals, the 60s Scoop,³ and other forms of institutional abuse and oppression related to colonization. The literature indicated historical and intergenerational trauma has “neurobiological and/or psychological effects [on] people who have close connections with trauma survivors. Coping and adaption patterns [that are] developed in response to trauma can be passed down from one generation to the next” (Poole et al., 2021, p. 4). Ragazzi (2012) found the manifestation of this type of trauma is demonstrated by elevated levels of intergenerational suicide, mental health challenges, substance misuse, homelessness, criminal justice and child welfare involvement (e.g., family separation, violence against women and children), among other complex problems (e.g., forced relocation due to colonization/politics/oppressive government policies).

Vicarious Trauma

The literature described vicarious trauma as the cumulative effects related to the exposure of trauma within the workforce (Newell & MacNeil, 2010). It involves “the helper working with the survivors of traumatic life events” (Poole et al., 2021, p. 4). According to Poole et al. (2021),

² Residential schools were church-run, government-funded institutions established to assimilate Indigenous children into Euro-Canadian culture (Regan, 2010). The last residential school closed in 1996. In total, an estimated 150,000 First Nation, Inuit, and Métis children attended residential schools in Canada (Feir, 2016). In 2021, Tk'emlúps te Secwépemc First Nation released a report about the discovery of 215 unmarked graves on the Kamloops Indian Residential School site (Judd & Zussman, 2021). Since then, there have been numerous graves found on the grounds of former residential schools in Canada.

³ The 60s Scoop describes a period in time, mainly in the 1960s, in which a series of policies enabled child welfare agencies in Canada to remove or scoop up Indigenous children from their homes then adopt them to non-Indigenous families throughout North America (Sinclair, 2007). These actions sought to assimilate Indigenous children into Western society and stripped them from their culture and communities.

the effects occur on a continuum and are influenced by a variety of factors. These include the quantity of traumatic information or situations the practitioner is exposed to, the extent of trauma-informed support within the workplace and in a practitioner's personal life, and the practitioner's experiences of trauma (Poole et al., 2021). Newell and MacNeil (2010) stated the risks (e.g., emotional, psychological) with providing frontline services to vulnerable populations "have been largely overlooked in social work education curriculum and agency training" (Abstract section, para. 1). The risks include caregiver burnout, empathetic fatigue or distress, and empathic stress (Neff et al., 2020). What is not talked about is the adverse impacts on professionals with lived child welfare experience. However, for those who have experienced trauma of any kind, it is not all doom and gloom.

Posttraumatic Growth

Posttraumatic growth (PTG) refers to positive psychological changes that people can experience following healing and recovery from trauma (Poole et al., 2021). For example, in my experience, highly stressful and traumatic events developed deep compassion and empathy toward others—if a person can bounce backward, they can also bounce forward. I have, and so have many peers I know.

In reviewing the literature, I found that PTG is a common construct in the literature (Dana, 2018; Poole et al., 2021). However, Kadri et al. (2022) asserted, "Little is known about PTG in older adults . . . [and] diverse findings reflect no overall model" (p. 1). To me, this indicates PTG is a relatively new area of scholarship that is not well understood. This indicates implications for future inquiry. However, as Goldsmith (2007) highlighted, "What got us here probably won't get us there because these issues are challenges in interpersonal, often leadership

behavior” (p. 39). I agree based on my lived experiences and the experiences I witnessed. This has also led me to believe trauma not only distorts the survivor’s perception of themselves, but often the perceptions that others have of those who have experienced trauma. This makes changing the dominant, deficit-based narrative challenging. Thus, I believe that moving to a different model will require collective curiosity, a willingness to invest in FYiC, and an orientation to the possibility of a shared vision, and it will involve cocreating equitable outcomes and developing leadership competencies through reciprocal collaborative relationships with FYiC, leaders, policymakers, and broader society (M. B. Page et al., 2017).

Overall, the literature indicated traumatic experiences as infants, children, and youth can harm the developing brain, change how individuals respond to stress, and can lead to sequelae (i.e., after-effect of a disease, condition, or injury, such as nightmares or flashbacks) later on in life (Kadri et al., 2022; Rabinowitz & Levin, 2014). However, under the right (trauma-informed) conditions, PTG can occur. It is my view that this elucidates the importance of TIP, which I discuss next.

Exploring Trauma Informed Practice

As discussed in Chapter 1, in BC, the Director of Child Welfare is the delegated authority responsible for supporting children and families through a myriad of complex problems, including poverty, homelessness, mental health, and addictions (Child, Family and Community Services Act, 1996). However, Connors-Burrow et al. (2013) found, “Unfortunately, many children who have experienced trauma receive no treatment or treatment [is] not shown to be effective” (p. 1830). Directors are also responsible for training child welfare staff to provide and coordinate trauma-informed services that protect and support abused and neglected children

(Child, Family and Community Services Act, 1996; Conners-Burrow et al., 2013); further, they are required to safeguard their staff from on-the-job harms (e.g., vicarious trauma, workplace bullying and harassment). In the wake of the coronavirus pandemic, Huang et al. (2014) noted “an increasing focus on how service systems may help to resolve or exacerbate trauma-related issues” (p. 2). Sherman (2021) and Conners-Burrow et al. (2013) argued TIP is a critical competency for leadership (e.g., parents, social workers, educators, organizational and system leaders) and practitioners across social systems (e.g., family, community, organization, overarching and interconnected systems).

The literature defined TIP as a comprehensive understanding of trauma and its impacts, potential trauma triggers, and ways that systems, policies, and service delivery may perpetuate and worsen the effects of trauma (Brunzell et al., 2016; Conners-Burrow et al., 2013; Poole et al., 2021; Reiersen & Becker, 2021). Tweedy (2023) stated TIP approaches aim to realize, recognize, and respond to trauma while actively avoiding and resisting retraumatization. One strength of applying a TIP approach to leadership is that it creates the conditions necessary for people to heal, recover, learn, and succeed by increasing regulation and social capacities (e.g., peer relationships, networking) across systems (e.g., clients, staff, leadership, interest holders, and broader society; Brunzell et al., 2016; D. L. Perry & Daniels, 2016); it also models appropriate attitudes and strategies from the top-down (Reiersen & Becker, 2021). For example, when academic communities understood how trauma impacted student learning and behaviour, they were more adept at creating the necessary conditions (e.g., safety, connection, inclusion) for students to learn and thrive (Reiersen & Becker, 2021). While the strengths of TIP approaches are evident, there are some notable limitations.

In my literature review, the research indicated significant challenges to implementing TIP. These included a lack of collaboration, flexibility, leadership, and vicarious trauma (Conners-Burrow et al., 2013; Goldsmith, 2007; Huang et al., 2014). Houlihan et al. (2024) contended system responsiveness is directly correlated to the capacity of the individuals working in the system to remain “safe, present, and regulated” (p. 2). I understand this to mean that TIP and trauma-informed leadership are challenging to implement in organizations that provide crisis-driven services (e.g., child welfare agencies). This is due to the impacts of trauma on the workforce and leadership (e.g., vicarious trauma, empathic fatigue, burnout, high staff turnover) and limited resources (e.g., available staff, funding for training; Conners-Burrow et al., 2013). While the academic literature commonly advocated for TIP as a best practice, authors in the grey literature warned TIP is becoming a checklist of screening questionnaires and prescribed “evidence-based” interventions that can leave people to fall through large cracks (e.g., being “too” traumatized or not traumatized “enough” to screen-in to programs and services) despite intentions to do the opposite and to bridge the gaps (Couillard, 2019). Sweeney and Taggart (2018) also stated power-over relationships in various contexts (e.g., politics, work, school, community, home) can “revictimize people, preventing healing and recovery” (p. 384), potentially causing significant setbacks for survivors. I believe these considerations are crucial for leaders and practitioners across systems to understand; however, I believe that TIP can be applied with limited resources (e.g., like they were in this project).

Notably, I found evidence in the grey literature about *glimmers*, a concept put forward by Dana (2018), a licensed clinical social worker specializing in complex trauma, which she described as microcues that oppose triggers (see also Sumner, 2022). Triggers may be cued by

smells, sounds, places or spaces, situations, people, and words (among others) that can disrupt a person's sense of safety, inclusion, and belonging (Dana, 2018). On the other hand, glimmers facilitate feelings of relief, comfort, calm, safety, connection, and ease (Dana, 2018; Summer, 2022). I understand this to mean that glimmers are essential because they help regulate the nervous system and can provide a person with a sense of hope, faith in the world, and opportunities to learn and build upon healthy coping skills. I believe leaders play a pivotal role in teaching, identifying, and cuing glimmers on micro, meso, and macro levels through TIP policies, programs, and practices that seek to engage FYiC in cocreating equitable outcomes.

According to the Crime Victim Assistance Act (2021), leaders within the government also hold legal and fiduciary responsibility to support survivors of trauma, particularly child survivors, to help them recover and reintegrate into society. As I understand it, duty of care is owed across the lifespan to people who were a victim of crime as a child. To me, this indicates system leaders are formally responsible for planning and implementing initiatives that bring healing and recovery, along with creating opportunities for learning and leadership for survivors of trauma, people like me (and many folks from care). In my own life, glimmers (from leadership or otherwise) have empowered me with the hope that things can change and the strength to challenge adversity by learning new ways of knowing, being, and doing (praxis; Freire, 1993). Therefore, it is my view that glimmers are crucial because they can help a person bridge the gap between their current state and their ideal future. In the following section, I discuss the definition and purpose of a community of practice.

Exploring Community of Practice

The literature defined a CoP as a self-organized social structure (or organization) formed by practitioners to fulfill individual and group goals (Schulte, 2021; Ventura, 2017; Wenger, 2011). They are often referred to as “learning networks, thematic groups, or tech clubs” (Wenger, 1998, p. 3). A CoP can be defined by discipline, problem, or situation (Wenger et al., 2002). Wenger (1998) highlighted three defining characteristics: membership is characterized by a shared domain of interest that creates common ground; in pursuing shared interests and objectives, members engage in collaborative activities and dialogue to empower each other’s learning and practice; and members share and develop resources, experiences, stories, tools, and strategies for addressing recurring problems/opportunities.

In terms of strengths, some studies have documented how professional CoPs can offer learning opportunities by building on community knowledge, cultures, and resources and actively engaging those most impacted by an issue through collaborative educational processes (Ventura, 2017; Wenger, 2004; Wenger et al., 2002). Levine (2010) cogently argued, “We must reason together to improve our opinions and to check biases and self-interest. Reasoning together is an indispensable way to think well about matters of public concern” (p. 1). I agree, and I found it was beneficial to interact with FYiC community members in the context of this inquiry to share information and knowledge. Through interactions and storytelling, new resources of practical knowledge were discovered and mobilized amongst the community and, more broadly, to interrelating and surrounding organizations. Wenger et al. (2002) advised several organizations across sectors are “now focusing on communities of practice as a key to improving their performance” (p. 1) through activities, such as problem solving and discussing

developments. These CoPs are effectively utilized in large and small organizations; government, education, and associations across the social sector; international development; and online business (Wenger et al., 2002). Thus, a CoP was appropriate in this research for developing wise leadership practices and influencing equitable policies in leadership.

Schulte (2021) contended, despite a significant body of scholarly literature, there is a gap in understanding how CoPs interrelate “between communities and broader socio-cultural structures as well as formal leadership” (p. 4). Scholars highlighted challenges, including a lack of engagement and activity in the community, membership restrictions, interest and awareness about the community, community culture, and diversity of values, thought, opinions, and experience (Garfield, 2018; Hartley, 2009). This brought into view the overt and nuanced cultural dynamics between FYiC, the CoP, and the broader organizational context in which we all operate (within and in relation to). I discuss these implications in greater detail in Chapter 5, in which I present the study conclusions, organizational implications, and limitations of the research.

To mitigate potential challenges, the literature suggested viewing CoPs from an ontological process perspective, which focuses on empowering a flexible, adaptive environment rather than viewing CoPs as fixed entities (Schulte, 2021). This is to say that CoPs represent the emergence of new resources that arise through self-organized interactions among community members. This is a form of democratic, distributed, community leadership without ownership, which can create opportunities, and, as we experienced, can also lead to tensions. Wenger (1998) recommended creating a CoP based on a shared vision, values, and practice of putting resources (e.g., CoP knowledge and plans) into action. I interpreted this to mean that creating and sharing

specialized resources (e.g., training courses, code of practice, terms of reference, FYiC CoP strategic plan) can guide the behaviour of FYiC CoP members to reduce challenges. Specialized resources can also inform wise practices internally within the organization and externally to surrounding and interrelated organizations (e.g., MCFD; Wenger, 1998).

Chapter Summary

In this chapter, I discussed how topics of trauma, TIP and CBPAR can be linked together to create a cohesive leadership plan. The relevant literature indicated creating more equitable outcomes with FYiC requires discussions with leadership, FYiC, and interest holders across the overarching and interconnected systems. Scholars in the academic and grey literature demonstrated TIP is an imperative transformational leadership competency across individual, family, community, organization, and systemic levels (Dana, 2018; Government of BC, n.d.; Quiros, 2020).

While everyone experiences trauma, it is evident that how individuals experience and cope with trauma varies (Maté, 2022; Poole et al., 2021; Van der Kolk, 1994). As Maté (2022) elucidated, what has happened inside and between people because of trauma is what differentiates their experiences, symptoms, and outcomes. This led me to the conclusion that not everyone requires the same approach to healing, recovery, and liberation from trauma (Connors-Burrow et al., 2013; Huang et al., 2021). As an FYiC myself, I firmly believe individuals, community, government, education, for-profit, and nonprofit organizations must maintain an active and engaged role in empowering equitable leadership (and learning) outcomes for FYiC and in supporting PTG (a positive change in a person after experiencing hardship; Goulston & Hendel, 2020; Rhoads, 2021). Furthermore, it is my experience and belief that involving FYiC in

the decisions and matters that affect them on a systems level (e.g., leadership, policy) is the most cost-effective and efficient way to transfer knowledge, prevent further traumas, and improve outcomes for trauma survivors, FYiC, social service and health practitioners, and leaders across systems (Wenger, 1998).

Overall, reviewing the literature helped me make sense of the findings in my field of study (leadership of FYiC) and my educational context (graduate studies in leadership). By assessing findings and correlating them to other studies, I was able to determine which were unique to previous research and which applied to my educational context. I also identified potential limitations to the inquiry (e.g., participation and engagement) and created an appropriate plan, which I used to mitigate and reduce ethical biases, limitations, challenges, and risks related to this research (Beckhard & Harris, 2009). In the following chapter, I discuss the research methodology and methods for this study.

Chapter Three: Methodological Approach, Methods, Ethical Considerations

This research aimed to cocreate empowered leadership outcomes with FYiC in BC. A review of the relevant literature indicated this was a unique opportunity to explore an underresearched topic with FYiC using a methodological framework of CBPAR (Frazier et al., 2020; Kovarikova, 2017; Vivona & Wolfgram, 2021). CBPAR empowers researchers to cocreate engaged scholarship that addresses social issues (Wallerstein & Duran, 2006) and to engage in praxis (Vivona & Wolfgram, 2021), the practice of critical reflection and action (Freire, 1993).

To achieve the aims of this research, I could gather qualitative, quantitative, or a mix of both types of data (Salazar et al., 2021). I wanted to learn more about FYiC's stories, so I opted for an approach that explored qualitative methods, namely a survey, individual interviews, and group discussion. For the first method, I screened participants for this research via a survey hosted on SurveyMonkey (n.d.). Then, I explored the stories, experiences, perspectives, and ideas of participants via individual, semistructured interviews. For the third method, I used a group discussion. I applied these data collection techniques to produce contextual, real-world knowledge about the experiences of adult FYiC in BC. I chose the research methods based on the literature and my previous experiences engaging in CBPAR. I felt the sequence was logical for promoting participation, engagement, and community building in this research; forming a CoP; and building a better understanding of the experiences of adult FYiC who were interested in influencing equitable policies in leadership.

Applying Beckhard and Harris's (2009) format for inquiry questions, the primary inquiry question for this research was: How might we learn from the experiences of FYiC to influence equitable policies in leadership? I also examined three subquestions:

1. What are the current resources and strategies that FYiC are utilizing to influence equitable policies (current state)?
2. What could empower FYiC who are interested in leadership to influence equitable policies (ideal future)?
3. What are the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies (transition and ideal future)?

Given that CBPAR methods are interpretive and participatory, I critically reflected on my position as the researcher. The literature revealed few FYiC are represented as scholars and research on or with FYiC is quite limited (Frazier et al., 2020; Kovarikova, 2017). I also found local research on topics related to FYiC in BC and Canada were scarce. This indicated to me a unique opportunity to conduct this research and to collect the descriptive and observational data myself. I felt this decision was appropriate considering that I have a background working as a student researcher on several other CBPAR projects, of which I was also a community member. I also have extensive education and experience providing trauma-informed programs, services, and training for people in and from foster care.

In this chapter, I explain how I operationalized the research concepts and measured variables (e.g., FYiC's experiences with equitable programs and policies, wise practices, age limits, housing, education). I discuss the research methodology, inclusion and exclusion criteria, and sampling method, along with the tools, procedures, and materials that I used to gather my data. I also outline the ethical considerations for this research. I close this chapter with an overview of the research methodology and methods I used to turn abstract conceptual ideas into measurable observations (Hackett, 2019).

Community-Based Participatory Action Research

According to Vivona and Wolfgram (2021), CBPAR is a collaborative methodology for conducting qualitative research with the people who are most impacted by an issue. Qualitative methodologies explore anecdotes (personal accounts) about how individuals experience the world using words, photos, concepts, and ideas (Denzin & Lincoln, 2000; Guba & Lincoln 1994). In other words, CBPAR is a form of critical narrative inquiry that investigates the ways people experience life and society as “depicted through their stories” (Webster & Mertova, 2007, p. 3).

According to Vivona and Wolfgram (2021), the main strength of CBPAR is its inherently participatory nature. Through research and decision-making processes, “everyone contributes to knowledge, experiences, and resources” (Vivona & Wolfgram, 2021, p. 513). Hackett (2019) advised this makes CBPAR an empowering framework for conducting research with marginalized, oppressed, underserved, and underrepresented groups, such as FYiC. Cornwall and Jewkes (1995) also indicated CBPAR methodology could be applied to reduce traditional power dynamics, and this aligned well with my thesis, as I sought to conduct research with FYiC rather than on or for them. In the context of this research, I used CBPAR to establish a socially just, participatory research process that was grounded in a community-based understanding of the research problem/opportunity (Vivona & Wolfgram, 2021).

The literature elucidated additional strengths of CBPAR, including the diversity of participants’ experiences, ideas, and perspectives (Cornwall & Jewkes, 1995; Hackett, 2019; Vivona & Wolfgram, 2023). This indicated an opportunity for FYiC to learn more about themselves and others (M. B. Page et al., 2017), as the “combination of our lived and

professional experiences helped ensure that the methods were relevant to the study” (Hackett, 2019, p. 106). In the context of this inquiry, I included all participants’ voices in the research to the extent that it was known. This allowed me to build upon the knowledge, experiences, stories, culture, and leadership of participants.

Vivona and Wolfgram (2021) found CBPAR to be more democratic and empowering than other paradigms. Hackett (2019) further stated CBPAR “is recommended by ethical guidelines for research with Indigenous [and underrepresented] populations” (p. 2). However, as a researcher, I found I was challenged to “ameliorate unequal power relationship between academic scholars and community members” (Vivona & Wolfgram, 2021, p. 2). As Janes (2016) revealed, some power dynamics are negotiated (e.g., allyship), while others are inherent (e.g., parent–child, social worker–foster child, professor–student, manager–employee). For example, in this research, some participants reported they were unfamiliar with some of the concepts (e.g., wise practices, community of practice). That led me to critically reflect on my contributions to their understanding, the number, quality, and volume of resources that I provided; the language and academic jargon I used to describe things (e.g., acronyms, systems, concepts); and my approach to meeting the diverse learning and leadership needs of the group.

As Herr and Anderson (2014) pointed out, people conducting research must be mindful of their positionality, especially if they come from the community where they are inquiring. As Vivona and Wolfgram (2021) suggested, as the researcher, I needed to be able to assess the impact of research on both the participants and myself. As a trauma-informed professional with lived experience in foster care, I was aware that any topics involving personal life experiences held the potential to be stressful and triggering (for the research participants and for myself as the

researcher). Therefore, I applied TIP to the inquiry. This meant that I sought voluntary and informed consent, provided choices, transparency, resources, opportunities for empowerment, and actively avoided retraumatization (Huang et al., 2014). These values aligned with CBPAR methodology (Hackett, 2019). Additionally, I created a self-care plan to support my emotional health and wellbeing (Appendix B). I also kept a detailed research journal (not used in the data analysis or reporting) and sought support from my inquiry team, supervisor, and committee when needed.

Despite careful planning, two participants reported feeling triggered talking about their own or hearing about the others experiences of trauma. To support the health and wellbeing of participants, I developed a participant resource document (Appendix C), which I distributed with the research invitation and information letter via Facebook (Appendix D). Prior to starting each of the research methods, I reminded participants via email of the resources available to them. During the methods I discussed these same resources, and, following the research methods, I shared additional resources via email and Facebook (as per participants' consent). I curated resources for each participant based upon what arose in our dialogue. I also made myself available to meet with participants online at their request or to communicate via email. Outside of the methods, I referred back to the resources document and checked-in on participants several times throughout this research process. I found this approach was effective for supporting the health and wellbeing of participants while also building rapport. All participants reported that they appreciated my approach, with one participant indicating that they loved it (Storm).

Overall, the literature indicated that CBPAR methods “can help improve policy and increase capacity (Wallerstein et al., 2008), as well as reduce health disparities (Wallerstein &

Duran, 2006) in participating communities” (Hackett, 2019, p. 2). However, as Hackett (2019) pointed out, there is insufficient evidence in the literature to “conclusively determine how participation in CBPAR partnerships impacts people and communities” (p. 3). Ultimately, I chose CBPAR methodology and methods to promote FYiC’s “agency, social justice awareness, knowledge about the research topic, academic and career motivation, interpersonal skills, and relationships with [researchers]” (Hackett, 2019, pp. 2–3).

Aligning with the CBPAR methodology were the methods I used in this research: a survey, interviews, and a group method. I discuss each of these in the section that follows.

Research Methods

The qualitative research methods I used for this study were informed by evidence in the literature (Cornwall & Jewkes, 1995; Hackett, 2019; Kervick et al., 2022; Vivona & Wolfgram, 2021; Wallerstein & Duran, 2006) and my past experiences conducting CBPAR. I used a screening survey, semistructured individual interviews, and a semistructured group discussion, in that order. I chose to conduct these methods online to include FYiC living anywhere in the BC. I chose the sequence of these methods with Lewin’s (as cited in Hussain et al., 2018) three-step change management model in mind. Lewin’s model prepares people for organizational change through a multistage process of unfreezing (preparing for change), change (shaping the desired situation), and refreezing (institutionalizing change; Hussain et al., 2018).

Screening Survey

I conducted the screening survey (Appendix E) from February 13 to March 7, 2024. I applied this method to understand which participants met the inclusion and exclusion criteria (discussed below) and to determine which participants wanted to participate in a one-to-one

semistructured online interview, a semistructured online group discussion, and/or the creation of a knowledge product. Initially, I arranged for recruitment to remain open for 2 weeks, but I chose to extend it by 1 week two times due to the low number of respondents. I used a snowball sampling method to select participants based on the inclusion criteria (discussed below). I designed the survey to screen participants for this study. Before I launched this method, I pilot tested the online survey with my inquiry team member, Melanie Mark.

I invited prospective participants via Facebook Messenger to contact me using my RRU email. I replied by email and sent a link with instructions for completing the online RRU-licensed SurveyMonkey (n.d.) questionnaire. I also advised interested individuals that participation in this research was strictly voluntary. Participants consented to the survey when they answered Question 2. I used the data gathered from the survey to inform the research findings and accompanying knowledge product (discussed in detail in Chapter 4).

Qualitative Semistructured Individual Interviews

I conducted the majority of the 90-minute individual, semistructured qualitative interviews online using an RRU-licensed version of Zoom because it offered in-app transcription functionality. I recorded the interviews with the participants' permission. In total, five individuals took part in the interviews, three of whom were screened into the interview method via SurveyMonkey (n.d.). A fourth participant did not complete the survey because they did not meet the inclusion criteria due to their provincial jurisdiction. However, at the advice and approval of the participants who had already screened in via the survey, I invited the fourth individual to take part in this research as a key informant and coresearcher. I conducted a fifth semistructured interview with a SME, April Fedinuw, an FYiC with over 7 years of leadership experience in

MCFD. This interview took place over the phone and was not recorded. However, for the member-checking process, I provided the SME my notes from our interview.

I found that including a key informant and a SME in this research helped to build “thoughtful linkages to existing knowledge and the experiential knowledge of our research team (Pahwa et al., 2023). This is to say that involving different samples of the FYiC population allowed me to make comparative insights between FYiC on the issues and questions under investigation in this study. Therefore, the only distinction between the key informant criteria and participants that screened-in was provincial jurisdiction and geographical area. On the other hand, the SME offered deep working knowledge on this subject as a leader and expert in this field.

I used the semistructured interview method to learn about the individual stories, beliefs, ideas, and perspectives of FYiC regarding wise practices for empowering FYiC who are interested in influencing equitable policies in leadership (Vivona & Wolfgram, 2021). I scheduled the interviews to be approximately 1 hour; however, the length of each interview varied in duration, from 84 minutes to 138 minutes. The length of this method was determined at the voluntary discretion of the interviewee. Following the interview, participants chose to stay online (to talk about the research opportunity and to discuss other things). This was an opportunity for rapport and relationship-building between myself and the participants, most of whom I did not know or had only met once, many years ago, through previous advocacy involvement.

Parker and Saker (2020) highlighted how semistructured qualitative interviews are useful for exploring the perspectives, experiences, meanings, and ideas of participants. This was true in

the context of this study. For example, I found conducting semistructured interviews allowed me to ask probing questions that encouraged deep thought and critical reflection. Framing questions openly promoted more thoughtful discussion and meaningful insights than asking closed-ended questions. Further, I found it was important to ensure participants had the space and opportunity to provide as much detail in their responses as they wanted and felt comfortable with, which is why some interviews were longer than others. During the interviews, I asked participants if the questions asked for this research were the right questions, and if I should be asking anything else. Through this process, participants validated the questions for the interview and group discussion methods. They did not add any questions.

As previously mentioned, I used Zoom as an audio-recording device for the interview method because it offered transcription software. I found Zoom enabled me to transcribe the conversation fairly accurately, which aided in data analysis and member-checking processes. I have kept all verbatim raw data strictly confidential and have only shared codified data analyzed throughout the project. I have stored the raw data on an external hard drive in my home and I will destroy it in 1 year, as per RRU's ethical guidelines (Centre for Teaching and Educational Technologies Studio, Royal Roads University [CTET RRU], 2017).

I coded the data from the interviews using the *in vivo* coding method (Saldaña & Omasta, 2022). This meant that I reviewed everything the interviewee said and identified the words that provided the deepest meaning (Saldaña & Omasta, 2022). To prevent biases from affecting the data, my inquiry team reviewed my research interpretations and analysis of the data. As did my research supervisor and committee member.

While my experiences as FYiC presented this research with biases, I strongly believe that my lived experience in foster care strengthened this research. My view was validated by the participants in this research who advised me they felt comfortable with me and my approach. Several of the participants noted it had been a relief for them to be interviewed by someone who “just [gets] it” (Wonder Man) because I “lived in foster care too” (Emotional Badass).

After the interviews, I followed up with participants to check in on their individual health and wellbeing. I also engaged in member checking by providing my interpretations of the data along with the transcription. The member-checking process provided an opportunity for participants (including the key informant and SME) to review, add to, or edit their responses; this process validated my research interpretations and the findings. The contributions of participants informed this report and the knowledge product for this project, an FYiC CoP website (www.formeryouthincare.com). Based on the reflection of my own experience and the feedback from the participants, this format supported participants to feel comfortable sharing their experiences, ideas, and perspectives as FYiC.

Qualitative Semistructured Group Discussion

For the group discussion method, I used a licensed version of Zoom. I kept all verbatim conversations (raw data) strictly confidential and only presented codified data in all inquiry outputs, including this thesis report. Using Zoom allowed me to transcribe the conversation accurately, which aided in data analysis and member checking, which I discuss in greater detail in the Data Analysis and Validity section of this chapter. Before starting this research method, I informed participants that we would reschedule the discussion if there were any technical issues.

I informed them that I would store the raw data on an external hard drive in my home and destroy it after 1 year, as per RRU's ethical guidelines (CTET RRU, 2019).

Sawyer and DeZutter (2009) stated a collaborative group setting is ideal for creativity and emergence. Franklin (2022) contended semistructured group discussions “stimulate deep self-reflection as a means of opening up new spaces of possibility for action and perception” (p. 31). Latzko-Toth et al. (2017) suggested involving a small group of (up to five) participants could offer thick qualitative data. According to Bornakke and Due (2018), thick data refers to the depth of research, insights, and meanings. It involves a range of qualitative approaches (e.g., surveys and group discussions) and large amounts of information (Latzko-Toth et al., 2017).

I invited four participants to attend the semistructured group discussion, and three of them participated in this method. The key informant was unable to attend due to their work and vacation schedule (i.e., no internet connection). Thus, I provided an opportunity for them to share feedback beforehand. The key informant contributed their thoughts, ideas, and experiences in the individual interview, and via Facebook Messenger after the individual interview. They also validated the findings from the interviews with the participants who screened into the study via the survey method.

As Parker and Saker (2020) highlighted, group discussions can help explore participants' perspectives, experiences, meanings, and ideas. However, as in all methods, this group method has some disadvantages. According to Cammarota and Fine (2008), applying open-ended questions makes the researcher susceptible to asking leading questions, resulting in biased participant responses. To avoid skewing the data, I asked probing questions (e.g., please describe the learning and development tools that you need to be empowered to influence equitable

policies; see Appendix F). I also relied on my thesis supervisors and inquiry team to provide advice, feedback, and direction to reduce biases.

The relevant literature indicated a common challenge of group discussions is that some participants may not feel comfortable voicing their experiences, ideas, and opinions (Salazar et al., 20201; Vivona & Wolfgram, 2021). With this in mind, I met with participants for one-to-one semistructured interviews prior to meeting as a group. I used the interview as an opportunity to frontload participants with applicable concepts and supporting materials. For example, I provided the group discussion agenda and questions to participants via email beforehand. In that email, I shared materials and links to various concepts, such as wise practices and terms of reference (see Appendix A), to support the participants' understanding and experiences of CBPAR and CoPs. I also included a CoP code of practice (see Appendix A), which outlined guidance around confidentiality. To support team cohesion and performance, during the group discussion I briefly discussed Tuckman and Jensen's (2010) stages of team development (Appendix G) with some participants during their individual interview. After the interviews and based on the data collected, I created a diagram of potential feedback loops in the overarching system (Figures 2, 3, and 4). I discussed the levers and systems analysis with participants in the group discussion as per the member checking process. Additionally, I offered participants the option to book a one-to-one online follow-up interview with me or to communicate via email, if they wanted to discuss things further. Some participants chose to email me, while others sent messages over Facebook Messenger. Following the group discussion, I also received consent from the participants to connect them all via a group email, which I used to continue discussions about our FYiC CoP.

Project Participants

As previously noted, this research study involved four adult FYiC as participants and coresearchers. Three of the four study participants met the inclusion criteria for this study, and the fourth participant did not meet the inclusion criteria due to their jurisdiction while living in foster care. However, after I consulted with the participants who had screened in, the fourth person was invited to take part in this research as a participant/coresearcher and key informant. Including them in this research allowed me to compare common themes, connect insights, and make distinctions in the data. I found that involving different samples of the FYiC population enabled me to make comparative insights between FYiC on the issues and questions under investigation in this study. Therefore, the only distinction between the key informant criteria and participants that screened-in was provincial jurisdiction and geographical area. On the other hand, the SME offered deep working knowledge on this subject as a leader and expert in this field.

The inclusion criteria for the sample frame within this population were as follows: former youth in government care or an out-of-care arrangement (e.g., youth agreement, extended family program) in BC, 19 years of age or older, interested in influencing equitable policies in leadership, and ready, willing, and able to share their knowledge, stories, perceptions, experiences, and ideas for research purposes.

The exclusion criteria for this research included the following: children and youth, individuals 18 years of age and younger, people who had not experienced living in foster care (or an out-of-care arrangement) in BC, people who did not have an interest in leadership and influencing equitable policies, and those who were not ready, willing, or able to share their

knowledge, stories, perceptions, experiences, and ideas. I chose not to include children and youth in this research because I knew from professional experience that there are already mechanisms in place that engage youth in influencing equitable policies (e.g., MCFD Youth Advisory Council, Federation of BC Youth in Care Networks Youth Retreats, Steering Committees, and Youth Speak Survey).

Sampling

Following Nikolopoulou's (2022) advice, I used exponential discriminative snowball sampling via Facebook Messenger to recruit participants. This form of network sampling relies on word of mouth. Baltar and Brunet (2012) stated this approach is effective for studying "hard-to-reach populations" (p. 57), which aligned with my experience of participating in CBPAR projects in the past (as both a researcher and as a participant). For these varied reasons, I opted to use this form of snowball sampling to reach my desired sample of adult FYiC who were interested in influencing equitable policies in leadership. I began by sending a private message via Facebook Messenger to two people who I knew met the criteria; I included a copy of the research poster (Appendix H), invitation and information letter (Appendix D), and the resources document (Appendix C). The response to the invitation was positive with people expressing interest, and I directed those individuals to contact me within 1 week via my RRU email.

An advantage of using the snowball approach was its low cost. However, the main disadvantage was the sample was not random. Therefore, I cannot make generalizable, statistical (quantitative) inferences about the population based on FYiC's participation in this study. Additionally, this method allowed for a high potential for researcher bias within this study (Nikolopoulou, 2022). Furthermore, relying on word of mouth from people I knew who referred

others they knew who met the criteria also increased the likelihood of sampling bias

(R. Atkinson & Flint, 2001).

Nikolopoulou (2022) stated an advantage of the snowball approach is that it simplifies the recruitment process. However, I found that relying on referrals led to difficulty in reaching my sample participants. The literature noted several potential reasons for this, including that some people may have hesitated to reveal themselves as FYiC, did not want to cooperate with me as a researcher, mistrusted me and/or researchers in general, were not available, and/or were not interested in the topic (R. Atkinson & Flint, 2001; Benfield & Szlemko, 2006). I also wondered about individual barriers possibly impacting recruitment (e.g., anxiety, lack of confidence, social anxiety, access to resources, participants' own and others' health and wellbeing).

To mitigate these concerns, I gathered an inquiry team made up of experts in the field of social work, advocacy, and participatory action research. When I encountered challenges recruiting participants for this research, my inquiry team provided expert guidance regarding recruitment strategies (e.g., extend recruitment). They also fulfilled other roles, which I will outline in the next section.

Inquiry Team Members

My study included a team of three inquiry team members: Melanie Mark, Natalie Harper, and Tiffany Hill (a doctoral candidate). All team members signed an agreement prior to taking part in the research (Appendix I). They acted as my advisors in this research process and helped me to identify and reduce potential biases in the research questions, data collection methods, and data analysis. They also helped me to pilot the survey, interviews, and group discussion methods.

In the paragraphs that follow, I discuss the background of each inquiry team member in the order that I recruited them, and I provide my rationale for involving them in this research.

Melanie Mark, also known by her Nisga'a name Hli Haykwhl Wii Xsgaak, is a retired politician with the BC New Democratic Party. Melanie was the inaugural First Nations woman to be elected to the Legislative Assembly of BC, and the inaugural First Nations woman to serve in BC's Cabinet. She served as the Member of the Legislative Assembly for Vancouver–Mount Pleasant from 2016 to 2023. From 2017–2020, she served as the Minister of Advanced Education, Skills and Training, and, from 2020–2022, she served as the Minister of Tourism, Arts, Culture and Sport. Spanning 2007–2015, Melanie worked for the Office of the Representative for Children and Youth, and during that time she served as the Associate Deputy Representative for Advocacy, Aboriginal, Community Relations and Youth Engagement. She retired from politics in April 2023 to focus on her daughters and be closer to home. Currently, she is focusing on her two businesses: Remarkable First Nations Regenerative Industries and Hli Haykwhl Wii Xsgaak Consulting.

For this study, Melanie provided critical feedback and considerations regarding conducting research with marginalized, underserved, and underrepresented people and communities. She also reviewed and piloted the survey method. I wanted Melanie to be involved in this research because I have always greatly admired her leadership. Melanie is also an FYiC. In 2017, she implemented the Provincial Tuition Waiver Program in BC. Since then, over 2,300 students have benefitted from the program, myself included (I received one of the first Tuition Waivers in BC in 2015). Melanie is a remarkable advocate and leader for people in and from care.

I chose Natalie Harper because she is a MCFD Team Leader with decades of experience in the helping field, across government and nonprofit. Natalie is a true champion for people in and from care. She is in my MAL cohort at RRU; however, I also worked with her at MCFD, prior to us starting this program. I have always greatly admired Natalie and her unique approach to social work. She is trauma informed and responsive in her leadership. I wanted Natalie to be a part of this project because of her differentiated (Linenberger & Schmidt, 2016) and transformational leadership. I knew she demonstrated a strong grasp of the context and would be able to emotionally handle the content while providing practical advice regarding change management with FYiC and the overarching system (MCFD). Throughout this project, Natalie provided pivotable emotional coaching and academic support to me as the student researcher. She tested the interview and group discussion methods and reviewed the codified data to validate and reduce biases in my interpretations of the research findings.

Tiffany Hill is “a queer of colour scholar and artist deeply committed to Kapwa – a fundamental Indigenous Filipino value of deep connection and commitment to community” (Anew Research Collaborative, n.d., para. 1). Tiffany is a participatory action researcher with Anew Research Collaborative and an associate faculty member in the School of Leadership studies at RRU. She is also a doctoral candidate at Ontario Institute for Studies in Education, and a member of the Tkaronto CIRCLE Lab at the University of Toronto. Tiffany was the recipient of the President’s Award for Advancing Anti-Racism and Inclusive Excellence from the University of BC.

I wanted Tiffany to be involved in this research because she has extensive “experience with participatory, decolonizing, arts-based and visual research” (Anew Research Collaborative,

n.d., para 2.). Tiffany provided names of an external examiner for this research, offered helpful suggestions for recruitment when I encountered challenges, and supplied expert advice on the CBPAR methodology and methods, and I describe the step-by-step implementation of those methods in the following section.

Study Conduct

As previously noted, I began this study by recruiting participants online. Following the advice of researchers (R. Atkinson & Flint, 2001; Baltar & Brunet, 2012), I applied a snowball sampling method virtually via Facebook Messenger. In my private message to prospective participants, I shared the research poster (Appendix H) and a combined invitation and information letter (Appendix D). Adhering to the ethical principle of respect for persons (Canadian Institutes of Health Research et al., 2022), I also provided a list of available and accessible resources specifically for FYiC (Appendix C).

Those who were interested in participating in this research were directed to advise me of their interest via my RRU email. I replied via email to those who were interested. In my reply email, participants were given a voluntary informed consent and release form for the methods (Appendix J). I also provided a link to the online screening survey through a licensed version of SurveyMonkey (Appendix E). In the survey, participants were made aware that I could be available for a one-to-one meeting online or to talk via email, at their request. The survey also advised participants that they could withdraw from the study at any time without repercussions.

For the survey method, I asked 9 questions. In Question 1 of the online survey, participants confirmed they had reviewed the study materials, and, in Question 2, they provided their voluntary and informed consent for the survey method. I asked yes-or-no questions to

screen respondents in or out of the study. The final question asked for the respondents' email so that they could receive the survey results.

During the initial 2-week recruitment phase, I received two responses to the screening survey. Thus, I consulted with my inquiry team and the people who screened-in, about recruitment strategies, including the length of time to extend recruitment. Then I asked the Federation of BC Youth in Care Networks to share the invitation and research materials. The Federation of BC Youth in Care Networks shared it twice in their online closed group of people from care 19–24 years of age; however, I received no responses.

Twice I extended recruitment by 1 week, resulting in recruitment being open for a total of 4 weeks. During that period of time, I received a total of three responses to the survey, and the participants answered all of the questions. On average, the survey took respondents 2 minutes to complete. Through the screening survey, participants opted into the research activities of their choosing, which included an individual interview, group discussion, and knowledge product. All respondents opted into all three methods and the creation of the knowledge product via the online screening survey.

Next, I emailed participants to notify them of their inclusion in the study. I applied an empowerment approach to generate a sense of shared ownership and responsibility for this research, including implementing the recommendations. Participants were encouraged to take care of their own personal needs. To provide greater context and to support participants' understanding of this research, I included pertinent information and materials (e.g., a community of practice, wise practices, and a confidentiality agreement). I let the participants know that the reading materials were not required as I would go over them during the remaining methods.

Next, I scheduled semistructured individual interviews with each participant via email. I provided participants with the interview link and questions (Appendix K). After completing the first two interviews, I was contacted by a prospective participant who informed me that, while they did not meet the inclusion criteria due to their jurisdiction, they wanted to be involved. I consulted with the three participants who had screened in to get their thoughts about including the person as a key informant/research participant and coresearcher. The participants advised it would be a good idea to invite the person to the two research methods: interview and group discussion. Thus, a total of four FYiC participants took part in this research as partners and coresearchers. I provided each participant with a copy of my research proposal via email because they were considered partners in this research.

Online interviews lasted in duration from 84 minutes to 138 minutes. I reminded participants of the relevant resources available to them, such counselling services, and I asked a total of five open-ended questions (Appendix K). Immediately after conducting the interviews, and with participants' consent, I emailed participants relevant resources (Appendix C). Within 48 hours of completing the interviews, I checked in with participants and offered support. All participants for this method advised me that they appreciated that I had followed up and they were fine. One participant indicated they were okay; however, they felt the need to book additional appointments with their counsellor to support their participation and engagement because they had experienced some expected triggers discussing life experiences.

Of note, during the first interview, a participant in their 40s disclosed they were unhoused and living in their vehicle (which was too small to stretch out their legs). They provided me consent to seek out resources, which I did. However, I noted a conflict of interest with the

resources, as some were provided by the participant's employer. When I followed up with them, they advised they had just purchased a bigger vehicle to sleep in, so they felt "more than content." They also indicated they felt more in control of their situation because they could just pick up and go if they needed to. I also noted, as a working professional in the helping field, living in their vehicle reduced the chances of them coming into contact with their clients at a local resource outside of working hours.

During the fourth interview, a participant recommended I follow up with a SME. They suggested I contact the MCFD Team Leader and FYiC April Fedinuw. I had met April previously when we both had volunteered at an event for people in and from care years ago. I followed up with her via Facebook Messenger. We arranged a time to meet. Then I notified the referring participant that I had followed their advice. The participant expressed appreciation that I had listened to them and acted. The SME provided expert advice and two contacts for moving this research forward (discussed in the following chapter). They also validated my findings from the interviews.

After the interviews, I engaged in member checking by emailing participants my interpretations along with their transcription. I asked them their preferred superhero pseudonyms and applied these names to the codified data. Participants were asked to provide feedback within 7 days. I informed participants that if I had not heard from them within that time, I would assume they were fine with the data as it was and proceed with analysis. Three out of the four participants validated my interpretations of the interviews by providing written responses via email.

Next, I created an online Doodle (n.d.) poll with a list of dates and times for scheduling the group discussion. I provided options for the meeting time for the group discussion and participants voted to select the date. Prior to the group method, I sent participants with discussion agenda and questions via email (Appendix F). To provide greater context and to support participants' understanding of this research. I included pertinent information and materials, including information on CoPs, wise practices, terms of reference template, and a confidentiality agreement (Appendices A and J). I let the participants know that the reading materials were not required as we would also review them in the group discussion. The key informant advised me they were unable to attend the group discussion due to their work schedule. They advised me not to reschedule as they would also be going on vacation. I gathered their thoughts to share at the group discussion. They validated the findings of the anonymized interview data from the participants who screened in, and they highlighted areas of distinction in their experiences (discussed in the following chapter).

Following the advice of Wesley-Esquimaux and Calliou (2010), I then sent out materials for the group discussion: confidentiality agreement, terms of reference, CoP template, and information on wise practices (Appendices A, C, and J). The sample for this method were the same participants who screened into the study and who had opted into the methods via the online survey. Participants provided their voluntary, informed consent for the group discussion via the combined consent form prior to the methods, verbally during the interviews and verbally during the group discussion (Appendix J). I advised participants verbally just before starting the group discussion method that they could withdraw at any time without prejudice. Furthermore, I ensured they were aware that if they chose to withdraw their responses would still be included in

the research. The group discussion was scheduled for 2 hours; however, we spoke for a total duration of 3 hours. Although I invited the key informant to participate in the group session, they were unable due to work, vacation, and a lack of Internet connection.

I opened the group discussion with a short ice-breaker activity in which everyone introduced themselves and shared tools for managing stress. Participants also talked about their preferred pseudonyms and provided their real names to each other. Following introductions, we codeveloped a terms of reference document adapted from the Health Engagement Network (n.d.), including an FYiC CoP code of practice, CoP values, and meeting schedule (Appendices A and F). I asked participants to answer five open-ended questions (Appendix F). They noted commonalities (e.g., housing instability, mental health challenges, disabilities, intergenerational child welfare involvement) and distinctions (e.g., education; coping skills and strategies). Together, we talked about wise leadership practices, and we came up with an action plan for our FYiC CoP that involved creating strategic alliances with people and organizations at all levels of society (e.g., individuals, leaders, communities, First Nations, organizations, government, business, education, health, policing; Appendix L). Further, we decided to change the proposed knowledge product- from a book of FYiC leadership stories and wise practices to an FYiC CoP website (www.formeryouthincare.com). We planned for the website to be used to share the research report and to recruit more members to our FYiC CoP. Over time, we could expand the website offerings to potentially include a page that celebrates FYiC, links to education, training, and resources, and a platform to share an FYiC CoP podcast. We also identified that, after this research, we would like to recruit more participants and revisit cocreating a book of leadership stories and wise practices. These changes were approved by the RRU Research Ethics Board

during data collection. Furthermore, participants indicated they wanted to continue operating as an FYiC CoP after concluding this research. Therefore, due to my own and the participants' time constraints, we decided to wait until I had completed the report before meeting again as a group and to celebrate our research after we conducted meetings with interest holders. We planned to hold those meetings and celebrate this project sometime after this report was approved, likely in July. Lastly, participants validated the findings from the interviews, including the interview with the key informant, and all participants reported they felt their voices were fully reflected.

After the group discussion, I checked in on the emotional health and wellbeing of participants via email. They advised they were doing well. Participants provided their consent for me to start a group email, which we used the group email to discuss and refine our ideas and plans as an FYiC CoP and to set up further meetings to move our FYiC CoP objectives forward.

Thus far, I have used the email chain the most, to keep FYiC CoP members informed about what steps I have taken as per their suggestions in the interviews and group discussion and to involve them in decision making. I discuss the actions already underway in Chapter 5.

Participants who completed the interviews received a \$100 honorarium and will also be entered into a draw for a \$100 gift card. The winner will be randomly selected and announced at our celebration in July. Keeping with the principles of TIP and my values of generosity, reciprocity, and fair compensation, I have arranged for inquiry members, my supervisor, and my committee member to receive their honorariums in July. Participants voted on the honorariums.

To support my own learning and leadership, I sought RRU Research Ethics Board approval to conduct 360 feedback with participants, my supervisor, and my committee member via an online, licensed SurveyMonkey (n.d.) questionnaire after this thesis has been submitted to

RRU for final approval. Lastly, I kept a detailed record of my research activities and reflections to assist me in the accuracy of the study conduct and to help crystallize my learnings. I did not use my journal in the data analysis for this research. The information I did gather and analyze are discussed in the following section.

Data Analysis and Validity

I used a licensed version of SurveyMonkey (n.d.) to analyze the survey results. I recorded the individual interviews using a licensed version of Zoom because it offered in-app transcription functionality. I found that using Zoom transcription to be fairly accurate, which aided in data analysis and member-checking processes. I have kept all verbatim data strictly confidential and only shared codified and summarized data in this thesis. I have stored the raw data on an external hard drive in my home, and I will destroy all data in 1 year, as per RRU's ethical guidelines (CTET RRU, 2019).

I coded the data from the interviews and group discussion using the *in vivo* method (Saldaña & Omasta, 2022; Appendix M), reviewing verbatim representations of what the interviewees said and then identifying the words that provided the deepest meaning (Saldaña & Omasta, 2022). I used this technique within a broader open-coding process. Next, I identified themes and categories by applying a multistage process in which I labelled direct data sets, then applied line-by-line coding, followed by chunk coding. I aggregated dimensions and theoretical themes and categories to arrive at the inquiry findings, which my coresearchers and the key informant then validated. To prevent biases from affecting the data, my inquiry team reviewed my research interpretations and analysis of the data. As did my research supervisor and committee member, who also approved this report.

Ethical Implications

According to the *Tri-Council Policy Statement (TCPS2; Canadian Institutes of Health Research et al., 2022)*, ethical research involves protecting participant rights, ensuring data integrity, and maintaining trust. The three core principles of the TCPS2 that supported this thesis are respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research et al., 2022). Applying a rights approach, the FYiC CoP agreed that actions that infringe another person's rights are unethical. Applying a justice approach, I ensured people were treated proportionate to their needs and interests. For example, I shared different resources, information and stories with participants based on the conversation we had about their own individual experiences, preferences, goals, and needs.

Respect for Persons

According to TCPS2 (Canadian Institutes of Health Research et al., 2022), respect for persons recognizes the inherent value of all humans. In the context of this inquiry, I demonstrated respect for participants and provided them with the dignity, respect, and consideration they deserved by seeking their free, informed, and ongoing consent. This meant that I clearly outlined the choices and commitments, risks, and potential benefits to participants and others participating in this study (e.g., SME, inquiry team), including the use of participant data (Canadian Institutes of Health Research et al., 2022). I asked how they felt participating in the study and sought 360 feedback on my leadership. Further, I respected people's differences of opinions and judgments and worked to ensure that participants were free to voice themselves, contribute anonymously, and withdraw from the study at any time without prejudice. Furthermore, I respected and encouraged participants' decision making and supported their

wishes (to the extent they were known) in this research (Canadian Institutes of Health Research et al., 2022).

Concern for Welfare

According to the TCPS2, concern for welfare means that researchers and research ethics boards should protect and, in appropriate circumstances, promote the welfare of research participants (Canadian Institutes of Health Research et al., 2022). In the context of this inquiry, I demonstrated concern for participants' welfare by providing them with enough information to adequately assess the potential risks and benefits associated with participating in this study (Canadian Institutes of Health Research et al., 2022). Keeping with the principle of respect for persons, I also provided a list of available and accessible resources specifically for FYiC (Canadian Institutes of Health Research et al., 2022). I was also available to meet one-to-one with participants or to talk over email, at their request. Participants took me up on this offer. We built rapport and relationships through online communications that focused on sharing ideas and resources for our FYiC CoP.

Justice

According to the TCPS2, justice refers to the duty to treat people with fairness and equity (Canadian Institutes of Health Research et al., 2022). In the context of this study, this meant, as the researcher, I did not treat everyone the same way. Rather, I was also mindful that differences in treatment and distribution of benefits and burdens could reinforce the inequities that FYiC experience (Canadian Institutes of Health Research et al., 2022). I treated participants justly by considering their individual and communal vulnerabilities, access to resources, rights, opportunities, voices, and power (among others). This meant that, as much as possible, I

honoured participants' needs, wants, and opinions in ways that empowered their agency and self-governance, valuing their unique ideas, experiences, and perspectives. I sought to minimize the power imbalance between the participants and me (in my role as the student researcher) by referring to the participants as leaders, colleagues, and FYiC CoP members. I also encouraged their voluntary participation and full involvement in research to the extent that they were ready, willing, and able to safely and healthily participate.

Applying the core TCPS2 ethical principles of respect for persons, concern for welfare, and justice ensured that I upheld RRU's ethical requirements for this thesis and respected every individual's human dignity. Practising these principles led to community, democratic, and distributed leadership, also known as a leadership without ownership (P. Cady, personal communication, December 14, 2023),⁴ as well as sharing the research benefits, which helped to build and maintain trust between myself as a researcher, research participants, and broader society.

Outputs and Knowledge Mobilization

Outputs and knowledge mobilization emerged through the engagement strategies applied during the research process. Part of my role in this research was to engage participants as research partners through an FYiC CoP to work together to determine our objectives, including next steps on the issues and opportunities related to the research question: How might we learn from the experiences of former youth in care to influence equitable policies in leadership? I listened to and supported participants throughout this study by valuing their unique contributions

⁴ All personal communications in this report are used with permission.

and including their voices in the findings, recommendations, and associated knowledge product, the FYiC CoP website (www.formeryouthincare.com). I will seek to publish and distribute the knowledge product and this thesis to FYiC, organizations that support people from care, the government, and the general public. Furthermore, I will work with the RRU library to publish this thesis, and I would also like to present this research at academic conferences.

It is my view that the thesis output format was best suited to the project because it is based on my own experiences and backed up by the literature, and participants validated this perspective. They had the opportunity to share their thoughts, ideas, and opinions, which shaped the decisions and actions for this research, including the research questions, action plans, knowledge products, and planning for knowledge mobilization events after the project (e.g., meetings with interest holders and celebration in July 2024).

Contribution and Application

I view FYiC in leadership as a pathway to influence equitable policies, transform systems, and cocreate healthier outcomes for everyone in society. My aim was for this research to be valuable to the FYiC community, the general population, and the field of leadership studies, among others (e.g., education, health, child protection, and justice), and I believe my coresearchers and I have achieved that goal.

In my literature review, I noted that little is known about the leadership of adult FYiC. Few scholars identify themselves as having lived experience in foster care. Further, CBPAR studies with FYiC in BC are scarce. Therefore, this study presented a unique opportunity to develop Torbert and Taylor's (2008) third-person research (new knowledge, new policy, and contemporary practice). In other words, this was truly a unique chance for our research to

contribute to the FYiC community and to the fields of leadership studies, education, child and youth care, social work, education, community development, justice, and far beyond, and I feel hopeful for the future.

Chapter Summary

In this chapter, I discussed the CBPAR methodology, the research participants, sampling (snowball) and the research methods (survey, interview, and group discussion). I outlined the inquiry team and detailed the study conduct. I also discussed the ethical implications, research outputs, and knowledge mobilization. In Chapter 4, I present the findings of this research and review the scope and limitations of the research.

Chapter Four: Inquiry Project Findings and Conclusions

This chapter presents the research findings and conclusions drawn from the online surveys, interviews, group discussion methods, and the relevant literature regarding the experiences of adult FYiC who are interested in influencing equitable policies. I undertook this inquiry in an effort to answer the primary inquiry question: How might we learn from the experiences of former youth in foster care to influence equitable policies in leadership? I also examined three subquestions:

1. What are the current resources and strategies that FYiC are utilizing to influence equitable policies (current state)?
2. What could empower FYiC who are interested in influencing equitable policies in leadership (ideal future)?
3. What are the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies (transition and ideal future)?

The primary objective of this research was to engage adult FYiC in CBPAR to (a) identify firsthand experiences of adult FYiC living in BC who are interested in influencing equitable policies in leadership; (b) explore developing an informal organization, an FYiC CoP, with the objective to influence equitable policies in leadership; (c) identify wise leadership practices with FYiC who apply strengths-based and trauma-informed practices; and (d) explore action plans with FYiC to mobilize the findings and recommendations of this research. This was accomplished through a 2-minute online screening survey, four semistructured online interviews of about 90 minutes, and a 3-hour group discussion online. As per the recommendation of one of the participants, I also interviewed an SME, April Fedinuw, who works for the MCFD leadership

and identifies as an FYiC. The intended audience for this report includes leaders, decision-makers, policymakers, First Nations and government agencies, nonprofits, communities, groups, individuals (e.g., FYiC), and broader society.

The central hypothesis of this research is that there is a measurable, traceable relationship between the experiences of adult FYiC and a lack of responsiveness (from family, professionals, social workers, foster parents, and leaders, among others) regarding their developmental needs, goals, and experiences when they were a child or youth in foster care, and up to the present day. A lack of timely and appropriate programs and services has had devastating impacts on the health and wellbeing of participants. Particularly because they have been almost entirely excluded from equitable programs and services for FYiC due to their age, geographic location, or educational status (e.g., graduate studies are not covered under the Provincial Tuition Waiver Program; Emotional Badass; Mystique; Storm; Wonder Man).

Through this thesis and with help from my coresearchers, I analyzed the experiences and wise leadership practices of adult FYiC who were interested in influencing equitable policies in leadership, including key features and unique characteristics. The disparate outcomes that FYiC have faced and continue to face were exemplified by participants' reports and supported by the literature. As the findings from the methods and the relevant literature indicated, improving the effectiveness of policies and programs for FYiC requires a collaborative framework that engages FYiC of all ages, is trauma informed, and is adaptive to the unique needs, goals, and experiences of FYiC. This was emphasized by all of the FYiC who participated in this study, who spanned 30–45 years of age and who had lacked access to (and sometimes awareness of) equitable

programs and policies since they were in foster care as children or youth, continuing up to the present day (Emotional Badass; Mystique; Storm; Wonder Man).

The data collected clearly articulated balancing processes with a delay (Senge, 2006) and an opportunity to create positive feedback loops, as outlined in Chapter 1. The causal feedback loops informed by the findings, indicated the need for timely and appropriate policies and programs for, informed by, FYiC of all ages. Further, the participants interviewed for this research identified what we can do as an FYiC CoP: take accountability in our own lives, recruit more FYiC CoP members to influence equitable policies in leadership, mobilize the knowledge from this research by taking actions as FYiC CoP to create strategic alliances, and form strategic alliances (e.g., coalition) with government agencies, nonprofits, businesses, communities, and individuals to cocreate equitable outcomes for all FYiC. I discuss these findings in greater detail in the paragraphs that follow. I then present the conclusions, and close the chapter with a discussion of the scope and limitations of this inquiry.

Inquiry Project Findings

Based on the data gathered from the interviews and group discussion, and the literature reviewed, I present six findings:

1. Timely and adequate policies, programs, and practices are required to adequately support FYiC.
2. FYiC participants desire more agency and self-governance.
3. FYiC participants desire learning, mentorship, and leadership opportunities.
4. FYiC participants believe that trauma awareness is needed in leadership.

5. FYiC participants present with diverse learning needs, talents, and complex challenges.
6. Participants noted the need to celebrate the stories of FYiC.

Each of the findings are presented in the subsections that follow. To protect participants' anonymity and confidentiality, I have used participants' preferred superhero pseudonyms when citing excerpts from the interviews and group discussion: Emotional Badass, Mystique, Storm, and Wonder Man.

Using Zoom to record and transcribe the interviews and group discussion, I produced written transcripts of participants' spoken words. Simultaneously listening to the recordings and reading the transcripts provided an opportunity for me to correct any errors the software had made. Member-checking allowed participants to review and change their responses before and after data analysis. I used in vivo coding to ensure the actual participant language was used verbatim and that their words were not inadvertently changed by paraphrasing (Saldaña & Omasta, 2022). I used this technique within a broader open-coding process, which enabled me to identify themes and categories, label direct data sets, and apply line-by-line coding, followed by chunk coding. I aggregated dimensions and theoretical themes and categories to arrive at the inquiry findings, which the coresearchers (including the key informant) and SME then validated. To prevent biases from affecting the data, my inquiry team reviewed my research interpretations and analysis of the data. As did my research supervisor and committee member, who also approved this report. Next, I discuss the findings.

Finding 1: Timely and Adequate Policies, Programs, and Practices Are Required to Adequately Support FYiC

Based on the data collected, it became apparent that there are complex ongoing issues for FYiC despite their most significant problem-solving efforts. All participants in this research reported a lack of timely and adequate access to programs, services, and healthy social networks as children and youth in foster care, which has continued throughout their adulthood and into the present day. Common experiences included traumas (e.g., physical, emotional, sexual abuse and exploitation, and/or being a victim of multiple crimes), as well as long-lasting trauma symptoms and conditions that were not diagnosed until much later in their adulthood (Emotional Badass; Mystique; Storm; Wonder Man). These included autism, bi-polar disorder, borderline personality disorder, anxiety, substance-induced anxiety, depression, attention deficit hyperactivity disorder (ADHD), complex posttraumatic stress disorder, neurodivergence, and learning disabilities. Additionally, all participants reported issues in childhood that spanned to the present day, such as being chronically unhoused, disrupted social networks, persistent mental, emotional and physical health challenges, delayed and/or lack of educational attainment (high school and postsecondary), unemployment and underemployment, stress and medical leave from work or school, physical health problems, substance use and addiction, relationship problems (e.g., interpersonal conflict, social stigma, domestic violence, exploitation), loneliness, and learning challenges. This is consistent with the literature (Gragg et al., 2007; Kovarikova, 2017); however, it is not the whole story.

Further, two participants did not have children; however, two participants with children reported intergenerational child welfare involvement (Storm; Wonder Man). Wonder Man, an

Indigenous man in his mid 40s, reported four generations of family child welfare and intergenerational criminal justice involvement. He reported that he had been cut off from MCFD programs and financial supports shortly after his 18th birthday. He stated his “social worker drove [him] to the welfare office,” and, at the time, he did not “have ID or know how to get it,” so he became “homeless that day” and has been “either homeless or perpetually unhoused since,” for almost 27 years (Wonder Man). Wonder Man explained,

We are fucking done with tent cities. . . . You couldn’t invest in me when I was younger, . . . but you can invest in me now. I have value. . . . Everyone has value, no matter how old. That’s what my culture teaches. . . . It’s a powerful teaching. (Wonder Man)

Wonder Man reported multiple sexual abuses in multiple foster homes and stated, “Nothing was ever done about it.” He advised he was unaware of his rights under the *Crime Victims Assistance Act* (2001). He was also unaware of his eligibility under the Residential Historical Abuse Program (RHAP), which provides funding for professional counselling for children and youth who were sexually abused in a provincial resource (e.g., foster home, group home, and certain residential facilities). While the finding that Wonder Man was currently houseless was unique, all of the participants in this study (including the key informant) reported struggling with educational engagement, chronic housing instability, and transience across their childhood, in adulthood, and carrying forth into the present day.

A unique subfinding that relates to Finding 1 is that, despite being open to programs and services, Wonder Man explained he felt safer and more comfortable living in his vehicle because he “could just get up and go, if needed.” Wonder Man is saving to buy his own piece of land where he “can be in control” of his housing and also run a program for youth. This indicated to

me that FYiC who have been chronically unhoused and/or a victim of a crime may want alternative housing options (e.g., mobile homes) because they do not feel safe locked into a contractual rental agreement and a geographical area that they have no real and/or perceived sense of control over. I further explore this need for agency and self-governance in Finding 2.

Finding 2: FYiC Participants Desire More Agency and Self-Governance

I noted that all FYiC participants stated their strong desire for more agency and self-governance (Emotional Badass; Mystique; Storm; Wonder Man). They shared common ideas, experiences, and beliefs regarding a need for more freedom and choices, and they explained how a lack of fair access to opportunities to develop agency or control in their own lives as children, youth, and adults continued to negatively impact them to the present day. Participants each expressed a strong desire to learn specific skills, including strategic planning and decision making; however, they highlighted that readiness develops for people at different times and for different reasons. Furthermore, participants all reported a lack of awareness of what resources could be available to them (e.g., choices, opportunities, education, training, resources, and pathways to success) given their age (older than 27 years). They each explained they wanted more choices and opportunities in their own lives, and, to also influence equitable policies in leadership to improve FYiC outcomes. However, participants also expressed currently lacking some or several necessary life skills (e.g., social, cooking, budgeting, organization, and strategic and financial planning) to practise sound judgment, make appropriate decisions, take control, and create intentional change in their own lives. This was consistent with the evidence in the literature regarding common experiences of FYiC (Kovarikova, 2017; Nichols et al., 2017).

All participants reported social and romantic relationship challenges (Emotional Badass; Mystique; Storm; Wonder Man). They advised their challenges stemmed from traumatic experiences in their childhood and have carried forward into their adulthood to impact their learning and decision making processes, both positively and negatively. They indicated they would like to learn, heal, and recover from trauma and had taken numerous steps on their own to do so. All participants spoke with pride regarding the continuous improvement of their mindset and how choices to engage in education, counselling, and mental health supports have contributed to their individual success. As Appadurai (2006) pointed out, strategic knowledge is “vital for the exercise of informed citizenship” (p. 167). Mystique affirmed this by stating her belief that it is crucial for FYiC to have the ability to design and live their lives “without having to compromise [themselves] in ways that set [them] back.” Participants expressed how their sense of agency and control in their own lives was positively impacted when they were involved in the decisions and matters that affected them, such as planning in areas of education (Storm) and vocation (Wonder Man), finance (Mystique), transitioning out of foster care, advocacy, policy making, and treatment (Emotional Badass). All participants reported feeling empowered by education, training, and social connections with people who facilitated the development of their learning, choices, and decision-making skills in both informal and formal ways. In the absence of a healthy, safe and supportive family, it was teachers, mentors, and bosses who were found to have played a large role in facilitating participants’ skills, career, and life development, which had positive impacts on the overall health and wellbeing of participants. Relationships and environments (e.g., work, school) that lacked adequate safety and support were found to have a

negative impact on all FYiC participants. I discuss learning, mentorship, and leadership opportunities further in Finding 3.

Finding 3: FYiC Participants Desire Learning, Mentorship, and Leadership Opportunities

All FYiC participants desire learning, mentorship, and leadership opportunities, and all participants reported that their health and wellbeing had been positively impacted by accessing social, learning, mentorship, and leadership opportunities. They advised that their most significant and influential relationships (i.e., protective factors) across their lifetimes have been with elders (Wonder Man), teachers (Mystique; Storm), mentors (Emotional Badass), bosses (Mystique; Wonder Man), and leaders (Emotional Badass; Mystique; Storm; Wonder Man) who have taken an interest in supporting and guiding their health, wellbeing, interests, needs, and goals. This was consistent with the literature (Fraser & Browne, 2019). Participants further emphasized that in the absence of healthy, safe, and supportive family throughout their lives, elders, teachers, bosses, and mentors have played parent and family-like protective roles, even if people did not know that was how the participant experienced their relationship (Emotional Badass; Mystique; Storm; Wonder Man). Some participants were recruited and accommodated by leaders who knew they needed employment. For example, Wonder Man reported, “My boss created my position for me.” Similarly, Mystique shared she once had a boss “purchase [her] work-appropriate clothing . . . from the company budget because [she] couldn’t afford it.” Storm and Mystique both highlighted how positive relationships with teachers who were responsive to their unique needs as learners enabled them to overcome challenges while engaging in postsecondary education. This relates directly to Finding 4, in which I discuss the need for trauma-informed leadership.

Finding 4: Trauma Awareness is Needed in Leadership

All participants reported a lack of access to trauma-aware environments and professionals, which had negative and sometimes dire impacts on their psychological and/or physical safety and wellbeing. However, all participants reported benefitting directly from experiences with trauma-informed leaders, professionals, individuals, processes, and environments. This finding was supported in the literature (Connors-Burrow et al., 2013; Huang et al., 2014; Poole et al., 2021), which emphasized the importance of trauma awareness and education across all levels of the system. Further, participants indicated the importance of viewing leadership as a function in an organization, so anyone can lead from wherever they are. I noted that viewing trauma-informed leadership as a stratum results in different social patterns. For example, Oshry's (2020) top-bottom pattern is when "the top is responsible for the system or project" (p. 13), while the bottom is a participant or "member in the system, process, or project" (p. 13).

Furthermore, participants reported they all believed there is an urgent need for leaders, decision-makers, policymakers, and interest holders across overarching and interconnected systems to understand, acknowledge, address, heal, and prevent the myriad of chronic challenges and wicked problems that they have faced as FYiC throughout their lives (Emotional Badass; Mystique; Storm; Wonder Man). Participants stated the general population has access to family support throughout their entire lives (Mystique; Wonder Man)—"parenting doesn't stop at 19 or 27" (Storm). Participants reiterated, "the government was [and still is our] parents" (Emotional Badass; Mystique; Wonder Man). One participant compared their relationship with the

government to a traditional familial structure, noting the government has been their great grandparent, grandparent, and parent (Wonder Man).

All participants reported the current equitable policies for FYiC exclude them, and this sends the message that older FYiC are not valued or understood by leaders and society (Emotional Badass; Mystique; Storm; Wonder Man). Wonder Man asserted, “People of any age and background have value.” Emotional Badass, Storm, and Mystique reiterated this point, and Mystique explained that when FYiC do not feel valued, “they suicide to be quite frank. I’ve seen it many times.” All participants talked about experiencing debilitating depression and thoughts of suicide as children, youth, and adults.

All participants stated that FYiC may share common experiences; however, each of us developed life skills and readiness to heal and recover from trauma at different ages and stages of our lives. Participants each reported there are many pathways to wellbeing and success; they thrive when people, organizations, communities, and leaders practise curiosity and take strategic actions to help them advance based on their own unique circumstances (e.g., context, needs, available resources, and goals).

Furthermore, participants commonly reported a deep desire for collaboration, collective planning and action, and real change (at individual, community, organizational, and systemic levels). Participants also indicated their preference to form strategic alliances (coalition) with FYiC and vital interest holders (e.g., governments) to create more equitable outcomes for FYiC. This also indicated a need for trauma-informed and wise leadership practices in systems that seek to avoid retraumatization. Participants reported trauma-informed approaches seek to support

FYiC wellbeing across the lifespan—not just until a certain age or stage (Emotional Badass; Mystique; Storm; Wonder Man).

Finding 5: FYiC Have Diverse Learning Needs

In discussions with participants, I noted each had different learning needs and education levels. For example, one participant did not graduate from high school, one participant was finishing the final two classes of their bachelor's degree, one participant had completed a master's degree (in Global Leadership), and another wanted to explore postsecondary in the future (they did not disclose if they graduated high school or not). All participants reported disabilities and stated personal debt, a lack of funding, and learning challenges were barriers to accessing postsecondary education. Inclusion and belonging were also reported as a common challenge of all participants across environments over their lifespans.

Mystique and Storm both brought into view how recent (within the last 1 to 2 years) mental health and learning assessments assisted them in understanding themselves better and how access to therapies and treatment (e.g., dialectical behavioural therapy as well as other undefined therapies) helped them manage their life more effectively. One unique subfinding was that Storm was in the final semester of her undergraduate degree and Mystique had completed her master's degree in Global Leadership; however, she reported she “still struggles with strategic planning . . . and transience.” Mystique further stated lifelong learning was a personal value she always held; as such, earning a master's degree was a significant milestone in her life. However, it was also a symptom of her “high-functioning coping” (Mystique). Storm discussed that postsecondary environments, curriculum, and student stressors (e.g., assignments) can be triggering, which can lead to mental health breakdowns and the need to take breaks from school

or work. Mystique reiterated these points. Emotional Badass and Wonder Man highlighted not everyone is ready, willing, and able to attend postsecondary, and that alternatives should be provided (e.g., music programs and paid work internships). All participants stated they experienced financial barriers to postsecondary education engagement and attainment.

Wonder Man explained a combination of cultural connections and cognitive behavioral therapy was helpful for his recovery from substance use and mental health challenges. In addition, Emotional Badass reported that therapy and peer counselling were helpful for them. This is congruent with evidence in the literature that states the importance of adequate support and services for trauma survivors, including culturally relevant resources (Connors-Burrow et al., 2013; Nichols et al., 2017; Poole et al., 2021) All participants stated access to these resources have been scarce, and all participants noted a lack of awareness and access to free or low-cost services to address their mental and overall health and wellbeing. Mystique paid out-of-pocket for her assessments, therapies, and her entire postsecondary education. Storm was only eligible to receive a tuition waiver after the program expanded in 2023, and it covered only the final two classes of her undergraduate degree. As such, she has a significant student loan debt. Mystique also carried over \$80,000 in debt until more recently. Emotional Badass only learned about the Crime Victim Assistance Program (CVAP) 2 years ago and had never heard of RHAP. Wonder Man had never heard of either of these programs despite meeting eligibility criteria manyfold.

Overall, participants noted education (informal and formal) supported improvements to FYiC health and wellbeing across all developmental domains (e.g., social-emotional, cognitive, physical, and language). All participants reported improved rates of healing and recovery from trauma when they developed a greater understanding of different kinds of trauma, its impacts,

triggers, glimmers, and principles of posttraumatic growth. This leads to the sixth and final finding, participants noted the need to celebrate the stories of FYiC.

Finding 6: Participants Noted the Need to Celebrate the Stories of FYiC

All participants stressed the imminent need for positive FYiC role models and to celebrate the stories of people in and from care (Emotional Badass; Mystique; Storm; Wonder Man). They also reported an urgent need to shift the dominant deficit-based narrative to one that is also strengths-based and appreciative of the unique talents, experiences, circumstances, goals, needs, and culture of FYiC. These findings were supported by the literature (Fraser & Browne, 2019; Kovarikova, 2017).

The SME for this research, April Fedinuw (personal communication on March 19, 2024), validated the findings by providing the same or similar answers to the research questions. She highlighted how FYiC have unique needs, interests, goals, and ways of operating. She brought into view how policies can prohibit and inhibit flexibility in practice to meet needs in individual circumstances. April provided contacts for mobilizing this research, including the MCFD Provincial Executive Director of Strategic Initiatives, Catherine Talbot, and the MCFD Youth Advisory Council. She also discussed possible limitations in policymaking and decision-making processes (e.g., policies can inhibit and restrict responsiveness to the unique circumstances of FYiC; A. Fedinuw, personal communication, March 19, 2024). She further urged the consideration of strategies for managing the differences of experiences, thoughts and opinions of an FYiC CoP, and potential conflicts that may arise.

In this section, I presented the six study findings based on data gathered from and with participants. I attributed the ideas shared during the individual interviews and group discussion to

the actual participants who provided them. Next, I discuss the study conclusions, which consider findings based on the data gathered and analyzed and the relevant literature.

Study Conclusions

This inquiry aimed to determine how the lived experiences of FYiC could be used to influence equitable policies in leadership. Seeking answers to the primary inquiry question and subquestions offered a unique opportunity to identify possible solutions and to increase understanding of the wicked problems FYiC and broader society face. The research findings and recent literature support the six research conclusions:

1. Safety and wellbeing considerations of FYiC participants and broader society must be prioritized and addressed.
2. There is a need to balance completing necessary bureaucratic processes with ensuring there is no delay in providing necessary support.
3. The underlying forces that stimulate growth, change, and development are influenced by the mental models of FYiC, leaders, policy and decision makers, and broader society.
4. Limits to growth impact available resources and strategies to influence policies and are preventing FYiC from being empowered to effect change.
5. The distinctions, systems, relationships, and perspectives model is a powerful tool for identifying thinking patterns and addressing complex problems.
6. A lack of longitudinal research on people in and from foster care creates gaps in knowledge that are key to understanding and protecting people from foster care and broader society from a myriad of wicked problems.

The answers to the primary research question are organized around these conclusions. The primary research question focused on understanding the experiences of FYiC to influence equitable policies in leadership. The answer to this question is explained by Conclusions 1 to 6 and connects back to all six findings. Conclusion 1 explains how FYiC are prioritizing and addressing factors of safety and wellbeing to influence change, including equitable policies. Conclusion 2 describes how balancing processes with a delay are negatively impacting the experiences of FYiC, including a lack of access to adequate resources and supports. Conclusion 3 elucidates Monat and Gannon's (2015) iceberg model and how underlying forces that stimulate growth, change, and development are influenced by mental models across the overarching and interrelated systems. Conclusion 4 outlines how limits to growth are impacting the availability of resources for FYiC participants to influence policies. These real-world limits and constraints are also preventing FYiC participants from being empowered to effect change. Conclusion 5 explains how Cabrera and Colosi's (2008) DSRP model is a powerful tool for identifying thinking patterns and addressing complex problems by explicitly applying DSRP. Conclusion 6 demonstrates how a lack of longitudinal research on people in and from foster care creates gaps in knowledge that are key to understanding and protecting people in and from foster care and broader society.

One possible solution to the primary research question is to involve the FYiC CoP and key interest holders (e.g., leaders, policy and decision-makers) in creating equitable policies that all FYiC can benefit from. However, this solution alone will likely fail. Addressing all subquestions will also be necessary for the most effective approach to creating more equitable

outcomes with and for FYiC, and, minimizing risks to FYiC, key interest holders, systems, and broader society.

Subquestion 1 asks about the current resources and strategies that FYiC are utilizing to influence equitable policies and is addressed by Conclusion 1 to 6. This is to say that participants are prioritizing the safety and wellbeing of themselves and others, despite limited availability of resources that support safety in the overarching and interrelated systems. Participants are advocating for timely access to adequate services and challenging the mental models of themselves and others. Further, they are using the DSRP model and advocating for (and conducting their own) research with FYiC.

Subquestion 2 seeks an understanding regarding what could empower FYiC who are interested in influencing equitable policies in leadership (ideal future), which is addressed by Conclusions 1 through 6. Regarding Subquestion 3, the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies are addressed by all six findings and conclusions. Many challenges exist, including mental models, limits to growth (e.g., finite resources, financial constraints), complex system structures, politics, power and control, trauma symptoms, and a lack of understanding of trauma across the overarching and interconnected systems. Furthermore, all interest holders need to genuinely appreciate the complex, dynamic, socially constructed characteristics of the situations that FYiC and broader society experience, including the optimal structure and overlapping problems. No one group can remedy these issues alone; thus, this research, while valuable, is incomplete. Further investigation is required.

In the sections that follow, I delve into each of the study conclusions in turn. These conclusions are grounded in the findings and substantiated by the literature I reviewed.

Conclusion 1: Safety and Wellbeing Considerations of FYiC Participants and Broader Society Must Be Prioritized and Addressed

This conclusion answers the main inquiry question, as well as Subquestions 1 to 3, and links back to Findings 1 to 6. Examining the safety and wellbeing of participants and FYiC in more detail revealed how well-intentioned policies and programs attempted to create more equitable outcomes for FYiC efficiently. However, the current and past initiatives have not been shown to be effective for participants ages 30–45 years because the policies and programs leave them out.

Participants reported a lack of awareness and a lack of access to all (or almost all) of the available programs and services for FYiC. They all disclosed being victims of crime; however, only one participant was aware of CVAP services (Emotional Badass). All participants disclosed being victims of sexual assault while in foster care and/or a residential resource; however, they were all unaware of the RHAP. In addition, all participants reported disabilities; however, they all lacked awareness of several resources available to them (e.g., disability tax credit, tutoring, academic and workplace accommodations; disability savings bonds). All participants disclosed chronic housing instability and homelessness, since they were children and youth and up to the present day. Mystique highlighted how she moved across provinces and territories, including moving on and off-reserve as a youth. Wonder Man explained he struggles with chronic housing issues to this day because he was taken from his Indigenous culture as a child, sexually abused again and again while in foster care, and forced into homelessness at 18 years of age by his social worker. Two participants reported being incarcerated as youth and as adults (Emotional Badass; Wonder Man).

All participants have advocated for policy changes at organizational and systemic levels. Participants reported that while they found value in their advocacy experiences, they did not benefit from the changes made from their advocacy (e.g., Tuition Waiver Program). These insights provided an answer to Subquestions 1 to 3 regarding the current resources and strategies that FYiC participants are utilizing to influence equitable policies; what could empower FYiC who are interested in influencing equitable policies in leadership, and what the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies in leadership.

Essentially, participants lack access to necessary resources, including elders, language community and culture, health professionals (e.g., counsellors, doctors, psychiatrists), education and information, mentorship opportunities and skill development, employment, housing, mental health supports (and assessments), leadership opportunities, funding, and trauma-informed programs and services that meet their unique needs and goals as FYiC. However, participants are applying a myriad of strategies and are creative with their limited resources when seeking to influence equitable policies. Participants are heavily focused on addressing and prioritizing safety and wellbeing of themselves and others via accessing and promoting elders, community and culture; mental health and disability supports (e.g., technology), counselling and therapy; mentors, teachers, and coaches; medical practitioners; engaging in research with FYiC, social media and advocacy campaigns, safety planning; and looking out for each other despite the tendency to isolate (Emotional Badass; Mystique; Storm; Wonder Man).

The findings of this research, the TCPS-2 ethical guidelines (Canadian Institutes of Health Research et al., 2022), and the relevant literature (Kovarikov, 2017; Vivona & Wolfgram,

2021) indicated people have a right to feel safe and respected. A further suggestion is that FYiC benefit from trauma-informed approaches, timely access to programs and services, and a continuity of care. This was also demonstrated in the grey literature. For example, professional baseball player, Andrew Toles, has not played a Los Angeles Dodgers game since September 2018 (Mitchell, 2024). However, the Los Angeles Dodgers continue to renew his contract every year to ensure that he maintains access to necessary healthcare and other benefits that he would not have access to otherwise. FYiC require a similar humanistic approach that provides continuity of care from leadership, policymakers, and broader society. Wonder Man explained there is a working framework that could be applied to FYiC. He stated the WorkBC program offers counselling and other services, including fast-tracked referrals to a psychiatrist and other professionals. Such an approach with FYiC could advance their unique and personal circumstances while also benefiting broader society (Mystique; Storm).

As identified in Chapter 2, trauma is a pervasive and costly public health issue that all leaders, social workers, people with lived child welfare experience, and broader society continue to struggle with (Halaris et al., 2021). Leaders must consider the safety and wellbeing of all FYiC, and this includes exploring what safety and wellbeing look like to FYiC (M. Atkinson, 2008). The wicked problems that people from foster care face become exacerbated when leaders approach the issues without involving FYiC in the decisions and matters that affect them and fail to recognize the inherent value of FYiC, the disparities they experience throughout their lifetimes, and the wise leadership practices they use. This indicates that current and past policy parameters reinforce a lack of safety and wellbeing considerations and perpetuate a dominant deficit-based narrative of people with lived child welfare experience, influenced by the

underlying mental models of leaders, policy and decision makers, trauma survivors, and broader society. Furthermore, it indicates this inquiry is a precursor to more research that should be undertaken to determine effective methods to use in public health interventions among vulnerable communities, including people with lived child welfare experience (Emotional Badass; Mystique; Storm; Wonder Man). Participants in this study and scholars in the literature (Czeck, 2015; Doucet et al., 2022; Kovarikova, 2017) further indicated a thorough examination is required into what approaches adequately meet the diverse needs of FYiC, of all ages, stages and circumstances. This leads me to Conclusion 2, which discusses the need to balance processes (Meadows, 1999; Senge, 2006).

Conclusion 2: There is a Need to Balance Completing Necessary Bureaucratic Processes with Ensuring There is no Delay in Providing Necessary Supports

This inquiry revealed patterns and feedback loops within the FYiC CoP and its interconnecting, overarching systems (e.g., MCFD, Education, Health, Justice, Government of Canada, among others). In reviewing the findings of this research, I noted that across their lifetimes all participants experienced significant delays in accessing much needed programs, services, assessments, culture, language and community, education, housing, employment, and leadership opportunities, among others. Mystique stated,

I pretty much didn't have access to any resources because of my story . . . I don't think parenting stops at a border . . . or a certain age . . . I held a lot of debt for a long time, over \$80,000 . . . I always wanted an education. . . . Not qualifying for a lot of the programs is kind of why I wanted to be a part of your research, even though I wasn't in care in BC. I [thought that I] couldn't [participate in this research] based on my story. It

was the same thing for every single thing. It's the legislation, the provincial system . . . there are some of those [disability] programs that I qualify for now that I'm in my 30's [and received an Autism and ADHD diagnosis]. I found out some things about my own mental health. I have even raised money for some of these [programs].

Mystique paid out of pocket for all counselling, assessments, and postsecondary education. Wonder Man experienced debilitating mental health challenges and was waitlisted for 6 years for a psychiatrist; however, when he went through WorkBC, he was referred and seen within a week.

The research findings and literature indicate the need for following systems processes while ensuring people do not suffer due to unnecessary delays. In systems, a response to delayed feedback can limit levers, hamper progress, and have unintended consequences (Senge, 2006). In the context of this research, delayed feedback loops in the overarching system can mislead decision-making, which can also impact the FYiC CoP and its interrelated systems. If there is not an awareness of these delays, more or less corrective action may be taken than what is necessary (Senge, 2006). Delayed feedback loops can skew analyses and cause leaders to oscillate around a goal. This is demonstrated in Figures 2 and 3 found in Chapter 1, which both outline negative balancing feedback loops in the overarching and interrelated systems. This also relates to Subquestions 1 to 3 because participants attribute their current stability to timely access to resources that support safety, wellbeing, leadership, learning and empowerment (e.g., mentors, trauma-informed bosses, psychiatrists, and counsellors).

According to Senge (2006), short-term and misaligned fixes can exacerbate underlying problems in the long run. Therefore, leadership's vision and strategy need to align with FYiC

needs and goals. I understand this to mean that FYiC need to be involved in research, systems analyses, and creating equitable policies and programs; furthermore, the “time dimension in action-payoff relationships is critical” (Rahmandad et al., 2009, p. 335) in understanding learning failures and performance variability. The participants reiterated the importance of timely, adequate access to resources and supports. However, they also all stated that FYiC are ready at different ages and stages. Wonder Man explained, “We are ready at different times. There are some of us [FYiC] who might be ready at 19. . . . Maybe it’s 29. Maybe it’s 39. . . . We all carry some amount of weight [to address].” The findings of this research indicate that balancing processes with a delay must be considered and urgently investigated moving forward. This led me to wonder about the causes for these delays, which brought me to the next conclusion relating to the underlying forces that stimulate growth, change and development (Meadows, 1999; Monat & Gannon, 2015; Senge, 2006).

Conclusion 3: The Iceberg Model Elucidates How the Underlying Forces that Stimulate Growth, Change, and Development are Influenced by Mental Models of FYiC, Leaders, Policy and Decision-Makers, and Broader Society

This conclusion answers the main inquiry question, as well as Subquestions 1 to 3, and links back to Findings 1 to 6. The research findings and literature indicated the underlying forces that stimulate growth, change, and development are influenced by mental models; however, mental models are the hardest levers to change in a system (Meadows, 1999; Monat & Gannon, 2015; Senge, 2006). Monat and Gannon (2015) presented an iceberg model, which recognizes that repeated behaviours, events, and patterns are influenced by systemic structures (e.g., organizational and social hierarchy, rules and procedures, and attitudes). Monat and Gannon’s

(2015) iceberg model applies because participants identified that within the FYiC CoP and broader system (e.g., MCFD), there are “feedback loops and delays in the system dynamics” (p. 19) that negatively impact them and which are derived from “mental models or paradigms” (p. 19).

In terms of the situation and patterns, data collected and the evidence in the literature indicate that, despite the newest equitable policies, FYiC participants 30–45 years of age experience disproportionate rates of wicked problems (e.g., suicide, homelessness and housing insecurity, mental health issues, substance misuse, and overdose, underemployment, and unemployment, lack of educational attainment, exploitation and sex trafficking, intergenerational child welfare involvement, poverty and financial issues (Emotional Badass; Mystique; Storm; Wonder Man; A. Fedinuw, personal communication, March 19, 2024; Frazier et al., 2020; Gragg et al., 2007; Nichols et al., 2017).

To transform mental models within the system, people, organizations and systems can become more flexible and understand FYiC’s real experiences, needs, goals and unique circumstances (Emotional Badass; Mystique; Storm; Wonder Man). All participants suggested that a new way of thinking about and working with FYiC is required (Emotional Badass; Mystique; Storm; Wonder Man). The data collected and the literature suggest that FYiC can be traumatized and have posttraumatic growth (Dana, 2018; Poole et al., 2021). The two can coexist and are not mutually exclusive. Further, the system can recognize that FYiC outcomes are cocreated with the whole system and between people in and from care, leaders, policy and decision-makers, families and communities, and broader society. Participants all view the MCFD as responsible for their wellbeing throughout their lives because the MCFD had the legal,

fiduciary responsibility to act as a prudent (protective) parent when they were children or youth in foster care, thus they believe that a duty of care is owed to them, regardless of their age. In the general population, parents do not stop parenting when a child turns 19 years of age (Emotional Badass; Mystique; Storm; Wonder Man). Therefore, FYiC participants contend the MCFD should not release or reject their responsibility to care and protect FYiC at some “arbitrary age” (Storm). Wonder Man highlighted a common mental model among the participants, “MCFD needs to be accountable, and so do we. It’s a shared responsibility but they have way more power and influence [to create change].”

In terms of designing a better structure (Monat & Gannon, 2015) for the FYiC CoP and the overarching system, participants suggested focusing on cocreating an environment in which FYiC are connected to leaders and mentors and where they are celebrated and supported (Emotional Badass; Mystique; Storm; Wonder Man). Participants also put forward the notion of leadership as a function of an organization, that way anyone can lead where they are at (Oshry, 2020). They further suggested reviewing processes, policies, and programs (with FYiC) and making these more flexible to meet the real needs, goals, and unique circumstances of all people with lived child welfare experience, regardless of their age (Emotional Badass; Mystique; Storm; Wonder Man; A. Fedinuw, personal communication, March 19, 2024).

In terms of intercepting patterns in the FYiC CoP and the broader system, participants suggested anticipating what might happen (e.g., suicide, mental health crises, intergenerational child welfare involvement, cycles of trauma, homelessness, addictions and overdose, among other wicked problems; Emotional Badass; Mystique; Storm; Wonder Man), and collaborating with FYiC and interest holders regularly to stay informed and plan accordingly (Wonder Man).

Storm proposed inviting FYiC of all ages to “have a seat at the table,” noting this as a crucial step. All participants emphasized the importance of working to prevent people from falling through the cracks, burning out, disengaging, or feeling unmotivated (Emotional Badass; Mystique; Storm; Wonder Man). This was also reiterated in the literature (Connors-Burrow et al., 2013; Doucet et al., 2022; Kovarikova, 2017).

In terms of the events in the FYiC CoP and broader system (e.g., MCFD; Monat & Gannon, 2015), participants suggested when decisions are made about people in and from foster care, it is necessary to involve FYiC (Emotional Badass; Mystique; Storm; Wonder Man). Participants proposed monitoring outcomes and making corrections to the system (e.g., MCFD) with FYiC of all ages will benefit people with lived child welfare experience, clients, staff, leadership, interest holders, and broader society. These mental models regarding the need for systems change and greater system responsiveness to the experiences of FYiC of all ages were also supported by scholars in the literature (Doucet et al., 2022; Kovarikova, 2017). This also brings into view the next conclusion, the limits to growth impact available resources and strategies to influence policies and are preventing FYiC from being empowered to effect change (Meadows, 2008).

Conclusion 4: Limits to Growth Impact Available Resources and Strategies to Influence Policies and are Preventing FYiC from Being Empowered to Effect Change

In their 1972 report, *The Limits to Growth*, Meadows et al. asserted continuing to pursue a business growth model would lead to environmental, social, and economic collapse within a century. Over 45 years later, Meadows et al. (2018) contended they had hoped that “society would take corrective actions to reduce the possibilities of collapse” (p. xi) and that “failing

health, conflict, ecological devastation, and gross inequalities . . . could be avoided” (p. xii).

Applying systems thinking, there are significant and deeply embedded patterns in motion across the FYiC CoP and the overarching and interrelated systems—everything is interconnected and interrelated. In my view, patterns validate the story and lead to the wicked problems that FYiC, leaders, and broader society face. Underlying these patterns are mental models (Senge, 2006) and the need for “more equitable distribution of the sustainable rate of material consumption” (Meadows et al., 2018, p. xii). This is demonstrated in the recent report, *How it All Broke*, by the New Brunswick Child, Youth and Seniors’ Advocate (2024), who examined social services failures and says that governments must change how they manage things or risk systemic collapse on multiple fronts. It also highlights Meadow’s (2008) 13th place to intervene: changing the paradigm. This is essentially what this thesis is seeking to do.

In the context of this research, I noted the current and past efforts have kept the condition relatively the same, while some problems are being exacerbated (e.g., rates of homelessness, criminal justice and child welfare involvement, health issues, suicide and premature death; Doucet et al., 2022; Emotional Badass; Mystique; Storm; Wonder Man). Recently, there were expansions to provincial legislation for FYiC; however, the participants stated they were left out. Hirsch (1976) explained, as the world becomes richer, extra goods and services are not available for everyone. All participants discussed the discriminatory, exclusionary criteria of current and past policies and programs for FYiC. They dialogued about concepts of power, resources, and sustainability and how current provincial and federal efforts are not meeting their needs. Meadows et al. (2018) further highlighted how humanity commonly overshoots systemic capacity to support the business-as-usual model. Real-world constraints and uncertainties as well

as finite resources (e.g., human capital, funding, natural resources such as land) must be carefully considered across the FYiC CoP and the overarching and interconnected systems. FYiC participants were keenly aware of scarcity and limits to growth. Wonder Man suggested a multistage plan is required. Mystique explained available resources, strategies, and wise leadership practices must centre on upholding dignity and human rights. This approach makes sense—not dollars (e.g., it is both logical and costly to provide individualized services that meet the unique needs of FYiC).

In terms of sustainability, I am thoughtful of Indigenous ways of knowing, being, and doing, which takes into consideration seven generations in the past to plan for the next seven generations in the future (Wonder Man). According to Clarkson et al. (1992), “We cannot simply think of our survival; each new generation is responsible to ensure the survival of the seventh generation” (p. 3). Applying these perspectives, I believe policy and decision-makers need to look at ensuring equitable policies and programs for FYiC are sustainable (continuous and viable over the long term). This means everyone involved is challenged to meet the needs of FYiC without compromising the environment and/or the ability for FYiC to make their own decisions in the future on how to be safe and well. In other words, there are various complex fiscal, financial, human design, environmental, and ecological considerations related to cocreating more equitable outcomes for FYiC. These real constraints are what make the outcomes FYiC experience wicked problems (Snowden & Boone, 2007), which no one government, organization or community can remedy on their own. Solving these complex problems involves a multistage strategic plan that is flexible and adaptive to feedback in the system and the unique needs, goals and circumstances of FYiC. As Storm and Mystique pointed out, in the context of the FYiC CoP,

advocacy is intense emotional labour. Avoiding burnout will require working at a reasonable (unrushed) pace, sharing roles, tasks and responsibilities, and taking collective action with interest holders external to the FYiC (e.g., government, nonprofit). Next, I discuss Conclusion 5, the DSRP model as a powerful tool in identifying thinking patterns and addressing complex problems (Cabrera & Colosi, 2008).

Conclusion 5: The Distinctions, Systems, Relationships, and Perspectives Model is a Powerful Tool for Identifying Thinking Patterns and Addressing Complex Problems

This research was designed to identify patterns that could remedy the wicked problems that FYiC, leaders, policymakers, and broader society face. The body of knowledge on wicked problems is extensive; however, the literature on FYiC is limited (Doucet et al., 2022; Frazier et al., 2020; Kovarikova, 2017; Mystique; Storm). The findings indicate Cabrera and Colosi's (2008) DSRP theory of thinking, which involves four universal thinking patterns and eight elements: distinctions (identity and other), systems (parts to whole), relationships (actions and reactions), and perspectives (the point and view). These varied elements in the system contribute to behaviours (beneficial or detrimental) and interconnect to impact other elements within, between, and outside the FYiC CoP and the overarching and interrelated systems.

Although they may not have realized they were doing so, all participants applied the DSRP analysis to identify patterns and solve complex problems within their lives, the FYiC CoP, and the broader system. They highlighted their thinking patterns around their identity, age, and geographical location as FYiC in comparison to their peers and leaders in the general population (Emotional Badass; Mystique; Storm; Wonder Man). Participants also discussed how their thinking patterns have changed over time. Wonder Man explained how “everyone has value” and

noted FYiC individual and community wellbeing is closely connected to the state of the system and broader society as a whole. Participants in this research further clarified their shared and unique perspectives. For example, Emotional Badass expressed their feelings of shame of being an FYiC lifted during the research process; while Wonder Man respectfully stated he has never felt ashamed of being an FYiC because it was never something he chose for himself.

Applying DSRP analysis in this research further increased my critical thinking skills and capacity to approach complex problems more efficiently by using DSRP explicitly (Cabrera & Colosi, 2008). For example, applying DSRP increased my self-awareness as well as the self-awareness of my coresearchers, while helping us to identify and, therefore, reduce biases, risks, and limitations of our thinking within the FYiC CoP. It also led me to conclude the dynamic, complex, socially influenced nature of FYiC needs, experiences, goals, and outcomes. As the data collected and the literature indicate (Cabrera & Colosi, 2008), DSRP analysis is a valuable resource, strategy, and wise leadership practice for identifying thinking patterns and explicitly applying them to organizational and systems change. This leads to my final conclusion: a lack of longitudinal research on people from foster care creates gaps in knowledge.

Conclusion 6: A Lack of Longitudinal Research on People From Foster Care Creates Gaps in Knowledge that are Key to Understanding and Protecting People in and From Foster Care From a Myriad of Wicked Problems

The data collected indicate participants' desire for a greater focus on longitudinal research and generating new, practical knowledge with FYiC, rather than on or for FYiC (Emotional Badass; Mystique; Storm; Wonder Man). The SME, April Fedinuw (personal communication, March 19, 2024), and scholars in the literature also indicated the need for more

research with FYiC (Frazier et al., 2020; Kovarikova, 2017). For example, when asked about what wise leadership practices FYiC could use to influence equitable policies, one participant stated,

I think that everything comes down to government policy. All of these issues we've discussed . . . age restrictions, funding for help, to go back to school, and the funding for mental health supports. Those are all government policy gaps. . . . One thing I advocate for [FYiC and interest holders to do] is longitudinal research with FYiC. (Storm)

SME April Fedinuw (personal communication, March 19, 2024) also advised further investigation is required to ensure that policies are flexible and adaptive to the unique needs of FYiC. She recommended I discuss this report with the MCFD Executive Director of Strategic Initiatives. Furthermore, Mystique discussed how she wanted to do her master's research on the foster care system; however, she did not get ethical approval despite having a background in participating in CBPAR, FYiC advocacy, and writing many academic papers on FYiC. She explained she believes systems are "still structured in a way that does not allow a lot of people to create their own narrative. You are confined to the limitations of the program in a lot of ways" (Mystique).

Learning about trauma and posttraumatic growth through education, counselling, mentors, teachers, and firsthand experience was a factor that all participants reflected on when asked about their experiences, resources, strategies, and wise leadership practices. One participant emphasized that gratitude, culture, PTG, and FYiC readiness are areas that require greater investment, research and understanding (Wonder Man). While another stated how "you

need to [learn to] act at some point, you can't just sit back and let all that stuff happen to you and do nothing because that is what trauma is" (Mystique).

An important consideration regarding wise leadership practices and the balancing structure and flexibility of equitable policies for FYiC is that providing continuity of care, equitable opportunities, and conducting further research with FYiC is arguably suggested in the literature (Doucet et al., 2022; Frazier et al., 2020; Kovarikova, 2017). Nevertheless, overarching and interrelated systems have not adopted the practice of promoting longitudinal research and creating equitable policies with and for FYiC over the age of 27 years. Unfortunately, FYiC CoP members, leaders, policy and decision-makers, and broader society are realizing the cost of this mistake as society is facing a global poly-crisis and increasing public disorder (e.g., homelessness, opioid and drug poisoning epidemics, missing and murdered Indigenous women, children, men, and two-spirited people, financial instability, ideological extremism, the escalating danger of nuclear war, among others). Wonder Man explained most of the people who he knows that are unhoused, unemployed, have child welfare and/or criminal justice involvement, and/or are addicted to drugs have been in foster care, and this is congruent with evidence in the literature (Doucet et al., 2022; Gragg et al., 2007; Kovarikova, 2017; Nichols et al., 2017). All participants in this research explained that research with FYiC is important. In addition to understanding the wicked problems FYiC face, one participant highlighted,

[Research can also work to get] rid of those ideas that people have [about FYiC being victims] and replacing that with positive examples of resilience and overcoming things. . . . We FYiC have been MLAs [Members of the Legislative Assembly] and who have done amazing things in the world. I know that so many more [FYiC] could be these

shining examples. If you give FYiC the tools, they can achieve anything. Get that message out to the public (Storm)

All participants in this research stated they believe that everyone needs to be involved in learning about and taking action toward change with FYiC and broader society. Wonder Man said,

Ultimately governments, media, and society hold the key; they have the power and resources to change things with us, but most people don't know [the challenges we face and the talent and potential we have]. . . . There is such a huge amount of people who are separated from the problem that all they have is fear and anger because they're driving past a problem they don't understand. So everybody needs to hear [our stories].

Everybody.

Unfortunately, too much focus on the deficits without a focus on the strengths, whether it be an individual, group, organization or system, will never prove to be successful. Just as the literature suggested, individual and community development is far too narrow of an approach to resolve the wicked problems FYiC and society are facing (Gbadegesin et al., 2021; Thomas et al., 2018). As the data collected and the literature revealed, there is a need to investigate the stories and experiences of FYiC on a larger scale to better understand the structural factors and professional practices inherent in systems that contribute significantly to poor outcomes for people in and from foster care (Kovarikova, 2017). There must be a focus on both the deficits and the strengths of policies and programs that support FYiC, and the leaders, organizations, and systems that interrelate to FYiC. The same appears to be true when considering organizational as well as employee and leadership growth and development, given that success requires

individuals and groups to develop resources, collaborative partnerships, strategic alliances, and boundaries to manage them (Lindstrom, 2007). Participants were all aware of phronetic boundaries that differentiate themselves from other FYiC (e.g., experiences, needs, goals, interests), the system, and the general population. Wonder Man stated,

I think that's where the government can step in because they have the ability . . . it's a shared responsibility . . . As far as they know, [we're] just junkies. They don't know that [the people on the street were] six year old wards of the court being beaten and molested for 10 years then thrown to the street. Suffering through debilitating mental health issues unmedicated. . . . Being cast aside, forgotten about by everybody you encounter in your life. That is why they [unhoused] . . . [everyone] thinks they're criminals, junkies. And they are, but they are not. They are far more than that. . . . We were taken from our families, cultures and communities.

Again, this is significant because it is closely connected to the questions, findings, and conclusions explored in this research. FYiC health, wellbeing, and sustainability are complex societal issues requiring input and alignment from many vital interest holders at varying levels of the whole system. Research with FYiC can support the creation of equitable policies and programs to improve outcomes by generating new knowledge, developing more equitable policies, teaching wise leadership practices, and promoting collective action. However, this is not a practical approach when input is not gathered from people with child welfare experience who are over the age of 30 years. It is also impractical when long-term sustainability is not factored in. Policy and decision-makers must avoid standardizing policies and programs for FYiC without input of FYiC of all ages, backgrounds, and identities (Emotional Badass; Mystique), and

planning for FYiC must be closely monitored for efficiency (Wonder Man), viability, and sustainability on a grander scale (Storm). Next, I discuss the scope and limitations of the inquiry.

Scope and Limitations of the Inquiry

This study was conducted primarily for the purpose of identifying the experiences of FYiC to influence equitable policies in leadership. The scope of this research discussed the past, present, and future predicaments that people with lived child welfare experience face. It covered the experiences, ideas, and suggestions of adult FYiC who were 30–45 years old. It did not cover research with children 18 years or younger, as that research has already been conducted, and there are strategies in place for engaging young people in equitable policies (e.g., people in and from care 17–29 years old have access to the MCFD Youth Advisory Council; Government of BC, 2023b).

For this inquiry, my coresearchers and I formed an informal organization, an FYiC CoP. The purpose of the FYiC CoP was to foster an understanding of the varied but interdependent components of FYiC health and wellbeing post foster care; “to bring new understanding to the attention of policy-makers and the public worldwide; and in this way to promote new policy initiatives and action” (Meadows, 2008, p. 9). Although the research reached its aims, it was limited in the actual data and records of adult FYiC. Only four FYiC were inclined to participate in this research, and only three participants identified as having lived experience in foster care in BC. During initial recruitment, I encountered some difficulties in getting participants to join. Initially, recruitment was open for 2 weeks; however, due to low numbers, I extended the recruitment period to 1 month.

In the data gathering, some unavoidable limitations included time limitations and sample size imposed by my schedule, personal capacity, and research timeline, the number of respondents who were interested in influencing equitable policies, and the key informant's inability to attend the group discussion due to their lack of time and limited access to the internet. As well, two participants reported feeling triggered by talking about their own experiences or listening to the experiences and opinions of others (Emotional Badass; Storm). This may have limited full engagement of the participants in this research. Furthermore, it is possible that researcher and sampling biases in this research may have compromised the research.

While research on FYiC 30 years of age and beyond is scarce, it is likely that the study participants could be unrepresentative of the general FYiC population to whom this thesis applies, as two participants engaged in postsecondary education. Furthermore, given the participants' involvement in this research, the collection of data and their input could also be viewed as an autoethnographic process, a qualitative form of self-narrative situating their experiences within the wider social, cultural, and political context (Butz & Besio, 2009).

Lastly, as the SME brought into view, policies can sometimes restrict responsiveness to the unique needs and circumstances that may arise, thus, great planning, consideration, and involvement of interest holders is further required to ensure approaches meet individual needs (A. Fedinuw, personal communication, March 19, 2024). Considering engagement strategies with FYiC, adequate processes must be in place to support safety, wellbeing, and conflict resolution because FYiC may have different points of view and experience. Further, the SME, April Fedinuw, recommended meeting with Catherine Talbot, MCFD Provincial Director of

Strategic Initiatives, and contacting the MCFD Youth Advisory Council. I discuss this more in the make-it-happen section in Chapter 5.

Chapter Summary

This chapter discussed the research findings and conclusions that answered the primary inquiry question: How might we learn from the experiences of FYiC to influence equitable policies in leadership? I also discussed subquestions, the scope and limitations of the inquiry, implications for future inquiry, as well as resources and wise leadership practices participants have used and would recommend to others. In the concluding chapter, I discuss the recommendations and implications for future inquiry.

Chapter Five: Implications for Future Inquiry

In this final chapter, I share the study recommendations, organizational implications, and possible impact on future research. As a CBPAR inquiry, I conducted this research to answer the following question: How might we learn from the experiences of former youth in care to influence equitable policies in leadership? Three subquestions supported the primary question:

1. What are the current resources and strategies that FYiC are utilizing to influence equitable policies (current state)?
2. What could empower FYiC who are interested in influencing equitable policies in leadership (ideal future)?
3. What are the wise leadership strategies and resources FYiC are interested in applying to influence equitable policies (transition and ideal future)?

Recommendations

The recommendations I put forward are based on the findings and conclusions detailed in Chapter 4, which were informed by current research and specific information gathered from FYiC participants during the study. The recommendations are as follows:

1. Implement a plan for involving adult FYiC of all ages in the decisions and matters that affect them.
2. Consider creating a list of wise and trauma-informed leadership practices, skills, and tools required for leaders to enhance decision-making, strategic planning, and risk mitigation.
3. Leverage the talents and experiences of FYiC and celebrate their stories.

4. Provide resources that empower FYiC to advance their individual and personal circumstances, at any age.
5. To avoid excluding FYiC over 27 years of age, invest in feedback mechanisms, including longitudinal mixed methods research, to examine, monitor, and support the implementation of policies that better meet FYiC's unique needs, goals, and circumstances, regardless of their age.

Although the suggested strategies and techniques above are not complete, they can still guide leaders to engage FYiC in creating equitable policies, programs, and outcomes. I delve into each recommendation in detail in the following sections.

Recommendation 1: Implement a Plan for Involving FYiC of all ages in the Decisions and Matters That Affect Them

The research analysis revealed a complex ecosystem (Das, 2015) of interrelated dynamics within the FYiC CoP and overarching, interrelated systems. The complexity of the unique experiences, needs, goals, and circumstances of FYiC, as discussed in Chapter 4, appears to extend across the whole system, and throughout FYiC's lifetimes and is related to the structural processes and practices within the overarching system (Kovarikova, 2017). As a result, focusing on creating change for FYiC up until their 27th birthday will not effectively address the disparate experiences of FYiC older than 27 years. Instead, I advise that more equitable policies be identified, prioritized, and addressed, starting with implementing a plan for involving FYiC of all ages, in the decisions and matters that affect them (e.g., decision-making, leadership, policy, legislation, and practice development).

The overall impact of this approach extends to include individuals, leaders, and organizational groups across the whole system. Therefore, addressing the wicked problems that FYiC face at the FYiC CoP organizational level alone will not be effective. Given the complexity of FYiC's experiences and the interconnected hierarchical systems and organizational structures FYiC operate within and are in relation to, it is crucial to recognize that a large-scale change initiative will fail if all interrelated groups are not involved and aligned in their actions toward change.

Recommendation 2: Consider Creating a List of Wise and Trauma-Informed Leadership Practices, Skills, and Tools Required for Leaders to Enhance Decision-Making, Strategic Planning, and Risk Mitigation

Wise leadership practices with FYiC centre around accountability and TIP. Accountability for FYiC development involves FYiC, leaders and various groups, over time. Having leaders aim their attention on FYiC younger than 27 years of age prevents these leaders from focusing on practising wise leadership and fulfilling their responsibilities, such as upholding human rights and effectively rehabilitating and integrating trauma survivors, victims of crime, and people with lived child welfare experience into society. It also fails to recognize that FYiC need loving, healthy, supportive relationships to learn, grow, change, and develop across the lifespan. As a result of the mental models in the broader system, the accountability for FYiC is being assumed by leaders to an arbitrary age, which will not fix disparate outcomes of FYiC older than 27 years, who lack healthy family support and have continuously been excluded from initiatives aimed to improve the outcomes of those with lived child welfare experience. This false sense of accountability encourages leaders to absolve their responsibilities to and for

FYiC at a particular age, ignores FYiC's CVAP rights, and dismisses the impact of balancing processes with delays in the overarching system. Being excluded from equitable policies has dire impacts and sends the message to older FYiC (and society) that they do not matter (Mystique; Storm; Wonder Man). In some instances, FYiC suicide from feeling like they are not valued by society and that there are no better options available to them (Mystique). Instead of supporting adequate policies that promote change for all FYiC, leaders try to control who has access to what resources, preventing the flexibility required to meet the unique needs, skills, goals, and circumstances of everyone with lived child welfare experience (Emotional Badass; Mystique; Storm; Wonder Man). As a result, blame for negative outcomes and failed initiatives are attributed to FYiC or the system (e.g., MCFD), creating an us-versus-them mindset as wicked problems (e.g., the polycrisis, staffing crisis, public safety) spiral out of control (Wonder Man). These issues are impacting broader society (Emotional Badass; Mystique; Storm; Wonder Man; see also Meadows, 1999; Senge, 2006) and pushing the whole system closer to collapse, (Conners-Burrow et al., 2013; Meadows, 1999).

Creating an adversarial, deficit-based mindset between people, organizations, and systems that need to collaborate has had negative consequences for FYiC, social workers, leaders, and broader society. For example, systemic failures are expensive, especially when they infringe on the rights of vulnerable groups and legal processes are required to seek justice (e.g., protection orders, relocations, class action lawsuits). Failures also breed distrust in people, society, and systems when leaders, practitioners, among others, fail to protect the best interests of people who have experienced trauma, have been victims of crime, and may be living with disabilities, such as the participants in this study and many people with lived child welfare

experience. This vicious cycle forms through childhood experiences, leading FYiC to assume others are not trustworthy, creating a negative loop that hinders opportunities for change and collaboration. A lack of collaboration and understanding of trauma and trauma behaviours can also lead social workers, leaders, and broader society to mistrust FYiC, further reinforcing negative feedback loops that span the entire system. This is why education, awareness, continuity of care, relationship building, and collaboration are so important (Poole et al., 2021). It is also why it is vital for FYiC to create a list of wise leadership practices, skills, and tools required for leaders to enhance decision-making and risk mitigation (Emotional Badass; Mystique; Storm; Wonder Man). These resources should be readily available, not necessarily behind a paywall.

Recommendation 3: Leverage the Talents and Experiences of FYiC and Celebrate Their Stories

Continuity of care and support through equitable policies and educational initiatives is a principal focus for the FYiC CoP and the system as a whole. Focusing primarily on the wisdom gleaned from the lived experience of participants creates a positive feedback loop by encouraging FYiC agency and self-governance, which builds trust across the whole system and provides role models for other FYiC (Fraser & Browne, 2019). Unfortunately, with few exceptions, past attempts to honour the unique experiences of FYiC have not included FYiC outside of the restrictive age parameters because leaders and systems lack awareness, flexibility, and consideration of the individual learning and development needs of FYiC, especially those older than 27 years of age.

Senge (2006) argued the organizational structures people operate within are not often conducive to learning. He found organizations that are flexible, adaptive, and productive excel

during times of rapid change. However, for excellence to happen, organizations need to “discover how to tap people’s commitment and capacity to learn at all levels” (Senge, 2006, p. 4). This applies to both individuals and organizations, and connects to what Senge referred to as generative learning, which enhances the capacity to create new knowledge. As outlined in Chapter 4, FYiC CoP members want to learn, teach, and grow with others. The participants and I want to create a new strengths-based narrative of FYiC that is appreciative of our unique stories, strengths, and accomplishments (Emotional Badass; Mystique; Storm; Wonder Man). Offering new perspectives and models of FYiC also relates to Senge’s (2006) five disciplines of systems thinking, personal mastery, mental models, building a shared vision, and team learning.

All of the five disciplines are “concerned with a shift of mind from seeing parts to seeing wholes, from seeing people as helpless reactors to seeing them as active participants in shaping their reality, from reacting to the present to creating the future” (Senge, 2006, p. 69). The premise is that people tend to apply simplistic frameworks to complex systems and situations (e.g., wicked problems). Thus, a better appreciation of FYiC and systems will lead to more appropriate action because individuals and organizations learn best from experience and each other. This is to say that there is something to learn from the experiences and perspectives of FYiC.

At one point in time, there may have been little impact on people’s demands for positive representation and involvement of FYiC, but the decline in visibility over the long run may be having severe consequences on FYiC and the system. Thus, I contend that it is important to involve FYiC of all ages in identifying problems and solutions.

The idea that life is all music and math, first introduced by ancient Greek philosopher Pythagoras (Fauvel et al., 2006), applies in this research. This is to say, there is a close connection between patterns, ratios, composition, and art (creativity). When policy and decision makers consider the most underserved populations of FYiC over time, it becomes clear that excluding them from equitable policies and mainstream narratives is unjustifiable. After all, “we don’t get harmony when everybody sings the same note. Only notes that are different can harmonize. The same is true for people” (Goodier, as cited in GoodReads, n.d., para. 1).

Recommendation 4: Provide Resources That Empower FYiC to Advance Their Individual and Personal Circumstances, at Any Age

Providing resources, such as mental health and counselling, mentoring, coaching, financial, educational, employment, housing, training, leadership, and business opportunities, can benefit FYiC at any age (Emotional Badass; Mystique; Storm; Wonder Man). Even though the change effort and resources required for Recommendations 1 to 4 will be significant for the whole system, the potential return on investment will be tremendous considering adverse outcomes that result from injury, children exposed to crime, and a lack of treatment costs Canadians more than \$29 billion annually (Parachute, 2024). In the United States, the cost is estimated to be more than \$458 billion per year, which equals a lifetime average of more than \$194,000 per individual (Berger, 2019). Berger (2019) also suggested, “Bureaucratic hurdles block access to treatment services, so they tend to go unused” (para. 1). This leads to adverse outcomes that stress public systems, particularly social services, health, education, and justice (Conners-Burrow et al., 2013). Leaders must learn to discern cost-benefits when making decisions. According to Snowden and Boone (2007), assuming that FYiC older than 27 years old

do not require equitable policies and programs presents the most severe risk of systemic collapse because leaders are failing to acknowledge the dynamic, ever-changing nature of the world and relying on past successes, which I discuss further in the final recommendation.

Recommendation 5: To Avoid Excluding FYiC Over 27 Years of Age, Invest in Feedback Mechanisms, Including Longitudinal Mixed Methods Research, to Examine, Monitor, and Support the Implementation of Policies that Better Meet FYiC's Unique Needs, Goals, and Circumstances, Regardless of Their Age

Defaulting to resolving complex issues by creating equitable policies for FYiC younger than 27 years of age indicates that leaders within the whole system are attempting to solve things using best practices. Snowden and Boone (2007) warned a best practice is fundamentally a past practice that breeds complacency and business risk. While new equitable policies for FYiC seek to create more equitable outcomes, Hango and de Broucker (2007) highlighted, “Demographic trends and changes in post-secondary participation rates have had a tremendous impact on postsecondary enrolments over the past half a century” (p. 7). Trends and changes are influenced by a myriad of factors, including economic conditions, demographic shifts, and changes in leaders (e.g., politicians); however, more investigation is required because it is not fully understood what the long-term impacts and limitations are of current (or past) policies.

This recommendation is the basis for encouraging longitudinal research with FYiC; examining the impact of current equitable policies for FYiC, and promoting experiential learning through social interactions across the whole system (e.g., CBPAR, mentorship, internship, learning and leadership opportunities).

While the recommendations of this research come from the participants themselves, they are broad and based on a small sample size of individuals with the ability to participate in the study. Therefore, it makes sense to broaden research in this area with a larger number of participants, a broader age range (this is important since several recommendations of this research note restriction of services over 27 years of age), and a wider location range (e.g., Canada and International). In other words, I recommend researchers repeat the study to gather additional data to validate the findings of this research and gain more insight about specific recommendations, particularly given that this is a new area of research for FYiC.

Organizational Implications

Health, education, housing, and employment are primary areas of concern for FYiC and the whole system, as highlighted in Chapter 1. I caution that there is still little known about FYiC, necessitating a balance of equitable approaches with comprehensive input and data of FYiC across all age groups. Adopting an approach that excludes FYiC older than 27 years of age is not equitable, and when barriers and consequences fail to be considered, the costs of problems for society rise astronomically. Considering this, a social return on investment, an instrument of impact analysis, could be considered (Then et al., 2017). This holistic systematic approach could address the context of policy and governance developments, the impact on FYiC, and impact measurements for organizations by incorporating social, environmental, economic, and other values (e.g., accountability, learning, unlearning) into organizational decision-making processes, policies, and practices.

Senge (2006) asserted personal mastery is a crucial leadership competency that involves aligning values and behavior to work toward a vision. According to Schein and Schein (2021),

building positive relationships requires curiosity and interest in others. This indicates that FYiC CoP members and leaders across the system need to be capable of making decisions that improve the outcomes for FYiC with FYiC and vital interest holders. In other words, the FYiC CoP needs to work together as a team of individuals while also collaborating with key interest holders external to the FYiC CoP (e.g., FYiC, government, broader society) as “people who need each other to act” (Senge, 2006, p. 219).

Since conducting the data collection and analysis, I received additional ethical approval to change the knowledge product from a book of FYiC leadership stories and wise practices to a website. I also received approval to create social media channels and recruit FYiC CoP members in the future.

As per the data collected from participants, I consulted with a social media and marketing expert, and I purchased a domain (www.formeryouthincare.com). I purchased alternative domains under the same name (ending in .com, .net, .ca, and .org). I also created social media accounts: Instagram (@formeryouthincare), Facebook (Former Youth in Care), Reddit (@formeryouthincare), and Patreon (Former Youth in Care). Furthermore, I created an email (formeryouthincare@gmail.com).

I expanded upon the FYiC CoP terms of reference to include a section called Responding to Risk. I met with the Provincial Support Agency Caregiver Learning Network and the MCFD Director of Strategic Initiatives, Catherine Talbot. I created several FYiC CoP logos with the input of participants. I also member-checked the report and hired an editor. To create awareness about and share this research, I competed in the Royal Roads Three-Minute Thesis competition. I also developed an FYiC CoP website, and received permission from the authors (Fraser &

Browne, 2019) and publishers (McKellar and Martin Publishing Group) of *We Are Everywhere: Stories of Wisdom of Former Youth in Care* to share the book on the FYiC CoP website.

Furthermore, I provided \$100 honorariums to honour the contributions of each participant. Honorariums were unique to each individual and based upon their request (e.g., \$100 donation to two different local non-profits, \$100 gift certificate for food, and \$100 gift certificate for self-care). I also created leadership certificates for each participant to honour their contributions to the research. I provided the certificates via email, after the group discussion method. Participants said they were surprised and really appreciated the acknowledgment. I notified them they would each be receiving an additional award at the FYiC CoP celebration (date to be determined), and I will enter participants' names in a draw for a \$100 gift card.

Lastly, I created a voluntary survey with 10 questions to gather feedback about participants' experiences to improve my leadership. I implemented the survey after participants membered checked and validated this report (thus this information was not included in this report).

In terms of next steps, I will be inviting over 200 vital interest holders (who were identified by participants) to attend one meeting during child and youth in and from care week. I will hold several online meetings that will be held, likely sometime in July 2024. I will disseminate the findings of this research and mobilize collective action by requesting that attendees share the FYiC website and report with at least three people, and I will request that those who receive the report (and view the website) commit to taking at least one action that supports the recommendations of this research. Additionally, I will lead the FYiC CoP through various knowledge transfer and mobilization initiatives, including social media and media

advocacy campaigns, an FYiC podcast, and a book of FYiC stories and wise leadership practices. Furthermore, after I graduate, I plan to apply to a doctoral program to conduct further academic research with FYiC as a continuation of this research.

Implications if the Recommendations are not Implemented

The participants made it clear that if the recommendations of this research are not implemented, the consequences may be dire. This was elucidated by all of the participants who mentioned that excluding older FYiC in equitable policies sends the message people over the age of 27 years do not have value. Mystique pointed out that when FYiC do not feel valued “they suicide. I’ve seen it. Many times.”

Furthermore, as the literature and the participants indicated investing in FYiC through the expansion of equitable policies is an investment that pays future dividends by reducing long-term costs (e.g., health, justice, child welfare), and increasing rates of educational attainment, career excellence, and tax revenue from earnings (Then et al., 2017). However, directing resources when there is great need can also create division. Harmony is unattainable when everyone sings the same tune. Thus, leadership that unites and educates people is of crucial importance to both the FYiC CoP and the greater system.

Implications for Future Inquiry

The suggestions and recommendations for future inquiry projects, where appropriate and relevant, include working with FYiC in multiple stages to identify current gaps and future strategies to create more equitable outcomes. The FYiC participants and SME agree the recommendations of this research are necessary and with an appropriate trauma-informed approach that involves FYiC of all ages and backgrounds, considerable benefits are to be gained.

Implementing the suggested recommendations will generate many positive outcomes for the FYiC CoP and the overarching and interrelating systems (e.g., MCFD, postsecondary education and future skills, justice, health). First and foremost, the improved collaboration between FYiC, leaders, interest holders, and broader society will provide more learning opportunities for improvement across the whole system, as diverse views allow for new ideas to be generated through dialogue and reflection (Senge, 2006). Developing FYiC and organizational leadership is accomplished through an appreciative approach that leverages the current strengths of FYiC, leaders, vital interest holders, and the broader system. Building positive momentum is possible when plans, actions, and policies are flexible, responsive, and timely. Through various activities, FYiC CoP members will continue building and promoting leadership competencies and wise practices, such as personal mastery and continuous learning (Senge, 2006), to influence equitable policies in leadership.

Longitudinal research with FYiC, examining how policy and decision-makers might learn from FYiC who are excluded from equitable programs and policies to influence equitable policies in leadership, and further, investigation into balancing processes with a delay and underlying forces (e.g., mental models) are recommended. This could help decision-makers better understand the levers and the real needs, experiences, goals, outcomes, and circumstances of FYiC. Such research could contribute to identifying strengths, limitations, and gaps in current programs, services, and understanding of FYiC the wicked problems FYiC and broader society face. It would also provide a rationale for establishing more appropriate policies, investments, and initiatives with people (in and) from foster care. In addition, further research will provide an

opportunity to generate new knowledge about FYiC and wise leadership practices that are trauma informed.

Furthermore, this study is the first step in a number of actions that the FYiC CoP will take to influence equitable policies in leadership. The FYiC CoP intends to pursue the following future actions: launch the FYiC CoP website (i.e., knowledge product), recruit more FYiC CoP members, hold make-it-happen meetings, market FYiC CoP website and social media platforms, publish this report, present this research at conferences, develop a podcast, among others. This is to say that the opportunities this research presents reach far beyond the initial FYiC CoP. As the findings, recommendations, and conclusions of this research are shared, the possibility of leaders acknowledging the benefits and engaging FYiC in creating equitable policies is probable. Their awareness might also encourage the extension of wise and trauma-informed leadership practices across the whole system, which may influence change and shift the dominant deficit-based narrative to one that is strengths based and appreciative of FYiC. Shifting the narrative may also positively influence the mental models of FYiC, leaders, social workers, policy makers, vital interest holders and broader society. However, mental models are the hardest levers to change (Senge, 2006).

Thesis Summary and Conclusion

My thesis research aimed to identify how policy and decision makers might learn from the experiences of FYiC to influence equitable policies in leadership and to use this information to encourage wise leadership practices, including a more collaborative, trauma-informed approach to leadership, social work, policy and decision-making. In my quest to find this answer, I developed new relationships, became more aware of my personal biases, and advanced my

leadership skills as well as those of fellow FYiC CoP members. I came to realize there was a more significant influence on relationship-building and cocreating empowered leadership outcomes with FYiC than I had initially considered. This research identified a complex systemic issue requiring support from the FYiC CoP, vital interest holders (e.g., nonprofits, business), and multiple levels of government, including all leaders, policy makers, and practitioners, from politicians, ministers, and executives down to the front line (e.g., social workers, teachers, counsellors).

The recommendations presented in this report will enable the FYiC CoP, government, and vital interest holders to improve collaboration, decision-making, and FYiC outcomes, which I believe will result in a measurable impact on performance indicators such as trust in FYiC and systems, cost and quality of programs and services, and FYiC outcomes (e.g., educational attainment, stable employment, change in income, health improvements, financial management, productivity, among others). A significant change initiative such as this will require adequate understanding, time, collaboration, and sufficient resources and support across the FYiC CoP and the overarching system. I intend to continue supporting this initiative as it progresses.

In conclusion, it is my hope that FYiP CoP, government, and vital interest holders will collaborate to invest in FYiC and ensure that FYiC receive the support and care they need regardless of their age.

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Appendix A: FYiC CoP Terms of References and Code of Practice

Former Youth in Care Community of Practice (FYiC CoP) Terms of Reference

Please note: this Terms of Reference was adapted from the Consumer/Carer Engagement Community of Practice Health Engagement Network (n.d.).

Background

The literature defines a community of practice (CoP) as a self-organized social structure (aka organization) formed by practitioners to fulfill individual and group goals (Schulte, 2021; Ventura, 2017; Wenger, 2011). They are often referred to as “learning networks, thematic groups, or tech clubs” (Wenger, 1999, p. 3). A CoP can be defined by discipline, problem, or situation (Wenger et al., 2002). Wenger (1999) highlighted three defining characteristics: membership is characterized by a shared domain of interest that creates a common ground; in pursuing shared interests and objectives, members engage in collaborative activities and dialogue to empower each other’s learning and practice; and, members share and develop resources, experiences, stories, tools, and strategies for addressing recurring problems/opportunities.

Membership of this CoP is open to anyone who identifies as an FYiC with an interest in developing wise practices and influencing equitable policies in leadership; or, shares similar interests, goals, and objectives to the community. The concept of wise practices emerged from the Canadian Aboriginal Aids Network. Wise practices with Indigenous and non-Indigenous FYiC refers to the inclusion of the experiences of culture, identity, and wellbeing in FYiC community development (Wesley-Esquimaux & Calliou, 2010).

Membership to the FYiC CoP is for individuals only. Members from the community are not seen to be representing their organization, or the views of others, when participating in the activities of the FYiC CoP, whether online or in-person. Members are asked to focus on FYiC CoP shared values and vision to guide FYiC CoP interactions and activities in safe and appropriate manners.

Purpose

The purpose of this FYiC CoP is to build networks, share information, experiences, and ideas to develop wise leadership practices. The work of the FYiC CoP is focused on serving FYiC and society in ways that advance equitable policies in leadership and fulfill the FYiC CoP objectives. Non-members may be invited to contribute where relevant and appropriate. The FYiC CoP can provide a forum for collaboration between FYiC, government, education, non-profits, individuals, and society.

Objectives

The objectives of the CoP will vary over time, and will include:

- Fostering a community of FYiC adults of all ages who are committed to the same purpose of developing a practice of influencing equitable policies in leadership;
- Stimulating member involvement and enhancing value associated with membership;

- Providing each other with online and live forums and other activities that add value to the FYiC CoP purpose and inspires and/or sustains our work;
- Sharing relevant information, resources and experiences with members and non-members of the community in trauma-informed ways, to develop understanding and improve equitable policies in leadership;
- Supporting the reduction of duplicated processes and systems and improved coordination of activities where appropriate;
- Exploring opportunities for collaborative projects among community members, partners, agencies, and beyond;
- Promoting discussion on emerging trends and lessons learned with FYiC;
- Providing recommendations on ways to improve practice and influence equitable policies in leadership with FYiC;
- Providing feedback to improve the operations and performance of the FYiC CoP.

Code of Practice For Members

We are a community of people interested in the practice, importance, and benefit of influencing equitable policies in leadership. There is no hierarchy, qualification or life experience that makes any member of the group more or less than anyone.

We each take responsibility for our tone and the content of our communication at all times. We actively seek to avoid re-traumatization. We acknowledge if we have reacted to or misinterpreted someone else's communication. We are also responsible for the accuracy and potential harm caused by anything we say or share and for ensuring that we have permission to share any information that is not our own. We seek consent as much as possible in sharing resources and information, especially information that is sensitive (e.g., personal experiences related to trauma).

Different views and experiences are welcome and we are all responsible for setting the standard for how the group supports, explores and learns from different ideas and experiences.

As a community we do not tolerate behavior and communications aimed to:

- Belittle, disrespect, and/or negate other participants' opinions and comments;
- Discriminate, bully, exploit, and/or harass others.

The comments and behavior of members align with this code of practice. We each take responsibility for supporting others to maintain the safety of the FYiC CoP and apply these standards. Members are encouraged to self-manage their participation to ensure their own and others' safety. Failure to follow this code of practice may result in the suspension or termination of membership to the FYiC CoP. This would only be considered for significant breaches of the code of practice and/or significant risks/safety concerns (e.g., online hate, grooming, sexualized behaviors and exploitation, image/video-based abuse).

Responding to Risk

There are various steps that may be taken to help prevent and respond to any of the above risks. These include but are not limited to:

- Encouraging self-monitoring and safe entry/exits; to the FYiC CoP;
- Providing support to keep members safe (e.g., educational materials, local resources);
- Seeking anonymous and/or open feedback from members;
- Filtering and or blocking participation of a person (temporarily or permanently) who was found to have violated the FYiC CoP code of practice and safety of one or more members;
- Discussing the kinds of activities which would be inappropriate or illegal, and the terms and conditions of FYiC CoP membership;
- Monitoring, evaluating, and responding to the risks involved with participation in this group;
- Updating the code of practice and this terms of reference yearly, and as needed;
- Creating risk-management policies to ensure response is sufficient;
- Staying up-to-date with risks, including providing training when appropriate to FYiC CoP members and non-members.

The Working Group

There are no formal requirements or limits on the number of members of the working group. The working group is formed of people committed to contribute time and energy to sustain the FYiC CoP through special projects. The group will self-manage its membership to ensure it retains credibility and representativeness. The meeting roles are rotated periodically (facilitator, note taker, etc.), every four months, and/or as needs arise/require.

The purpose of the working group will be:

- Encouraging genuine collaboration and sharing of ideas through events and activities that support and promote an active FYiC CoP;
- Providing coordination and support to sustain the FYiC CoP;
- Leading and supporting the development and sharing of wise leadership practices;
- Modelling coordination, inclusion and trauma-informed communication at all times.

People participate in the FYiC CoP at their own cost. The Community of Practice relies on the spirit of generosity and reciprocity to remain active, engaging and of benefit to all members. The community may seek to source funds to support the involvement of CoP activities at the working group level. FYiC CoP activities are volunteer-based and unpaid.

Values

Our FYiC CoP operates under the following shared values:

1. **Respect** – we respect and appreciate people for who they are, across similarities and differences, and whether or not we agree with each other.
2. **Care** – we behave in ways that demonstrate an eagerness for helping and protecting the health and wellbeing of others. We take actions to ensure members feel heard, valued, respected, and supported.
3. **Curiosity** – we explore, investigate, and learn with a drive to develop new knowledge.
4. **Healthy Boundaries** – we respect our own and others’ limits and actively work to identify reasonable and safe ways for interacting with each other and participating in the FYiC CoP. We address problems directly, express feelings and experiences responsibly, and decline anything we don’t want to do. We do not expose ourselves or others to harm, online or otherwise.
5. **Inclusion and Belonging** – we make efforts to include all FYiC CoP members and to foster a sense of belonging where people feel a part of something that matters.
6. **Empowerment** – we support the autonomy and self-determination of people and communities to represent their interests in a responsible, self-determined manner.
7. **Accountability** – we are accountable for our individual and FYiC CoP actions, duties, respective roles and outcomes. We are attached to a wise standard of output, a high quality of performance, and social responsibility.
8. **Collaboration** – we promote working together and building strong connections where people feel secure sharing their opinions, skills, ideas, and knowledge without fear.
9. **Learning** - we promote gaining new skills, knowledge, perspectives, understanding, and values in formal and informal ways.
10. **Human Rights and Anti-Discrimination** – we promote FYiC rights, and the rights of marginalized, oppressed, underrepresented, and underserved groups. We do not tolerate discrimination against anyone on the grounds of race, color, sex, age, language, religion, political, or other opinion, national or social origin, property, birth, physical or mental disability status, health status, sexual orientation, civil, political or other status.

Meetings

FYiC CoP meetings will be held online quarterly, every three months. Working groups for special projects may meet more frequently, as agreed upon.

Sustainability

To support the sustainability of the FYiC CoP we encourage:

- Self-care and community care (e.g., health care, counselling, coaching, mentorship);
- Recruitment and finding other FYiC to join our FYiC- many hands make light work;

- Partnerships with non-profits, governments, community members, organizations, individuals, and beyond;
- The development of strategic plans, including media and communications strategies;
- Involving community members to lead the FYiC CoP trainings, workshops and events they are interested in/passionate about/knowledgeable of. We will play to our own and each other's strengths and have opportunities to learn and develop in areas that we are both familiar and unfamiliar with or challenged by;
- We encourage members to self-manage their engagement and participation and to actively avoid burn-out.

Strategic Plan

We will develop a strategic plan in the coming months as we continue to work together and gain new members.

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Appendix B: Self-Care Plan

To support my health and wellbeing during the CBPAR inquiry, I will keep a journal to process my thoughts, feelings, and reflections. I will keep the journal private which means I will not share it in this research. I will seek appropriate support(s) as needs arise. This self-care plan is an example of trauma-informed practice and leadership.

Appendix C: Participant Resource Document

Resources Available:

- **Aged Out.com** – is for people in and from in government care in BC. The site is run by the Adoptive Families Association of BC. It provides information, resources (e.g., scholarships, grants), and services available to help people feel empowered as they leave care.
- **Telus Mycare e-health.** You can see a doctor, psychologist, counsellor, or dietitian from your phone, at your convenience. Visit [TELUS Health MyCare | TELUS](#)
- **Crime Victim Assistance Program** offers counselling for victims of crime. If you were a victim of a crime as a child, you have a right to access CVAP benefits throughout your lifetime to address the impacts of your experience. [Crime Victim Assistance Program - Province of British Columbia \(gov.bc.ca\)](#).
- **Residential Historical Abuse Program** – if you experienced sexual abuse while living in MCFD care or a contracted resource, you may qualify for trauma counseling through RHAP (contact your local Health Authority for more info.)
- **Provincial Tuition Waiver Program** – The Provincial Tuition Waiver Program waives tuition and eligible fees for B.C. students who are current or former youth in care studying full-time or part-time at the undergraduate level at a B.C. public post-secondary institution, the Native Education College, or one of the approved union-based trades training providers. For details on eligibility, how to apply, and frequently asked questions, please visit the [Provincial Tuition Waiver Program](#) page on the StudentAid BC website.
- **Student Aid BC** provides financial assistance and non-repayable grants to students with disabilities in BC. (E.g. your doctor has provided you with a diagnosis of Post-traumatic Stress, Focus and Attention Deficits, Anxiety, Depression, etc.). [Canada Student Grant for Students with Disabilities | StudentAid BC](#).
- If you qualify for funding as a student with a permanent disability, you may also be eligible for the Disability Tax Credit through CRA. Talk to your doctor about your eligibility for **Disability Tax Credit**.
- **Strengthening Abilities and Journeys of Empowerment** – Young people in government care have access to new and increased support until age 27. [SAJE Infographic \(gov.bc.ca\)](#)
- **Federation of BC Youth in Care Networks** – The Federation of BC Youth in Care Networks (FBCYICN, or the Fed) is a youth-driven, peer-based, provincial non-profit organization dedicated to improving the lives of young people in and from care in BC between the ages of 14 and 24. They offer paid internships, free workshops, programs, services, and, funding for FYiC (e.g. Dream Fund Bursary).
- **Canadian Disability Tax Credit** is a non-refundable tax credit created by the Canadian Government and Canada Revenue Agency and its purpose is to reduce the amount of

income tax Canadians with disabilities and/or their families and supporters would have to pay yearly.

- **Registered Disability Savings Plan (RDSP)** is a savings plan to help an individual who is approved to receive the disability tax credit to save for their long-term financial security. Contributions are not tax deductible and can be made until the beneficiary turns 59.
- **Registered Disability Bond** is money the government deposits into the RDSPs of low-income and modest-income Canadians with disabilities. The government may deposit up to \$1000 a year and up to \$20,000 in a lifetime into an individual's RDSP.
- **BC Fuel Tax Program for Persons with Disabilities** can help reduce transportation costs for qualifying individuals. Fuel tax refund program for persons with disabilities – Province of British Columbia (gov.bc.ca).
- **Canada 211** – connects people with the appropriate information and services to enhance Canada's infrastructure and enable people to fully engage in their communities.
- **Canada 988** – Call 9-8-8 for 24/7 crisis support.
- **311** – connects people with non-emergency municipal supports and services.

Appendix D: Participant Invitation and Information Letter (Combined)

Dear Prospective Participant,

I appreciate your interest in this research. My name is Kaeli Rose Sort. I am a former youth in care (FYiC) enrolled in the Master of Arts in Leadership (MAL) program at Royal Roads University (RRU). The project title for this study is: “*Co-Creating Empowered Leadership Outcomes with Former Youth in Care in British Columbia.*” This research is in partial fulfilment of my degree and has received approval from RRU’s Research Ethics Board. My credentials with RRU can be confirmed by contacting the MAL Program Head, Dr. Tammy Pozzobon, at [email address]. If you have any questions regarding your rights as a research participant, please contact the Office of Research Ethics at [email address].

I am inviting you to participate in Community-Based Participatory Action Research (CBPAR). CBPAR involves co-creating engaged scholarship and the concept of praxis. Engaged scholarship focuses on social issues. Praxis is the practice of critical reflection and action (Freire, 1993). Applying CBPAR to this study means that participants will play a fundamental role as co-researchers in this research. I will respect, listen to, learn from, and include all participants' voices in the research to the extent that it is known. Through shared decision-making, collective planning, and action, we will practice community, democratic, or distributed leadership. This is sometimes referred to as "leadership without ownership," particularly within healthcare and PAR settings (Cady, personal communication on December 4, 2023).

This research aims to investigate: “How might we learn from the experiences of former youth in care to influence equitable policies in leadership?” Together, we will develop a Community of Practice (CoP) to build a network of FYiC who are interested in equitable policies in leadership. The overall goal is to conduct research *with* FYiC rather than on or for FYiC, to learn about what could empower FYiC to influence equitable policies, and, to take actions from the learnings to create real change that is meaningful for FYiC.

Eligibility to participate:

To be eligible to participate, you must meet the following criteria:

- You are 19 years and older;
- You have lived experience in government care in British Columbia (e.g., in care order, out of care agreement, extended family plan, kinship care, youth agreement);
- You are interested to influence equitable policies;
- You are willing and able to share your thoughts, ideas, experiences, stories, and perceptions.
- You can attend one individual interview online via the RRU licensed Zoom; and/or
- You can attend one group discussion online via the RRU licensed Zoom.

You will be asked to:

- Participate in a Community of Practice that will begin in this study to influence equitable policies, and may continue beyond this project;
- Complete a short two minute SurveyMonkey screening questionnaire (attached to this email);
- Participate in one individual Zoom interview for up to one hour;
- Participate in one online Zoom group discussion of up to two hours, and,
- Participate in creating a knowledge product (e.g., a book of leadership stories and wise practices of FYiC).

Potential benefits:

- Conduct Community-Based Participatory Action Research and develop a Community of Practice to build a network of FYiC who are interested in equitable policies in leadership;
- Help transform the outcomes of FYiC by having your voice heard;
- Gain an increased awareness of yourself, others, equitable policies, supports, programs, and resources;
- Share your story to help others and to contribute to a body of knowledge;
- Strengthen your networks, make friends, and gain valuable leadership and research experience;
- Co-create a knowledge product – a book of FYiC leadership stories and wise practices;
- Participants who complete the survey will be entered into a draw for a \$100 gift card. Those who participate in the entire study will receive an honorarium.

Potential risks:

By participating in this study, you will learn more about the leadership of FYiC and contribute your insights on this topic. The risk of participating in this project is minimal. However, some conversations may be uncomfortable. Therefore, participants in this research have access to free and confidential counseling services at RRU (in person, over the phone, or on Zoom) should this research have impacted them in any way. To book an appointment, please get in touch with RRU Counselling at [telephone number]. Or please get in touch via the Counselling online booking system [Counselling & learning strategy | Royal Roads University](#).

To mitigate any risks that you may unintentionally encounter as a participant, I will keep all verbatim conversations (raw data) strictly confidential and only share codified data analyzed through the project. Participants will have an opportunity to validate and amend their contributions through member checking. Your participation and engagement are strictly voluntary, and you can withdraw from the study at any point without prejudice. You will have access to RRU counseling services related to participating in this study if you withdraw.

Actual or perceived conflict of interest

I hope to minimize the chance of including bias in the research study by critically discussing and reflecting upon my positionality, working closely with critical friends (participants, my supervisors, and my inquiry team), and applying specific evidence-based strategies as informed by the literature and our own lived experiences. If a conflict of interest arises, someone from my inquiry team will be able to provide administrative support on my behalf (e.g., conducting individual interviews, group discussion and anonymizing data).

Confidentiality, security of data, and retention period

Please note that your ideas and opinions may appear in the final report, any associated knowledge product(s), and knowledge mobilization event(s).

If participating in semi-structured group discussions, I cannot ensure confidentiality among participants within the same session. However, I will work to protect your privacy throughout this study, and all participants will be encouraged to ensure confidentiality. All information I collect will be maintained in confidence with hard copies (e.g., consent and release forms) stored in a secured cabinet. Electronic data (transcripts and audio files) will be held on a password-protected computer.

Once the data retention period set by RRU is reached, I will destroy the collected data by shredding any hard copies and clearing the electronic data through the external hard drive where the data has been stored.

Sharing results:

The research results will be submitted to RRU and kept in their published archives in partial fulfilment for my Master of Arts Degree in Leadership. Additionally, we will co-create a knowledge product to share leadership findings. The results may also be disseminated in academic journals, and, at public and academic conferences and presentations.

Procedure for withdrawing from the study:

Your participation in this study is entirely voluntary. You are not required to participate in this research project. By replying to the e-mail below and signing the consent form, you indicate that you have read and understand the information above and give your free, voluntary and informed consent to participate in this project. To withdraw from the study, you can contact me directly at [email address]. Should you withdraw from the study during/or following the group discussion, comments made prior to withdrawing will remain anonymous data in the data set. This will assist in developing recommendations from this research.

Resources

There are supports available to you in your leadership journey. Please see the “Resources” attachment in this message.

If you are interested in participating in this research, your action items are as follows:

Carefully review this information package.

Notify me of your interest to participate in this research by emailing me at [email address] by February 23, 2024.

Further information

After I have received an email notifying me of your interest in participating in this study, I will reply with a link to a survey monkey. You will have one week to complete the two-minute survey. You must provide your email to receive the results of the survey and information about next steps. Please be aware that this study allows up to five participants. If more than five people meet the inclusion criteria, up to five people will be randomly selected to participate in the activities of their choosing: an individual interview of up to one hour on Zoom, a two-hour group discussion on Zoom, and the creation of the knowledge product (a book of FYiC leadership stories and wise practices). Those who do not screen into the study will be notified of this and thanked in writing from my RRU email.

If you have any questions about this inquiry, please email [email address].

In solidarity,

Kaeli Rose Sort

MA – Leadership (Candidate), Executive MBA (Candidate), BACYC, RYT

Note: Please keep a copy of this information letter and a signed consent letter for your records.

Appendix E: Online Screening Survey

In partial fulfilment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University (RRU), Kaeli Rose Sort (“the student”) will be conducting an inquiry with adult former youth in care (FYiC) in British Columbia on: “How might we learn from the experiences of FYiC to influence equitable policies in leadership?”. Together, we will form a Community of Practice of FYiC to influence equitable policies, which may extend beyond this study. You can confirm my student registration at RRU by contacting the Leadership program head, Dr. Tammy Pozzobon, at [email address].

Thank you for your interest in this study. The following screening survey is voluntary. People who complete the entire survey (approximately 5-15 minutes) will be entered to win a \$100 gift card.

Please be aware that this study allows up to five participants. If more than five people meet the inclusion criteria, up to five people will be randomly selected to participate in the activities of their choosing: a one-hour individual interview on Zoom, a two-hour group discussion on Zoom, and the creation of the knowledge product (a book of former youth in care leadership stories and wise practices). An honorarium will be provided for participation in the study. Those who are not screened-in will be notified.

Begin survey:

1. I consent to the screening survey and using the data in the findings of this research. Y/N
2. I have read the research information letter for the survey, interview, group discussion and knowledge product.
3. Do you identify as a former youth in government care (e.g., in care order, out of care order, extended family plan, kinship care, youth agreement)?
4. Do you identify as a former youth in government care (e.g., in care order, out of care order, extended family plan, kinship care, youth agreement)?
5. Are you interested in influencing equitable policies?
6. Are you wanting, willing, and able to share your thoughts, feelings, ideas, stories, experiences, and perceptions for research?
7. Are you wanting, willing, and able to participate in an individual online interview of up to one hour? Are you wanting, willing, and able to participate in a two-hour semi-structured online group discussion?
8. Are you wanting, willing, and able to participate in the co-creation of a knowledge product (e.g., a book of former youth in care leadership stories and wise practices)?
9. To receive the results of this survey you must provide a valid email address. Survey results will be emailed within seven days of the survey closing. Note: up to five respondents who meet the inclusion criteria and who are randomly selected to participate

in this study will receive an email from me about next steps. Those who are not eligible to participate in this study will be notified by email.

Appendix F: Group Discussion Agenda and Questions

The qualitative semi-structured group discussion will consist of up to five participants who meet the inclusion criteria for the survey and one-to-one interview, and, are interested in participating in a semi-structured group discussion. Data gathered from the group discussion will inform the findings and recommendations of this research. It will also be used in the creation of the knowledge product. Following the group discussion, I will be available to participants for up to 30 minutes. Participants can also request a follow-up one-to-one meeting with me online.

Agenda:

1. Group guidelines (e.g., voluntary participation, confidentiality, etc.)
2. Participant introductions
3. Intro to study topic, Define Community of Practice, Agree on Terms of Reference
4. Discussion Questions
5. Check-out/Closing

Group Discussion Questions:

1. What are the wise practices for engaging former youth in care (FYiC) who are interested in leadership to influence equitable policies?
2. What opportunities would benefit FYiC who are interested in leadership to influence equitable policies?
3. What specific actions can we take as an FYiC Community of Practice to influence equitable policies and create real change in systems?
4. How do you want our Community of Practice to mobilize the wise leadership practices identified in this research?
5. Who do we need to share this research with?
6. Is there anything else that is important to know or ask for this research?

Appendix G: Tuckman's Stages of Team Development

Tuckman and Jensen's (2010) five stages of team development include:

- **Forming** – establishing clear objectives for our community of practice, a terms of reference (similar to a team charter), and FYiC CoP team member buy-in.
- **Storming** – sharing differing views, potentially disagreeing, and resolving clashes. Conflict is not bad, it can be productive and build trust when we approach differences with curiosity and respect.
- **Norming** – being respectful to each other, asking for help and offering each other honest, constructive feedback to help each other learn, unlearn, grow and develop. Not sharing information that is not our own or that we do not have permission to share.
- **Performing** – performing to our full potential as an FYiC CoP working team (e.g., creating advocacy campaigns, taking actions, influencing equitable policies).
- **Adjourning/Mourning** – when the FYiC CoP team has fulfilled its goals and/or when members move on to new projects, and/or members move on from the FYiC CoP organization.

Appendix H: Poster Posted on Facebook

**FORMER YOUTH IN CARE
(FYIC) ADULTS (19+)
RESEARCH AND LEADERSHIP OPPORTUNITY**

We thrive as a community when we have opportunities to influence equitable policies.

I AM LOOKING FOR PEOPLE TO PARTICIPATE IN A NEW RESEARCH STUDY

Help others understand:

"How might we learn from the experiences of former youth in care to influence equitable policies in leadership?"

Overview:

This research will apply Community-Based Participatory Action Research (CBPAR) methodology. Participants will also be asked to engage in a Community of Practice (COP) of FYIC. The COP will begin in this study, to influence equitable policies in leadership, and may continue.

Eligibility:

- 19 years and older.
- Lived experience in government care in British Columbia.
- Interested to influence equitable policies in leadership.
- Able to attend virtually by zoom.
- Willing to share your story.



You will be asked to:

- Participate in CBPAR and a COP to influence equitable policies in leadership.
- Complete a short two minute SurveyMonkey screening questionnaire.
- Participate in one online interview for up to one hour.
- Participate one online group discussion of up to two hours; and/or
- Participate in the creation of a knowledge product (e.g., a book of FYIC leadership stories and wise practices).

PLEASE NOTE THAT YOU ARE NOT REQUIRED TO PARTICIPATE IN THIS RESEARCH PROJECT, AND YOU ARE FREE TO WITHDRAW AT ANY TIME WITHOUT PREJUDICE. FOR MORE INFORMATION, PLEASE REVIEW THE DETAILED INFORMATION OUTLINED IN THE INVITATION TO PARTICIPATE AND INFORMARION LETTER. THANK YOU.



Contact:
[Email Address]



Appendix I: Inquiry Team Agreement

In partial fulfilment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University (RRU), I, *Kaeli Rose Sort* (“the student”), will be conducting an inquiry with adult former youth in care (FYiC) in BC on: “How might we learn from the experiences of former youth in care (FYiC) to influence equitable policies in leadership?”. Together, will form a Community of Practice of FYiC to influence equitable policies, which may extend beyond this study. You can confirm my student registration at RRU by contacting the Leadership program head, Dr. Tammy Pozzobon, at [email address].

Inquiry Team Member Role Description

As a volunteer inquiry team member assisting the student with this project, your role may include: reviewing draft questions, methods, and overall capstone design; promoting collaboration and support for the inquiry and recommendations with key interest holders; participating in a pilot of draft methods to check timing and/or to ensure that the questions are straightforward; and, acting as an observer, note-taker, and if the need arises (e.g., conflict of interest), a facilitator in data-gathering activities.

Confidentiality of Inquiry Data

In compliance with the RRU Research Ethics Policy, under which this inquiry project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team will only be used in the performance of the functions of this project and must not be disclosed to anyone other than persons authorized to receive it. This applies during the inquiry period and beyond it. This agreement covers recorded information in all formats. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information in all formats. Personal information will be collected, recorded, corrected, accessed, altered, used, disclosed, retained, secured, and destroyed as directed by the student, under the direction of the RRU Academic Supervisor. Inquiry Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Kaeli Rose Sort, the student.

Statement of Voluntary Informed Consent:

I have read and understand this agreement.

Name (Please Print)

Signature

Date

Appendix J: Informed Consent Form

Voluntary Informed Consent and Release Form

This research project is titled, “Co-Creating Empowered Leadership Outcomes with Former Youth in Care in British Columbia”. It seeks to investigate: “How might we learn from the experiences of former youth in care (FYIC) to influence equitable policies in leadership?”. Together, we will form a Community of Practice of FYIC to influence equitable policies, which may extend beyond this study.

Researcher Statement

This research will use a licensed version of Zoom as an audio-recording device and transcription software. **Meetings will be hosted and recorded on Zoom.** This will allow me, the researcher, to transcribe the conversation accurately and aid in data analysis. If the technology fails, I will reschedule. I will store the raw data on an external hard drive in my home and destroy it after one year, as per Royal Roads University’s Ethical guidelines.

Voluntary Informed Consent

By signing this form, you agree that you are over 19 years of age and have read the Invitation and Information Letter for this study. Your signature states that you are giving your voluntary and informed consent to participate in this project, and, for the data you contribute to be used in the final report and any other knowledge outputs (presentations, information support materials, etc.). By consenting, you have not waived any rights to legal recourse in the event of research-related harm. You can withdraw from the study at any time without prejudice by notifying me by email at [email address]

Please indicate yes or no below:

- YES NO I consent to the audio recording of the individual interview and any follow-up discussions.
- YES NO I consent to the video recording of the interview, semi-structured group discussion and any follow-up discussions.
- YES NO I consent to anonymous quotations and excerpts I expressed during the interview, group discussion, follow-up discussions, and the creation of the knowledge product.
- YES NO I consent to use material I have contributed to and generated through participating in the interview, group discussion and knowledge product. I understand my contributions will be used in this study and may be used later in presentations, articles, and additional knowledge products.
- YES NO I consent to the use of a pseudonym in the knowledge product.

YES NO I have read the research information letter for the interview, group discussion, and knowledge product.

Name (please print) _____

Signature: _____

Date: _____

Appendix K: Individual Semi-Structured Interview Questions

1. An equitable approach acknowledges that people have different needs and circumstances. Equitable policies and programs aim to create a fair and just society by addressing systemic inequalities and ensuring that everyone in a community has access to the same opportunities and outcomes.

Equitable policies and programs for people in and from youth in care (FYiC) are designed to address the unique challenges faced by people with lived child welfare experience. They aim to ensure that FYiC have access to the necessary resources, supports and opportunities to be healthy, safe, and well throughout adulthood. The ultimate goal is to create the conditions where people with lived experience in foster care experience inclusion and belonging in society, where FYiC are valued, invested in, and supported throughout their entire lives. For Indigenous, Metis and Inuit FYiC, equitable policies also emphasize the need for culturally safe and appropriate services and supports that meet their needs and the standard of substantive equality.

Examples of equitable policies and programs that FYiC of different backgrounds may benefit (or have benefitted) from could include but are not limited to:

- a. Agreements with Young Adults Program/Strengthening Abilities and Journeys of Empowerment (SAJE) (SAJE is replacing Agreements with Young Adults Program April 4, 2024)
- b. BC Tuition Waiver Program
- c. Bursary for Students with Disabilities
- d. Canada Student Grant for Services and Equipment
- e. Public Guardian and Trustee Education Assistance Fund
- f. Learning for Future Grant- Student Aid BC
- g. Indigenous Youth Internship Program
- h. Youth Futures Education Fund (replaced Youth Education Assistance Fund)
- i. Federation of BC Youth in Care Networks (FBCYICN)- Dream Fund Bursary
- j. FBCYICN Former Youth in Care Internships (Paid)
- k. FBCYICN Youth Retreats
- l. FBCYICN Power Pages Magazine
- m. FBCYICN Youth Support
- n. Telus Internet and Mobility for Good
- o. Disability Tax Credit
- p. Registered Disability Savings Plan
- q. Registered Disability Bond
- r. Paid Employment and Training Programs (e.g., Work BC, BC Public Service Youth Employment Program).

Please describe your experience with the equitable policies and programs I listed, or any that I have left out.

2. Please describe any experiences that you have had where you needed programs and/or resources and programs and/or resources were not available?
3. The concept of wise practices emerged from the Canadian Aboriginal Aids Network. Wise practices with Indigenous and non-Indigenous FYiC refers to the inclusion of the experiences of culture, identity, and wellbeing in FYiC community development. What do you think are the wise practices that we as FYiC could use to influence equitable policies?
 - a. How do you want our Community of Practice to mobilize the Wise Leadership Practices identified in this research?
 - b. Who do we need to share our stories with?
4. What else would you like to share?
5. What actions are you committed to taking between now and our next meeting?

Appendix L: The FYiC CoP Action Plan

Research Action Plan		
Action	Description	Date
Identify potential campaigns and a timeline that works for community members.	We decided to prioritize community of practice recruitment, different methods for engaging interest holders, media, social media presence (e.g., meetings, public demonstrations, conferences, social media.) We will meet (in April and May) to create specific plans for each campaign.	Mar 18, 2024
Decide on the knowledge product for this research.	We decided to create a Website. I submitted an amendment to the RRU ethics board to reflect this. The request was approved. For the website, we will share the report, info about our community of practice, and resources/trainings. In the future, we will use it to celebrate the stories of FYiC etc. Knowledge transfer and mobilization ideas: <ul style="list-style-type: none"> • Website- now • Meeting with interest holders- July • Book- future, after we recruit more FYiC • Reddit/Facebook/Instagram- secure now • Videos (Shorts, Reels, Stories)- plan in future • FYiC pod cast- plan in future. Wonder Man to look into grant through Telus. • Documentary Film- future • Newspapers/Media- reach out in May Create a Facebook group- now Create an Instagram- now	Mar 18, 2024
Create social media accounts.	We decided that I would create Instagram, Facebook, and Reddit social media accounts.	Mar 18, 2024
Create FYiC CoP logos.	I created logos (aka artifacts) with FYiC participants' input.	Mar 19, 2024
Consult with social media expert.	We decided that I would meet with social media expert, Tyla Sharp.	Apr 2024

<p>Meet with leaders to gauge interest and advice.</p>	<p>We decided I would meet with the Provincial Support Agency Caregiver Learning Network Executives and Directors, and with the Director and MCFD Strategic Initiatives Director. And, anyone else who may be suggesting (provided I had the capacity and availability to meet with them.)</p>	<p>Apr–May 2024</p>
<p>Create knowledge product.</p>	<p>How do participants want to participate in the co-creation of a knowledge product? Kaeli will create the website- others are welcome to participate. Emotional badass is available for tech support of the website.</p>	<p>Apr–May 2024</p>
<p>Recruit FYiC to join the make-it-happen meetings and the FYiC CoP</p>	<p>Start recruiting more FYiC CoP members by word of mouth.</p>	<p>Apr 2024 onwards</p>
<p>Set date to host meeting with all interest holders.</p>	<p>Do we host a series of meetings to try to capture as many people as possible? Yes. These actions and positive representation of FYiC may influence change in mental models across the whole system. Reach out to contacts to arrange a meeting after the report is approved.</p>	<p>Aim for June/July</p>
<p>Alert interest holders.</p>	<p>Invite interest holders to make-it-happen meetings. Share the report with interest holders. Ask them to read the report and meet to discuss the findings, conclusions, and recommendations. Challenge them to share the report with three people and to take at least one action from the recommendations of this research. Ask interest holders to view the knowledge product and social media pages. Challenge them to share the sites/pages with three people.</p>	<p>Aim for mid-May/June 2024</p>
<p>Make-it Happen Meetings</p>	<p>Share the findings, conclusions and recommendations of this research with the interest holders identified during the data collection methods. Meetings will be held virtually on a licensed version of Zoom.</p>	<p>Aim for June/July 2024</p>

Publish the final report through the Royal Roads Library.	I will work with an editor and the Royal Roads librarian.	Aug–Nov 2024
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Appendix M Research and Analysis Process Flow Diagram

